

# South Shore Coalition of Independent Therapists (SSCIT.ORG) PROFESSIONAL PROFILE FORM (2008-2009)

(Please print clearly or type.)

Name & Initials \_\_\_\_\_

Phone (o) \_\_\_\_\_ Fax \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_  
(Include on SSCIT Website? Y N) (Include on SSCIT Website? Y N)

Office Address \_\_\_\_\_

Second Office \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Services Offered \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special interests \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Therapeutic Style \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Groups Offered \_\_\_\_\_

HMO/PPO Affiliation (Only 12 will be listed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Membership applications will be accepted throughout the year on a rolling basis. Enrollment period for inclusion in the booklet is between **April 1 and July 1, 2008**. Please send completed questionnaire and tax deductible membership fee of \$65.00, payable to "**SSCIT**" to:

**Kenneth Freedman, LICSW  
41 Popple Bottom Road  
Sandwich, MA 02563**

Please mark "same as last year" where applicable **ON THIS SIDE ONLY.**

**Complete Side Two -->**

**DO NOT WRITE "Same as last year" on this side.**

Place an "X" beside your top FIVE items which characterize your specialty areas the most. Only FIVE will be listed in the Directory. If you wish to have additional specialties listed on the website, place a "V" beside those specialties. Additional specialty areas can be listed on the reverse side of this form.

**SPECIALTIES**

- |                                                              |                                                   |
|--------------------------------------------------------------|---------------------------------------------------|
| 1__ ADOLESCENTS                                              | 33__ LEARNING DISABILITIES/SPECIAL ED.            |
| 2__ ADOPTION                                                 | 34__ LIFE TRANSITIONS, MID-LIFE                   |
| 3__ ADULT CHILDREN OF ALCOHOLIC<br>OR DYSFUNCTIONAL FAMILIES | 35__ LOSS & GRIEF                                 |
| 4__ AGING PARENTS                                            | 36__ MEN'S ISSUES                                 |
| 5__ AIDS/HIV                                                 | 37__ MEDICAL CAUSES FOR<br>PSYCHIATRIC SYMPTOMS   |
| 6__ ANXIETY DISORDERS/PHOBIAS                                | 38__ MOTHER DAUGHTER RELATIONSHIP                 |
| 7__ ASSERTIVENESS                                            | 39__ MULTIGENERATIONAL ISSUES                     |
| 8__ ADD/ADHD                                                 | 40__ NEUROPSYCHOLOGY                              |
| 9__ BEHAVIORAL MANAGEMENT                                    | 41__ PARENTING                                    |
| 10__ BLENDED FAMILIES/STEP PARENTS                           | 42__ PARTNERS / FAMILIES OF MEDICAL<br>PATIENTS   |
| 11__ CAREER COUNSELING                                       | 43__ PASTORAL COUNSELING                          |
| 12__ CHILDREN                                                | 44__ PHYSICAL ILLNESS, CHRONIC PAIN<br>OR ILLNESS |
| 13__ CO-DEPENDENCY                                           | 45__ MISCARRIAGE AND INFANT LOSS                  |
| 14__ COUPLES                                                 | 46__ PTSD                                         |
| 15__ CRISIS INTERVENTION                                     | 47__ PREGNANCY/POSTPARTUM                         |
| 16__ DEPRESSION                                              | 48__ PSYCHIATRIC CONSULTATION                     |
| 17__ DEVELOPMENTAL ISSUES                                    | 49__ PSYCHOPHARMACOLOGY                           |
| 18__ DISSOCIATIVE DISORDERS                                  | 50__ PSYCHOLOGICAL TESTING                        |
| 19__ DIVORCE & SEPARATION                                    | 51__ SEXUAL ABUSE                                 |
| 20__ DOMESTIC VIOLENCE                                       | 52__ MORAL DILEMMAS                               |
| 21__ DREAM WORK                                              | 53__ SEXUAL DYSFUNCTION                           |
| 22__ EATING DISORDERS                                        | 54__ SINGLE PARENTING                             |
| 23__ EAP ASSESSMENTS                                         | 55__ SPIRITUALITY                                 |
| 24__ EMDR                                                    | 56__ STRESS MANAGEMENT                            |
| 25__ ENCOPRESIS/ENURESIS                                     | 57__ SUBSTANCE ABUSE/ADDICTIONS                   |
| 26__ FAMILY THERAPY                                          | 58__ SUPERVISION                                  |
| 27__ CO-PARENTING                                            | 59__ WOMEN'S ISSUES                               |
| 28__ FORENSIC EVALUATIONS / GAL                              | 60__ NEUROFEEDBACK                                |
| 29__ GAY / LESBIAN ISSUES                                    | 61__ OTHER _____                                  |
| 30__ GERIATRIC ISSUES                                        | _____                                             |
| 31__ HYPNOTHERAPY                                            |                                                   |
| 32__ INFERTILITY                                             |                                                   |

\*I hereby attest that all information provided is true and accurate.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Any misrepresentation may result in termination of membership.