

Child Molestation Research & Prevention Institute

Early Diagnosis and Effective Treatment

www.childmolestationprevention.org

Request for Inclusion on Sex-Specific Therapist Resource List

The Child Molestation Research & Prevention Institute publishes a national list of treatment providers on its website at childmolestationprevention.org. This list may also be published in other resource materials. For inclusion, sex-specific therapists and agencies must provide cognitive-behavioral treatments, refer their clients/patients to physicians for medications, if needed, and perform objective testing related to sexual interest. (The objective testing requirement is waived for practices that treat only children and teenagers.) If you would like to be considered for this resource list, please answer the following questions, sign and date the form, and return it to:

CMRPI, 2515 Santa Clara Avenue, Suite 104, Alameda, CA 94501, or fax to (510) 740-1413.

1. Do you assess and/or treat (check all that apply):

Children 11 and under Adolescents/Teenagers (12-17 years old) Adults

2. Do you also treat patients/clients who have developmental disabilities? Yes No If yes, what ages? _____

3. Do you use cognitive behavioral treatments with your clients/patients? Yes No

If yes, what types do you use? _____

4. Do you support referral of some of your clients/patients to a physician for consideration of treatment with SSRIs, testosterone-reducing medications, or other drugs to assist in control of inappropriate sexual drive?

Yes No

5. Which objective tests do you use?

Penile Plethysmograph Visual Reaction Time

Polygraph None (This requirement is waived only for practices that treat children and teenagers only.)

6. Do you also treat victims and/or survivors? Yes No If yes, what ages? _____

7. Languages spoken in your practice: _____

Name(s) (as you would like it/them listed): _____

Name of agency or practice (if applicable): _____

Address: _____

City/State/Zip: _____ Phone: _____

Website: _____ Email: _____

Your type of license: _____ and your license number: _____

(Only your name, agency/practice, city, state, phone number, website, and age/type(s) of patients treated will be listed.)

I declare that the above information is true and correct and request inclusion on the CMRPI resource list as well as in the next edition of *The Stop Child Molestation Book* by Gene G. Abel, M.D. and Nora Harlow. This request and permission will remain in effect until revoked by me in writing.

Signature: _____ Date: _____