

Walk-and-Talk Therapy Informed Consent

Kairos Christian Counseling Ministries

This form is a supplement to your standard informed consent document.

Client Name: _____

Date: _____

Nature and Purpose of Walk-and-Talk Therapy

Walk-and-talk therapy integrates traditional talk therapy with movement in outdoor settings such as parks, sidewalks, or walking paths. This approach may enhance therapeutic benefits by promoting mindfulness, relaxation, emotional regulation, and a sense of openness. Although the setting may feel less formal, the session remains therapeutic in nature, and the therapeutic relationship always remains professional.

Potential Risks and Considerations

While walk-and-talk therapy offers benefits, it also includes the following possible risks:

- Physical risks: Injury from walking (e.g., tripping, insect bites, sunburn, heat exhaustion, slipping on ice)

- Environmental exposure: Weather-related issues (e.g., storms, extreme heat/cold, allergens) may require rescheduling or moving sessions indoors or to telehealth.

- Public exposure: Due to being in public spaces, there is a possibility of:

- Being seen by others.

- Being overheard.

- Being photographed or video-recorded without our knowledge.

- Running into acquaintances: If we encounter someone either of us knows, we will follow a pre-discussed plan to maintain discretion and confidentiality.

- Misperception of the therapy relationship: Walk-and-talk sessions may feel more casual or social, but they remain therapeutic and professional.

- **Health conditions: Clients are expected to inform the therapist of any medical conditions that may affect their ability to participate safely.**

Health and Safety Responsibilities

By participating in walk-and-talk therapy, you agree to:

- **Wear appropriate footwear and dress according to weather conditions.**
- **Inform your therapist of any injuries, illnesses, or physical limitations.**
- **Consult a medical provider prior to participating if you have any health concerns.**
- **Immediately notify your therapist if you become physically or emotionally uncomfortable.**
- **Take responsibility for your own safety during sessions (e.g., crossing streets, hydration)**

Confidentiality Limitations in Public Spaces

Although confidentiality is a foundational aspect of therapy, it cannot be guaranteed outdoors. We will take reasonable precautions (e.g., choosing less trafficked areas, pausing conversations) to reduce the likelihood of being overheard.

Client Consent and Acknowledgments

By signing below, you affirm that:

- You are in good physical condition and able to participate in walk-and-talk therapy.
- You understand the nature, purpose, and professional boundaries of walk-and-talk therapy.
- You accept the risks associated with outdoor sessions, including confidentiality limitations.
- You have alternative options for therapy (e.g., telehealth or office sessions).
- You voluntarily consent to walk-and-talk therapy and understand this consent can be withdrawn at any time in writing.

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____