



# EQUALITY LOUDOUN

ADVOCACY | COMMUNITY | EDUCATION | DEFENSE

## Equality Allies Survey Forms

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### INDUSTRY SURVEY: MENTAL HEALTH

Please feel free to be as descriptive or brief with these answers as you feel is needed.

Your answers will be included in your business profile for the public to view.

**1. Please list the title that best fits you:**

*(For example, therapist, psychiatrist, social worker, etc.)*

**2. Please list any professional certifications you have:**

*(For example, licensed in social work, crisis intervention, PhD, etc.)*

**3. How long have you been assisting people who identify as part of the LGBTQ+ community?**

- I have no LGBTQ+ clients
- 1-2 years
- 3-5 years
- 5-10 years
- 10+ years

**4. What age group(s) do you work with?**

- 0-5 years old
- 5-12 years old
- 13-18 years old
- 18-24 year old
- 24-65 year olds
- 65+ years old
- Other...

**5. Is your mental health or medical treatment practices affected, directed, or informed by religious or moral teachings, values, or principles?**

- Yes

- No
- Maybe
- Other...

**6. Do you have specialized training or background in any of the following fields?**

- Gender Dysphoria & Transgender Issues
- Same-sex Couples Counseling/Therapy
- Teen or Family Counseling/Therapy
- Trans-Cis Family or Couples Counseling/Therapy
- Other...

**7. Do you have specialized training or background in any of the following fields?**

- DSM-5 Guidance
- WPATH Guidance
- Waiting periods presenting as gender identity
- Other...

**8. Do you encourage, use, or suggest any of the following treatments:**

- Conversion therapy (or any therapy that tries to change a person's identity or orientation)
- Faith-based therapy that describes LGBTQ+ identities as bad, wrong, or harmful
- Ambush or inundation therapy that exposes a patient to regular anti-LGBTQ+ information or causes confrontation with large groups
- I don't use these practices
- Others...

**9. Do you have a process that allows for treatment of those without insurance?**

- DYes
- No
- Sliding Scale
- Other...

**10. Does your practice use LGBTQ+ affirming language in its forms and processes?**

*(Examples include not requiring a patient to disclose the sex assigned at birth unless medically necessary and safeguarding that information even from internal staff, referring to a patient's spouse or partner as opposed to husband/wife, asking for pronouns, etc. )*

- Yes
- No

- Unsure
- Other...