

## Support and Therapy Groups

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If you run psychotherapy or processing groups for people who have experienced psychological trauma, childhood abuse, or dissociation, the Sidran Institute would like to list them in our Trauma Resources Database. To be included, please complete the questionnaire below. There is not 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](mailto:databasesubmission@sidran.org) or print out a PDF version, fill it out (please circle yes or no answers), and fax it to us at 410-337-0747. Otherwise, please fill out the form online and submit it to us.

(\*) = required field

* Contact 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"/>
* Populations served :	<input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Males only <input type="checkbox"/> Females only
* Specializations :	<input type="checkbox"/> Post Traumatic Stress Disorder <input type="checkbox"/> Dissociative Disorders <input type="checkbox"/> Combat

- Sexual Abuse/Rape
- Eating Disorders
- Self-Injury
- Borderline Personality Disorder
- Sleep Disorders
- Depression
- Anxiety
- Substance Abuse/Dual Diagnosis
- Sexual Orientation/Identity Issues

Other relevant specialties :

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

\* Do you run therapy groups? :  Yes  No

If yes, please describe the groups you sponsor :

What is your experience, including your credentials, for running these groups?

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

If yes, please describe :

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

**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

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