

Treatment Centers

If you have a treatment center that treats clients who have experienced psychological trauma, childhood abuse, or dissociation, the Sidran Institute would like to list your services. To be included in our Treatment Centers Directory, please complete the questionnaire below. There is no charge for inclusion, and we thank you for the work that you do.

If you do not have a forms-capable browser, please e-mail us at databasesubmission@sidran.org or print out a PDF version (please circle yes or no answers), fill it out, and fax it to us at 410-337-0747. Otherwise, please fill out the form online and submit it to us.

(*) = required field

* Institution name :	<input type="text"/>
* Street Address :	<input type="text"/>
* City :	<input type="text"/>
* State/Province :	<input type="text"/>
* Country :	<input type="text"/>
* Zip/Postal Code :	<input type="text"/>
* Phone :	<input type="text"/>
Extension :	<input type="text"/>
* Fax :	<input type="text"/>
* E-mail :	<input type="text"/>
* Website :	<input type="text"/>
* Intake/Contact Person :	<input type="text"/>
* Clinical Director :	<input type="text"/>
Name of trauma program (if different from the name of the institution above) :	<input type="text"/>
* Year program began operation :	<input type="text"/>
* Is this institution/program accredited? :	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give name of the accrediting agency :	<input type="text"/>
* Populations served :	<input type="checkbox"/> Children

- Adolescents
- Adults
- Males only
- Females only
- Post Traumatic Stress Disorder
- Dissociative Disorders
- Eating Disorders
- Males only
- Self-Injury
- Borderline Personality Disorder
- Sleep Disorders
- Depressive Disorders
- Anxiety Disorders
- Substance Abuse/Dual Diagnosis
- Sexual Orientation/Identity Issues

* Specializations :

Other relevant specialties :

* Philosophical Orientation (e.g. spiritual/religious) :

Services and Capacity

* **Inpatient/Residential** : Yes No

What is the capacity? :

What is the ratio of staff to clients? :

Staff : Client :

Please provide a description, admission criteria, and other information a prospective client would need to know :

* **Emergency Shelter** : Yes No

What is the capacity? :

What is the ratio of staff to clients? :

Staff : Client :

Please provide a description, admission criteria, and other information a prospective client would need to know :

* **Extended Care** : Yes No

What is the capacity? :

What is the ratio of staff to clients? : Staff : Client :

Please provide a description, admission criteria, and other information a prospective client would need to know :

* **Transitional Living** : Yes No

What is the capacity? :

What is the ratio of staff to clients? : Staff : Client :

Please provide a description, admission criteria, and other information a prospective client would need to know :

* **Halfway House** : Yes No

What is the capacity? :

What is the ratio of staff to clients? : Staff : Client :

Please provide a description, admission criteria, and other information a prospective client would need to know :

* **Intensive Outpatient** : Yes No

What is the capacity? :

What is the ratio of staff to clients? : Staff : Client :

Please provide a description, admission criteria, and other information a prospective client would need to know :

* **Outpatient/Walk-in Counseling/Therapy** : Yes No

What is the capacity? :

What is the ratio of staff to clients? : Staff : Client :

Please provide a description, admission criteria, and other information a prospective client would need to know :

* **School-Based Program** : Yes No

What is the capacity? :

What is the ratio of staff to clients? : Staff : Client :

Please provide a description, admission criteria, and other information a prospective client would need to know :

Therapy

* How many therapists are in your program? :

* What adjunctive therapies does your program offer? :

* **Do you run therapy groups?** : Yes No

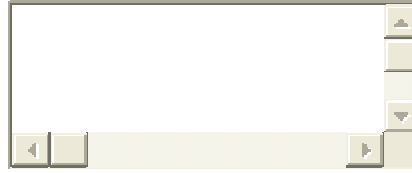
If yes, please describe :

* **Do you sponsor peer-run support groups?** : Yes No

If yes, please describe :

* Briefly state your Center's treatment philosophy. What issues does your program focus on and how do you treat them? :

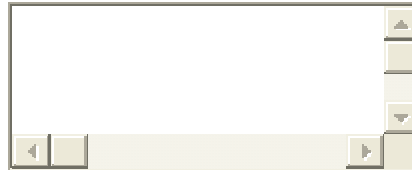
Describe the medical services available at your facility :



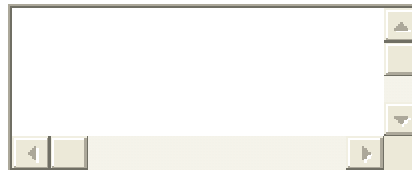
Institutional Information

* Is your program affiliated with a hospital or medical center? : Yes No

If yes, please name the institution and describe the relationship :



* What types of insurance do you accept? :



Does your Center/Program provide

Financial assistance? : Yes No

Sliding Fee Scale? : Yes No

Payment Plans? : Yes No
