

Frequently Asked Questions

What is our approach?

We pride ourselves in doing things a little differently. At Outlook Ecotherapy we blend evidence-based psychological therapies (CBT, TF-CBT, DBT, ACT, and Bowen Family Therapy) with the EPI's Equine and Ecotherapy, which has roots in Gestalt Therapy, Buddhism, and I-thou Horsemanship.

Our equine and nature-based sessions are available from Monday to Wednesday (8am - 6pm). Currently we are offering 1:1 sessions (client only, parent-child, or family group), which span for 50 minutes. We are hoping to offer a child and youth skills groups later in the year. Please let us know via email if this is something you are interested in.

What is our process?

The initial appointment is a parent/guardian-only session, which can be F2F (preferred), via phone, or over Zoom. This allows us to gather information about the referred client and discuss their strengths and difficulties privately with you. Please send reports through with the referral so that we can also discuss previous supports/interventions and plan for the goals going forward. (For example; NDIS report and goals, current/ previous psychologist, OT, paediatric, psychiatrist, and school reports).

The first session with the referred client will focus on rapport building, orientating them to the property, and introducing them to our core skills. Subsequent sessions will be focused on the individual's treatment goals. The frequency of appointments will be discussed with you in the parent/guardian consultation and take capacity, funding, and individual preferences into account.

Will sessions involve horse riding?

Equine therapy is not 'horse riding' and clients may not be offered a riding experience for several weeks or months. Our focus is on helping clients to develop awareness, connection and boundaries with the horses and others, and practicing core skills with the horses as co-facilitators and teachers. Horses are viewed as equal others, with their own wants and needs, as opposed to being seen as objects designed to meet the humans' needs of wanting to control/ manipulate/ ride.

What do sessions look like?

Our sessions may involve animals (horses, chickens, and a dog), play (indoor and outdoor games), arts and crafts, movement (walking & talking along a forest track), and paper and pen exercises (completing a worksheet). Our philosophy is to **learn by doing**. This includes many moments and micro-moments throughout the session.

Many of our clients have diagnoses that include Anxiety, Depression, ASD, ADHD, trauma, and poor emotion regulation. Subsequently, our sessions tend to include; sensory experiences, social and communication skills, facing fears (exposure) and developing mastery; problem solving, breathing and grounding techniques, and tools to identify and appropriately express strong emotions. We encourage parents to join our sessions (where appropriate) and/or switch off devices to enjoy the beautiful outlook and surrounding environment.



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What should you wear?

Clients should wear comfortable clothes suitable to weather and season. Closed in shoes are essential (sandshoes in sunshine and gumboots in wet weather) and a water bottle, snack and hat won't hurt either!

What is the cost?

Fees follow those recommended by the Australian Psychological Society and are outlined on page 4 of this referral. We are not registered with NDIS, but we do accept Self-managed clients who are provided with automated Paid Invoices for psychological services at the end of each session and a limited number of Plan-managed clients are accepted each quarterly review. Clients who wish to use the Medicare Mental Health Care Plan (MHCP) will need a Referral Letter and MHCP from their GP.

Our Team/Who We Are

As the Director of Outlook Ecotherapy, Anna is a clinical psychologist, coach, and AHPRA board-approved supervisor, with many years of experience working in public mental health (CAMHS), the not-for-profit sector and in private practice. Anna loves everything about the outdoors – animals, sport, the beach and the sky, and most of all – exploring the paddocks at The Outlook with her clients, Bernie the dog, and the herd.

In addition, Outlook Ecotherapy includes a herd of ten horses, including the BFG (Big Friendly Giant) Keates, Rusty, Chief, Batman, Epic and Ace, and four ponies – Mini, Tony, Piccolo and Spirit. Mini is the oldest member of our herd "the granny," and Piccolo is the youngest/ "cheekiest." Our team also includes Bernie, a female Bernese Mountain Dog, who loves to chase balls, eat sticks, and cool off in the water trough. We are also sometimes greeted by Spike the cat, who is approximately 11 years old, several of our laying hens, four wallabies, kookaburras, and wild Wood Ducks.



Client Information

Name: _____ D.O.B: ____/____/____ Age: _____

Address: _____ Postcode: _____

Mobile/ parents mobile: _____/_____

School, Grade/ place of work/study: _____

Emergency name: _____ Mobile: _____

Email address: _____

Please describe your/ your child's horse experience:

What are some of the challenges (educational, social, physical, psychological etc.) impacting you / your child currently?

Please describe two of your / your child's strengths, difficulties, and interests:

Strengths: _____

Difficulties: _____

Interests: _____

What are your goals in coming (or referring) to our service?

Please tick any health conditions that apply to you/ your child:

- | | |
|---|---|
| <input type="checkbox"/> Allergic Reactions | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Epilepsy/ Fits | <input type="checkbox"/> Blood or Heart Condition |
| <input type="checkbox"/> Fainting / dizziness / blackouts | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Disorder/ Disability | <input type="checkbox"/> Other |

Please describe condition/s ticked:

Is it necessary for you or your child to carry their own medication? _____ If yes, what is the name, dosage, and frequency of the medication required?

Consent

As part of providing an educational and psychological service, we will need to collect and record personal information that is relevant to your / your child's current situation.

Confidentiality

All personal information gathered during psychological services will remain confidential and secure, except when:

- It is subpoenaed by a court; or
- Failure to disclosure information would in the reasonable belief of the clinician /coach place you or another person at serious risk; or
- Your prior approval has been obtained to
 - Provide a written report to another professional or agency (e.g., NDIS or a GP)
 - Discuss material with another person (e.g., a parent, employer, or health provider)

It is a requirement of Medicare eligible clients that the treating clinician provides the referring GP with written reports on assessments, treatment, and recommendations throughout therapy.

Record keeping

All clinical notes, appointments and credit card details are securely stored in Halaxy (bank-grade security encryption). Invoices and others forms of communication will be via email. You may access material recorded in your file upon request, subject to the exceptions in National Privacy Principal 6.

Fees

The *Australian Psychological Society Schedule of Recommended Fees* is available on our website. The table below shows our fees for July 2021 to June 2022.

Service Description & Item Number	APS Fee 22-23 Excl GST	Our Fee	Medicare Rebate	Out of Pocket Expense
Initial Consultation (46-50mins) IO4	\$280	\$280	\$131.65	\$148.35
Subsequent Consultations (46-50min) SO4	\$280	\$260	\$131.65	\$128.35
Clinical Supervision (46-50mins) SO4	\$260	\$260	NA	\$260.00
Corporate Consultancy (46-50min) HN5	NA	\$400	NA	\$400.00
Report Preparation (46 – 50mins) RO4	\$260	\$260	NA	\$260.00
Travel Time (46 – 50mins) TO4	\$174	\$174	NA	\$174.00
NDIS Plan Managed (46- 50min) Item No. 15_054_0128_1_3	\$214.41	\$214.41	NA	None
Equine Assisted Leadership and Team Development (1 day)	Investment quote available on application			

Waiting List and Cancellations

Clients on the waiting list are given preference to fill appointments that are cancelled. If you wish to cancel or change your appointment, we require a **minimum of 48 hours' business notice** to allow adequate time to contact and offer appointments to clients on the waiting list. In cases where we are not provided with **48 hours of business notice** a cancellation fee will apply. As an alternative, a client Zoom consultation and/or a parent consultation can be arranged to avoid any cancellation fees. Please advise if you would like to take advantage of this by emailing admin@outlookecotherapy.com. In line with the Australian Psychological Society, the following fees apply; less than 24 hours' notice = 100% of the session fee, between 24- and 48-hours' notice = 50% of the session fee. Cancellation fees can be passed onto the NDIS, however, they are not covered by the Medicare rebate.

Between appointment contact

We are contactable between appointments to make or adjust bookings, please email admin@outlookecotherpay.com Due to time constraints, we may not always be able to return phone calls and will charge for calls, emails and reports requiring more than 15 minutes to address.

For urgent and out of hours assistance please call the Mental Health Line on 1800 011 511. Life threatening matters should be directed to your nearest Hospital Emergency Department or Emergency Services on 000.

Ethics

Copies of the Australian Psychological Society and the Equine Psychotherapy Institute Code of Ethics are available on our website.

Exchange of Information

You may be recommended to commence or continue treatment with different health professional's if/when a comprehensive treatment plan is clinically indicated. We are happy to work collaboratively with other services, and exchange information with the nominated health professional/s. For example: you/ your child's GP, Paediatrician, School Counsellor, OT, Case-manager.

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

I agree to the following terms:

- To interact with staff and animals in a safe and controlled manner
- To wear appropriate attire to the season, weather and setting (ie., hat, sunscreen, rain/wind coat, pants, helmet if riding) and closed footwear
- To follow instructions of my clinician and other staff of The Outlook. My session may be cancelled if I do not comply with safety instructions.
- To authorise the clinician in charge to administer first aid and/or call an ambulance if they believe you/ your child is at serious risk.

I, (client / parents name) _____ have read the Consent Form and agree to the outlined conditions provided by Outlook Ecotherapy.

Signature: _____ Date: _____



Financial Agreement

Please indicate below how you intend to pay for this service and complete the relevant details below.

Medicare/MHCP Private NDIS

Medicare/MHCP and Private referrals

Client name: _____ D.O.B: ____/____/____ Age: _____
Medicare Number: _____ Individual Ref: _____ Expiry Date: ____/____

If the Client is under 18 years of age, Medicare requires a parent's details to act as a 'claimant' on their behalf.

Parent/ guardian name: _____ D.O.B: ____/____/____ Age: _____
Medicare Number: _____ Individual Ref: _____ Expiry Date: ____/____

If claiming via a Mental Health Care Plan (MHCP), you must attach a copy the current Referral Letter and MHCP when returning the completed Outlook Ecotherapy Referral Forms.

Payment Details

Name of Card holder: _____ Type of Card: _____
Card Number: ____/____/____/____ Expiry Date: ____/____ CCV/CVV: __ __ __

Medicare rebates can be deposited into a savings or cheque account.

Name: _____ BSB: _____ Account Number: _____

NDIS funded referrals

How is the NDIS package managed? Self-managed Plan-managed

NDIS Plan Number _____

NDIS Plan Start and Finish dates: Start _____ / Finish _____

Please attach a copy of the clients current NDIS Goals to the email when returning the completed Outlook Ecotherapy Referral Form.

Note. Clients who are self-managed are required to pay the scheduled fee. A limited number of Plan Managed clients are accepted each quarterly review. We are unable to accept NDIA (Agency managed) clients as we are not registered with the NDIS.

Payment Details: Self-managed

Name of Card holder: _____ Type of Card: _____
Card Number: ____/____/____/____ Expiry Date: ____/____ CCV/CVV: __ __ __

Invoicing details: Plan-managed

Name and email address to send the invoices _____

Please nominate the amount of money that will be allocated for this service \$ _____



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Accounting terms

By completing this form, you are consenting to Outlook Ecotherapy storing financial details in our secure online system and using electronic payment for Medicare, Private and Self-managed consultations (Halaxy).

Halaxy software safely protects all clinical documentation and billing information. In order to register with Halaxy, we ask our clients, parent/guardian or service providers to provide a credit card. The nominated credit card is securely billed, with automated Paid Invoices sent directly to the nominated email. Halaxy only allows the details of one credit card for payment and one bank account for depositing Medicare rebates to be retained in the system.

We will not be able to process your referral without completed financial details. Please ensure all items have been completed.

I (print name) _____ agree to the above outlined terms and conditions.

Signature: _____ Date: _____

Additional Terms and Conditions

Before participating in any equine activities, we ask that you read, sign, and return this form to us. It will apply to our services as long as you continue to participate in our activities and programs.

Equine Activity / Experience

An 'equine activity' or 'equine experience' includes, but is not limited to; observing, grooming, haltering, leading, riding, driving, participating in equine assisted therapy of any kind, side walking for clients, and/or participating in a horse show or demonstration.

Risks

Numerous risks are present when horseback riding and being around horses, despite all safety precautions. No horse is a completely safe horse. If a client falls from a horse to the ground the impact may result in injury. If a horse is frightened or provoked it may divert from its training and act according to its natural instincts. These risks exist for any person around a horse.

Here, you acknowledge responsibility for your own safety and the safety of those in your care. You should not participate in any equine activity unless you are confident that you can do so safely. Participation in equine activities constitutes a voluntary assumption of all risks associated with equine activities involving us or being present on our property 'The Outlook.'

Helmet Use

Wearing a properly fitted and secured helmet while riding, mounting, dismounting and being near horses may reduce the severity of head injuries as the result of a fall or other occurrence. Helmut use is compulsory for any mounted or riding sessions.

Apportionment of Liability

In consideration of you being allowed to attend, participate in, or observe activities conducted by us, or be present on the property on which we conduct our activities, you agree to hold harmless and release our employees, representatives, others acting on our behalf, and the owners of any horse or other property used by us, from all claims, demands, causes of actions and legal liability, whether the same be known or unknown, anticipated or unanticipated, even if due to negligence and/or acts or omissions of our other clients. You further agree to waive all rights which may otherwise arise from an injury to you or your property, and shall not bring any claims, demands, legal actions or causes of action against us, those persons described above, or any person or entity, for any economic or non-economic loss due to bodily injury, death, or property damage arising out of the activities of us or your presence on or proximity to property used by us.

Indemnity

You agree to be responsible for any and all damages, injuries or loss of life caused by you or a horse in the care, custody and control of you, and to indemnify us, for any losses or expenses (including legal costs) which we incur in connection with claims by you.

Safety Rules

You agree to follow our directions including rules for safety as are from time to time provided to you or posted by us. You acknowledge that failure to follow our safety rules or the directions of our staff, may put you at risk or, or increase the risk of personal injury. You hereby grant to us the authority to receive information pertaining to the emergency healthcare of the client named below and to make emergency healthcare decisions with respect to you / the child if the undersigned is unavailable to obtain such information or to make such decisions.

We pride ourselves in continuing to learn about the effectiveness of our programs. We appreciate any feedback you can offer and will allow the clients we serve to describe and rate the types of troublesome behaviours or problems you experience during your program participation.

Exclusion, restriction or modification of rights under the Australian Consumer Law (Commonwealth): Under the Australian Consumer Law (Cth), statutory guarantees apply to the supply of certain goods and services, including recreational activities. It is possible for a supplier to ask you to agree that these statutory guarantees do not apply to you. If you sign this form, you will be agreeing that your rights to sue the supplier because services provided were not in accordance with the guarantees are excluded, restricted or modified as set out below. By signing below, you agree that our liability for:

- Physical or mental injury (including death, the aggravation, acceleration or recurrence of such an injury)
- The contraction, aggravation or acceleration of a disease
- The coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behaviour, course of conduct or state of affairs: that is or may be harmful or disadvantageous to you or the community, that may result in harm or disadvantage to you or the community, that may be suffered by you (or a person for whom or on whose behalf you are acquiring the services) resulting from the supply of our services is excluded.

The benefits of this agreement, including the release of legal liability, waiver of rights, indemnity and covenant not to sue, are intended to benefit our employees, representatives, insurers, and all others acting on our behalf and the owners of any horses or other property used by us.

This agreement shall be binding upon us, client, client's heirs and estate, when signed by the parties. If any clause, phrase or work is in conflict with the law in NSW or is unenforceable for any reason then that single part is null and void. This agreement will be governed by and will be construed according to the laws of NSW.

I, (client / parents name) _____ have read and understood the 'Additional Terms and Conditions' and agree to the outlined conditions provided by Outlook Ecotherapy.

Signature: _____ Date: _____

Checklist before emailing completed Outlook Ecotherapy Referral to anna@outlookecotherapy.com

- I have read the Frequently Asked Questions
- I have completed the Client Information sheet
- I have signed Consent and Confidentiality, and provided the details to exchange information with other providers (if appropriate)

If using a MHCP/ Medicare rebates

- I have attached the GP Referral Letter and MHCP
- I have completed Medicare details and rebate information
- I have completed Credit Card and Bank Deposit details

If using a NDIS package

- I have attached a copy of the current NDIS Plan Goals
- Self-managed: I have completed Credit Card and Bank Deposit details
- Plan-managed: I have provided an email address for invoicing the plan-manager

I have signed the Additional Terms and Conditions

I have attached relevant/clinical information for the client, including and specialist reports from Paediatricians, Psychiatrists, Psychologists, OT's, Speech Therapists and General Practitioners

If I need additional, alternative and/or acute mental health supports, I will refer to the Support Pack provided on page 11 and 12.

Support Pack for Clients, Families and Friends

Emergency

All life-threatening matters should be directed to your nearest Hospital Emergency Department or Emergency Services on 000.

Child Protection

Anyone who suspects, on reasonable grounds, that a child or young person is at risk of being harmed, including abuse or neglect, should report it to the authority. You do not need to be certain that harm has or will occur. NSW Child Protection Helpline: 132 111 (24/7)

Lifeline: 13 11 14

24/7 crisis support and suicide prevention services.

Kids Help Line: 1800 55 1800

24/7 confidential phone counselling for children and young people aged 5 to 25 years.

Web Chat Counselling: <https://kidshelpline.com.au/get-help/webchat-counselling>

Family Relationship Advice Line: 1800 050 321

Available Monday-Friday from 8am-8pm and Saturday 10am-4pm.

Supports families affected by relationships including separation issues

Open Arms / Veterans and Veterans Families Counselling Service (VVCS): 1800 011 046

24/7 confidential counselling support for current and ex-serving ADF members and their families.

Open Arms also offer individual, couples and family counselling, and group programs.

QLife: 1800 184 527 (3pm-12am, 7 days a week)

Provides anonymous free support to lesbian, gay, bisexual, transgender and intersex (LGBTI) people of all ages wanting to talk about sexuality, identity, gender, bodies, feelings or relationships.

Central Coast Mental Health Services

Mental Health Line: 1800 011 511 (24 /7)

Provides professional mental health support, advice, and referral to the Central Coast Mental Health Service (if indicated) and/or information about other specialised health and community services to better meet the person's clinical needs.

Relationships Australia Gosford: 02 4322 3659

Offers a range of services to individuals, families and communities including; counselling, mediation, and family dispute resolution.

Private Practitioners

To locate a private practitioner in your local area, you may like to search the following:

- Australian Psychology Society (APS): <http://www.psychology.org.au/FaP/>
- Australian and New Zealand College of Psychiatrists: <https://www.ranzcp.org/Mental-health-advice/find-a- psychiatrist.aspx>

Central Coast Social and Recreational Programs

Day 2 Day Living program: 02 4322 8799

Offers a range of social and recreational activities, outings and events. D2DL is open to anyone with a diagnosed mental illness who is over 16 years of age. Located at Gosford.

PCYC Bateau Bay: 02 4332 7000

Provides activities for youth in the community, including junior boxing, dancing, futsal and Blue Light discos, and; indoor netball, basketball, tennis, and vacation care during the school holidays.

Family and Carer Support

Central Coast Commonwealth Respite and Care-link Centre: 1800 052 222

Short term and/or emergency respite to family and carers of people with mental health issues.

ARAFMI Central Coast Phone: 02 4323 7731

Provides carer education programs, carer support groups and individual and family support to people who care for someone with a mental illness. The Young ARAFMI Program includes the Kids Connecting group.

New Horizons Carer Respite Phone: 02 4372 9820

Offers day relief for carers who are supporting someone with a mental illness. The person you care for can attend a day centre or receive support in your own home while you have time/space to take care of your day-to-day tasks.

Centrelink (financial assistance): 13 27 17

Housing support/ Risk of homelessness Link2home: 1800 152 152

National Disability Insurance Scheme (NDIS): 1800 800 110, Monday-Friday 8am-11pm

The NDIS aims to provide support to Australians with a significant and permanent disability, and to their families and carers.