



Skilled social workers.
Free personalized referrals.

Dear Colleague:

Thank you for your interest in becoming a member of NASW-MA's Therapy Matcher (formerly called the Social Work Therapy Referral Service). Therapy Matcher is a referral service connecting prospective clients to member LICSWs in private practice in Massachusetts. Clients or professionals contact Therapy Matcher for referrals for individual, family or group psychotherapy, as well as for supervision, consultation and public speaking.

How Therapy Matcher Works

Staff work with every caller, determine the nature of the client's needs, and any special requests: specialties, health insurance, location, availability, etc. We provide the names of Therapy Matcher members who look like a good match for their needs. Referrals are provided free of charge. Clients are encouraged to contact us again if they cannot make compatible arrangements with a provider for any reason. Professionals can reach out on behalf of clients, or clients can contact us directly.

Guided by a volunteer Commission of NASW members chaired by Erica Kirsners, LICSW, Therapy Matcher is staffed by a team of experienced LICSW clinicians – Barbara Burka, Anita Mulcahey, Jill Millis, and Kay Sweeney.

More Requests Than Ever

Since Therapy Matcher (SWTRS) began in 1983, the number of referral requests has been growing steadily, with a significant increase in referral requests over recent years. In a typical month, we receive over 400 calls and emails. Our consumer-oriented website, www.therapymatcher.org, attracts an increasing number of potential clients. We continue to be the referral service of choice for many hospital social workers, EAP providers, school counselors, primary care physicians, and other professionals.

What should you expect as a member of Therapy Matcher?

We work to direct referrals to all members of Therapy Matcher in a fair and balanced manner, considering the needs of the client and your specific areas of expertise. Typically, 20-25% of our referrals become ongoing clients. We track each member's referral and follow-through rates. Your referral rate will be influenced by multiple factors, including location, insurance panels, fees, specialty areas, and hours. Therapy Matcher is very personalized service, and staff is always happy to speak with prospective and current members to help to make the member experience productive and positive.

Over →

Additional Benefits

As a member of Therapy Matcher, you will receive regular email notices with news that directly affects your practice, including clinical issues, managed care updates, and training opportunities.

As an additional benefit, we sponsor periodic workshops at special rates to NASW and Therapy Matcher members, as a way to earn low-cost CEUs and to network with other members.

An annual Spring Open House offers an additional opportunity for networking with Therapy Matcher colleagues and staff.

Who Should Join Therapy Matcher

We encourage any LICSW private practice therapist to join Therapy Matcher. Membership is an effective component of your marketing strategy, while also entering you into a community of practitioners, and providing you with up-to-date practice news. The cost of Therapy Matcher can be recovered in just a few client visits. Your enrollment fee is a tax-deductible business expense.

Become a Member Now

It is simple to join!

Fill out the attached application and contract, and send in with payment.

Checks to be made out to NASW, and mailed to:

Therapy Matcher, NASW, 11 Beacon St., Suite 510, Boston MA 02108.

To pay by credit card, contact Adam Linn at (617) 227-9635 x118 or alinn.naswma@socialworkers.org.

Membership fees for the half-year special (December to June):

\$150 for NASW members

\$200 for non-NASW members

If you are not an NASW member, we encourage you to join and take advantage of the lower Therapy Matcher fee, along with the many other benefits of NASW membership.

If you have any questions about Therapy Matcher, please contact Barbara Burka, Director, at 781-721-1044 or info@therapymatcher.org. More information about membership is also available at www.naswma.org.

We hope to hear from you!

Barbara Burka, LICSW
Director, Therapy Matcher

Erica Kirsners, LICSW
Chair, Therapy Matcher Commission



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Contract for participation in NASW-MA Chapter Therapy Matcher

I hereby request that my name be placed on the roster of Therapy Matcher for the period between January 1, 2019 and June 30, 2019.

I meet all the following eligibility requirements:

- I am a LICSW licensed by the Massachusetts Board of Registration of Social Workers.
- I have an established private practice in Massachusetts.
- I am engaged in an independent private practice in which I control, for myself, the selection and billing of clients, or I am a full partner in doing so.
- I have malpractice insurance.
- I have 24-hour telephone coverage for my private practice. (Answering service or machine coverage is required and verified; *it is expected that answering machine messages will sound professional and include provider's name.*)
- I am able to refer clients for psychopharmacological treatment as needed.

I agree to the following:

- I understand that when a referral is made to me, I will be sent an e-mail notification, which I am required to update as instructed.
- I agree to make use of regular clinical consultation as appropriate.
- I will keep Therapy Matcher notified regarding my current availability for referrals.
- I understand that enrollment in Therapy Matcher does not guarantee a referral.
- I understand fees are to be arranged directly between providers and clients.
- If I am unable to accept a referral, I agree to direct the client back to Therapy Matcher, not refer him/her elsewhere before conferring with Therapy Matcher staff.
- I follow the precepts set forth in the NASW Standards for the Practice of Clinical Social Work and the NASW Code of Ethics and Massachusetts law governing social workers.
- I will promptly notify Therapy Matcher if there is any change in my licensing status, including, but not limited to, whether I have been subject to any disciplinary action by the Massachusetts Board of Registration of Social Workers or any similar licensing Board outside of Massachusetts.
- I understand that the decision to accept a client referred through Therapy Matcher is between the client and me and I hold NASW and the Mass Chapter harmless from any and all causes of action arising from or related to any such referral.
- I am enclosing membership fee payable to NASW-MA Chapter, via check or online credit card payment.

Name _____ Signature _____ Date _____

MA Social Work License # _____

[Please keep a copy of this agreement and all other forms for your records.]



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Please fill out both sides

Are you an NASW member? No Yes, Member ID:

Personal Information

Name Date

Mailing Address Zipcode

Email Home Phone Cell

Office 1
Address
Phone

Office 2
Address
Phone

Office 3
Address
Phone

Many clients request therapists who fit specific criteria. Please fill in the following, if you are comfortable with the information being shared when requested. We find that more information helps us make better referrals.

Your gender: Male Female
Date of Birth:
Religion:

Race/Ethnicity
Asian African American Hispanic Mixed
Native American Caucasian Other

Some clients request gay therapists.
Are you willing to be identified to these clients as:
Gay Lesbian Bi-sexual

In what second languages are you able to do clinical work?

Do you have a website? Yes No
Web Address

Client age range:
Pre-School Adolescent Elder
Child Young Adult
Pre-Teen Adult

Therapy Methods

Please indicate methods in which you have experience.
A check means that you are willing to accept referrals of clients seeking this kind of treatment method.

- Acceptance and Commitment Therapy (ACT)
ADD Coaching
AEDP
Art Therapy
Brief Treatment
Christian Counseling
Coaching
Cognitive-Behavioral Therapy
Critical Incident Stress Management
DBT
Divorce Mediation
EMDR
Emotional Freedom Technique (EFT)
Exposure Therapy
Expressive Therapy
Gestalt Therapy
Holistic Therapy
Hypnosis
Insight Oriented Therapy
Internal Family Systems
Mind-Body Treatment
Motivational Interviewing
Narrative Therapy
Play Therapy
Psychoanalysis
Psychodrama
Relaxation Training
Sensorimotor Therapy
Sexual Dysfunction Therapy
Solution Focused
Stress Management

Other Methods

Treatment Areas

Please indicate areas in which you have experience.
A check means you are willing to accept referrals of clients with this issue as a presenting problem.

- Abortion
ACOA
ADD/ADHD - Adult
ADD/ADHD - Child
Adolescent Acting Out
Adoption/Infertility (specify)
AIDS/HIV
Alzheimer's/Dementia
Anger Management
Anorexia/Bulimia
Anxiety/Depression
Attachment Disorder
Autism Spectrum Disorder
Bipolar
Borderline Personality
Career/Job
Caregiver Stress
Child Behavioral Issues
Chronic Mental Illness
Chronic Pain
Compulsive Eating
Couple/Marital
Court Evaluation/Custody
Cutting/Self harm
Developmental Disabilities
Disability (specify below)
Dissociative Disorders
Divorce/Separation
Domestic Violence Perpetrators
Domestic Violence Victims
Family-of-Origin Issues
Family Therapy
Gambling Addiction
Gastric Bypass Surgery
Geriatric Case Management
Grief/Bereavement
Head Injury/Stroke
Hoarding
Learning Disabilities
Lesbian/Gay/Bisexual
Medical Problems (specify below)
Men's Issues
Multicultural Issues (specify below)
Obsessive-Compulsive Disorder
Oncology
Other Addictions (specify below)
Panic Attacks
Parenting
Phobias
Polyamory
Post-Partum Depression
Pregnancy
PTSD/Trauma
Rape
Religious/Spiritual
Severe Anxiety
Severe Depression
Sex Addiction
Sex Offenders
Sexual Abuse
Sleep Problems
Substance Use Disorder - Alcohol
Substance Use Disorder - Other Drugs
Suicide
Transgender
Violent Men/Women
Women's Issues

Adoption/Infertility Specialties

Disability Specialties

Medical Problems Specialties

Multicultural Issues Specialties

Addiction Specialties

Name _____

Treatment Area Specialties

Please note areas not previously mentioned, or those of particular expertise:

Office Policies

Office Hours (Please detail days and time you see clients. If more than one office, please specify times for each office)

Mon _____
Tue _____
Wed _____
Thurs _____
Fri _____
Sat _____
Sun _____

Are you open to being contacted by clients via email? Yes No

Are you able to take telehealth cases? Yes No

Are you willing to accept Workers Comp for payment? Yes No

Do you offer home visits? Yes No

Do you offer consultation in private practice development?
 Yes No

Is your office close to public transportation? Yes No

Is your office accessible to those whose mobility is impaired?
 Yes No

Is your office located in (or attached to) your home?
 Yes No

Are you willing to provide training or accept public speaking engagements? Yes No
Public Speaking topics? _____

Do you offer supervision? Yes No

If yes, you must meet the following criteria:

- Minimum five years of post-Masters clinical social work experience
- Minimum three years post-LICSW supervisory experience
- Supervision of at least four social workers (two may be students)

Are you willing to oversee supervised visitation (usually court-ordered) between parent and child? Yes No

Are you willing to provide Guardianship Evaluations?
 Yes No

Would you be willing to receive an occasional pro bono referral?
 Yes No

Please check all appropriate modalities for pro bono:

- Individual Family Group
- Public Speaking Agency Consultation

Fees

What is your customary fee? _____

What is your lowest acceptable fee (for clients who are not social work students)? _____

Are you willing to reduce your fee for social work students when needed?

Yes No

Experience

Graduate Education:

School _____

Degree _____ Date _____

School _____

Degree _____ Date _____

Additional training or certification _____

Number of years in clinical practice: _____

Certifications

- Alcohol (CADAC/CAS)
- Certified Sex Therapist
- Critical Incident Stress Debriefing
- Disaster Response Training
- EMDR
- Family Therapy
- Geriatric Care Management
- Group Therapy
- Hypnosis
- IFS

List most recent professional positions, previous to private practice:

Present Position _____

Dates: _____

Position _____

Dates: _____

Position _____

Dates: _____

How would you like to be described to prospective clients (in a few brief phrases or sentences)?

How did you hear about Therapy Matcher?

- Social Work Voice
- NASW website
- NASW email
- NASW event or meeting
- Word of mouth/Other _____

Name _____

Insurance

Please check off any insurance plans for which you are a **contracted** provider; do not check off plans for which you have received out-of-network payment. Use the space at end to add additional plans for which you are a provider.

- | | |
|--|--|
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Medicare B (or willing to become a Medicare Provider) |
| <input type="checkbox"/> Aetna Student Health | <input type="checkbox"/> Medicare/Mass Health |
| <input type="checkbox"/> Beacon Health Strategies/GIC Unicare | <input type="checkbox"/> Minuteman Health |
| <input type="checkbox"/> Blue Care Elect/Blue Cross PPO | <input type="checkbox"/> Neighborhood Health Plan |
| <input type="checkbox"/> Blue Cross HMO | <input type="checkbox"/> Private Health Care Systems/MultiPlan |
| <input type="checkbox"/> Blue Cross/Blue Shield Indemnity | <input type="checkbox"/> Secure Horizons |
| <input type="checkbox"/> BMC HealthNet | <input type="checkbox"/> TeamstersCare |
| <input type="checkbox"/> Celticare | <input type="checkbox"/> Tricare |
| <input type="checkbox"/> Cigna | <input type="checkbox"/> Tufts HMO |
| <input type="checkbox"/> Conneticare | <input type="checkbox"/> Tufts Public Plans/Network Health |
| <input type="checkbox"/> Commonwealth Care Alliance/One Care | <input type="checkbox"/> Tufts Total/PPO |
| <input type="checkbox"/> Fallon | <input type="checkbox"/> United/Optum/Harvard Pilgrim |
| <input type="checkbox"/> First Health/Health Care Value Management | <input type="checkbox"/> Unicare |
| <input type="checkbox"/> Health New England | <input type="checkbox"/> Value Options Behavioral |
| <input type="checkbox"/> Mass Behavioral Health Partnership (MBHP) | |

Other Insurance Plans:

Thank you for completing the membership contract and application.

Please mail application packet and check to:

Therapy Matcher
11 Beacon Street, Suite 510
Boston, MA 02108

If you run a group that currently has openings, please complete and attach one Group Form for each group.



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Group Data Form

Please complete this form ONLY if you have openings in a current group.
If you wish to list more than one group please copy the form and complete one form for each group.

Your name _____ Office telephone (____) _____

Title of group _____

Focus of group _____

Location of group _____

<i>Group A</i>
Day _____
Time _____

<i>Group B</i>
Day _____
Time _____

<i>Group C</i>
Day _____
Time _____

Check the appropriate box or boxes to describe the composition of the group:

- Children Adult
- Adolescent Elder
- Young Adult

Please indicate the age range _____

Is group (check as many as are appropriate):

- All Female Time Limited Long Term
- All Male Currently Ongoing Newly Forming
- Coed

Major focus of the group is (choose primary descriptive categories):

- ACOA/Dysfunctional Family Domestic Violence
- Alcohol/Drug Abuse Eating Disorder
- Anxiety Management Gay/Lesbian/Bisexual issues
- Bereavement Growth/Relationships
- Childhood Trauma Medical Issues
- Couples Parenting
- Depression Self Esteem
- Divorce Sexual Abuse
- Stress Management

Other focus of group (describe) _____

Level of Functioning

- High
- Medium-High
- Medium
- Medium-Low
- Low

Fee for initial consultation \$ _____ Fee for group session \$ _____

Other pertinent information _____

Please inform Therapy Matcher of any additional information about your group(s) or any changes in the status of the group(s). Please let us know if a group is full, needs members and of which sex.

Thank you for completing the group data form.