

Terms & Conditions

All users and suppliers of the counselling services provided by Faces In Focus do agree to do no personal or professional harm to each other before, during or after using the services.

[Please click on the following link to complete the form to state you have read the Terms & Conditions](#)

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Faces In Focus Mission Statement

To continue to provide its integrated service with information, advice, guidance and counselling for young people aged between 11 and 25 in order to preserve and promote their well-being, social ability and to create opportunities for these users to better themselves; to ensure a

continuous financial stability of the charity; to innovate its current services and to explore new and different ways of delivering charitable programmes.

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Marketing Services

All people connected with using FIF services who share their email with us have the right to opt-in and opt-out of our marketing strategies. [Government guidelines consumer rights and response to marketing campaigns](#) can be found here.

Direct marketing

We will check if you want to be contacted by fax, phone, post or email, and give you the chance to object. We will be able to prove to you that we have done this. When we collect customer details, we will get your permission if we want to send you offers or promotions. We will also ask for permission if we can share your information with another organisation.

Letting customers opt out

If we will use direct marketing you have the right to stop your information being used for direct marketing. We will make it easy to opt out - for example by sending a 'STOP' text to a short number, or using an 'unsubscribe' link.

Email marketing and text messages

We will only send marketing emails to individual customers if you have given your permission. Our emails or text messages will clearly indicate:

- who we are
- that you're selling something
- what the promotions are, and any conditions

Cookies

Our website will tell that our site uses cookies, and ask you if they want to accept them.

Counselling Service

Counselling services are listed on the website and are governed by professional bodies; working online guidance notes from

- UKCP
https://www.psychotherapy.org.uk/wp-content/uploads/2020/03/CCYP_Guidance_on_remote_working_in_response_to_Covid-19.pdf
- BACP
<https://www.bacp.co.uk/media/7897/bacp-working-online-supplementary-guidance-gpia047-mar20.pdf>

ONLINE THERAPY INFORMATION AND CHECKLIST

Although the service we provide in online therapy is largely the same as those we provide in person, the nature of online therapy does create some important differences that bring legal and ethical issues. Because we need to abide by the legal and ethical codes of our profession, there are several potential reasons why we may not be able to offer our online therapy services to you.

We strongly recommend that you read about these restrictions on this page to ensure we will be able to help you before agreeing to engage. Please note, if you book an online assessment with us and we learn during the assessment that one of these restrictions applies to you, we will need to end the session and it is our policy that we do not give refunds if this happens.

Your location

Providing online therapy in other countries poses some legal hurdles. Therefore, **you must be residing in the United kingdom.**

Age

We Offer service to **children and young adults ages 11-25 years old** (in some cases we are able to accept individuals older than 25 but not younger than 11 years old).

Safety Rule-Out

There are certain clinical issues that pose risks to clients safety which we are comfortable handling in person but are not able to accommodate via online therapy because we do not feel it is safe or responsible for us to do so.

We will unfortunately not be able to help you if any of the following apply to you

- **Any self-harm behaviour in the past 6 months, such as suicide attempts, cutting or otherwise purposely attempting to hurt oneself.** Thoughts about self-harm are very common in the issues we treat and are not a rule-out. Only self-harm behaviour is a rule -out. Hair pulling (trichotillomania) and skin picking are also not a rule-out, we are happy to treat these issues.
- Overnight hospitalisation or residential treatment for psychiatric reasons within the past 6 months
- Substance abuse- you must be able to abstain for using substances during the duration of session
- The software we use for online therapy sessions will work best on Google browsers.
- If possible reframe others from downloading during sessions
- We recommend using a Laptop or Computer rather than a mobile phone or tablet
- Make sure all electrical devices are fully charged
- Must be available at the same day and time each week for session (for at least 12 weeks)
- Have good internet signal Strength
- Have a safe and uninterrupted place to accommodate the session.
- Is able to pay for a session prior to the start of each session each week or in bulk package purchase. You can use this link to view payments. As of March 24th 2020, we have reduced our fee to £10 per session in light of the Covid-19 epidemic. We will review this on June 30 2020 in line with Government updates.

Stabilization and Safety Model

If for any reason you fall into the category of 'safety Rule-Out' we can offer you a 'Stabilization and Safety Model' support to assist you in becoming prepared and ready for counselling. There will be no specific or direct issues addressed in the 'Stabilization and Safety model as the model is to ensure you have the preparedness and resilience to not relapse and to be able to commence counselling as a part of your recovery to wellbeing. The stabilization and safety model is in three parts

1. Safety and Stabilization (client introduced to developing resources to have counselling)
 - a. Constructing safety zones to desensitize past undiagnosed or diagnosed trauma by deconstructing and reconstructing negative emotional cognitive belief systems through the application of reconstructive therapeutic techniques.
2. Adaptive Information Procession of Past Traumatic Experiences (client ready for counselling)
 - a. Continuation of deconstructing and reconstructing negative emotional cognitive belief systems through the adaptive reintegration of the past negative experiences
3. Reconnection and Re-integration of the whole-self (client approaching the end of counseling)
 - a. The client no longer held hostage by past experiences has the resources to continue the re-integration of their whole-self to emerge as a whole and healthy human being who can live in the present moment.

If you have read the above and would like to proceed, please email reception@facesinfocus.org.uk

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Counselling competencies for working with young people

All therapist have been trained or are training in the core competencies for working with young people as defined by their governing body the BACP and the UKCP

BACP

<https://www.bacp.co.uk/media/2335/bacp-competences-map-for-working-with-young-people.pdf>

UKCP

<https://www.psychotherapy.org.uk/wp-content/uploads/2018/10/Codes-of-practice-and-professional-conduct-for-working-with-children.pdf>

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Online Counselling and Covid-19

As you are aware, we are all advised to avoid unnecessary travel and as such will be conducting your therapy sessions online.

You have to make sure that :

- For one hour you are not disturbed.
- You are in a safe, secure and private place.
- You have access to secure and alternative telecommunication's device in case of an emergency.

You will receive an appointment by email inviting you to confirm a google calendar appointment that will be held on Google Hangouts. Google Hangouts is a secure end to end encrypted service. All terms and conditions for therapy still apply to protect your consumer rights.

- UKCP
https://www.psychotherapy.org.uk/wp-content/uploads/2020/03/CCYP_Guidance_on_remote_working_in_response_to_Covid-19.pdf
- BACP
<https://www.bacp.co.uk/media/7897/bacp-working-online-supplementary-guidance-gpia047-mar20.pdf>

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Ethical Practice

All staff of faces in Focus are bound by professional ethics of a governing body

UKCP Code of Ethics and Professional Practice:

<https://www.psychotherapy.org.uk/wp-content/uploads/2019/06/UKCP-Code-of-Ethics-and-Professional-Practice-2019.pdf>

Ethical Framework for the Counselling Professions in the BACP:

<https://www.bacp.co.uk/media/3103/bacp-ethical-framework-for-the-counselling-professions-2018.pdf>

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Common conditions and psychological disorders that we work with

<ul style="list-style-type: none"> ● Agoraphobia ● Anger management disorder ● Anxiety and panic attacks ● Bipolar disorder ● Body dysmorphic disorder (BDD) ● Borderline personality disorder (BPD) ● Depression ● Dissociation and dissociative disorders ● Drugs - recreational drugs & alcohol ● Dysthymia ● Eating disorder ● Generalised anxiety disorder. ● Hearing voices 	<ul style="list-style-type: none"> ● Hoarding ● Hypomania and mania ● Insomnia ● Kleptomania ● Loneliness ● Obsessive-compulsive disorder thinking ● Panic disorder ● Paranoia ● Phobia Disorder ● Post-traumatic stress disorder ● Postnatal depression & perinatal mental health ● Premenstrual dysphoric disorder (PMDD) 	<ul style="list-style-type: none"> ● Psychosis ● Schizoaffective disorder ● Schizophrenia ● Seasonal affective disorder (SAD) ● Self-esteem ● Self-harm ● Stress ● Substance abuse ● Suicidal feelings ● Tardive dyskinesia
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Common psychological conditions and symptoms of stress or distress that we work with

<ul style="list-style-type: none"> ■ Neurodevelopmental Disorders ■ Trauma and Stressor-Related Disorders ■ Feeding and Eating Disorders ■ Depressive Disorders ■ Schizophrenia 	<ul style="list-style-type: none"> ■ Bipolar and Related Disorders ■ Dissociative Disorders ■ Sleep - Wake Disorders ■ Substance-Related and Addictive Disorders 	<ul style="list-style-type: none"> ■ Anxiety Disorders ■ Somatic Symptom and Related Disorders ■ Disruptive, Impulse-Control, and Conduct Disorders ■ Neurocognitive Disorders
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■ Obsessive-Compulsive and Related Disorders

■ Personality Disorders

Common Child or Adult Behavioral and Emotional Disorders that we work with

- Attention deficit hyperactivity disorder (ADHD)
- Oppositional defiant disorder (ODD)
- Autism spectrum disorder (ASD)
- Emotional disorders

- Anxiety disorder
- Depression disorders
- Bipolar disorder
- Pervasive developmental disorders

- Learning disorders
- Conduct disorders
- Disruptive behavioral disorders
- Dissociative disorders

A common list of phobias, symptoms or psychological conditions that we work with

A

- Achluophobia Fear of darkness
- Acrophobia Fear of heights
- Aerophobia Fear of flying
- Algophobia Fear of pain
- Alektorophobia Fear of chickens
- Agoraphobia Fear of public spaces or crowds
- Aichmophobia Fear of needles or pointed objects
- Amaxophobia Fear of riding in a car
- Androphobia Fear of men
- Anginophobia Fear of angina or choking
- Anthophobia Fear of flowers
- Anthropophobia Fear of people or society
- Aphenphosmophobia Fear of being touched
- Arachnophobia Fear of spiders
- Arithmophobia Fear of numbers
- Astraphobia Fear of thunder and lightning
- Ataxophobia Fear of disorder or untidiness
- Atelophobia Fear of imperfection

D

- Dendrophobia Fear of trees
- Dentophobia Fear of dentists
- Domatophobia Fear of houses
- Dystychiphobia Fear of accidents

E

- Ecophobia Fear of the home
- Elurophobia Fear of cats
- Entomophobia Fear of insects
- Ephebiphobia Fear of teenagers
- Equinophobia Fear of horses

F, G

- Gamophobia Fear of marriage
- Genuphobia Fear of knees
- Glossophobia Fear of speaking in public
- Gynophobia Fear of women

H

- Heliophobia Fear of the sun
- Hemophobia Fear of blood
- Herpetophobia Fear of reptiles
- Hydrophobia Fear of water
- Hypochondria Fear of illness

I-K

- Iatrophobia Fear of doctors

N

- Necrophobia Fear of death or dead things
- Noctiphobia Fear of the night
- Nosocomephobia Fear of hospitals
- Nyctophobia Fear of the dark

O

- Obesophobia Fear of gaining weight
- Octophobia Fear of the figure 8
- Ombrophobia Fear of rain
- Ophidiophobia Fear of snakes
- Ornithophobia Fear of birds

P

- Papyrophobia Fear of paper
- Pathophobia Fear of disease
- Pedophobia Fear of children
- Philophobia Fear of love
- Phobophobia Fear of phobias
- Podophobia Fear of feet
- Pogonophobia Fear of beards
- Porphyrophobia Fear of the color purple
- Pteridophobia Fear of ferns
- Pteromerhanophobia Fear of flying
- Pyrophobia Fear of fire

Q-S

Atychiphobia	Fear of failure
Autophobia	Fear of being alone
B	
Bacteriophobia	Fear of bacteria
Barophobia	Fear of gravity
Bathmophobia	Fear of stairs or steep slopes
Batrachophobia	Fear of amphibians
Belonephobia	Fear of pins and needles
Bibliophobia	Fear of books
Botanophobia	Fear of plants
C	
Cacophobia	Fear of ugliness
Catagelophobia	Fear of being ridiculed
Catoptrophobia	Fear of mirrors
Chionophobia	Fear of snow
Chromophobia	Fear of colors
Chronomentrophobia	Fear of clocks
Claustrophobia	Fear of confined spaces
Coulrophobia	Fear of clowns
Cyberphobia	Fear of computers
Cynophobia	Fear of dogs

Insectophobia	Fear of insects
Koinoniphobia	Fear of rooms full of people
L	
Leukophobia	Fear of the color white
Lilapsophobia	Fear of tornadoes and hurricanes
Lockiophobia	Fear of childbirth
M	
Mageirocophobia	Fear of cooking
Megalophobia	Fear of large things
Melanophobia	Fear of the color black
Microphobia	Fear of small things
Mysophobia	Fear of dirt and germs

Samhainophobia	Fear of Halloween
Scolionophobia	Fear of school
Selenophobia	Fear of the moon
Sociophobia	Fear of social evaluation
Somniphobia	Fear of sleep
T	
Tachophobia	Fear of speed
Technophobia	Fear of technology
Tonitrophobia	Fear of thunder
Trypanophobia	Fear of needles or injections
U-Z	
Venustraphobia	Fear of beautiful women
Verminophobia	Fear of germs
Wiccaphobia	Fear of witches and witchcraft
Xenophobia	Fear of strangers or foreigners
Zoophobia	Fear of animals

How does therapy work at Faces In Focus?

1. You or an agency get in touch with us via
 - a. The website referral form
 - b. Email
 - c. Telephone
2. A referral form is filled out, this is a standard form for us to have your personal details so that we can prepare you and us for therapy.
3. Assessment forms are filled out to help us understand you and your condition
 - a. [Hospital anxiety and depression form](#) to allow you and us to quickly understand the intensity of your anxiety or depression. The results are displayed on the form and will also be emailed to you.
 - b. [Client problem form](#) is filled out so that we can understand the urgency and the background to the problem.
 - c. [Common mental health details form](#) is filled out so that we can know what common mental health conditions you suffer with.
 - d. [Common therapeutic approach form](#) is filled out so that we know a bit more about what therapy you may have had or would prefer to have.
 - e. [Availability for counselling form](#) is filled out so we know when you will be available for counselling.
 - f. [Client strengths and difficulties form](#) is to help us to understand how well you are coping or not coping at with life at the start of therapy.
 - g. [The Outcome and Session Rating Scales forms](#) are used at beginning and the end of sessions 1, 6, and 12 to assess you and the therapist, to see how well you are both doing with the therapy to make sure it is right for you.
 - h. [Quality of life assessment form](#) is to help us to understand the quality of life you are currently experiencing.

- i. [Mindfulness attention awareness scale form](#) to help us to understand how are you are of the environment you are currently in and experiencing.
 - j. [How you see your family form](#) is to help us to understand the family environment you are currently experiencing.
 - k. [Adolescent and Wellbeing form to be filled out by someone between 11 - 18 form](#) to help us assess the wellbeing of adolescents to be able to choose the appropriate intervention to improve their wellbeing.
 - l. [Young Adults in Crisis Assessment form](#) to help us to assess any dangers to yourself or others that you may be currently exposed.
 - m. [Next of kin form](#) so that in case of an emergency we know who to contact.
 - n. [Medical details form](#) so that we have your medical centre and GP details in case of an emergency.
 - o. [Client frequency of suffering with common mental health conditions form](#) to help us to understand how frequently the mental health condition bothers you so we can choose the appropriate treatment to help reduce the suffering.
 - p. [Client intensity of physical symptoms of distress form](#) to help us to understand how intense and painful the distress that you are going through is so that we can choose the appropriate treatment to help reduce the distress..
 - q. [Client symptoms of emotional intensity form](#) to understand the intensity of the emotional distress so that we can choose the appropriate treatment to reduce the emotional distress.
 - r. [Client intensity of psychological symptoms form](#) to understand the intensity of psychological distress due to the condition(s) so that we may choose the appropriate treatment to reduce the distress.
 - s. [Client intensity of behavioral symptoms form](#) for understanding the intensity of the behaviour that is causing distress so that we may choose the appropriate treatment to reduce the distress.
 - t. [General Anxiety Disorder \(GAD\)-7 Anxiety form](#) the NHS anxiety assessment of the intensity of anxiety that is causing distress so that we may choose the appropriate treatment to reduce the distress. The results are displayed on the form and will also be emailed to you.
 - u. [PHQ-9 Depression form](#) from the NHS anxiety assessment of the intensity of depression that is causing distress so that we may choose the appropriate treatment to reduce the distress. The results are displayed on the form and will also be emailed to you.
4. An appointment is arranged that you agree with to see your therapist
 5. You pay before attending therapy for the therapy session
 6. You can complete the [client therapy feedback form](#), this allows you to share any observations you may have had since receiving therapy and want to share those thoughts or feelings with your therapist by writing notes or making a recording.
 7. You will be sent links to complete some forms before you can be assigned a therapist
 - a. [Hospital anxiety and depression form](#) to allow you and us to quickly understand the intensity of your anxiety or depression. The results are displayed on the form and will also be emailed to you.
 - b. [Client problem form](#) is filled out so that we can understand the urgency and the background to the problem.
 - c. [The Outcome and Session Rating Scales forms](#) are used at beginning and the end of sessions 1, 6, and 12 to assess you and the therapist, to see how well you are both doing with the therapy to make sure it is right for you.
 - d. [Quality of life assessment form](#) is to help us to understand the quality of life you are currently experiencing.
 - e. [Mindfulness attention awareness scale form](#) to help us to understand how are you are of the environment you are currently in and experiencing.
 - f. [How you see your family form](#) is to help us to understand the family environment you are currently experiencing.
 - g. [Adolescent and Wellbeing form to be filled out by someone between 11 - 18 form](#) to help us assess the wellbeing of adolescents to be able to choose the appropriate intervention to improve their wellbeing.
 8. At before session 1, 6 or 12 check with your therapist which assessment forms they would like you to fill out

- a. [The Outcome and Session Rating Scales forms](#) are used at beginning and the end of sessions 1, 6, and 12 to assess you and the therapist, to see how well you are both doing with the therapy to make sure it is right for you.
 - b. [Client problem form](#) is filled out so that we can understand the urgency and the background to the problem.
 - c. [Young Adults in Crisis Assessment form](#) to help us to assess any dangers to yourself or others that you may be currently exposed.
9. The therapist will write a therapist intervention report to explain what intervention they will take and how it will be assessed for progress.
 10. At the end of the session you agree on the next therapy session date to continue therapy till the end of all of the sessions.
 11. [The Outcome and Session Rating Scales forms](#) are used at beginning and the end of sessions 1, 6, and 12 to assess you and the therapist, to see how well you are both doing with the therapy to make sure it is right for you.
 12. The therapist will write an end of therapy report explaining their assessment and intervention, what should happen next and where you should go from here.
 13. Please feel free to give feedback on our services at any time by filling out the [feedback services form](#)

What happens next

Over the next 12 weeks this is what will happen

Week	Activity
1	<p>Assessment/History taking/and ORS/SRS:</p> <p>You and the therapist will go over what you want to achieve over the next 12 weeks, what is it that you currently believe is stopping you from living a happier and healthier life. What you believe needs to change to help you live a happier and healthier life. The therapist will determine the realistic prognosis and therapeutic intervention in which you will play a constructive part in developing and implementing.</p> <p>Please click on this link to get to the therapy forms to get to the Assessment forms sections</p>
2	<p>Assessment/History taking:</p> <p>A continuation of week 1 as there will be a lot of material to go over and not all of it can be gone over in one session, it may take all 12 sessions for what needs to be discussed to come out and be processed.</p> <p>Please click on this link to get to the weekly in between sessions client self-assessment therapy feedback form</p>
3	<p>Intervention implementation:</p> <p>Every therapist will customise their approach/intervention to help you achieve in each session, the goal of what it is that you want to achieve from that session that is aligned with your overall goal for therapy.</p>
4	<p>Intervention and Assessment:</p>

During each session you and the therapist will reflect on what is and isn't working and fine tune the process to be effective in helping you achieve the realistic goals you desire for each session.

[Please click on this link to get to the weekly in between sessions client self-assessment therapy feedback form](#)

5

Intervention and Assessment:

Therapeutic interventions are not like an antibiotic that works immediately, it depends on what needs to shift in your mind for your mind to repair, reconstruct and implement the new learnings that you will derive from coming to therapy. Sometimes it can be immediate, days, weeks, months or years before it all starts to come together.

[Please click on this link to get to the weekly in between sessions client self-assessment therapy feedback form](#)

6

Intervention and ORS/SRS:

By the time you get halfway through your counselling you will need to do a self-assessment, this is done online and it will tell you, your therapist and us as to how well you are doing. It will also allow you and your therapist to determine what has worked well, and what else needs to change to make things work even better to make the therapy more effective for the remaining sessions.

[Please click on this link to get to the ORS/SRS self-assessment feedback forms](#)

7

Intervention and Assessment:

You and the therapist are now working on an adapted version of the therapeutic intervention set out at the beginning to achieve your therapeutic goals if they have not changed?

[Please click on this link to get to the weekly in between sessions client self-assessment therapy feedback form](#)

8

Intervention and Assessment:

A continuation of the implementation of the therapeutic intervention as agreed by you and your therapist.

[Please click on this link to get to the weekly in between sessions client self-assessment therapy feedback form](#)

9

Intervention and Assessment:

A continuation of the implementation of the therapeutic intervention as agreed by you and your therapist.

[Please click on this link to get to the weekly in between sessions client self-assessment therapy feedback form](#)

10

Intervention and Assessment:

A continuation of the implementation of the therapeutic intervention as agreed by you and your therapist.

[Please click on this link to get to the weekly in between sessions client self-assessment therapy feedback form](#)

11 Intervention and Assessment:
A continuation of the implementation of the therapeutic intervention as agreed by you and your therapist.

[Please click on this link to get to the weekly in between sessions client self-assessment therapy feedback form](#)

12 Sessions closure and ORS/SRS:
After session 11 you will be asked to do a self-assessment and bring therapy to an end, or to ask for an extension of 6 or 12 weeks to continue therapy.

[Please click on this link to get to the ORS/SRS self-assessment feedback forms](#)

Therapeutic Contract

All clients do agree to read and sign the therapeutic contract. You are a consumer and have consumer rights and as a public body we have to follow the law to protect all of your rights without any compromise.

Therapists

All therapist have been trained or are being trained by a professional body such as UKCP or BACP

Volunteer Therapists

All therapist are volunteers who have willingly given their time to help you with your recovery

Supervised Therapists

All our therapists receive professional supervision from qualified supervisors, whilst your case may be discussed in supervision in no way will you be identified as an individual as we respect your anonymity.

Therapy Assessments

You are aware that you will have been asked to fill out assessment forms as a part of the referral and you may be asked to fill out other assessment forms during your treatment? Assessments help us to understand the bigger picture about you and your condition.

Therapy Sessions

All therapy sessions whether in-person or online will last 50 minutes, they may start late because you are late coming to the session but they will end on time as the therapist's time is limited.

Fees and Cancellation Policy

All booked sessions will be paid for in advance and the amount you will pay will be the amount you have agreed to pay before you started your sessions. Unless 48 hours notice is given in advance you will be responsible for payment of the session.

Fees range from £25 a session - £300 for all sessions paid in advance. Average fee a private qualified therapist will charge will range from £50 - £90 a session. In some cases for specialist treatments it is £150 a session. Average cost for 12 sessions can almost be £800 and we will only charge you a maximum of £300.

Clinical reports

Whilst we are a professional organisation and professionally trained by an accredited institution, that said, we do not offer cures nor are we licensed to give you a clinical or medical diagnosis. We can write reports where we share our professional observations and share clinical data gathered during your treatment on request by an authorised organisation. Only a licensed medical professional can write legal medical reports where a diagnosis has been made. We can as a professional write a report to another mental health professional or person, where they and I have written permission from you to correspond about your treatment on your behalf about to say that you may have a condition and symptoms which are similar to other medically recognised clinical conditions and symptoms.

The keys to successful therapy

There has been a lot of research conducted to discover what makes therapy work and consistently the findings show that the key factor is the relationship that develops between therapist and client. The other most important thing is that the therapist adapts to the client's characteristics, culture and preferences. But the key is that you as the client are motivated to move heaven and earth to get better.

Our commitment to you

All relationships are based on trust, and the therapeutic relationship is no different, so we will always do our best to understand you and your issues without making any presumptions. Everyone is different and you are entitled to be you and to hold your views about the world. If we struggle to understand, we will ask. We will not judge you. This doesn't mean that we condone "bad" behaviour, but it does mean that we will presume good intent. We will also be honest so that you will always know where you stand with us.

Therapeutic model

We are integrative, that is we combine the best of all models to be as holistic as possible in our approach to working with you. Where we are professionally trained to use psychotherapeutic and counselling tools and approaches, you, are the expert of your own challenges. In that, you know your challenges better than we do. You, have the resources within you to develop a conflict resolution solution with assistance from us. We believe, that you are an amazing and unique individual and that a behavioural change comes about by treating your challenges as being unique to your life experiences.

We also believe because of negative emotional experiences, that the subconscious mind goes out of it's way to ensure that to the best of its ability that it will go out of its way to avoid a repeat of those experiences of those negative emotions. This means that you often spend most of your time unconsciously or consciously over thinking things on autopilot and being in a state of hypervigilance in an attempt to avoid emotional distress. Basically, you end up making unhelpful choices as you end up living behind a wall of defences and not coming out to be your own true loving self, because of the fear of being hurt again. Isn't that true for you and others? We are here to help you find what will work best for you.

What you can talk about

It is common for you to be worried about disclosing information, wondering if it is safe to do so. If you are unsure if it is ok to talk about, then please ask because anything that is worrying you is ok to talk about.

- Abuse: domestic, sexual, physical or emotional, past or present
- Substance abuse
- Addictions
- Self harm or suicidal thoughts/attempts
- Guilty secrets
- Problems with eating (eg binging or purging)
- Criminal convictions (see below for current criminal activity)
- Confidence and performance issues
- Disturbing thoughts or wishes
- Sexual issues

Anything not listed below!

Requirements for disclosure

Having given examples of all the things that you can discuss with me, it's important that you know that the law may forbid our normal client confidentiality in the following circumstances:

If we become aware, or have good reason to suspect, that you have knowledge of:

A past or future incident/situation that may be dangerous or harmful to a child, you or another adult, and that is not known to the relevant authority.

Future or past criminal activity that has not been resolved in law. This means any criminal activity, of which the relevant authorities are either unaware or a case they know about which they consider not to be closed (provided you do not present information in therapy which would reasonably re-open the case). This does not include parking or traffic offences unless there is intent, by you or anyone else, to cause danger to yourself or others, or that it is deemed to be a “serious offence”. For our purposes a serious offence is something for which you could be imprisoned and for which the sentence (not necessarily imprisonment) hasn’t yet been served.

In these circumstances we will work with you to see if we can work together to make appropriate disclosures.

It is also compulsory to report terrorism, potential radicalisation, money laundering and female genital mutilation to the appropriate authorities.

Other than as required by law, we will routinely discuss without revealing your identity your case with a supervisor (in order to ensure that you get the best service). Our supervisors will have access to your details if we are suddenly unavailable (to contact you and offer you ongoing care) and we may talk or write to your GP (but we will not give any personal details beyond what we are working on).

Disclosing Personal/Confidential Information

To ensure that information is only shared with the appropriate people in appropriate circumstances, we will take care to check they have a legal basis for access to the information before releasing it.

How we will proceed

I’d like to just outline quickly how we’ll proceed –

The initial session will be to go over all the details, make sure you’re happy to proceed and work with me and I will only be working within the limitations of my training.

- Also it is a chance for you to make sure you’re happy to work with us and ask any questions you may have.
- We will manage information given relating to your treatment in accordance to the law and guidance of professional bodies whose policies on data and retention management I follow. Links to these policies can be provided on request.
- You will be able to after an initial assessment ask for a written copy of the agreed prescribed therapeutic intervention which will be reviewed between us both at each session. Where we will use standard approved clinical assessment at the start of each session which will only take a few minutes but ensures that we are on track and following protocol.
- As therapists we understand that it is you who are the expert on your problems content, we are only the therapist who seeks to support you in overcoming your problems. Working together using integrative clinically proven hypnotherapy and psychotherapy techniques we shall work on changing behaviour that you have agreed you want to change.
- Whether working face to face or via telecommunication it will be agreed that the environment for the duration of the session shall be held privately, in a safe and secure environment and you will agree to be on time for the appointment.

- We are bound by a professional code of ethics and everything we discuss is strictly confidential, with the exception of supervision sessions where we will discuss things but referring to you as 'client A'.
- Each session will be set at a maximum time of no more than 50minutes and will finish on time.
- That you are free of drugs and alcohol during your appointment, and that you treat the therapeutic session with respect and take your treatment seriously.
- We are insured to work within the limits of our training except where the local law you are currently present at for the therapy session prohibits you and I to work together via telecommunication.

Suspending or terminating sessions

Not communicating or attending 2 or more sessions will lead to the termination of therapy, if you are having difficulties with the sessions you may request for the therapy to be suspended for a while.

Safeguarding

As a part of my safeguarding and risk assessment policy I will need your contact details as well as those of your medical doctor and next of kin, and confirmation that I may contact your medical doctor or next of kin should I feel it appropriate but not without your permission but also to have in a case of emergency.

I will also need you to confirm your email address and for you to give me a security answer to one of the following to confirm in the future that I am corresponding with yourself.

- The name of your first school
- The name of favourite location
- The name of something you like

Boundaries

Dual Relationships

There can only be one professional relationship between you the client and the therapist, personal relationships outside of the working practices are forbidden and not encouraged, so there are restrictions due to:

- A family/friend connection
- A business relationship
- Online interaction, e.g. social media
- A collegial relationship

- Neighbours
- Same religious congregation, shared group, hobby or club

The BACP ethical framework states:

“...any dual or multiple relationships will be avoided where the risks of harm to the client outweigh any benefits to the client.” (BACP, 2018).

Touch

As a rule touching is not encourage but where there is a level of professional trust that the therapist and the client are clear that there is no transference within the act of touching and touching may only be an act of reassurance in the act of

- Hugging to say hello
- Hugging to say good bye
- Hugging to offer comfort after distress

At all times all parties have to be aware that what may not lead to a misunderstanding at the time may lead to a misunderstanding at a later date and as such potential misunderstandings should be avoided at all costs.

Confidentiality

We have a duty to you to protect your rights as a consumer and we shall follow all laws protecting your rights without compromise.

Therapeutic executor

The management team at Faces In Focus will act as the therapeutic executor when your therapist is not available for contact.

Complaints

If you have cause to complain you can write an email to the reception@facesinfocus.org.uk and someone will get back to you as soon as possible to follow up on the complaint.

[Please click on the following link to complete the form to state you have read the Terms & Conditions](#)

Volunteering and employment roles

The volunteer will state that themselves the following ‘I agree that I understand and I declare that the information I have given on my application form is true to the best of my knowledge. Failure to provide information requested, or providing inaccurate information will disqualify you from volunteering at Faces In Focus.’

Volunteer Person Specifications

- [Volunteer person, person specification](#)

Volunteer Job description

- [Volunteer job description](#)

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Modern Slavery Statement

Modern slavery is a crime and a violation of fundamental human rights. It takes various forms, such as slavery, servitude, forced and compulsory labour and human trafficking, all of which have in common the deprivation of a person's liberty by another in order to exploit them for personal or commercial gain. We have a zero-tolerance approach to modern slavery and we are committed to acting ethically and with integrity in all our business dealings and relationships and to implementing and enforcing effective systems and controls to ensure modern slavery is not taking place anywhere in our own business or in any of our supply chains. We are aware of the heightened risk of modern slavery and human trafficking within the hair and beauty industry and we are committed to implementing policies, systems and controls to ensure that it this is not taking place in our own business.

We are also committed to ensuring there is transparency in our own business and in our approach to tackling modern slavery consistent with our disclosure obligations under the Modern Slavery Act 2015. We expect the same high standards from all of our Partners, third party suppliers and other business partners. As part of our contracting processes, we include specific prohibitions against the use of forced, compulsory or trafficked labour, or anyone held in slavery or servitude, whether adults or children, and we expect that our Partners and any of our third party suppliers will hold their own suppliers to the same high standards.

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Due diligence

It is incredibly important for us to only partner with those who work to the highest industry standards and are reputable within the wellbeing industry. Because we are an online mental health service provider, we ask all of our Partners to commit to our terms which set out everything that we expect from them before we allow them on site.

All of our Partners warrant to us that, among other things, neither they nor their employees, directors, officers or subcontractors have been investigated for, or convicted of, any offence around slavery or human trafficking, and that they have made all reasonable enquiries on the same. They are also required to maintain policies and procedures to ensure that they comply with their obligations under all anti-slavery laws.

Ultimately, we want to ensure that we have reputable practice on site offering the highest standard of service and operating at all times within the law. This extends to the therapists that we employ, how they run their practice and the importance of anti-slavery and anti-human trafficking measures. If at any time the salon does not operate within the law, that is a material breach of their agreement with us, and we would terminate our partnership with those therapists.

As part of our initiative to identify and mitigate risk, we have in place the following systems and policies:

- Identify, assess and monitor potential risk areas in our supply chains and in our Partner Salons
- Mitigate the risk of slavery and human trafficking occurring
- Protect whistleblowers. We have a designated whistleblowing policy to ensure that any whistleblower is protected at all times and their claims investigated in the most effective manner.
- Ethics hotline – we have an ethics hotline where any employee can confidentially detail their concerns if they feel that there is an ethics issue. All employees are reminded of this regularly and are encouraged to make use of this should they feel they need to.

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Training

To ensure a high level of understanding of the risk of modern slavery and human trafficking in our business we:

- email our partners annually reaffirming their obligations in our terms and highlighting key things for them to do;

- Inform all employees of their obligations and remind them of the Ethics hotline; and
- Keep abreast of changes in legislation and any impacts that this may have on anti-slavery or human trafficking measures that we should take.

We are committed to maintaining and improving our training and policies to combat slavery and human trafficking.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 2018. This statement has been approved by Hotspring Venture Limited's board of directors on 29 May 2019.

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Social Media Policy

All of the staff associated with Faces In Focus endeavour to adhere to policies that do not in any way infringe upon the personal or professional relationship associated with Faces In Focus.

- As such all those associated professionally with Faces In Focus shall ensure that their personal presentation on digital platforms do not have any negative connotations that will reflect badly upon the professional standing of Faces In Focus.
- As such whilst there may be a professional relationship between those associated with Faces In Focus it is expected that the context of that professional relationship be a professional relationship that does not entitle anyone associated with Faces In Focus to seek a relationship within the sphere of any social media platform. All parties associated with Faces In Focus can expect to have a professional life and a personal life where the two do not or shall not intertwine.
- Basically in a nutshell, if you have not checked to see if it is listed and covered by our insurance policy then don't do it.

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