## Alexandra McCauley, akm consultancy

# Session Agreement

**About Alexandra:**

* My name is Alexandra McCauley. I am self-employed as a Cognitive Change Practitioner and Coach.
* I am an Advanced Certified Practitioner in a group of techniques known as “FasterEFT” (Faster Emotionally Focused Transformations), created by Robert G. Smith.
* I am certified as an IEMT Practitioner (Integral Eye Movement Therapy) and in Level 1 and 2 of Metaphors of Movement, designed and taught by Andrew T. Austin.
* I have a degree in Psychology and a postgraduate degree in Cognitive Psychology. I have worked on projects in the Care Sector with Edinburgh University and the NHS and currently run a Nursing Home for Older People in Scotland. I am not a practising psychologist, dietician, medical doctor or therapist and have no licensing or formal training in these fields.
* In addition to my academic studies in Psychology and work in the Health Sector, I have studied many approaches to mental and physical health as part of my own healing process from ME/CFS (Myalgic Encephalomyelitis / Chronic Fatigue Syndrome). I have gained knowledge and learned many techniques that can make real changes to our lives. These techniques are now being used more and more widely with great success.
* My goal is to coach and guide you in using these tools or in finding approaches to relieve stress and emotional upsets, chronic conditions and any number of issues and to help you live a happy and fulfilling life. My main aim is to give you the skills and help you to access the resources you need to transform the difficulties you are experiencing. I may work with you on various issues directly, or recommend other approaches or resources.

**AGREEMENT**

* I understand that Alexandra McCauley is not a licensed counselor, psychologist, therapist, medical doctor, nutritionist or any other medical professional. She has no formal training in these fields and does not portray herself as such.
* I am required to take complete responsibility for my emotional and/ or physical well-being both during and after this session.
* I agree to notify my therapist and/or physician prior to using these skills and agree to their supervision if suggested. I will continued to take my medication as prescribed and remain under the care of my physician or therapist for any medical, emotional or mental condition for which I am currently being treated or believe I may need treatment.
* I will not use these techniques to try to solve a problem where my common sense tells me it is inappropriate.
* I will take sole responsibility for how I use these techniques on myself and not hold Alexandra McCauley or anyone else responsible for any claims made by anyone.
* I understand that neither Alexandra McCauley nor anyone else will be responsible for what I do with these techniques.
* I understand that the services provided by Alexandra McCauley are limited to education pertaining to my overall well-being. I understand these services may include her physically tapping on various acupressure meridian points or asking me to tap on myself and I agree to tell her immediately if it causes me any physical discomfort. I understand that these techniques may reveal problems or issues I had forgotten. I understand I can accept or not accept any recommendations and I can terminate our relationship at any time.
* These sessions are PRIVATE. General anonymous information pertaining to client cases and success stories may be shared with others for the purpose of educating them. I understand that my identity will NOT be disclosed without prior consent.
* Sessions over Skype will be recorded in order for Alexandra to review, learn from and plan her sessions, and when appropriate to generate a report for the client post session. It is also for the benefit of the client to have access to a record, if necessary, of the work done. These recordings are completely private and confidential. The only context in which Alexandra may ask for your permission to share a recorded session is to have feedback from a fellow Practitioner. This would only happen if you requested it or gave prior consent and permission from you.

I acknowledge that I have read the above agreement, understand it completely and have received a copy of the same. Please sign below:

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| --- | --- | --- | --- |
| Full Name: | name surname | Date of Birth: | dd/mm/yy |
| Email Address: | somebody@something | | |
| Country of Residence: | somewhere on Earth | | |
| Phone Number: | +?? ????????? | | |
| Today’s Date: | dd/mm/yy | | |

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| **Signature**: | .................................... |