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THERAPIST VETTING SHEET // CONSULT CALL COMPANION

Use during a 15-min consult call. You don't owe explanations. You're allowed to say no. You're allowed to walk away.

Use this during your research phase and on the consult call.

Pro tip: Email ahead to confirm training, modalities, and specialization — keeps the call focused on fit, not logistics.

WHAT TO ASK

Exact wording optional. Concept is what counts.

— Dissociation & shutdown
"How do you work with dissociation or shutdown during a session?"

— Destabilization plan
"What do you actually do if a client starts to destabilize mid-session?"

— Pacing approach
"How do you pace trauma work?"

— Stabilization in practice
"What does stabilization look like in your practice — what does that actually mean for a session?"

— Specific modalities
"What specific trauma modalities are you trained in, and how many supervised hours do you have in them?"

— Fit & transition
"What happens if we're not a good fit?"

— Benefits-limited work
"If we only have 6 – 8 sessions due to benefits, can we focus on stabilization and resourcing — or does your approach require starting processing right away?"

—What they ask you
Notice: do they ask about your history, goals, and what hasn't worked? A good consult is bidirectional.

— Confirm free consult
A free consult isn't about the money — fit is physical. Voice, presence, even smell can activate a triggered nervous system. Once money changes hands, sunk cost keeps people in rooms they should leave. If they don't offer it, move on.

Use this while they're answering your questions. Listen for specificity — how they work, what they've actually trained in, and whether their answers hold up under a direct ask.

WHAT TO LISTEN FOR

Good answers contain these elements.

— Specific, not vague
They name methods: grounding, titration, window of tolerance, pacing, orienting, resourcing, containment. Not just "we'd slow down."

— Stabilization first
They mention phased approaches or stabilization before processing — unprompted. This signals they understand sequencing.

— Named modalities + training
EMDR, ART, IFS, Somatic Experiencing, Sensorimotor, TF-CBT — with actual supervised hours and ongoing training. Not just "trauma-informed CBT."

— Comfort with fit question
They answer the "what if we're not a fit" question easily. No defensiveness. Clear transition plan. Not taking it personally.

— Acknowledging limits
Confidence is good. Certainty about everything is a flag. Skilled clinicians know what they don't know.

— Curiosity about you
They ask about your history, what's worked, what hasn't, your goals. Not just pitching services.

— Your body's read
Are you leaning in or bracing? Is your breath easy or held? That data is real — this is neuroception, not preference.

— No clear dissociation plan
They describe a clear process — what they watch for, how they pace, and how they bring you back before the session closes. Vague reassurance ("we'd just slow down") or visible discomfort with the question is the flag.

Use this during research and as the work unfolds. These aren't stylistic differences — they're signals that the process may not be safe or effective.

Trust what you notice.

RED FLAGS

These are structural failures—not style differences.

— "Trauma-informed" only
That's a baseline — not a specialization. Ask what they actually do in session, not just how they frame their approach.

— Laundry list of specialties
Trauma + ADHD+eating disorders + couples + children = ask where their real depth actually lives.

— Invalidation *(Consult or in Session)*
They question your reality, minimize harm, or debate what happened to you. This replicates the original injury.

— Pathologizing protection *(In Session)*
They call your limits, hesitation, or caution "resistance." Your survival behaviour is not an obstacle.

—Boundary violations *(In Session)*
Missed sessions without notice, pressure to continue when you've said stop, blurred roles, or ignored consent.

— Over-disclosure *(In Session)*
They share personal history or process their own emotions with you. You should not be managing the room you came to heal in.

— Pushback on limits (In Session)
You said no to something small. A safe therapist accepts it without pressure, analysis, or making you feel like the resistance is the problem.

— Enthusiasm without containment *(In Session)*
Excited to "go deep" on topics with no clear plan or mention of stabilization, pacing, or how to close what gets opened.