



## Interviewing New Therapist

These questions were given to CPTSD Foundation from a previous member of our programs, to be distributed freely. This list includes questions that can be helpful as you consider working with a new therapist. This is not an exhaustive list, and is provided for your informational purposes only. We encourage you to think of additional topics that are important to you from past therapeutic relationships, and what you've learned in your healing to date.

Always be as open and honest as possible with your therapist so you can feel safe in your sessions and get the most help possible from their experience and training.

**Use at your own discretion, and not all questions are applicable to every therapist-client situation. We encourage you to think of additional topics that are important to you from past therapeutic relationships, and what you've learned in your healing to date.**

If your therapist prefers not to answer, it does not mean they are immediately a wrong fit for you; there may be internal policies and other factors that do not allow them to answer certain questions or disclose certain information.

Use of the information provided in this document is not intended to diagnose or provide any treatment or care for any mental health or medical matter. It is provided freely to you as a resource to help in your search for a new mental health professional.

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- Are you experienced with and have therapeutic tools to help with CPTSD (Complex Trauma, Complex-PTSD)?
- Have you done your own work in therapy?
- Have you read Pete Walkers book, “From Surviving to Thriving” and Dr. Bessel van der Kolk, “The Body Keeps the Score”?
  - In addition to “Fight or Flight”, do you also agree the two additional that Pete Walker outlines, “Freeze or Fawn”?
- Are you familiar with covert narcissistic abuse and recovery?
- Do you have supervision/collaboration with other therapists in group?
- Are you familiar with CBT and/or DBT skills and can you incorporate them in therapy?
- Are you familiar with co-morbid disorders: (list your own here) examples: anxiety, flashbacks, avoidance, learned helplessness, dissociation, autism traits, self-harm, suicidality, eating disorders?
- What is the focus of therapy? Past or present?
- How structured will therapy be? Homework? Use of books, worksheets, etc.
- Can we record sessions due to dissociation?
- Which tools do you use for trauma work when there is dissociation? How do you respond when there is dissociation in session?
- What kind of experience do you have with developmental trauma/dissociation/identity issues?
- How often do you recommend meeting? How long would sessions be?

- Contact between sessions?
  - Is it possible? When is it okay to do and where is the limit? (Specifically email, text, calls)
- Emergency policy
- Is a crisis held against client?
- Will you assess or diagnose more than once, if necessary?
- Physical contact policy? *State up front if you don't want to be touched or need to sit a certain distance away in sessions.*
- Response to self-harm; is there an established policy?
- Religion/spirituality/philosophy?
  - What is your positioning in these and if they are or can be incorporated into sessions?
- Are there plans for future education, areas you are branching out in professionally?
- Who leads? What is the session like? Co-leadership? Turn taking?
- Can you give me as much notification as possible for any breaks in therapy? (Vacations, business trips, etc.)
  - Can we openly communicate before and after breaks directly regarding this? (Abandonment fears support, coping skills, self-care and potential for growth from these breaks in therapy?)

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