APPENDIX A

INFORMED CONSENT FORM

I, Chetna Duggal, am pursuing my PhD from the Tata Institute of Social Sciences, Mumbai under the guidance of Dr. Sujata Sriram. My research is titled ‘Being a psychotherapist – An exploration of therapist beliefs and values’.

Through this research I am attempting to understand the beliefs and values of practicing psychotherapists. This research will require you to fill a brief questionnaire and participate in an interview that will last about two - three hours. The interview will be electronically recorded and will be confidential and no one except myself will have access to the tapes. The transcribed interviews and filled questionnaires will be reviewed by my research guide and me and will be used only for research purpose.

Your participation in this research is entirely voluntary. You also have the option of changing your mind at a later point and deciding that the information provided by you not be used. Just to reiterate, the information gathered through the interviews will be kept anonymous and confidential. If you would like, the results of the research will be shared with you.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Name of Participant _______________
Signature of Participant _______________
Date _______________________________
          Day/month/year

Signature of Researcher _______________
Date _______________________________
          Day/month/year
APPENDIX B
QUESTIONNAIRE

This form is to obtain some basic information about you and your work. Thank you in advance for your participation. Please answer all the questions you can. If one seems difficult, give your best estimate and continue. The information you provide will be kept strictly confidential and will be used only for research purposes.

1-1. **Today’s Date**: Day _____ Month _____ Year______
1-2. **Date of Birth**: Day _____ Month _____ Year______
1-3. **Sex**:
   - Male _____
   - Female _____
1-4. **Locale**:
   - City/town___________________
   - State ______________________

What is your professional identity? That is, how do you refer to yourself in professional contexts? *[Tick as many as apply.]*
1-5. _____ Psychotherapist
1-6. _____ Counsellor
1-7. _____ Psychologist
1-8. _____ Clinical Psychologist
1-9. _____ Psychoanalyst
1-10. _____ Other [specify]: ________________________________

1-11. **How long is it since you first began to practice psychotherapy?**
[Include practice during training but exclude periods when you did not practice.]
   _____ years    _____ months

How much is your current therapeutic approach guided by each of the following theoretical frameworks? *[please rate all]*
0=Not at all, 1=Slightly, 2=Somewhat, 3=Moderately, 4=Greatly, 5=Very greatly
1-12. Analytic/Psychodynamic.............................................0 1 2 3 4 5
1-13. Behavioural.........................................................0 1 2 3 4 5
1-14. Cognitive..................................................................0 1 2 3 4 5
1-15. Humanistic/Existential............................................0 1 2 3 4 5
1-16. Interpersonal..........................................................0 1 2 3 4 5
1-17. Supportive..................................................................0 1 2 3 4 5
1-18. Systemic (family systems)...........................................0 1 2 3 4 5
1-19. Other [Specify]: .......................................................

How much do you view your orientation as
1-20. Eclectic/Integrative?..............................................0 1 2 3 4 5

What are the academic or professional degrees you have earned?
[Also indicate the field of study and countries where you earned your degrees.]
2-1.  
   a. Degree: ____________
   b. Field: ______________
   c. Country______________
2-2.  
   a. Degree: ____________
   b. Field: ______________
   c. Country______________
What professional societies or associations (if any) do you belong to?
[Indicate the country of origin of these societies or associations.]
2-3. a. Society or Association: ______________________  b. Country_________________
2-4. a. Society or Association: ______________________  b. Country_________________
2-5. a. Society or Association: ______________________  b. Country_________________

2-6. In the past, have you completed training in any specific type of psychotherapy?
[e.g. psychoanalysis, cognitive-behaviour therapy, family therapy etc. Include specific training obtained during professional degree]

1. No. [Skip to item 2-11.]  2. Yes. [Describe your most important past trainings in items 2-7 to 2-8.]

a. Type of Therapy
2-7. ______________________
2-8. ______________________

b. Country where trained?
_________________________
_________________________

c/d. Duration of Training
_____ years _____ months

_____ years _____ months

e. Value in Your Current Practice
(0=Not at all, 1=SLightly, 2=Somewhat, 3=Moderately, 4=Much, 5=Very much)
0 1 2 3 4 5
0 1 2 3 4 5

2-9. Are you currently receiving training in any specific type of psychotherapy?

1. No. [Skip to item 2-11.]  2. Yes. [Please describe your current training in item 2-9.]

Type of Therapy
2-10. ______________________

b. Country where training?
_________________________

c. Duration of Training
_____ years _____ months

e. Value in Your Current Practice
(0=Not at all, 1=SLightly, 2=Somewhat, 3=Moderately, 4=Much, 5=Very much)
0 1 2 3 4 5
0 1 2 3 4 5

2-11. How much formal case supervision have you received for your therapeutic work?
[Include regular individual or group supervision during and after training.]

_____ years _____ months

2-12. Are you currently receiving regular supervision for any of your therapy cases?

1. No. [Skip to item 2-13]  2. Yes. [b. If yes, for how many cases?]
Estimate the number of cases you have treated in each of the following treatment modalities:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1-3</th>
<th>4-9</th>
<th>10-15</th>
<th>16-24</th>
<th>25-49</th>
<th>50+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-13. Individual therapy [number of clients]</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2-14. Couple therapy [number of couples]</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2-15. Family therapy [number of families]</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2-16. Group therapy [number of groups]</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Other [specify]: ___________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many hours per week do you typically work, and do therapy in each of the following settings? [Mark as many as applicable.]

<table>
<thead>
<tr>
<th>Setting</th>
<th>Hours worked</th>
<th>Hours of therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-1. Government Hospital inpatient facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-2. Government Hospital outpatient facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-3. Private Hospital inpatient facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-4. Private Hospital outpatient facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-5. School setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-6. Individual private practice – home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-7. Individual private practice – clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-8. College setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-9. Workplace/corporate setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-10. Social services agency – governmental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-11. Non-governmental organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-12. Other [specify: ______________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3-13. What kinds of geographical area are served by the main setting in which you work? [Tick as many as apply.]


Please describe the types of client you most frequently treat in your current therapeutic practice.
[List up to three types, using your usual diagnostic system; e.g., Diagnostic & Statistical Manual (DSM) or International Classification of Diseases (ICD).]

3-14.

3-15.

3-16.
How many cases are you currently treating in each of the following? *Use a 6 month time frame* [Write ‘0’ if none.]

<table>
<thead>
<tr>
<th>3-17. Individual therapy [number of individual clients]</th>
<th>__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-18. Couple therapy [number of couples]</td>
<td>__________</td>
</tr>
<tr>
<td>3-20. Family therapy [number of families]</td>
<td>__________</td>
</tr>
<tr>
<td>3-21. Group therapy [number of groups]</td>
<td>__________</td>
</tr>
<tr>
<td>3-22. Other [please specify]:</td>
<td>__________</td>
</tr>
</tbody>
</table>

How many clients in each age group are you currently seeing in therapy? *(Use a 6 month time frame)* [Write ‘0’ if none.]

| 3-23. Twelve and younger | __________ |
| 3-24. Thirteen to nineteen | __________ |
| 3-25. Twenty to forty-nine | __________ |
| 3-26. Fifty to sixty-four | __________ |
| 3-27. Sixty-five and older | __________ |

Of the clients you are currently treating in psychotherapy, how many are...

<table>
<thead>
<tr>
<th>3-27.</th>
<th>a. Female</th>
<th>b. Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

3-28. ______ Receiving some form of medication for their emotional or psychological problems?

4-1. Were you born in another city/country than where you currently reside?

<table>
<thead>
<tr>
<th>a.</th>
<th>1. No.</th>
<th>2. Yes.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>b. In what country were you born?</td>
<td>__________</td>
<td></td>
</tr>
<tr>
<td>c. How long have you lived in this city?</td>
<td>__________</td>
<td></td>
</tr>
</tbody>
</table>

4-2. What would be your religious orientation?

1. Hinduism
2. Islam
3. Christianity
4. Other [b. specify: ______________________]

4-3. In the country where you live, would you be considered a member of a social, cultural or ethnic minority?

<table>
<thead>
<tr>
<th>a.</th>
<th>1. No.</th>
<th>2. Yes.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>[b. specify: ______________________]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4-4. What is your current marital status?

<table>
<thead>
<tr>
<th></th>
<th>1. Single, unattached.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Single, in a relationship.</td>
</tr>
<tr>
<td>3.</td>
<td>Living with a partner.</td>
</tr>
<tr>
<td>4.</td>
<td>Married.</td>
</tr>
</tbody>
</table>
5. Separated or divorced.
7. Re-married (after divorce or widowhood).
8. Other [b. specify: _______________________]
APPENDIX C

Interview Guide

To begin with if you could tell me:

• When did you decide to train to be a therapist?
• What facilitated your decision to train as a therapist?
• Could you tell me about the training you received to become a therapist?
• Where did you receive your training from and what did your training entail?
• Did you receive supervision? What was the frequency/ duration of the supervision received? What was the quality of the supervision received?

As therapists we are trained in different schools of therapy and different therapeutic models. I would like to understand from you about your therapeutic orientation.

• Do you follow a certain theoretical orientation/ therapeutic model in your practice? Could you tell me more about it?
• What are the beliefs and values on which this theoretical orientation/ framework is based?
• Is this model congruent with your personal beliefs and values? If yes/ no, please elaborate.
• Does the model help in the understanding/ working with Indian clients? If no, what are the issues that come in the way? How do you adapt the model to work for your client?

Over the years, therapists develop beliefs about themselves.

• What are your beliefs about your self as a therapist?

Each therapist conceptualizes the process of psychotherapy in his or her own way. I would like to understand from you your beliefs about psychotherapy.

• According to you, what are your beliefs about what makes psychotherapy work?
• What are your beliefs about healing and change?
• How do you think your beliefs about psychotherapy influence the practice of therapy?

I would like to know a little bit about your religious and spiritual beliefs.

• What are the religious and spiritual beliefs you hold as a person?
• How would you describe the influence of religion or spirituality in your life?