

Terms and Conditions for Psychological Therapy

Laura Varnes, CBT Therapist

This contract sets out the ground rules from which we will be working together. The details of this contract are reviewed on a regularly basis.

I am bound by the British Association of Behavioural and Cognitive Psychotherapies (BABCP) Standards of Conduct, Performance and Ethics. A copy of the BABCP Standards can be seen [here](#).

Session overview

1. At our initial meeting(s) we will work together to identify the problem or issue that you would like help with. I will ask you about the problem(s), how they trouble you, and when and how they started, as well as any other treatment or support you have had or are having now. This may take one or two meetings. At the end of this period (the assessment) we will agree on your goals for therapy, decide if I am likely to be able to help you, and if you would like to continue working with me. You will be under no obligation to continue working with me.
2. If we agree that we will work together to address your goals I will initially offer you a specific number of sessions. This is usually 6 sessions. We can revise this to have more or fewer sessions and will routinely review your progress at agreed times. You can end therapy at any point without further cost.
3. Sessions usually last for 50 minutes. Sometimes it is clinically useful to have longer, or shorter sessions and we can discuss that if relevant. If you are late for one of our sessions, we will be able to meet for the scheduled time but will not be able to continue beyond the time we had scheduled to meet.
4. Sessions will be held online or face-to-face, which will be agreed prior to the session. Sometimes we may continue our treatment outside or in other locations as part of the treatment.

Cancellation policy

1. If you are unable to attend your appointment, please let me know as soon as possible. 48 hour's notice is required for cancellation. Where there is less notice, or you fail to attend your appointment, the fee for that session will be incurred.
2. I will endeavour to give you as much advance notice as possible in terms of when I am going on holiday or no longer able to do a session. However, there may be times when sessions are cancelled because of illness or because of other work commitments. I will always give you as much notice as possible if I need to change our sessions and will offer you an alternative time to meet.

Fees and payment

1. The cost of a 50-minute individual therapy session with me is: £90 for online and £120 for face-to-face. This may be adjusted if we agree to have a longer or shorter session for a clinical reason.
2. Payment should be made 48 hours in advance of the session by bank transfer.
3. The cost of therapy includes any written materials I supply, but not the cost of books I recommend; however, most books are available through the local library at no cost.
4. If payments are not made on time and as agreed, I reserve the right to end our treatment sessions.

The therapeutic relationship, working together and ending therapy

1. Psychological therapy can often be demanding, frustrating, and emotional. Sometimes you may find treatment difficult or even want to end therapy. You may find that some 'tasks' you are given are very challenging and you should feel able to tell me this and to ask me for support. I want to hear about how you think treatment is going and how you are experiencing it and will ask you to review your treatment with me regularly.
2. It is important that you understand the reasons behind our treatment together you feel unhappy or unsure about any aspects of the treatment, please try to tell me during our sessions. This gives both of us the chance to try to address the issue(s) and to resolve it/them. If you have serious concerns about my conduct or your treatment and cannot resolve this with me, you can complain to my professional body (see complaints policy below).
3. We will meet regularly at our timetabled sessions, usually once a week. I am contactable by email (lauravarnes@protonmail.com). Contact between sessions (by therapist or client) is best kept to booking or re-arranging appointments, and brief queries or clarifications. More detailed concerns should, wherever possible, be brought to planned therapy appointment. I am unable to provide an emergency or crisis service. In the event of a crisis or emergency, please contact your GP (out of hours dial 111), attend your local A&E department or dial 999. You may also find Samaritans 116 123, 24 hours) helpful.
4. Please do not contact me on social media – our relationship is professional and it is not appropriate or ethical for me to have a non-professional relationship with you. This would be a breach of my professional ethical code.
5. We will discuss your progress regularly and you should be aware when we approach the end of treatment. Before we end we will discuss how to prevent

relapse and any other professional help or support that might be useful.

6. I will not end our treatment suddenly or without discussing this with you, unless there are exception circumstances. If I am taken ill or am not able to work with you for any other reason I have made arrangements to make sure that your care can be continued with another therapist.
7. Please note any threats or acts of violence will invalidate this agreement and CBT will cease. Sessions will not take place if you arrive under the influence of alcohol or non-prescribed medication.

Complaints

1. If you are unhappy with the service I provide please discuss this with me. If you feel unable to do so or I you are not satisfied by my response you have the right to complain to my professional body, the BABCP. They can be contacted here: <https://www.babcp.com/Raising-a-concern>

Confidentiality and data protection

1. Please see my separate Privacy Policy which contains all details about confidentiality and data protection.

If you have any questions, with regards to out Terms and Conditions, please do not hesitate to contact me.

Laura Varnes
CBT Therapist

Therapist & Client consent

Therapist

Name:

Signature:

Date:

Client

Name:

Signature:

Date:

Please complete the details below and return this copy to your therapist.

Full name:

DOB:

Address:

Telephone number:

Email address: