Therapist Questionnaire

Service Location

Name: _____

Physical Address: _____

Mailing address: _____

Admin#: _____ Fax#:_____

Major Intersection: _____

Office Hours: _____ Phone Availability: _____

Website: _____ Email: _____

Accessibility

1a. Is the facility wheelchair accessible? Yes No
If not, what areas are accessible?

b. How are services made accessible for people with disabilities?

2. Do you have a TTY? Yes No

3. Do you have access to language interpreters? Yes No
If yes, how is this processed and who is billed?

4. What languages do you speak?

5. What types of after hour's service do you provide clients?

6a. What are your fees?
Individual $____ couples$ ____ family$ ____

b. Do you have sliding scale? Yes No
If yes, please describe:

Professional Information

1a. Please list your educational and/or related experiences.

b. Clinical experience:

2. Do you participate in ongoing supervision? Yes No
If yes, how often and what is the nature of your supervision?

3. Please describe your philosophy of therapy.

4. How would you describe yourself to a client?

5. Are you comfortable with your above answers #3 & #4 being passed on to callers being referred to you? Yes No

Specialties

1. Do you work with men? Yes No
If yes, please outline areas?

2a. Please indicate which of the following therapy modalities you use in your counselling practice?

☐ Art Therapy	☐ Feminist
☐ Behavioral	☐ Jungian

□ Body Work	□ Psycho-educational
□ Client Centered	□ Psycho-drama
□ Cognitive	□ Rogerian
□ Dream Work	□ Other:
□ Erickson	□ Other:
□ Existential	□ Other:

b) Please indicate your primary mode of therapy (Often our callers request a therapist using a primary mode or eclectic modes in their practice).

3. Please indicate which issues or client groups you have specialized training and or extensive experience working with in your practice.

□ Adoption	□ Prescription Drugs Abuse
□ Anxiety/Panic Attacks	□ Relationship issues
□ Addiction Issues	(e.g. divorce separation, marriage)
(e.g. drugs, alcohol, gambling, sex)	□ Ritual abuse
□ Bi-Polar/Manic Depression	□ Same Sex Partner Abuse
□ Body Image Issues	□ Self Injury
□ Class issues	□ Sexuality Issues
□ Childhood Abuse	□ Sexual Assault
(e.g. emotional, physical, sexual, verbal)	□ Sexual Harassment
□ Depression	□ Sexual Harassment in the workplace
□ Disassociation	□ Suicide
□ Elder Abuse	□ Victims of torture
□ Eating Issues	□ Long term illness: _____
(e.g. Anorexia, Bulimia)	□ Other (please specify)
□ Gender Issues	_____
□ Immigrant/Refugee issues	□ Other (please specify)
□ Poverty issues	_____
□ Partner Abuse	

4. Please list any other client groups or issues you provide service to:

5. Please list the most recent workshops/seminars you have attended related to women's issues and to issues of violence against women.

Name	Date:
Name:	Date:

Name:	Date:

Boundaries

1. What level of support do you provide your clients beyond the actual counselling sessions? (E.g. telephone privileges-how often, how long?)

2. How and when are your boundaries established between you and your client? Is their flexibility? Please describe.

3. How do you respond to abusive behavior in a client?

4a. How do you deal with the issues of anger in therapy; specifically your clients' anger towards you in therapy?

b. How do you deal with the issues of anger in therapy; specifically your anger in therapy towards a client?

5. When you encountered transference or counter-transference issues with your clients how do you deal with this issue(s)?

Diversity

1. Have you received any diversity/ anti- racism training? Yes No

If yes, please list.

If no, please explain.
2. How do you approach working with women from diverse backgrounds and divergent life experiences?

3. Please outline some of the challenges you encounter when working with women from a different community and experience than yourself?

Abused Women

1. How long have you been working with abused women?

2. What do you see as being the most difficult issues facing abused women?

3. Do you ever counsel women to return to their abusive partners? Yes No
Please explain.

4. How would you approach finding out during the process of couple counselling that there is current abuse in the relationship?

Counselling Issues

1. How do you assist a client in dealing with flashbacks or body memories?

2. Please describe your understanding of self-injury?

3. Please describe your understanding of suicidal behavior?

Mental Health Issues

1. Do you identify women's mental health issues as different from men's? Yes No
Please explain?

2. Have you/ do you recommend medication for women? Yes No
If yes, please outline circumstances.

3. Do you offer support to women who want to stop taking medication? Yes No
(E.g. anti-depressants)? If so, please describe what kinds of support.

Accountability/Ethics

1. Do you describe to any particular code of professional ethics? Yes No
Please describe.

If yes, how does this information get passed on to your clients?

2. What professional association(s) do you belong to?

3. Is there a complaint process available to your clients? Yes No
Please describe this process.

4. Are there any outstanding complaints against you currently? Yes No
If yes, please describe:

5. If we were to receive a complaint about your services, how would you feel most comfortable hearing about it?

□ By Mail أ Over the Telephone

Referrals

1. Do you make referrals to other appropriate counsellors/therapists when you are unable to take a client? Yes No

2. Please provide names of any other counsellors you would recommend for our referral list.

Name:	Phone Number:
Name:	Phone Number:

When completed, please fax to: (416) 364-0563
Thank you for your time!