



## **Parental / Caregiver Agreement**

**Our agreement to start therapy with your child (or ward)**

**Your promise around privacy and sharing**

**My promise to work hard and respect their (and your) privacy**

**(There is a separate form for young people who would like to give assent to their treatment which can be empowering for them)**

Qualified doctor (GMC number 4122065) practising Paediatrics for 28 years.  
Qualified Solution-Focused Therapist practising for 12 years. Additional training in Solution-Focused Hypnotherapy and the Blast Technique (accelerated EMDR).

### **Risks and Benefits**

All treatments can have benefits and risks.

Solution Focused Therapies look forwards beyond problems to solutions and them happening. Your child is welcome to share their difficult feelings and experiences though they are not required. The Blast technique looks at feelings which come from traumas and *may* discuss the traumas. It can be content free and not reveal the underlying traumas if preferred. It brings these traumas forwards and then reprocesses them to store them away as everyday memories rather than constantly affecting us.

Solution-focused therapy is a typical conversation that asks questions about hopes and everyday life. It doesn't probe problems. Therapy may at times involve discussing uncomfortable feelings.

Hypnotherapy involves hypnosis (of course!). It allows patients to focus intensely while in a dream-like state. Patients don't lose control during hypnosis. Not everyone is hypnotisable. For them, we will use other therapies.

In most cases, this will be a relaxed experience. Sometimes there may be a headache, dizziness or anxiety afterwards for a short time. These are unusual.

The Blast Technique is an eyes-open trance. Patients will be present in their surroundings while focusing on a moving object. Thoughts and memories are reprocessed in the background while doing this, having been discussed at the start of the session.

Some suppressed memories may surface during this therapy. They may have been suppressed by conscious effort or avoidance. They may have unconsciously been buried. If this occurs, it is best to treat them as they come up rather than stop the session. It is expected that this will be the last time they will surface as they are reprocessed and then filed away as memories.

## **Confidentiality**

Therapy is most effective when the young person trusts the clinician.

Privacy is critical to securing and maintaining that trust.

Clinicians who work with young people must protect their right to privacy. These rights are not absolute, and the young person's consent form lists circumstances where I would need to breach that privacy. Privacy and confidentiality are very much a discussion to best support the young person, and sometimes this can be difficult for parents or caregivers.

We can discuss this, and I cannot divulge anything the young person wishes to keep private unless I am required to for their or others' safety.

Some young people want parents or caregivers there throughout sessions; some want to have therapy alone. Some young people wish to have treatment with parents or caregivers, and some without. This is entirely up to them (if they are competent enough to choose and you agree with that). It is often beneficial to have a short period alone with most young people.

I will not provide detailed information to the parents or caregivers regarding what the young person shared unless they provide consent to so.

I will share any significant risks to the child and any plans.

We will discuss privacy and confidentiality at the first session to ensure we are all happy to proceed.

You or the young person can change your mind on consent and stop anytime.

**This form is a contract between the young person's parent or guardian and myself. You are acting on their behalf as well as your own.**

**The young person can sign a form themselves (sent along with this one). They don't need to do this to start therapy.**

You agree to start therapy with your child or young person (and can stop anytime).

I agree to work hard to support and treat your child or young person

Name: (                    )

Parent / Guardian Signature:

Date:

Dr Sharryn Signature:

Date: