



**MODERN THERAPIST'S  
SURVIVAL GUIDE**

**NON-TRADITIONAL  
THERAPY SETTING  
ASSESSMENT**

Including, Walk & Talk and Home Visits

*Does Walk & Talk or other Non-Traditional Therapy Settings make sense for you and your clients?*

Curt Widhalm, LMFT & Katie Vernoy, LMFT



# Non-Traditional Therapy Settings Assessment

## Clinician Self-Assessment

1. **Are you flexible?** When you move to a non-traditional therapy setting, it is often a location that you do not control. You will need to be able to think on your feet to manage potential confidentiality breaches, uncertainty in the environment (weather, bugs, cars, family members, etc.), parking, traffic, and potentially being in motion while talking.
2. **Do you have an affinity for the environment?** If you are in nature, you're best served if you like being outdoors. Similarly, if you are going to a client's home, school, workplace, etc., you may face others in the client's life and will want to have an affinity for working in groups or incorporating others in the treatment team.
3. **How do you navigate professional boundaries in dynamic and unpredictable spaces?** When we're out in the world or in a client's home, we will face human experiences together with our client. Holding boundaries while allowing for humanity can be an interesting challenge. How do you handle unintentional self-disclosures like clients finding out what kind of car that you drive? Are you up for it?
4. **Can you hold the therapeutic space without having your own physical space?** In our traditional therapy settings (our physical or video offices), we are able to cultivate the environment. Even the room or the background feels like a part of the safe, clinical space. When you move into these other settings, you must hold that space yourself, without your comfy chair, the degrees on the wall, or your white noise machine.
5. **Have you assessed your scope of practice and competence within the nontraditional therapy space?** When you enter a new space, being confident and ready for anything are key. As is specific guidance and strategies for navigating these new spaces. Make sure to remain within scope related to physical activity, medical treatments (i.e., for home-bound individuals undergoing medical supervision), and other potential areas that can come up when you don't control the environment.

## Client Assessment for Suitability

1. **Does the client have the flexibility to navigate the shifting relationship?** Moving to walk and talk and/or home-based therapy can really shift the relationship to a much more casual, authentic relationship. How will this impact the client? What is their attachment style? How do they interact with your humanity?
2. **Do they have an affinity or comfort level with the proposed environment?** Whether being out in nature or hosting you in their home, does the client like the environment (or even better – feel nourished by the environment) or at least feel comfortable to do therapy in the space?



3. **What are the logistical considerations for this client?** Understand the client's physical capability for the space or activity, their transportation, and their privacy, etc.

### Clinical Considerations

1. **Do the diagnosis and presenting concerns align with this setting?** For example, eating disorders, social or specific phobias can be treated effectively with the therapist on hand in the appropriate setting. Other presenting concerns or diagnoses may be contraindicated for a particular setting (for example, domestic violence in the home).
2. **What are the cultural or cross-cultural factors to consider?** When meeting in a client's home or walking with a client in public, you want to assess how you will be perceived in these more public spaces (and lead the conversation). You will also want to honor the cultural norms of the client or family.
3. **Are there dual roles to consider?** When working with a client in another setting, you may be called upon to advocate for the client with others or provide services or favors that don't happen in a therapist office. The client may also step into the role of host and display hospitality, offering you food or drink. Where will you draw the line with your client?
4. **How will you use the space?** You can passively use the space, simply meeting in this location and doing typical therapy sessions. You can also actively use the space as part of the treatment (for example, rituals in nature, setting up systems within the home setting). This can also happen on a spectrum (using visual metaphors in nature, etc.).
5. **How will the client's emotional regulation be impacted by the space (and what is needed at this point of treatment)?** Some clients are more emotionally contained in public, some may be more embodied and tied into their emotions while walking, etc. What is the impact on the client within the space and what is most beneficial to them at this stage of treatment?

### Best Practices

1. **Do you have adequate informed consent?** For some settings (especially walk and talk), you will want to have additional informed consent, so clients know what they are signing up for. Further, you'll want to revisit to make sure that the client is opted in and that the dynamic nature of the setting is considered. For example, are there elements of clinician safety that need to be agreed upon (e.g., keeping pets locked up in another room during the session).
2. **Can you introduce predictability?** When you're in a dynamic setting that is not yours, it is important to find some predictability. Can you set up opening rituals, meet in the same place, find your bench to rest and talk for a length of time? Can you find a room or space with sufficient privacy that you can meet with your client consistently?
3. **Are you completing sufficient, consistent risk assessment?** Typical risk assessment should be augmented with an assessment of risk unique to the location. Are the walking paths clear and safe? Is there anyone in the home who should not be there during therapy sessions?



## Reading/References List

Boland, K. M. (2019). Ethical Considerations for Providing In-Home Mental Health Services for Homebound Individuals. *Ethics & Behavior*, 29(4), 287–304.

<https://doi.org/10.1080/10508422.2018.1518138>

Cervello, S., Pulcini, M., Massoubre, C., Trombert-Paviot, B., & Fakra, E. (2019). Do Home-Based Psychiatric Services for Patients in Medico-Social Institutions Reduce Hospitalizations? Pre-Post Evaluation of a French Psychiatric Mobile Team. *Psychiatric Quarterly*, 90(1), 89–100.

<https://doi.org/10.1007/s11126-018-9603-6>

Cook, S., & van Nieuwerburgh, C. (2020). The experience of coaching whilst walking: A pilot study. *Coaching Psychologist*, 16(2), 46–57.

Cooley, S.J., Jones, C.R., Kurtz, A., & Robertson, N. (2020). 'Into the Wild': A meta-synthesis of talking therapy in natural outdoor spaces. *Clinical Psychology Review*, 77, 101841. ISSN 0272-7358,

<https://doi.org/10.1016/j.cpr.2020.101841>.

Cooley, S. J., Jones, C. R., Moss, D., & Robertson, N. (2022). Organizational perspectives on outdoor talking therapy: Towards a position of “environmental safe uncertainty.” *British Journal of Clinical Psychology*, 61(1), 132–156. <https://doi.org/10.1111/bjc.12315>

Donachy, G.S. (2020). Psychotherapy outside the consulting room:

ending therapy during the global pandemic, *Journal of Child Psychotherapy*, 46:3, 373-379, DOI:

10.1080/0075417X.2021.1903065

Fowles, T.R., Masse, J.J., McGoron, L. et al. (2018). Home-Based vs. Clinic-Based Parent–Child Interaction Therapy: Comparative Effectiveness in the Context of Dissemination and Implementation. *J Child Fam Stud* 27, 1115–1129 . <https://doi.org/10.1007/s10826-017-0958-3>



Kearns, M., Muldoon, O. T., Msetfi, R. M., & Surgenor, P. W. G. (2019). The impact of community-based mental health service provision on stigma and attitudes towards professional help-seeking. *Journal of Mental Health*, 28(3), 289–295. <https://doi.org/10.1080/09638237.2018.1521928>

Revell, S., Duncan, E., & Cooper, M. (2014). Helpful aspects of outdoor therapy experiences: An online preliminary investigation. *Counselling & Psychotherapy Research*, 14(4), 281–287. <https://doi.org/10.1080/14733145.2013.818159>

Revell, S., & McLeod, J. (2016). Experiences of therapists who integrate walk and talk into their professional practice. *Counselling & Psychotherapy Research*, 16(1), 35–43. <https://doi.org/10.1002/capr.12042>

Tarrant, N. (2019). A walk on the wild side: Nick Tarrant reflects on the risks and benefits of taking therapy outdoors. *Therapy Today*, 30(6), 20–22.