

Lynese Galloway Macey  
Play Therapist

E-mail: [lynese@lyneseplaytherapy.co.za](mailto:lynese@lyneseplaytherapy.co.za)  
Tel No: 072 4141460



### **Information Sheet & Therapy Services Agreement**

#### **Details of child to be seen:**

First name: ..... Surname: .....

Date of Birth: ...../...../.....

Referred by: .....

Residential address of child:

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Parent A: .....

Occupation:.....

Cell.nr: ..... Work/home nr: .....

e-mail: .....

Parent B: .....

Occupation: .....

Cell.nr: ..... Work/home nr: .....

e-mail: .....

School: .....

Class Teacher: .....

Tel.nr: .....

e-mail: .....

#### **Person responsible for the account:**

Title: .....Initials: ..... Surname: .....

ID. nr: .....

Postal address: .....

Residential address:

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**Reason for seeking therapy:**

Please briefly describe the current difficulties that have led you to seek Play Therapy for your child

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Please note some therapy goals for your child/family

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Please briefly describe your child's experience of school, including their relationships with peers and teachers, learning and playing and specific strengths and weaknesses

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Please briefly describe your child's home and family life, including information about parent's marital status, who lives with the child, siblings, and anything else you feel is relevant

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**Consent:**

*Please tick below as appropriate: I am the legal guardian of the child* YES /NO

*I give consent for the therapist to contact the child's class teacher:* YES /NO

*I give consent for the therapist to contact the referral source:* YES/ NO

*I give consent for .....(child's name) to attend  
Play therapy with Lynese Macey in her capacity as a registered play therapist  
(pti-201802698).* YES /NO

*Initial: .....*

**Therapy Services & Fees**

Therapy Service: Play Therapy and parent support

Frequency of review: Six-weekly

Cost per Appointment: R 510.00

Cost for Initial Interview: R 300.00

Review meetings: R 510.00

Parent support meeting/ Parent coaching R 510.00

Cost per Report: R 600.00

Assessment Report Required? YES / NO

End Report Required? YES / NO

Initial: .....

## Terms and Conditions

Welcome to the play therapy process. This document contains important information about my professional services and business policies. When you sign this document, it will represent an agreement between us.

### 1. Therapy Process

The start of the process usually involves an initial meeting at my office where we will discuss your child's difficulties and possible courses of action. It is ideal if both parents attend this meeting, and best if the child is not present, so that difficult issues can be discussed freely. After this, if you decide to bring your child for therapy sessions, I ask that you complete this form and give signed consent. In cases of divorced or separated parents, I usually request both parents' consent to therapy.

The first few sessions will involve a comprehensive evaluation of your child's needs. By the end of this evaluation, I will be able to offer some initial impressions of what our work might include. At that point, during a review meeting, we will discuss the treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions, feel free to discuss them with me.

The number of therapy sessions is usually indicated by scores generated by a validated clinical assessment, as well as information gained through my initial observations during the first 4-6 sessions, observations at school and discussions with teachers when necessary. The minimum number of sessions required is usually 12, but varies greatly depending on your child's needs as well as circumstances affecting your child and family before and during the time of therapy. All this will be discussed with you during the review meeting, which takes place after approximately 6 sessions.

We will keep in contact throughout the process of therapy and when we agree that the therapeutic goals have been met, we will begin the ending process. It usually takes about 3 sessions and is a crucial stage of therapy. It is very important that therapy is ended gradually and respectfully, with full engagement from your child. If for any reason, your circumstances change and it becomes necessary to end therapy suddenly, I will request that your child attends at least one ending session to say "goodbye" as the trust in the therapeutic relationship is extremely important, and unplanned endings can cause significant distress and further emotional difficulties for children.

Please note that the therapeutic process differs from forensic assessment. Information gained during therapy is not to be used for legal purposes.

## 2. Risks and Benefits

Therapy has both benefits and risks. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, frustration, loneliness and helplessness, because the process of therapy often calls up the difficult and painful parts of your/your child's life. It is common for a child's behaviour and emotional state to escalate before they get better once therapy starts, as they start to uncover and address issues they may previously have been unaware of or avoiding. This is a good sign as it indicates that important issues are beginning to surface and can therefore be worked through in the safety of the therapeutic space. Please don't worry if this happens, and feel free to speak to me at any time if you are concerned.

However, therapy has been shown to have benefits for individuals and families. It often leads to significant reduction in feelings of distress, to increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems.

Because your child exists within a system, therapy requires an active effort on your part. For this process to be most successful, you will have to work on things outside of sessions, in accordance with the direction given in the sessions/parent review meetings.

Play Therapy sessions can be messy. Please ensure that your child wears appropriate clothing to his/her sessions. The Play Therapist takes no responsibility for paint or other art materials on children's clothing.

## 3. Appointments

Appointments are weekly and slots are 1 hour long, although the duration of the therapy session itself is usually 45-50 minutes. The time scheduled for your/your child's appointment is assigned to you/your child alone. You are responsible for arriving on time. If you are late, your appointment will still end at the scheduled time. Please note that I rely on the time between sessions to tidy up and write notes, so am unable to accommodate clients who arrive early for their sessions.

If you need to cancel or reschedule a session, if possible please provide me with 24 hours' notice. If you miss a session without cancelling, my policy is that you will be responsible for full payment (unless we both agree that you were unable to attend due to circumstances beyond your control). I will try to reschedule your appointment if possible.

#### 4. Confidentiality

For Play Therapy to be most effective, it is necessary for the child to feel safe and free from judgement during their time in therapy. To this end, the specific content of the sessions is kept confidential, but themes and general information about progress will be shared with parents at review meetings. In the case of disclosure of abuse or if I become concerned about the safety of your child or another child, however, confidentiality will be broken in the interest of safeguarding. This will be explained to your child at the start of therapy.

All the personal information you provide will be kept confidential.

#### 5. Fees and payment

This is a cash practice and you are responsible for paying the account. An invoice will be provided at the end of the month when payment is due.

Should parents be divorced or separated it is always in the child's best interest to have both parents involved in the therapeutic relationship. In these cases, one of the parents must accept responsibility for the account as agreed by both parents.

Without written agreement from both parents regarding responsibility for the account, therapy will not commence. No split invoices or split payments will be accepted.

#### 6. Medical Aid

Unfortunately, Play Therapists are currently unable to register with the Health Professions Council of South Africa (HPCSA) and as such, you will not be able to claim from your Medical Aid Scheme for your child's treatment.

I work with full clinical supervision and within a strict ethical framework. Details of the ethical framework can be found at

<http://www.playtherapy.org.uk/Standards/EthicalFramework>

#### 7. Contacting Me

My phone and emails might not be answered during the day, as I may be busy with client sessions, but I will try my utmost to respond to voice mails, WhatsApp messages and emails within 48 hours.

8. Consent and Agreement

I/We, the parent/legal guardian(s) of ....., understand the benefits and risks as explained to me/us by Lynese Macey. I/We acknowledge that I/we have been given adequate information about Play Therapy as well as the issues regarding confidentiality. I/We hereby give consent for my/our child/family to participate in Play Therapy/Parent-Child Attachment Play Therapy and confirm agreement with the terms and conditions outlined in this document.

Name (Print:) .....(Parent/Guardian)

Signature: .....