

BAPAM COUNSELLOR & PSYCHOTHERAPIST PRACTICE SURVEY

Thank you for helping with this survey about your work with performing artists. We are very interested to hear your views - even if you haven't yet seen any performers, or have recently changed your usual practice, many questions are relevant to you.

The survey questionnaire consists of 34 main questions and should take about 10 minutes to complete. For questions involving tick box answers, please tick *one* box only unless instructed otherwise. For questions requiring more descriptive answers, please write as clearly and concisely as possible, and feel free to continue on a separate sheet if necessary. If any questions do not apply to you or your practice, please write 'Not applicable' ('N/A'). Please do not leave any questions blank.

All responses are anonymous and will be handled and stored in accordance with Data Protection legislation.

Please return your completed questionnaire in the pre-paid envelope provided.

SECTION 1: PROFESSIONAL BACKGROUND & PRACTICE

1. How do you describe yourself? (you may tick more than one)

- Counsellor
- Psychotherapist
- Psychologist
- Psychiatrist
- Performance Coach
- Other: *Please describe:*

2. What is the main therapeutic approach that you use?

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.....

3. What other therapeutic model/s do you use?

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.....

4. What counselling/psychotherapy qualification/s do you have?

.....
.....

5. Which accrediting bodies do you belong to?

.....
.....

SECTION 2: PERFORMING ARTS EXPERIENCE & INTEREST

6. Do you come from a performing arts background or have performing experience ?

- No
 Yes: *Please describe:*

.....
.....

7. How many years have you been working with performers?

- Less than 1 year
 2-5 years
 6-10 years
 11-20 years
 21-30 years
 More than 30 years
 Not applicable (Haven't seen any yet)

8. Where do you normally see performer clients?

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.....

9. Do you work in a performing arts organisation or college?

- No
 Yes: *Please describe:*

.....
.....

10. Do you do any other counselling/psychotherapy work?

- No
 Yes: *Please describe:*

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.....

11. Approximately how many performer clients do you see in a year?

- 0 *please go to Q 25*
- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- More than 25

12. Approximately what percentage of your overall counselling/psychotherapy work does this represent?

..... % of total clients

13. Approximately what percentage of your work with performers involves clients from each of the following groups (*please write 0% for groups you have not seen*).

Singers: % of all performer clients

Instrumentalists: % of all performer clients

Actors : % of all performer clients

Dancers: % of all performer clients

Other: (*Please also describe*): % of all performer clients

14. What is the age range of the performer clients you see?

..... to

15. What is the approximate length of time these clients spend in treatment (in weeks and sessions)?

a) average: weeks; sessions

b) range to weeks

..... to sessions

16. Please describe the main performer referral pathways ...

a) to you:

.....
.....

b) from you:

.....
.....

17. Please describe the performance-related problems you treat (*continue on a separate sheet if necessary*):

Client Presenting problems	% of all performer client work

18. What other *psychological or mental health* problems do you see amongst your performer clients?

Client Presenting problems	% of all performer client work

19. What other *physical or medical problems* do you see amongst your performer clients?

Client Presenting problems	% of all performer client work

20. Do you offer any other types of treatment (e.g. physiotherapy, Alexander Technique) to performer clients?

No

Yes: *Please describe:*

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.....

21. During the *past 12 months*, has your work with performers been different in any way to your usual practice (in terms of numbers, types of artist, presenting problems, therapies offered, etc)?

No

Yes: *Please describe:*

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.....

SECTION 3: PROFESSIONAL DEVELOPMENT & PERFORMING ARTS TRAINING

22. Please describe any gaps in the resources, training or support you receive in your work with performer clients:

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.....

23. Do you have specialist supervision for this work?

No

Yes

24a) If Yes to Q23: Is your supervisor connected to a specialist centre or organisation for the performing arts?

No

Yes: *Please give details:*

24b) If no to Q23: Would you like this type of supervision? Why (or why not)?

.....

25. Please rate your interest in acquiring a specialist qualification in Performing Arts Counselling/Psychotherapy:

- Very interested
- Fairly interested
- Unsure
- Fairly uninterested
- Very uninterested

26. Please rate your interest in acquiring a specialist qualification in Performing Arts Medicine:

- Very interested
- Fairly interested
- Unsure
- Fairly uninterested
- Very uninterested

27. Would you be interested in opportunities for local networking with other performing arts practitioners?

- No
- Yes

28. Are there any other ways in which your work with performers could be better supported?

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29. Please tell us any other comments and reflections you may have:

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SECTION 4: ABOUT YOU

30. In which region/s do you work?

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.....

31. What is your gender?

- Female
 Male

32. How would you describe your ethnicity?

.....

33. What is your age?

- 20-29
 30-39
 40-49
 50-59
 60-69
 70-79
 80 or over

34. Are you listed on the BAPAM Practitioner Directory?

- No
 Yes

If you are not listed but would like more information about becoming a BAPAM Practitioner, please contact Clare Hicks: clare@bapam.org.uk; 0207 404 5888

Please return your completed questionnaire by post (free of charge) to:

BAPAM, FREEPOST NAT 18607, London WC1X 8BR.

Alternatively, you can e-mail a copy to Dr Carol Chapman – carol.chapman@bapam.org.uk.

Thank you very much for your help.