

Find Your Therapy

A Practical Guide to Finding Quality Therapy

NICK WIGNALL

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For Catarina

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INTRODUCTION

A Good Therapist is Hard to Find

If you've ever tried to find a therapist for yourself or for someone you love, you know how confusing and overwhelming the process can be and how many difficult questions it produces:

- *How do I know if a therapist is any good?*
- *How long will therapy take?*
- *How much will it cost?*
- *Should I see a psychologist or a psychiatrist?*
- *Is a counselor different from a therapist?*
- *What kind of therapy would be best for me?*
- *What about medication?*
- *Do I really even need therapy?*
- *Does going to therapy mean I'm broken or crazy?*

- *Are my problems really big enough to warrant being in therapy?*

Unfortunately, it's hard to find reliable and clear information about even the most basic aspects of therapy. Trusted professionals like doctors, teachers, and spiritual leaders are often not well informed about the process of finding a therapist, while friends and family members can be hesitant to bring up their own therapy experiences. And even if they do, there are no guarantees that what worked for one person will work for another. Even the Internet seems to struggle with this question, with searches often returning a hodgepodge of websites full of disconnected and incomplete answers.

To make matters worse, our culture puts a lot of shame and stigma on mental health struggles. We're brought up to believe that emotional struggles are signs of weakness or bad choices. As a result, we're left to bear the burden of our mental health struggles alone. We hesitate to talk about sensitive topics like depression, anxiety, addiction, or marital problems because we worry that we'll be seen as weak or that we'll "burden other people with our problems." Add frightening to overwhelming, and it's no wonder so many people who want and need help don't get it.

Why I Wrote This Book

My name is Dr. Nick Wignall. I'm a clinical psychologist and practicing cognitive behavioral therapist. I decided to write *Find Your Therapy* because I was concerned that my own profession was not doing more to help people

gain access to our services. I was also disappointed with myself that I couldn't personally do more to help. For each person who made it into my office, I wondered how many more had given up because the process was too confusing or intimidating.

As I listened to more and more stories about how difficult the process of finding a good therapist was, I kept wishing I'd stumble upon some kind of guide or resource I could point people toward and be confident that it would give them accurate and easy-to-use information about finding a good therapy. But I never found that resource. There didn't seem to be one place that I could point people toward to find useful information about therapy and how to find a quality therapist.

When I finally realized that no such resource existed, I decided to create it myself. My hope for this book is that it will help you to understand the basics of the therapy process and empower you to take the steps necessary to find a great therapist for yourself or for someone you love.

What This Book Is

Find Your Therapy is meant to be useful above all else. More than a collection of tips and tricks, I designed this book to be a step-by-step method for finding, evaluating, and choosing a therapist. And while finding a quality therapist can be difficult, it doesn't have to be overwhelming. I believe that if you take the time and invest the energy in working through this book, you will be able to find a high-quality therapist and start to make the changes in your life that you aspire to make.

What This Book Is Not

In order to be clear about what this book is and what you'll get out of it, we first need to talk about what it is not.

- This is not a book about how to diagnose or treat your mental health struggles. This is a book about getting you in the door and finding a therapist who can help you do that effectively.
- This is not a book about feeling good. This book is not full of heart-warming stories of people who have overcome obstacles and found a wonderful therapist. The goal of this book is not to make you feel better. The goal is to give you the knowledge and tools you need to begin the very hard—but very rewarding—work of good therapy. I sincerely hope that you do feel motivated and encouraged to go out and find a good therapist after reading this book, but how this book makes you feel is entirely secondary to what this book helps you do.
- This is not a book about finding the perfect therapist. There are no perfect therapists. The idea here is to find a very good therapist—one who can help you achieve genuine mental health and move toward your goals in a compassionate and effective way.
- This book will not give you 7 Easy Steps to Amazing Therapy. There's nothing easy about good therapy, and there's nothing easy about finding a good therapist. My goal in writing this book is to make the pro-

cess more clear and to show you how to work hard (and smart) at it until you've found success.

- This book is not gospel. While I am a therapist myself and have spent a lot of time thinking about and researching the process of finding a great therapist, I have blind spots, prejudices, and biases like anyone else. Consequently, this book is not perfect. It is not a guarantee that you will find a great therapist.

I hope the above section doesn't sound intimidating, but I want you to set your expectations as realistically as possible. If we're going to arrive successfully at our destination, we need to be clear about what we're really after and what it takes to get there. Otherwise we're likely to get sidetracked and find ourselves rambling off toward other tempting but ultimately unhelpful destinations.

What You Will Learn from This Book

This book is a practical guide. More than anything, I hope that you walk away from reading this book with new, useful knowledge about the process of finding a therapist and a plan to do it effectively. Here is a selection of specific things you will learn by reading this book:

- How to clarify both the struggles that are holding you back and your goals and aspirations for therapy.
- How to distinguish one type of therapist from another and choose one that best fits your needs.
- How to distinguish the different types or forms of therapy and choose one that's most appropriate for you.

- How to judge whether a therapist is competent or not.
- How to weigh factors like experience, training, professional certifications, etc., so that you can make an informed decision about the best therapist for you.
- Where to find good therapy referrals.
- Where to look for therapists yourself.
- How to do research on the best therapists in your area and organize the information you collect.
- What to ask a therapist when you call them for the first time.
- What to expect at your first therapy session.
- How to interview your therapist effectively.
- How to pay for therapy.
- Answers to many of the most frequently asked questions about therapy.

How This Book Is Organized

Part I of this book is called Clarity, and in it we'll walk through the basic elements of the therapy process. If you understand the basics, choosing a therapist will be much less daunting. In Chapter 1 I'll show you how to clarify what it is you're struggling with, and in Chapter 2 we'll look at some strategies for clarifying your goals and how you would like things to be different as a result of therapy. Chapter 3 looks at the different types of therapists and their strengths and weaknesses (e.g. psychologist,

marriage and family therapist, etc.), while Chapter 4 takes a similar approach to the different types of therapy (e.g. cognitive behavioral therapy, psychodynamic therapy, etc.) and how to choose from among them. Finally, in Chapter 5, we'll make sense of the many factors that go into the cost of therapy and explore different methods of payment.

Part II of the book is called Action, and in it I lay out a strategy and method for getting to work and finding a therapist. Chapter 6 is all about where to look for therapists, how to do online research, and how to organize the information you collect. In Chapter 7, we'll go through the process of calling a therapist for the first time, and in Chapter 8 I'll show you how to prepare for and what to expect from your first session, including how to interview your therapist effectively. In Chapter 9, I'll walk you through the decision-making process behind choosing and beginning to work with a therapist.

How to Use This Book

While I've organized the elements of this book in a specific order that made sense to me, there's no law stating that books must be read start to finish. In fact, I encourage you to jump around while reading this book. Take a glance at the table of contents and dive right into whatever looks most interesting or helpful at the moment. If you're feeling totally overwhelmed, I'd definitely encourage you to start at the beginning and work through the book systematically.

Believe it or not, this book isn't a sacred relic. You're allowed to take notes, mark it up, ask questions, fact-

check, or shoot me an email and tell me what you disagree with. In other words, I encourage you to be an active reader of this book—skeptical, even. You'll get far more out of it that way.

Finally, be careful that you don't use this book as a way to procrastinate about starting the process of finding a therapist! You don't have to memorize every bit of information here before you can get started. Learn what you need and then get to work.

PART I
CLARITY

Finding a therapist is often overwhelming because we're not clear about what's really wrong, what we really want, and what makes one therapist any more qualified than another. If we lack the fundamentals of how to think about and understand the essential elements of therapy, it makes sense that choosing a therapist would quickly become overwhelming. Wouldn't it be tough to decide what kind of car to buy if you had no idea what the difference between a convertible and a hard top was, what miles-per-gallon meant, or whether you were going to use your vehicle primarily to haul gravel vs. children?

The first part of this book will help you better understand the many different factors that contribute to a successful therapy experience. If you can learn what these factors are and why they're important, the whole process of finding a therapist will feel much less overwhelming. Luckily, it's not that difficult to wrap your head around the basics.

CHAPTER 1

Clarifying What's Wrong

This chapter is about clarifying the struggles that are leading you to seek out therapy in the first place. Because successful therapy is largely about a good fit between you and your therapist, it's important to take time to clarify the you part before we jump into the *therapist* part. Specifically, we're going to work on clarifying what you think is wrong or what you'd like to work on. The clearer you can be about your struggles, the better your odds of finding a therapist who can help you with them effectively.

Clarifying Your Language

Many of the terms and phrases we use to define mental health struggles are either so overused as to be basically meaningless or too technical to be helpful.

For example, it's often not very useful to describe your struggles by stating, "I'm depressed." The term *depressed* is used so often and in so many ways that it has come to describe just about any negative feeling or mood. For one

person it might mean they're very sad. For another it might be equivalent to stressed out. And for a third person it may mean that they lack a sense of enthusiasm or are chronically bored.

Sadly, laypeople aren't the only ones who are a little fuzzy when it comes to mental health terminology. We professionals argue endlessly about what these things mean, too! For example, let's say you knew someone who struggled with the following issues: spontaneous crying, worry about inconsequential things, low energy levels, and difficulty falling asleep. If that person saw ten different therapists, they'd probably come away with at least five different diagnoses or names for what's wrong.

What one therapist sees as depression, another may call bipolar disorder, another may call borderline personality disorder, and another might call generalized anxiety disorder. Even if a trained mental health professional is able to give an accurate diagnosis, often these diagnoses are overly technical and difficult for the average person to interpret.

Here's an example: One of the most frequent diagnoses to see in a client's chart is bipolar II disorder. Bipolar II is a less severe version of bipolar disorder that involves episodes of depression plus episodes of hypomania, which is similar to mania but less intense. But in years of talking to clients with a diagnosis of bipolar II, I've never once talked with someone who had an accurate understanding of what bipolar II was. They simply got slapped with a diagnosis and sent on their way.

No wonder most people with this diagnosis are completely confused as to what bipolar means. Some think it means that they have lots of mood swings, others think it

means they're "functional depressives," and some people think it means they have a "manic-depressive personality." And this is from people who have a diagnosis already! How much more confusing must it be for someone who has never been diagnosed before?

Instead of trying to find the technically correct diagnosis for your struggle—which is your therapist's job, not mine or yours—in this chapter we're going to focus on describing your own experience in detail, as plainly and simply as possible. If you can do this, you'll be much better equipped to choose a therapist who is a good fit for you.

NOTE: Throughout the book I often use the term "struggles" rather than more clinical terms like "symptoms," "disorders," etc.

Clarifying Your Feelings

A simple way to think about your struggles and begin to clarify them is to break down how you feel into three basic categories: *physical sensations*, *emotions*, and *thoughts*. As an example, let's talk about anxiety.

Instead of just labeling your difficulty as anxiety, try to elaborate on it and be more specific, describing what it is like from the point of view of each of these categories. For example:

- *Physical Sensations: Tense shoulders, stomach aches multiple times per day, constant low-grade headache, dizzy spells, I can feel my heart beating, shallow breathing, feeling like I can't get a full breath.*

CLARIFYING WHAT'S WRONG

- Emotions: *Anxious, nervous, stressed, on edge, apprehensive, worried, a little ashamed.*
- Thoughts: *My boss thinks I'm incompetent. I'll probably screw it up again. I hate feeling this way all the time. What will my wife think if I tell her I need therapy? Am I passing on my anxiety to my kids? What if this feeling never goes away?*

ACTION STEP: Spend five to ten minutes writing down how your struggles feel to you. Remember to use plain language rather than technical mental health jargon. For each struggle, elaborate on how it feels according to the three categories listed above. If you're having trouble coming up with descriptions in the emotions category, use a thesaurus to find related words that might describe your struggle more accurately. For example, if you're feeling sad but can't think of any other emotions that describe how you feel, look up sad in a thesaurus and it will probably give you related words like hopeless, disappointed, melancholic, etc., some of which may more accurately and specifically describe how you feel.

Organizing Your Struggles

Once you've spent some time describing how you feel in your own words, it can be helpful to start thinking about your struggles even more systematically. As a therapist, here's what I listen for when people describe what they're struggling with.

TYPE

What kinds or types of struggles are you experiencing? This would include things like low mood, worry, binge

eating, trouble concentrating, waking up too early, excessive drinking or drug use, low energy, panic attacks, etc. Remember that while we tend to think of our struggles in terms of emotion or feeling, they can also be physical sensations, thoughts, or behaviors, as well.

TIP: It's a good idea to keep a running list of the struggles you're experiencing for a few weeks, because it can be hard to recall everything on the spot when your therapist asks about your specific struggles. The notes app in your smartphone is great for this since it's easy to access and almost always available. If you don't have a smartphone, a plain old pad of paper and pen works just fine as well.

SEVERITY

Severity refers to how strong or intense a particular type of struggle is. Do you feel a little bit sad whenever you see someone who reminds you of your recently deceased grandparent, or are you feeling so despondent and hopeless that you're thinking of harming yourself? If you can, try to get a general sense for the severity of your struggles. Many people like a 1-5 or 1-10 scale. No need to be hyper-precise here. You just want to get a ballpark sense of how strong a particular type of struggle you're experiencing is. You could even use something as simple as low, medium, and high severity.

IMPACT

Impact refers to the consequences of your struggles and how they affect your life. Maybe your worry makes it hard to concentrate at work, which has resulted in repeated warnings from your supervisor about your productivity.

Or maybe it keeps you up at night and makes it difficult to get enough sleep, leading to irritability during the day. Maybe your drinking is leading to increased arguments and conflict with your spouse or is worsening the effects of an illness. In addition to noting how badly your struggles feel, it's important to ask yourself: *What specific things do my struggles get in the way of or prevent me from doing well?*

COURSE

How long have you been experiencing a specific struggle? When did you first experience a particular struggle? Did some event lead up to or cause it? One way to think about the course of a struggle is to note whether it's chronic or acute. Chronic difficulties are those that have been around a long time and tend to persist across multiple areas. If you're 45 years old and have a history of long periods of depression dating back to your teenage years, that would be a chronic struggle. Acute struggles may be relatively new, perhaps only recently experienced for the first time, and often time-limited. For example, a recent rise in irritability and arguing with a spouse when previously there had not been any sustained relationship difficulties.

ACTION STEP: It can be helpful to create a basic timeline of your life that notes major events, both positive and negative, as well as when specific struggles began and ended. This will help answer questions like: *When did things start? Were they in response to a specific event or did they slowly build over time? Did I experience these things as a child or adolescent? Are there patterns or cycles to my struggles? What are the triggers for my issues?*

As a therapist, my homework assignment for many clients after their first session is to make just such a timeline. Not only is it helpful for me as their therapist to get an overview of their life and the significant events in it, but most clients come back and report that it was a helpful—though often difficult—assignment to go back over major events or periods in their lives. Sometimes just through completing that simple exercise people begin to notice patterns or themes in their lives that they hadn't previously considered.

FREQUENCY

How often do your struggles occur? Are they relatively consistent or do they come and go? For example, how many times per day do you find yourself worrying excessively? How many drinks do you have per day, and how many days per week do you drink? Do you tend to drink too much when you're alone or after a fight with your spouse? Try to answer questions like these for each major struggle you're experiencing.

DURATION

How long does a specific struggle last? For example, how long do your panic attacks typically last? 15 minutes? 30 minutes? If you wake up with low mood, does it remain low all day or get better over the course of the morning? More specifically, it can help to think about the duration of your struggles in terms of three phases: onset (when it first started), peak intensity (when was it strongest), and remission (when it went away). Thinking about these phases can help you get a sense for how different issues progress over time. Do they come on suddenly and leave

quickly? Do they slowly build over time and then suddenly go away?

ACTION STEP: As a way to think about all this new information you're generating in a more organized way, I highly recommend that you record your struggles into what I call a Struggles Tracker.

A Struggles Tracker is nothing more than a spreadsheet or grid of rows and columns, with the rows representing individual struggles (e.g. low mood, worry, panic, etc.) and the columns representing the different aspects of your struggles listed above (e.g. duration, impact, frequency, etc.). Using some kind of spreadsheet or database software like Microsoft Excel is probably the easiest way to do this, but again, plain old pen and paper works fine, too.

What Have You Tried Already?

Before we move on to the next chapter and your goals for therapy, it's helpful to take a look at how you've tried to manage your struggles in the past. One of the biggest reasons struggles persist is that our efforts to reduce them can sometimes counterintuitively make them worse in the long run.

Consider the traditional evening cocktail. Sure, two or three martinis before dinner helps to settle your nerves and temporarily lessen your anxiety from work. But the longer-term effects are probably counterproductive—things like poor sleep quality, decreased attention for your family or partner, hangover the next morning, etc.

Or think about driving habits after having a panic attack on the freeway. In order to avoid future panic at-

tacks while driving, many people start to change the way they drive, maybe only taking backstreets instead of the highways or not traveling outside of their home city or town. Counterintuitively, avoiding these situations can increase the anxiety around driving. While they're comforting in the short term, these avoidant behaviors can whittle away at your self-confidence in the long term, helping to sustain and even worsen the anxiety over time.

To look more closely at the ways you historically try to deal with your struggles, start by asking yourself the following questions:

- *What sorts of things seem to make me feel better or lessen the intensity of my struggles?*
- *Do they always work? Did they work for a time and then stop being effective?*
- *How many of my coping strategies for these issues feel more like short-term solutions or quick fixes?*
- *What sorts of attitudes or habits do I have that might be counterproductive to my mental health in the long term, even if I can't quite put my finger on why?*

These questions are helpful because often the first step in therapy—before you can get to working on the problem itself or developing healthier patterns—is to identify old, unhelpful patterns.

This is also a good time to reflect on any previous therapy or counseling experiences you may have had in the past. If you've ever been in therapy or counseling before, ask yourself the following questions (I've included some examples of potential answers following each):

- **What did I like and dislike?** *The therapist was too strict. The therapist talked about themselves too much. I really liked it when therapists assigned homework that was relatable. Working with a male therapist was too uncomfortable for me. I like a more structured approach to therapy.*
- **What worked or didn't work?** *I made really good progress on my anxiety but my depression didn't get any better. I always felt better after sessions but eventually I realized nothing was really changing in my life. Having worksheets to do in between sessions was very helpful. Meeting on weekdays was just too hard, so I need a therapist who sees people on the weekends.*
- **What did I think of my therapist?** *They were really sweet but I didn't feel like we made much progress. They were kind of awkward but I feel like I learned a lot. I really liked how honest and direct my old therapist was even though it was hard at first to get used to.*
- **How did I feel about the way my therapist worked?** *They seemed too vague and non-specific. All we ever talked about was feelings. They were too rigid and formal. They seemed a little too familiar and over-shared sometimes.*

Chapter 1 Summary

- Avoid overly generalized, clichéd, or typical mental health terminology when describing your struggles and instead try to describe how you feel in plain, ordinary language. Be as specific as possible.

FIND YOUR THERAPY

- When you describe how you feel, use the categories of *physical sensations*, *emotions*, and *thoughts* as a way to organize your descriptions.
- Use a Struggles Tracker to organize your struggles according to type, severity, impact, course, frequency, and duration.
- Try to notice any habits or coping strategies you've developed in response to your struggles that may be counterproductive in the long run.

CHAPTER 2

Clarifying What You Want

Your chances of finding a therapist who is a good fit for you are much better if you are as clear as possible about what it is you really want out of therapy. In this chapter, we'll walk through some specific techniques and questions to help you think about and clarify that seemingly simple question: *What do I really want?*

Clarifying What You Want

When you think about what you want out of therapy, the answer probably seems obvious: *I want to not feel so depressed/anxious/angry/stressed anymore, of course!*

This is understandable. Emotional pain and discomfort is something we'd all rather live without, and therapy is often seen as a means of achieving that. But, I'm going to suggest that you think about the purpose of therapy and your goals for it a little differently.

While feeling better is often a result of therapy, I think it's ultimately unhelpful to focus on how you feel as the

goal or objective for therapy. The reason is that we can't control how we feel directly, and as much as possible, our goals are more efficiently targeted when they are things that we have a good degree of control over.

Most of us understand this intuitively: Being happy is not a particularly helpful goal since we can't take action to be happy directly. There's no happiness knob we can adjust at will. On the other hand, exercising regularly, organizing your stamp collection, or giving your spouse an unexpected gift are all things you can decide to do, with happiness often following as a result. I'd encourage you to think about therapy in a similar way. Instead of setting "feeling less sad" as a goal, ask yourself, *What can I do or understand better that will result in me feeling less sad?*

Here's an example: Suppose someone struggled with feeling chronically stressed out and overwhelmed all the time. If their goal was simply to feel better, they could just start taking a lot of anti-anxiety medication. That would certainly change the way they feel—at least for as long as the medication lasted.

But often the medication is just a Band-Aid. It doesn't correct any of the true causes of feeling stressed and overwhelmed—working at a job that you hate, habitually thinking pessimistically or catastrophically about difficult situations, not exercising at all, poor communication skills and a lack of assertiveness, checking your work email in bed, not making time to do enjoyable and rewarding activities, etc.

ACTION STEP: Ask yourself the Miracle Question. The Miracle Question is a common technique that therapists use to help

people better understand their goals for therapy. It goes like this: Suppose you woke up tomorrow morning and, miraculously, you were completely cured of (your struggle here). What would you do next? In other words, *what is your particular struggle holding you back from doing?*

What You Want is Different Than What You Don't Want

The Miracle Question is powerful because it helps address a major issue I see with many of the people I work with in therapy. Clients often come into therapy with a lot of clarity about a specific struggle they want to resolve, but they haven't thought much beyond that. Some have been struggling with a difficulty for so long that it's the only thing they're accustomed to thinking about in terms of their goals. They're so caught up in what they want to be rid of that they don't know what it is they want more of. And while wanting to be rid of emotional pain is a valid reason for beginning therapy, it's typically much easier to make progress in therapy if you have a positive goal beyond simply the removal of emotional pain.

Here are some questions to get you started thinking about your goals for therapy, as well as some example responses. Note that the example responses are not necessarily *good* responses. They're designed to simply get you thinking.

- **What are my goals for therapy?** *I want to feel less anxious all the time. I want to learn about why I get so irritable with my kids in the evenings. I'd like to figure out strategies for being more assertive with my boss. I*

wish I could learn to channel my anger more effectively.

- **What made me decide to seek out therapy at this particular time?** I have a big presentation for work coming up and don't want to have another panic attack during it. My wife said she'd leave me if I didn't get help with my drinking. I'm just sick of feeling this way.
- **What specific questions about myself or my life would I like help answering as a part of my therapy?** Why do I always look on the dark side of things or expect everything to turn out badly? How come I can't just go out and have one or two drinks and be happy with that? Why do I get so tongue-tied and frustrated whenever my partner tells me about something they're unhappy about in our relationship?
- **How would I know if therapy was working?** I'd get back to exercising regularly. My mood would be at least pretty good more days than not. I'd be able to sleep for at least six hours each night.
- **How would other people notice that I had made progress in my therapy? What would they see that would be different?** Think about specific people: Spouse or partner, parent, best friend, coworker, teammate, etc. My best friend might comment that I called just to chat more often. My husband would remark that I seemed less stressed and more playful when I got home from work. Coworkers would stop by my office just to chat because they'd feel like I was more interested in their lives.

- **How would I know if therapy wasn't working?** I wouldn't feel any different. I'd still be engaging in the same old unhelpful patterns and behaviors. My struggles would have stayed bad or gotten worse. I wouldn't have learned anything new about myself.
- **How would I like my life to be different in 6 months? A year? 5 years? 20 years, even?** In 6 months, my spouse and I will be going on regular date nights again. In a year, I will have finished my degree and started working at a job in my new field.
- **What specific skills would I like to develop during the course of my therapy?** I'd like to be able to recognize when my anxiety is rising but before it gets too high. I'd like to develop better sleep habits. I'd like to be able to talk more clearly about how I feel and what I want from my spouse.
- **What goals for my mental health have I set in the past? Did I achieve them? If not, what got in the way?** Last time I was in therapy I wanted to not feel anxious anymore but I kept feeling just as anxious. Maybe that wasn't a very realistic goal? Last time I was in therapy I set a goal of learning to communicate better with my partner but I couldn't really put it into practice because my partner was resentful of me being in therapy. My goal last time I was in therapy was to lose 20 pounds, but I wasn't really motivated enough to exercise or change my diet consistently.

I recommend that you take some time and really read through these questions. And then try to answer them as fully and specifically as possible.

Finally, before you get too excited about your new and improved goals for therapy, a word of caution: While having goals is generally a good idea, it's important to be flexible and open to them changing. Your therapist, for instance, might help you view things from a different perspective, in which case your goals and priorities could shift. Don't feel like you have to adhere rigidly to your initial goals simply because they were there first.

Prioritizing Your Goals

Often we have more than one thing bothering us or more than one thing we'd like to work on as a goal for therapy. Sometimes it even feels like everything is wrong: *I'm anxious, depressed, angry, my relationships aren't going well, and I drink too much.* In this case, the best thing you can do when faced with multiple problems or goals is to prioritize and focus.

Spend some time and list all the areas that you're having difficulty in (e.g. anxiety at work, drinking too much on weekends, fear of driving, being assertive), then try to prioritize them in terms of which you would like to work on first. If you try to tackle all of them at once, you're not likely to make substantial progress on any of them. I recommend just picking two for now—a primary goal and a secondary one.

When you're considering which struggles to focus on first, don't necessarily rush to pick the biggest, most painful, or most distressing one. While it makes sense intuitively to take care of the largest struggle first, there are cases where tackling a series of smaller, more doable ones first is often more helpful. By getting some quick

wins under your belt, you can build motivation and momentum that may make taking on larger struggles less overwhelming.

For instance, I see a lot of clients who come in primarily to work on anxiety or depression but also have difficulty sleeping. Even though the depression, for example, may be primary and more distressing, often improving sleep is a far more straightforward and easily accomplished goal. And if we do make some improvements to sleep, this usually has positive knock-on effects for the depression—more energy, a sense of accomplishment, increased hope, etc.

Expectations

Alongside your goals for therapy, it's important to think about your expectations for therapy—both for yourself and for your therapist. Specificity is the key. You want to be as concrete and upfront about your expectations as you can so that you and your therapist are on the same page. If you think you're signing up to run a 5K and your therapist thinks it's going to be a marathon, obviously this could cause some problems.

Below are some questions to ask yourself and begin to answer in order to clarify your expectations for therapy:

- **How much work am I willing to put into my therapy?**
I can dedicate an hour a day to doing therapy homework outside of my sessions. I don't have time for anything but the hour a week I spend in session. I guess I could spend 15 or 20 minutes a few times per week working on therapy stuff.

- **How much money am I willing to put into my therapy?** *However much it takes. This year I can afford to spend about \$1,500 on therapy. I can probably swing \$30 to \$40 per week.*
- **When it comes to my therapy, what do I expect of my therapist? And what do I expect of myself?** *I expect that after a couple months I'll start to feel significantly better. I expect my therapist to tell me what's wrong and how to fix it. I expect my therapist to sit quietly and listen to me vent for an hour each week. I expect that therapy will be hard and will require a lot of work on my part. I expect that I probably won't get better if I'm not willing to share difficult things with my therapist.*
- **What do I see as my therapist's job?** *My therapist's job will be to make me feel better. My therapist's job is to tell me what to do. My therapist's job is to fix me. My therapist's job is to encourage me. My therapist's job isn't any of my concern.*
- **How should my therapist evaluate my work or progress in therapy?** *Am I doing the homework or other assignments that are recommended? Am I coming to therapy prepared and willing to talk? Am I being candid and straightforward in what I tell my therapist? Do I seem to be feeling better? Do I seem to be more confident? Have I learned to be my own therapist?*
- **How long do I expect to be in therapy and/or how long am I willing to be in therapy?** *A few weeks? A few months? A year or two? Indefinitely?*

- **How often will my therapy sessions be initially?**
Weekly? Every other week? Monthly?

Just like in the goals section, don't feel like you have to have great answers to all of these questions. At the very least, it's useful to notice what your first reaction is upon hearing them. The real benefit of doing this is that, when the time comes later to meet with a therapist and then get started working together, these things won't come as a surprise to you and you'll have had some time to consider them.

Why Therapy?

As a last step to the process of clarifying what you really want out of therapy, I think it's useful—and maybe comforting—to know that there is a large range of perfectly valid reasons for beginning therapy. Unfortunately, many people delay or never even begin therapy because they worry that their problems aren't big enough, significant enough, or the right type of problems to warrant therapy. While one of therapy's most important objectives is to help people with severe and acute struggles (e.g. major depression, debilitating panic disorder, eating disorders, etc.), it's far from the only objective.

The goal of therapy is mental health, and health means more than the remediation of major illness. Health means growth, resilience, strength, and understanding. Going from bad to okay is important, but going from okay to strong is important, too. With that in mind, here are some surprisingly common but maybe not obvious reasons for

beginning therapy. All of them are completely valid and acceptable.

HEAD OFF A CRISIS

Many people start therapy because they're in the middle of some kind of crisis and things have reached a breaking point:

- *My panic attacks are getting worse again and it's taking me three times as long to get to work because I'm avoiding driving on the freeways.*
- *My spouse has issued an ultimatum and is threatening divorce if I don't get my anger under control.*
- *The two glasses of wine at dinner has steadily turned into a couple of bottles per night, resulting in frequent blackouts.*

While situations like these are obviously appropriate reasons to start therapy, many people start therapy in earlier stages of distress because they don't want to end up in crisis in the future:

- *I've started noticing my anxiety about driving getting worse since the accident last month.*
- *I can see that my anger causes my spouse to shut down, but I just don't see how else to get them to understand how I feel.*
- *I only have a few drinks at night, but I know that I do it to reduce stress and there's probably a healthier way to do that.*

It's counterintuitive, but you can start therapy even if you feel fine. In fact, it's often a really good idea. Getting into therapy and learning some new skills could be a lot easier—and probably cheaper—than dealing with a crisis after it hits. Don't procrastinate on getting help just because things don't seem "serious enough."

STRENGTHEN A MARRIAGE OR RELATIONSHIP

Your marriage doesn't have to be falling apart for marriage counseling or couples therapy to be a good idea. Even if your marriage or relationship is going well, it may be beneficial to do some couples therapy to strengthen a particular aspect of your relationship such as assertive communication, intimacy/sexual concerns, parenting issues, etc.

In addition to couples therapy, simply doing your own individual therapy to work on issues related to your relationship can also be helpful. A common concern I see is new parents worrying that they will "repeat my parents' mistakes" with their own children. As a result, they use therapy as a way to come to terms with their own childhood so that they can be as present and available with their own children as possible.

NAVIGATE A DIFFICULT TRANSITION

Being in therapy in anticipation of or during a difficult transition can often make the transition more manageable. Some common examples are divorce, retirement, death of a loved one, onset of chronic illness or disability, birth of a child, and a new job or career. Retirement, in particular, is something I see a lot of people struggle with, partly because the difficulty of being retired often comes

as a complete surprise. Frequently the people who are most vulnerable are the ones who have poured so much into their careers that they may not have many interests or sources of enjoyment/excitement outside of work. Gaining insight into this and making a plan for building in new sources of satisfaction are very common tasks in therapy.

FOR THE CURIOUS

One of the ways therapy can help people work through a difficulty is by increasing their insight into themselves. But learning more about yourself and your own psychology doesn't have to be in response to a problem or crisis. If you've ever been curious about details of your personality, wondered about small foibles in your behavior, or questioned why exactly you tend to act just like your parents, for example, seeing a therapist might help you answer some of those questions.

BUILD A SPECIFIC PSYCHOLOGICAL OR EMOTIONAL SKILL

I had a client once who came to therapy primarily because a colleague had pointed out that he didn't seem to be very good at "relating to his clients on an emotional level." He was an attorney and was specifically having a hard time connecting with and encouraging witnesses before trials. He would lay out the facts systematically and plainly but was continually surprised when the witnesses didn't perform as well as he expected. Even though my client wasn't experiencing any particular distress in his life, he realized that better "emotional fluency" would help him in his job. So we worked on that and,

relatively quickly, he started building a new skill set that improved his performance as a trial attorney.

Other types of psychological skills that clients commonly want to build include assertive communication skills, emotional regulation, cognitive flexibility, perspective-taking, anger management, and mindfulness.

APPEASE A SPOUSE OR PARTNER

As a therapist, it's wonderful when a client comes charging into your office full of energy and internal positive motivation to make important changes in their life: *I've had it with this fear of public speaking! I want to be able to give a speech at my son's wedding, so let's do this!* However, that's rarely the case.

Much more commonly, people enter therapy with many different motivations. Some are positive and internal like the above, and some negative and external: *My spouse is threatening to divorce me if I don't kick my addiction to painkillers. I'm terrified of how I'm going to feel coming off of them, and honestly I'm not sure I can do it. But I just can't stand the thought of losing my family, so here I am.*

Thankfully, having a big, messy set of motivations for coming into therapy doesn't mean that you can't do it or that you are somehow less worthy of therapy because of it. I've had many clients who began therapy primarily as a way to appease a spouse, parent, or significant other but ended up finding it incredibly helpful for themselves as well. Some even chose to stay in therapy after the initial issue was resolved to work on more issues. In other words, don't feel badly if you have mixed motivations for beginning therapy. This is common and completely okay.

EMOTIONAL SUPPORT

Most of us want a shoulder to cry on or a patient ear to vent to from time to time. But for many people it can be hard to find sources of emotional support among friends or family members. In fact, one of the most common reasons people tell me that they're starting therapy is because they feel like they're burdening family members or friends with their emotional struggles. In any case, many therapists are happy to do what's called supportive therapy. In supportive therapy, there may not be any one particular problem or crisis that needs to be addressed. Instead, the therapist simply provides emotional support in a structured, compassionate, and professional way.

ACHIEVE A PERSONAL GOAL

If there's something in your life that you've been trying hard to accomplish but just can't quite seem to make happen, it may be that there are subtle psychological or emotional factors causing friction and preventing you from succeeding. A common one I see is people wanting to work on procrastination in order to be more efficient at work or to complete a major academic project like a dissertation. Some other personal goals that people come to therapy to get help working on include weight loss and better eating habits, starting a new business or side project, and improving the mental side of their performance in a sport or other competitive activity.

ENCOURAGE SOMEONE ELSE TO START THERAPY

Maybe it's not the primary reason for starting therapy, but one positive benefit of being in therapy yourself is

that it may encourage someone else you care about to try therapy. I've seen this most commonly with spouses.

I saw a woman in therapy once who initially came in with mild anxiety. As we worked on her anxiety, she eventually opened up to me and explained that part of her motivation for beginning therapy was to encourage her husband to do the same. He needed help with depression but felt too ashamed to see a therapist. Consequently, part of our work became figuring out the best way for her to talk to her husband about his depression and show how therapy had been helpful for her without being pushy or preachy about it. Eventually, after many conversations with his wife about her own therapy and what it was like, the husband did begin his own therapy.

If you're comfortable talking with other people about being in therapy or specific aspects of what it's like, that can be a wonderful act of service to others.

STRESS MANAGEMENT

Sometimes life is just difficult and stressful—a huge project at work, caring for a sick or elderly family member, helping a loved one through a difficult crisis. These are all potential sources of significant psychological and emotional stress. Even if your stress isn't resulting in any major emotional or psychological difficulties, it may be that a therapist could help you manage your stress more effectively.

I see this a lot with middle-aged folks who are acting as primary or significant caregivers for elderly parents. Often there are strategies we can implement that help the caregiver to ease disproportionately high stress lev-

els. As a result, they often feel better themselves and are able to provide better care to their parent or loved one.

Chapter 2 Summary

- When setting goals for therapy, rather than setting a goal of feeling less depressed, anxious, angry, etc., ask yourself: *What can I do or understand better that will result in me feeling less sad, anxious, etc.?*
- Consider prioritizing your therapy goals by doableness rather than severity. That is, work up to large goals by building momentum from accomplishing smaller goals first.
- In addition to your goals, consider what your expectations are for therapy.
- There are many valid reasons to begin therapy and many worthwhile therapeutic goals other than the obvious ones we hear about most frequently.

CHAPTER 3

Types of Therapists

After you've spent some time clarifying both what it is you're struggling with and what it is you want, the next step is to understand the different types of therapists and how different characteristics like age or expertise could impact your therapy. Collectively, these are called therapist factors. We'll start by looking at the general factors that apply to all therapists and then dive into the differences among specific types of therapists like psychologists and psychiatrists.

General Therapist Factors

General therapist factors are attributes that apply to all therapists regardless of their specific educational or professional attainment.

AGE

Older therapists are usually more experienced than younger therapists, but can also be more jaded or burnt

out, be more expensive, and have busier or less flexible schedules. By contrast, younger therapists are generally less experienced but can also be more energetic and enthusiastic, have more scheduling availability, and be more up-to-date on the most recent techniques and research as they've usually been in training or school more recently. In short, don't rule out a younger therapist immediately because of a perceived lack of experience. All therapists have to gain significant amounts of experience before they're even allowed to start practicing therapy professionally.

GENDER

Clients are often more comfortable with a same-sex therapist, but I've had many clients comment that having an opposite-gender therapist can be helpful in many unexpected ways. I'd recommend keeping an open mind about this while also not being afraid to stick to your guns if you really feel strongly about working with a therapist of a particular gender. Keep in mind that there are far more female therapists out there generally, so be prepared to hunt a little bit more if you know that you want a male therapist.

LOCATION

Obviously, having a therapist who is close by is convenient. One important consideration is whether it's preferable to you to have a therapist close to your home or to your work. Another thing to consider is that, initially, clients tend to be a little dismissive of the importance of location since they are very motivated to come to therapy. But over the course of therapy, that 45-minute com-

mute to each appointment becomes increasingly burdensome. If at all possible, try to find a therapist who is relatively easy to access.

EXPERTISE

A big problem in the therapy profession is the tendency for therapists to claim or suggest that they are competent to work with or treat just about any issue. Be careful of therapists with a laundry list of self-proclaimed specialties. Instead, try to find a therapist who is modest in their claims about specialties or expertise and can back up their claims with real experience and training. You'd probably be skeptical of a medical doctor who claimed to be an expert oncologist, podiatrist, dermatologist, and neurologist, right? Similarly, I'd be skeptical of a therapist who claims to be an expert at treating depression, anxiety, PTSD, eating disorders, bipolar disorder, and hoarding issues.

COST AND INSURANCE

This is a complex topic (which we'll cover in depth in Chapter 5), but the basic questions you want to answer are: What is the therapist's session fee? Do they take insurance? If so, do they take yours, and will you have a co-pay or co-insurance each session? Do they have a sliding scale fee or do they see people pro bono?

SCHEDULE AND AVAILABILITY

It's always nice if a therapist has availability, but don't be scared of waitlists. They can be a sign that the therapist is in high demand and therefore may be quite good at their job. Having a convenient and consistent time for therapy

is also important, so be sure to consider the fit between your schedule and your therapist's. Like location, it's easy to underestimate the importance of scheduling initially because you're so highly motivated.

THERAPY FORMAT

Individual therapy is by far the most common and well-known format for therapy, but sometimes couples therapy or family therapy may be what's needed. Group therapy, while not as common, is another option to consider, especially since it is often far less expensive and, in many cases, research has shown it to be as effective as individual therapy. Group therapy can be especially helpful if your struggles are primarily social or interpersonal in nature.

TIMEFRAME

How long do you expect to or are you willing to be in therapy? How often do you think you need to meet for sessions? Some therapists do long-term therapy, which typically means years, whereas some do short-term therapy, which can be as brief as only a handful of sessions. Many therapists will provide both brief and long-term therapy. Either way, it's important to get a sense initially of what both you and a given therapist expect regarding the length of treatment.

THERAPY ENVIRONMENT

Where will your therapy take place? Private practice or small group practices and clinics are very common, however, a lot of therapy also happens at larger institutions or hospitals. There are pros and cons to each. For example,

there can be more bureaucracy (wait times, paperwork, etc.) when seeing a therapist at a hospital, but it also makes it easier to get a referral to another specialist or medical professional. I'd be very skeptical of therapists who offer therapy in their home or want to meet at coffee shops, parks, etc. A therapist's environment says a lot about their professionalism (or lack thereof). The only exception here would be meeting your therapist at a specific location in order to do some type of exposure therapy work.

PERSONALITY

A therapist's personality can have a big impact on your ability to form a good working relationship with them and consequently to have a successful outcome. While it's not essential to have amazing chemistry with your therapist, don't feel like you're not allowed to consider personality—especially negative personality traits—as one of your criterion for choosing a therapist.

OTHER GENERAL FACTORS: RACE AND ETHNICITY, CULTURE, SEXUAL ORIENTATION, RELIGION, AND SPIRITUALITY

It's hard to say how much and in what ways these things will impact your therapy, so it's probably enough simply to be aware of them. If you feel like you'd be more comfortable with a therapist who shares your particular values or experiences with respect to one or more of these factors, then note that and don't be afraid to ask about it when initially speaking with your therapist. Like age or gender, however, don't discount the possibility of the potential upside to seeing a therapist who differs from you

in terms of one of these variables. With these general therapist factors in mind, let's jump into some specifics about the different types of therapists out there.

Types of Therapists

In addition to all the general factors that go into thinking about a therapist, the specific type of therapist you end up seeing is an important consideration. The type of therapist refers to how a therapist is classified professionally and is usually a function of their specific education, training, and licensing. The three primary categories for therapist types are psychiatrist, psychologist, and mid-level therapists.

Psychiatrists

WHAT IS A PSYCHIATRIST?

Psychiatrists are medical doctors who specialize in mental health. Psychiatrists go through four years of general medical school, followed by an additional four years of residency where they specialize in mental health (as opposed to, say, cardiology or pediatrics). They are taught to accurately diagnose a wide range of mental illnesses, and their training typically emphasizes the treatment of severe mental illness, primarily through pharmacology—that is, with drugs.

Most psychiatrists' practices consists largely of medication management—helping their patients to find an effective drug for their specific issue and then to figure out the appropriate dosage and manage the side effects. A

typical medication management session with a psychiatrist is 15–20 minutes long and consists primarily of discussing the patient’s current medication regimen and whether any modifications (e.g. change in medication dosage, trying a new medication type) or refills are needed. While psychiatrists are also trained to do therapy, it’s becoming difficult to find psychiatrists who consistently incorporate therapy into their practice.

MD OR DO?

Most psychiatrists have an MD degree (Doctor of Medicine), but some have a DO degree (Doctor of Osteopathy). DOs have the same treatment and prescribing rights as MDs and go through the same residency programs, but their medical school training includes instruction in “manual” treatments such as massage therapy or spinal manipulation. Practically speaking, the main difference between the two is that DOs tend to be a little more “holistic” in their approach to medicine. MDs, on the other hand, tend to take a more traditional approach.

WHY DO SO FEW PSYCHIATRISTS DO THERAPY?

One reason is financial. A psychiatrist can charge the same amount for a 15 or 20-minute medication check that a therapist can charge for a 50-minute therapy session. Another reason is simple supply and demand. For the most part, psychiatrists are the only type of mental health professional who can prescribe medication. Because there is so much demand for psychiatric medication and not many professionals who can prescribe them, psychiatrists often don’t feel they have time to do therapy, although many wish they could do more of it. Interestingly,

up until the later part of the twentieth century, psychiatrists were really the only ones who did what we think of today as therapy. But with the discovery of psychotropic medications in the mid-twentieth century, medical schools shifted the focus of their training toward a more strictly biomedical model of mental health. As a result, most psychiatrists practicing today take a pharmacological approach to treating mental health issues.

Psychologists

WHAT IS A PSYCHOLOGIST?

Technically, a psychologist is anyone who has a doctoral degree in psychology. But just because someone has a degree in psychology doesn't mean they are trained to do therapy. Many psychologists are academics who primarily do research and teach. For our purposes, we want to focus on the two types of psychologists who do therapy or assessment: clinical psychologists and counseling psychologists.

Clinical and counseling psychologists have a PhD or PsyD (see below) in psychology and are trained to work clinically with clients suffering from a variety of mental health difficulties like depression, anxiety, etc. They generally go through four to six years of graduate training to earn their doctoral degree, followed by another two to three years completing their internship and post-doctoral training where they specialize in treating specific mental health difficulties. Psychologists do not receive general medical training like psychiatrists, but unlike most psychiatrists, they are trained to do research and

have to complete a dissertation in order to earn their degree. Psychologists' training also typically includes a strong focus on diagnosing mental health disorders, and they are trained extensively in testing and assessment.

PHD OR PSYD?

PhD (Doctor of Philosophy) is the traditional psychology doctoral degree. Training includes clinical practice—therapy, assessment and testing—as well as a heavy emphasis on producing and consuming research. PsyD (Doctor of Psychology) is a professional degree. As opposed to the more traditional PhD, the PsyD was created for people who knew they wanted to practice as a psychologist clinically but didn't want to go through the research component of doctoral training.

WHAT'S THE DIFFERENCE BETWEEN CLINICAL AND COUNSELING PSYCHOLOGISTS?

Because the field of counseling psychology was originally oriented toward providing career and vocational advice to healthy individuals, counseling psychologists are typically trained to work with individuals without serious mental health difficulties who may be experiencing some temporary distress or difficulty. Here are some examples of situations that might be particularly amenable to working with a counseling psychologist:

- You recently retired from a long-held career and are experiencing some mild depression and a sense of emptiness about what to do with your life going forward.

- After breaking up with your girlfriend of 4 years, you're having anxiety and concerns about meeting new people and dating again.
- You are having difficulty adapting to the new stress of caring for an elderly parent or family member.

Clinical psychologists, on the other hand, are trained to treat the full range of psychological difficulties, including more severe and debilitating forms of mental health difficulties. Here are some examples of situations that might be uniquely suited to working with a clinical psychologist:

- After struggling with an eating disorder throughout high school and having experienced some relief during your college years, you find yourself increasingly restricting food and purging now that the stressors of work and family life have increased.
- After a humiliating experience with your boss during a company-wide meeting, you've started having panic attacks at work and are considering quitting your job if they persist.
- In the past six months following a difficult divorce, you've found yourself increasingly depressed and isolated, and have been increasingly entertaining suicidal thoughts and plans.

It's important to remember that both counseling and clinical psychologists are able to practice as "licensed psychologists" and provide mental health services for a range of difficulties. Some counseling psychologists may be able to treat more severe forms of mental health difficulties, and many clinical psychologists treat milder difficulties,

as well. The differences highlighted above are broad strokes. As always, do your homework. If you're considering working with someone and are unsure about how the type of psychologist they are influences the way they work, be direct and ask about their education, training, experience, qualifications, methods of practicing, etc.

COUNSELING VS. THERAPY?

While counseling and clinical psychologists are specific types of therapists, the terms *counseling* and *therapy* are generic. When used in this general and generic way, there isn't really any difference between going to counseling and going to therapy. If anything, counseling sometimes suggests working with less severe difficulties while therapy implies working on more intense issues of mental health. But again, the point is you shouldn't rely on these terms as meaningful in and of themselves. Instead, ask the counselor or therapist specifically about how they were trained and how they work now.

WHAT'S A NEUROPSYCHOLOGIST?

Neuropsychologists are a specific sub-type of clinical psychologists who specialize in testing and assessment related to cognitive functioning. They generally don't do therapy. Typical reasons to see a neuropsychologist include diagnosing or testing for neurocognitive disorders like dementia, Alzheimer's, or Parkinson's, autism spectrum disorders, learning disabilities or academic achievement and intelligence (IQ). Neuropsychological assessment is sometimes called "The Cadillac" of assessment because neuropsychologists generally have more extensive training and experience in assessment than any

other type of psychologist and perform the most complete and rigorous tests.

Practically speaking, a neuropsychologist is the person to see if you want any kind of major testing or assessment done.

CAN PSYCHOLOGISTS PRESCRIBE MEDICATION?

Generally, no. However, as of mid 2017, New Mexico, Louisiana, and Illinois have passed laws allowing psychologists to gain “prescribing rights” under certain circumstances. While each state has slightly different requirements, in order for a psychologist to prescribe medication, they have to take several years’ worth of additional coursework in pharmacology, practice under a physician for a probationary period, and can only prescribe certain lower-risk psychiatric medications.

SHOULD I LOOK INTO MEDICATION PRESCRIBED BY A PSYCHOLOGIST?

Like most of those types of questions, the answer is “it depends.” One school of thought says it’s still best to be prescribed psychiatric medication and have your medication management done by a psychiatrist, as they have the most extensive training and experience. However, if your general physician is prescribing your meds and you don’t have access to a psychiatrist, it may be that a prescribing psychologist might know more about mental health issues as well as the medication compared to a general-practice physician. Still a third camp would argue that, for most people, having psychiatric medications prescribed by their general physician is the best route since they tend to be more conservative in the way they prescribe.

General physicians, for example, are often less likely to prescribe multiple psychiatric medications at once, also known as *polypharmacy*. In any case, you always want to discuss the pros and cons of a medication regimen with your doctor before making any kind of medical decision.

The issue of prescribing rights for non-MD mental health professionals is a relatively new and hotly debated issue at the moment. For now, it's important to know that the general rule of only psychiatrists prescribing medication seems to be slowly eroding. Increasingly, nurse practitioners, physician's assistants—and now even clinical psychologists in some states—are gaining at least limited ability to prescribe.

Psychiatrists and Psychologists: Advantages and Disadvantages

It may be helpful to briefly compare advantages and disadvantages of seeing a psychiatrist vs. a psychologist for therapy.

ADVANTAGES OF SEEING A PSYCHIATRIST

- If you are interested in both medications and therapy, and you can find a psychiatrist who does therapy, it may be simpler to see a psychiatrist who does both, thus keeping all of your mental health care under one roof.
- If you have a severe mental health difficulty (e.g. schizophrenia, bipolar I disorder, etc.), a psychiatrist may have more training and experience treating these conditions.

- If you are interested in therapy but have a complicated medical condition or conditions, you may feel more comfortable with a therapist who has also been trained in medicine.

DISADVANTAGES OF SEEING A PSYCHIATRIST

- While psychiatric medications may provide symptom relief, they are almost never curative, and your symptoms may often return if medication is discontinued.
- From the perspective of cost per unit of time, seeing a psychiatrist is typically more expensive. Although, med checks are often less frequent than therapy sessions.

ADVANTAGES OF SEEING A PSYCHOLOGIST

- Unlike drugs, the beneficial effects of therapy tend to persist even after the treatment is completed.
- Because of their training as researchers, psychologists may be more up-to-date on the most current best practices in mental health treatment.
- The risks and side effects of therapy are minimal compared to the relatively common and sometimes severe side effects of many drugs.
- Psychologists often have more extensive training in the use of testing and assessment procedures. For example, if your child needed to be assessed for autism or you wanted an IQ test, you would contact a psychologist.

DISADVANTAGES OF SEEING A PSYCHOLOGIST

- Therapy is more time consuming and requires far more effort than simply taking medication.
- If you have a complex medical history or illness affecting your mental health, psychologists typically do not have specialized medical training. However, there is an emerging sub-specialty within clinical psychology called Health Psychology, which specializes in the treatment of psychological difficulties in the context of medical conditions.

Mid-Level Therapists

WHAT IS A MID-LEVEL THERAPIST?

A mid-level therapist is a master's level therapist. They're called mid-level because a master's degree (MA, MS) is in the middle of the educational degree spectrum between bachelor's degrees (BA, BS) at the lower end and doctorate degrees (MD, DO, PhD, PsyD) at the higher end. A mid-level therapist typically receives less formal training and supervision than a doctoral-level therapist. However, they still accumulate a certain number of hours doing supervised clinical work (typically 3,000 hours post-degree) and must pass a licensing exam before they can practice independently.

COMMON TYPES OF MID-LEVEL THERAPISTS

- *Licensed Professional Counselor.* A licensed professional counselor (LPC) is the generic term for anyone who is licensed to practice counseling or therapy by

their state. Depending on your state, you may also see the terms licensed mental health counselor (LMHC) or licensed clinical professional counselor (LCPC).

- *Marriage and Family Therapist.* A marriage and family therapist (MFT) is a licensed professional counselor who specializes in working on issues related to relationships and the family, although not exclusively. In addition to individual therapy, they often work with couples or families, as well.
- *Addiction and Substance Abuse Counselor.* Addiction and substance abuse counselors are licensed professional counselors who work exclusively on issues related to addictions and substance abuse problems.
- *Clinical Social Worker.* Clinical social workers have a master's degree in social work (MSW, or sometimes MCSW or LCSW) and have similar training and education requirements to other mid-level therapists. But as social workers they often specialize in helping clients to identify and work through social and environmental factors influencing mental health.

REASONS TO SEE A MID-LEVEL THERAPIST

- The most common reason to see a mid-level therapist over a psychiatrist or psychologist is cost. Mid-level therapists are often significantly less expensive than doctoral-level therapists.
- Because there are far more mid-level therapists than psychiatrists and psychologists, they also tend to be more available. While I generally recommend taking

your time while searching for a therapist, if you need to get in to see someone urgently, you may have better luck with a mid-level therapist.

- While mid-level therapists typically don't have the breadth of educational training and experience that a psychiatrist or psychologist has, they may have particular specialties that are uncommon among either psychiatrists or psychologists.

Chapter 3 Summary

- When you think about what kind of therapist you want to work with, it's important to consider general factors like age, personality, and expertise, as well as the specific type of therapist they are.
- All three therapist types—psychiatrists, psychologists, and mid-level therapists—can do therapy.
- Only psychiatrists—and, in some states, prescribing psychologists—can prescribe medication.
- If you need specialized testing or assessment, psychologists are generally the way to go.

CHAPTER 4

Types of Therapy

In the last chapter we discussed types of therapists such as psychiatrists, psychologists, marriage and family therapists, etc. These terms are largely a reflection of the type of professional education a therapist received. In this chapter we'll explore different types of therapy. The goal here is for you to learn how to distinguish between, say, a cognitive behavioral therapist and a psychodynamic therapist, and to then decide which type of therapy will be best for you.

Types of Therapy vs. Types of Therapists

Let's use an analogy to try and get this confusing distinction straight. Suppose you wanted to lose weight, so you decided to hire a professional to help you and give you guidance. There are a number of types of weight-loss professionals you could choose from—dietitians, personal trainers, and bariatric surgeons, for example. The way a

personal trainer is educated and trained is different from the way a bariatric surgeon is trained, yet their goals are quite similar.

But among personal trainers, for example, there may be a number of different approaches to weight loss that any given trainer might subscribe to—everything from traditional strength training and cardiovascular exercise to yoga and CrossFit. No one of these approaches is necessarily the best for everyone. Each of them is based on certain assumptions about how the body works and may be more or less useful depending on an individual's particular situation, goals, and preferences.

The same distinction applies in therapy. Just as two different personal trainers could practice in very different ways—yoga instructor vs. CrossFit trainer—two therapists of the same type—say, psychologists—may practice in very different ways. The different ways that therapists practice—the type of therapy—is the subject of this chapter.

How to Think About Types of Therapy

To break it down into its simplest components, I think about it like this: Almost any type of therapy tends to prioritize one of three goals: helping to provide you with emotional support, helping you to understand something better, or helping you to change how you act or behave. So, when I think about a particular type of therapy, I ask myself: is it primarily supportive, insight-oriented, or action-oriented? That is, does this therapist's way of practicing emphasize providing emotional support, helping a person learn more about themselves, or changing the way they act?

These are not hard-and-fast distinctions. Just about every therapist aims to be supportive! But every type of therapy tends to emphasize one of these three objectives. When you're looking for a therapist and considering how important their type of therapy is for you personally, you can ask yourself: What am I looking for most? *Do I want to understand myself better, to change the way I act, or to be supported?* Of course your answer will be some of each to a certain extent. But often there is one that is primary or more immediately pressing that you may want to focus on. Will that in mind, let's start by taking a close look at two of the most common types of therapy—cognitive behavioral therapy and psychodynamic therapy.

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy, or CBT for short, is a present-focused and action-oriented form of therapy. It's based on the idea that the way we feel emotionally is largely the result of how we tend to think and act. Consequently, if we want to feel differently, we should focus on changing the way we perceive and think about things in our life as well as the types of behaviors we engage in or decide not to engage in.

What distinguishes Cognitive Behavioral Therapy from other types of therapy?

PRESENT-FOCUSED

Many of the older and more traditional forms of therapy focus heavily on early life experiences and on gaining in-

sight into how your present life is shaped by your past. While CBT acknowledges that early experiences are very important, the focus of therapy tends to be on what's going on in your life *now* and where you would like to be in the future. In this spirit, one of the primary aims of CBT is to clearly identify the changes you would like to make in your life and collaboratively come up with a plan to make those changes.

ACTION-ORIENTED

Many types of therapy are insight-oriented, meaning they try to help you achieve a better understanding of yourself. CBT, on the other hand, tends to be action-oriented, meaning it places great importance not only on what you know but also on how you act. In fact, a core assumption of CBT is that the only way to change the way we feel is to change the way we think and act; hence "cognitive behavioral" therapy.

Here's an example: You can choose to bite your tongue and not make that sarcastic comment, or you could decide to imagine a more realistic explanation for that bad performance review, but you can't simply turn up your happiness dial or flip off the anxiety switch. CBT says that, to a large extent, the way we feel is a direct result of the things we choose to do and think. So, if we modify our thinking and our behaviors to be more in line with reality and the things we really value, we tend to feel better.

TIME-LIMITED

CBT is often a time-limited therapy, meaning you and your therapist will work together for a fixed duration (10

to 15 weeks is common). Of course, a therapist probably wouldn't kick you out after a fixed number of sessions, but the underlying philosophy is that the structure of a time table helps to focus and accelerate the progress of therapy. Don't be afraid to ask your therapist (or prospective therapist) about this directly. For example: *How long can I expect to be in therapy? How will we know when I'm finished with therapy?*

That being said, there are CBT therapists who often see working on a more long-term basis as essential for correcting the underlying beliefs and habits that drive painful symptoms.

EVIDENCE-BASED

From its origins in the 1960s, CBT has valued the idea that their methods and interventions should be rigorously tested and supported by good science and not just interesting theories. As a result, CBT has been shown empirically to be effective for a range of mental health difficulties across thousands of research studies.

SKILLS-BASED

One of the defining features of CBT is that it helps you build skills and techniques that you can use long after the therapy itself has ended. As a result, many people describe their CBT therapist as being much more like a coach than a doctor. The skill-building aspect of CBT and therapy generally is part of the reason why the progress people make in therapy tends to last even after therapy is over—as opposed to medications whose effects typically vanish as soon as people stop taking them.

STRUCTURED

Another core assumption of CBT is that what you get out of therapy is largely a function of what you put in. Furthermore, even if you work hard during your hourly session each week, that simply is not enough time to create lasting change. After all, how quickly would you learn to play guitar, speak French, or lose weight if you only dedicated an hour per week to it? Why should making progress on a serious mental health difficulty be any different? As a result, it's very common for CBT therapists to give "homework" to a client so they can practice the skills they learn in session each week. CBT therapists also tend to emphasize making sessions as active and efficient as possible. A CBT therapist will usually begin each session by asking the client what they would like to focus on and create an outline or agenda for the session to ensure that they spend their time efficiently.

What is CBT especially good for?

Although it has been shown to be effective for everything from weight loss to schizophrenia, CBT tends to be especially effective for depression and anxiety. In most cases, research has shown that CBT is as effective if not more effective than either other types of therapy or medication in these areas. Additionally, CBT is considered "first line," or the treatment of choice, for several conditions, including mild to moderate depression, panic disorder, obsessive-compulsive disorder (OCD), phobias, and some forms of insomnia.

How do I know if a therapist is a CBT therapist specifically?

Many therapists will explain that they “do CBT” or that they “incorporate aspects of CBT” into their work. There’s nothing wrong with this necessarily, but it’s important to know that this is very different than someone who works specifically as a CBT therapist and has the appropriate level of training.

Here’s an analogy: Let’s say you were getting married and were looking for someone to photograph your wedding. Most likely, any professional photographer could photograph your wedding and deliver okay results. But, if possible, you’d want to find a photographer who primarily works and has been specifically trained as a wedding photographer. Sure, all photography involves knowing how to operate a camera, but a wedding is a very different proposition than a football game or a mountain range at sunset.

If you think CBT is for you, I’d encourage you to try to find a therapist who is specifically trained as a CBT therapist, not just someone who dabbles in it. Here are some recommendations:

- How do they describe the way they practice therapy? Be attuned to the information included on their website and how they describe themselves over the phone. Does it sound like the descriptions above, or does it feel like CBT has been inserted here and there as a buzzword or marketing ploy?
- Look for specific instances of CBT training. Were they formally trained in CBT by other trained CBT

therapists? Did their education or schooling emphasize CBT? Have they attended conferences, workshops, or trainings to learn about CBT?

- The gold standard for formal CBT training involves certification by the Academy of Cognitive Therapy. If you go to the academy's website, you can search for certified CBT therapists in your location.
- Another great place to find CBT therapists is the Association for Behavioral and Cognitive Therapies.

Psychodynamic Therapy

Psychodynamic therapy is a traditional insight-oriented approach to therapy, which traces its roots back to figures like Sigmund Freud and Carl Jung. Psychodynamic therapy is based on the idea that human behavior is largely motivated by unconscious processes and conflicts, and that gaining insight into these conflicts is key to resolving your distress.

What distinguishes Psychodynamic Therapy from other types of therapy?

INSIGHT-ORIENTED

The primary goal of psychodynamic therapy is generally to help clients resolve deep-seated internal conflicts by bringing more of the unconscious mind into conscious awareness. The underlying assumption is that mental health struggles (e.g. anxiety, depression, eating disorders, etc.) are the result of an unconscious conflict be-

tween what we want to do and what we believe we should do, or between two mutually exclusive things we want. By bringing this conflict into conscious awareness, the client should then be able to more effectively negotiate this tension and, as a result, decrease their distress.

THE PAST

A major part of this exploration involves a client's early experiences—especially early relationships—to learn where these internal conflicts began. While it can often be uncomfortable or even painful for clients to recall difficult early memories, psychodynamic therapy sees it as essential to get to the origin of the client's difficulties.

LONG-TERM

Psychodynamic therapies have traditionally been considered long-term therapies. Because the past is a complicated thing, exploring it in depth is a slow process. It's not uncommon for psychodynamic therapy to last for years. While some shorter-term approaches to psychodynamic therapy have become popular recently, as a general rule psychodynamic therapy is fairly long-term.

TRANSFERENCE

Although significant time and energy is devoted to exploring a client's past, another important part of psychodynamic therapy involves examining something called *transference* in the present. Transference occurs when a client "acts out" some aspect of an internal conflict onto the therapist in session. For example, if the client is working on understanding their anger toward their father, they may end up unconsciously becoming angry at their

therapist. This transference of emotion from the client's unconscious mind into the "here and now" of the session allows the therapist to observe it and help the client to become more aware of it and ultimately change it.

UNSTRUCTURED

In order for the client to be free to explore their past and then to allow unconscious content to come up in session through transference, psychodynamic therapists are trained to be fairly unstructured during their session. The client is expected to do the majority of the talking, sometimes without much direct feedback from the therapist. Psychodynamic therapy is often deliberately unstructured in its approach.

What is Psychodynamic Therapy especially good for?

The research on psychodynamic therapies is far smaller than that on many other types of therapies like CBT. And while some research has shown it to be comparable to other forms of therapy, it's difficult to answer this question from an empirical point of view because, again, there isn't nearly as much research at hand. A more helpful perspective would be to approach the question from a "goodness of fit" point of view. That is, based on your own personality, preferences, and values, does a psychodynamic approach to therapy seem appealing or a good fit given the above descriptions? In particular, do you feel strongly that what you need is to gain more insight into yourself, especially how you are affected by your past?

Other Common Types of Therapy

INTERPERSONAL THERAPY

Interpersonal therapy is often thought of as an offshoot of cognitive behavioral therapy and is used primarily to treat depression. As the name suggests, interpersonal therapy views relationships as a key factor in the development and maintenance of psychological distress, and, as a result, most of the interventions in this type of therapy involve improving the client's interpersonal functioning. Interpersonal therapy is fairly well supported by empirical research and is generally shown to be as effective for depression as traditional cognitive behavioral therapy.

If you struggle with depression and sense that difficulties in relationships or interpersonal skills and styles are central to your depression, interpersonal therapy may be worth investigating. Also, if you've tried traditional cognitive behavioral therapy and are looking for something that is similarly action-oriented and structured but with a different focus, consider interpersonal therapy.

DIALECTICAL-BEHAVIOR THERAPY

Dialectical behavior therapy (DBT) is generally considered a sub-type of cognitive behavioral therapy designed specifically to treat people with borderline personality disorder. Traditional DBT is quite structured and involves three distinct components: group therapy for skills training, individual therapy, and coaching over the phone. The specific skills emphasized in DBT include: Mindfulness, Tolerating Distress, Emotion Regulation, and Interpersonal Effectiveness. While it is usually considered to be

the treatment of choice for borderline personality disorder, it has also been shown to be effective for a variety of other issues, from addiction and depression to post-traumatic stress disorder.

Consider DBT if you know that you struggle with borderline personality disorder specifically or sense that a highly structured approach to treatment would be beneficial.

ACCEPTANCE AND COMMITMENT THERAPY

Acceptance and Commitment Therapy (ACT) is a relatively new type of therapy and sub-type of CBT that uses mindfulness and acceptance strategies to help clients more effectively relate to their emotions and identify their values. Most of us are taught to think about our negative emotions either as something to avoid or something to fix. And while avoiding or trying to change our emotions may give us some temporary relief, in the long run it tends to make our distress worse. By learning to accept our emotions and build a healthier relationship with them, we are then in a much better position to live our lives committed to our values rather than in avoidance of fear and pain.

ACT may be especially helpful for people who have a strong habit of avoiding distressing feelings or situations. It's also helpful if you've tried other forms of "cognitive" therapy but find yourself getting stuck in all the analysis and evaluating of thoughts. Finally, the values clarification component of ACT is an often under-appreciated part of the therapy, and can be quite beneficial if you feel as though you would like a clearer sense of your values and what direction you want your life to move in.

PSYCHOANALYSIS

Psychoanalysis—also known as psychoanalytic psychotherapy—is the oldest and most traditional form of psychotherapy, and is essentially a more intensive version of psychodynamic therapy. While it is based on the same theories and ideas, in practice psychoanalysis typically requires meeting multiple times per week with your therapist. The majority of the sessions involve the client lying on a couch and free-associating—speaking about whatever comes to mind. Nothing is off limits and the client is encouraged to be as candid as possible. It's the therapist's job to listen carefully to help identify patterns or themes in the client's life so that they can become more aware of how their unconscious mind is influencing their present life. Free association is important because it is thought to encourage clients to remove the filter they normally place over the content of their minds, thus allowing access to “deeper” and more unconscious content. Therapists who want to work specifically as psychoanalysts must go through additional training specifically in psychoanalysis.

Given the required frequency of the sessions, psychoanalysis can be quite expensive, and may therefore only be available to those with sufficient time and financial resources. That being said, given its intensity, psychoanalysis can be a powerful tool for self-realization and understanding. If you have a strong sense that insight is what you need and you can afford the time and financial burden, psychoanalysis may be a good fit. Although note that it's typically not covered by insurance.

SUPPORTIVE THERAPY

There's nothing technical or official about supportive therapy or being a supportive therapist. In fact, being supportive is simply one of those basic skills that all therapists, regardless of their particular training or orientation, utilize.

Supportive therapy would primarily be a place for you to discuss and air out whatever you're struggling with in an accepting and nonjudgmental environment. The therapist would act as a sounding board, or perhaps clarify or offer encouragement.

Supportive therapy can be especially helpful for people going through a stressful or difficult time in their lives but don't necessarily need deeper insight or change. Even though they may understand the situation and be dealing with it as well as they can, it can be helpful to have a place to go to receive emotional support.

Grieving after the loss of a loved one might be an example of a situation in which supportive therapy would be useful, or perhaps in the wake of retirement or divorce. When you're considering therapists for supportive therapy, look for someone who is genuine and empathetic, but also patient. Many therapists are accustomed to clients to want to change or understand something new, and as a result some therapists may be too impatient to provide supportive therapy well. The key is to be able to articulate what you want out of therapy to a prospective therapist so that you are on the same page.

FAMILY THERAPY

Family therapy—often called *family systems therapy*—is an approach to therapy based on systems thinking that

views the family as an important emotional element in and of itself. From a family therapy perspective, any individual family member's behavior is never independent of or unrelated to the behavior of the family as a whole. As a result, approaching therapy from the perspective of how the family functions as a whole in addition to its individual members can be helpful.

Unsurprisingly, family systems therapy may be most helpful for people whose primary concern has a large family component to it, or if relationships between family members seem to play a large role in the origin or maintenance of the problem. While it can be difficult to find a good family therapist and to convince a whole family to take part, family therapy can be a powerful experience, both in terms of relieving the initial issue but also to create more intimacy and unity in the family as a whole.

SOLUTION-FOCUSED THERAPY

Solution-focused therapy is a newer form of therapy that is future and goal-focused and that aims to clarify and achieve solutions rather than focus on problems. While similar to many cognitive behavioral therapies in some ways, solution-focused therapy focuses specifically on helping the client to better articulate and execute their own vision for a successful outcome. Solution-focused therapy may be most helpful for clients with mild to moderate difficulties who perhaps simply feel a little stuck and need help clarifying what their goals are.

MINDFULNESS-BASED THERAPY

Similar to acceptance and commitment therapy and another relative of CBT mindfulness-based approaches to therapy emphasize learning to be less judgmental and more accepting of your experiences, especially negative emotional ones. Rather than rushing to either avoid or fix a negative feeling or experience, mindfulness suggests that if you focus on the experience itself rather than the idea of it, your tolerance for negative experiences will grow and you will become more resilient in regards to your difficulties.

While many therapists will take a mindfulness-based approach to their therapy—using mindfulness as one of many techniques—several formal therapies incorporate mindfulness in a more central way: *Mindfulness-based cognitive therapy* is an empirically supported treatment for recurrent major depression that combines mindfulness with traditional CBT. Other formal therapies with a central mindfulness component include *mindfulness-based stress reduction*, *dialectical behavior therapy*, and *acceptance and commitment therapy*.

Mindfulness-based approaches to therapy can be particularly helpful to people who have an especially harsh or judgmental inner voice. If you feel like “I’m my own worst critic” applies strongly to you, then you may want to consider a mindfulness-based therapy.

PLAY THERAPY

Play therapy is a form of therapy specifically for young children. The central idea behind play therapy is that because their language skills are still developing, young children often have a difficult time articulating what’s

wrong verbally. Instead of relying on traditional conversational approaches to therapy, as would be appropriate for an older child or adult, play therapists often use toys and games as a way to help children safely and constructively act out whatever it is that's bothering them.

Other Ways Therapists Describe Their Approaches to Therapy

HUMANISTIC

Humanistic therapy emphasizes the client's capacity for making rational choices and growing toward their fullest potential. In this sense, it is fairly opposed to the medical or disease model of mental health. Common forms of humanistic therapy include *client-centered therapy*, *Rogersian therapy*, *gestalt therapy*, and *existential therapy*.

INTEGRATIVE, HOLISTIC, OR ECLECTIC

If a therapist uses terms like integrative, holistic, or eclectic, what you should take away is that, for better or worse, they're opposed to hitching themselves too tightly to any one wagon, and they most likely incorporate a range of theories and interventions from multiple types of therapy. While there's nothing necessarily wrong with this, it might be instructive to ask them why they don't. While I know plenty of good therapists who don't subscribe to a particular type of therapy, in my experience, there's something valuable about rigorous formal training within a particular model or philosophy of therapy.

TYPES OF THERAPY

NOTE: Technically, any therapist can claim that they practice any type of therapy, meaning anyone can call themselves an interpersonal therapist or a psychodynamic therapist, etc. If a therapist does claim to practice a certain type of therapy, it's often worthwhile to ask them about it in detail:

- *Why do you call yourself a CBT therapist?*
- *Have you had specific training in solution-focused therapy?*
- *Are you exclusively a psychodynamic therapist?*
- *Do you have any advanced certification or accreditation as a play therapist?*
- *What sorts of problems has mindfulness-based cognitive therapy been shown to be effective for?*

Chapter 4 Summary

- A simple way to classify types of therapies is by their primary objective. Are they insight-oriented like psychodynamic therapy or psychoanalysis? Action-oriented like cognitive behavioral therapy, interpersonal therapy, or solution-focused therapy? Or are they primarily supportive in nature?
- The type of therapy a therapist practices is very different from what type of therapist they are. Psychodynamic, CBT, and interpersonal, for instance, are types of therapies, whereas psychiatrist, psychologist, social worker, and marriage and family therapist are types of therapists. While both are a function of a therapist's education and training, there's no predetermined relationship between the two. A psycholo-

gist, for example, could be a CBT therapist or a psychodynamic therapist, just like a marriage and family therapist could consider themselves an interpersonal therapist or a solutions-focused therapist.

- Technically, any therapist can claim to do any type of therapy. Be sure to look for real evidence that your potential therapist was trained to perform a particular type of therapy.

CHAPTER 5

Paying for Therapy

The cost of therapy varies widely depending on all sorts of factors ranging from the type of therapist and where you live to what kind of health insurance plan you have. In this chapter, we'll look at the primary factors that go into the cost of therapy, talk about the value of therapy relative to its cost, and end with some suggestions on how to minimize the costs of therapy.

Why Therapy Costs a Lot

Let's be clear up front about this: If you get started in therapy and pursue it for any length of time, it will probably be fairly expensive. The amount a therapist charges per session—typically called their *session fee*—can range from \$50 to well over \$300. But how much you end up paying out of your own pocket may be significantly less than the full session fee. If your health insurance plan covers mental health, they may pay the bulk of the session fee and you may end up paying only a portion of that

in what are called co-pays or co-insurance fees, which often range from as little as \$5 to upwards of \$50 per session. Also, with some insurance plans, you may not have to pay at all.

In general, there are two important ideas to keep in mind when it comes to thinking about the cost of therapy:

1. There are many different factors that affect how much therapy costs—everything from your location to the frequency of your sessions to your insurance plan will affect the overall cost of therapy.
2. While the total cost of therapy can be quite high, the effective cost—that is, what you end up paying out of pocket—may be substantially lower.

Factors Contributing to the Cost of Therapy

INSURANCE

Many therapists accept some form of insurance, meaning your insurance provider pays for a large portion of the total cost of your therapy, making your effective cost relatively low. Some of the largest health insurance companies are BlueCross BlueShield, Aetna, United Healthcare, Cigna, and Humana. Of course, insurance companies aren't just being nice when they cover a portion of the cost of your therapy. Your therapy is ultimately being paid for by your monthly premiums.

The details of your insurance coverage will vary depending on your insurance provider and the specifics of

your individual plan. But regardless of your specific plan or provider, here are some important factors you'll want to consider:

- **Do I have insurance?** This one seems like an obvious question, but there are a lot of people who have some form of insurance but aren't aware of it. College students, for example, often don't have any idea about how insurance works or even if they're covered. The vast majority of them, though, are either covered by their parents' insurance or fall under some sort of required school plan that is included in their tuition.
- **Will a therapist accept my insurance?** Most insurance companies keep a list of medical providers (including therapists) with whom they work, and the list is often available to search from their website. If not, you can always contact your insurance company directly to get the list, or simply check with a therapist to see which insurance providers they work with. Many therapists who take insurance mention it on their website and will list which insurance companies they work with.
- **Do I have a deductible?** Many health insurance plans have a deductible, which is a fixed amount of money that you pay for medical expenses before your insurance starts contributing. For example, let's say you wanted to get in to see a therapist next week but you discovered that your plan has a \$3,000 deductible, of which you've only met \$500. That would mean that you would have to pay for your sessions out of pocket (meaning you would have to pay the full session

fee that your therapist charges) until the remaining \$2,500 has been paid, and only then would your insurance start covering all or part of the cost of your sessions. Remember, however, that any medical cost typically goes toward your deductible, so you can always check with your insurance company to see how much of your deductible has been met. Also, with some plans, the deductible does not apply to mental health.

- **Do I have a co-pay or co-insurance?** Most insurance plans don't cover 100% of the cost of your sessions. Instead, you will typically have either a co-pay (often between \$5 and \$50 per session) or what's called co-insurance, where you pay a certain percentage of the session fee and your plan pays the rest (e.g. your plan pays 80%, you pay 20%).
- **What about session limits?** It used to be that insurance providers would only cover a fixed number of sessions, say 12 or 16. These days, most insurance companies have done away with session limits, although some smaller companies still have them. You'll want to check on this before you begin therapy.

FREQUENCY AND DURATION

Aside from whether a therapist takes insurance or not, the next factor to consider with the cost of your therapy has to do with the frequency and duration of your treatment. Meeting with your therapist twice a week for three years is obviously going to raise the overall cost of your

therapy, but there's a lot of variety in how often and for how long you meet with a therapist.

Depending on the nature of your struggles and the type of therapist/type of therapy, your therapy could range from a handful of bi-monthly sessions to multiple sessions per week indefinitely.

While some therapists employ a very structured plan for therapy that is time-limited to, say, 12 sessions, most therapists leave both the frequency of the sessions and overall duration of therapy open-ended. The following are some important questions to consider and ask of potential therapists in light of this:

- *How long can I expect to be in therapy?*
- *How frequently do you typically schedule sessions?*
- *Will the frequency of our sessions change over time?*
- *How will we know if I'm making progress and ready to decrease the frequency of our sessions or end altogether?*

Most therapists are unlikely to give you hard-and-fast answers to any of these questions, but by asking you can at least get a ballpark idea, which is often enough to make budgeting for therapy doable.

SESSION FEES

While the total cost of therapy depends largely on whether or not insurance will pay for some of your therapy as well as on the frequency and duration of your sessions, the amount a therapist charges per session plays a big role, too. The session fees vary widely, as discussed earlier. To get a more specific idea of how much your therapy

might cost, consider the two biggest factors that determine session fees: the type of therapist and the location.

TYPE OF THERAPIST

In general, psychologists (PhD or PsyD) and psychiatrists (MD or DO) charge more than mid-level therapists like marriage and family therapists (MFTs), clinical social workers (LCSWs), and licensed professional counselors (LPCs).

Psychiatrists typically charge the most in part because there are fewer of them, but also because they have a high level of education and a more specialized skill set (i.e. the ability to prescribe medication). Similarly, psychologists have higher levels of education, are often trained to treat a wider variety of conditions, and have a more specialized skill set than mid-level therapists (psychologists can do testing and specialized assessments, for example).

LOCATION

The other big factor that goes into how much a therapist charges is your location. In general, you can expect the cost of therapy to be proportional to a specific location's cost of living. Therapists in downtown Manhattan or San Francisco are going to charge considerably more than therapists in rural North Dakota.

Even within the same therapist type, things can vary widely depending on location: A psychologist in Boston might charge \$250 per session, whereas a similarly credentialed psychologist in Tallahassee might charge \$120.

Here's a general rule of thumb: \$100 to \$200 per hour is a pretty normal range for a therapist fee. Below \$75 per

session and I might start to get a little concerned about the quality of the therapist. Above \$250 an hour and you may start to reach the point of diminishing returns. In other words, a therapist who charges \$150 per hour might be twice as good as a therapist who charges \$75 an hour, but it's less likely that a therapist who charges \$300 per hour is twice as good as a therapist who charges \$150 per hour.

Paying Out-of-Pocket by Choice

Some people choose to pay for therapy out-of-pocket—sometimes referred to as paying “cash”—even if their insurance covers therapy. There are two common reasons for this: privacy and quality. If you're very concerned about privacy, not using your insurance for therapy may be beneficial because the therapist is not required to document your case as extensively as they would if they were billing an insurance company.

The other common reason people choose to pay for therapy out-of-pocket has to do with therapist quality. Think about it for a second: What kind of a therapist takes cash only instead of negotiating with insurance companies to get a portion of the cost of therapy covered? One possibility is, a therapist who can.

Negotiating with insurance companies is a hugely time-consuming and frustrating process, especially for a sole-proprietor therapist. I know therapists who spend 10 to 15 hours per week dealing with insurance reimbursements. That's all time and energy that they are not getting paid for. You can probably see why, for a therapist who is

very good and doesn't have trouble attracting clients, having a so-called "cash-only" practice is appealing.

It's no guarantee, but all other things being equal, a therapist who is in such high demand that they can charge cash only suggests that a lot of other people seem to think they're worth it. It's worth noting, however, that having disciplinary actions against a therapist can cause them to be disqualified from participating in insurance boards, and therefore not accepting insurance.

The Value of Therapy

By this point, I'm sure it's pretty clear that therapy can be quite expensive, although what you end up pay may be lower than you initially think.

Alongside this discussion of the cost of therapy, it's also important to talk briefly about the value of therapy. While it's easy to think about therapy as an expense, good therapy is also an investment. And, more importantly, it's an investment in yourself.

From practically the time we can walk until our late teens or even longer, we spend the bulk of our lives getting (and paying for) an education. We do this because we as a society know that investing in ourselves through the knowledge and skills that result from a good education ultimately pays bigger dividends in the future. Many of us spend thousands of hours and huge amounts of money on our intellectual development and training, and we do it because we value it and think it's worth it. Isn't it strange, though, that most of us never dedicate any deliberate time or energy—much less any money—to our psychological or emotional development?

To put things in perspective, it costs over \$10,000 per year to put a child through public education in America. By the time they've graduated from high school, tens of thousands of hours and close to \$200,000 have been invested in each child. And that's saying nothing of college and graduate school. But how much time and money do we explicitly invest in the average child's mental and emotional health?

Here's another way to think about the value of therapy: Suppose you ended up paying \$3,000 out of pocket for six months of high-quality therapy. While there's no doubt that this is expensive, you might want to ask yourself: *What's the cost of not going to therapy?*

- *What's the cost of avoiding meetings and new business opportunities for fear of having another panic attack?*
- *What's the cost of a deteriorating relationship with your spouse because you don't know how to communicate effectively with each other? Divorce is expensive. So are alimony and child support.*
- *What's the cost of your child being so anxious about leaving you that they can't focus at school or make new friends?*
- *What's the cost of giving in to procrastination and not taking the first steps toward beginning that crazy new side project, business, or travel adventure?*

I strongly believe that if you're experiencing any kind of mental or emotional difficulty that you can't seem to improve on your own, the question should not be how much will therapy cost, but how much will it cost not to try therapy?

Suggestions on Finding Quality Therapy While Minimize the Cost

By now, I've hopefully clarified why therapy can be expensive and why it may still be worth it in spite of this. Here are some suggestions for maximizing the value of therapy while minimizing the cost:

- **Quality over quantity.** A therapist with a cash-only practice may be an indicator of high quality, and a better therapist may be able to help you understand and effectively deal with your struggles in a more timely and efficient manner, saving you money in the long run.
- **Negotiate.** Working with insurance companies is a nightmare for therapists. Knowing this is leverage for you. For some therapists, it might be worth getting \$90 per session in cash rather than \$110 but having to battle an insurance company for hours to get it.
- **Ask for an invoice.** Even if you can't negotiate with a cash-only therapist for a lower fee, if you get an invoice from your therapist for each session, you may be able to negotiate with your insurance company yourself and get them to cover at least a portion of the bill.
- **Sliding scale fee.** Many therapists are willing to provide services for a lower fee in certain circumstances. For example, when I was a graduate student training as a psychologist, many local therapists offered reduced-fee therapy for psychology students.

Some therapists even maintain one or two slots in their client load for pro-bono (no-fee) work. It definitely can't hurt to ask.

- **Group therapy.** Group therapy is often far less expensive than individual therapy, so it's worth asking a therapist if they run a group or if they know of any good groups in your area.
- **Employee Assistance Programs (EAPs).** Many larger companies offer in-house mental health services through Employee Assistance Programs. In many ways, these work just like traditional counseling or therapy in that they are confidential and don't have to be about work per se. Although they are often limited to only a handful of sessions. If you work for a large organization, ask your human resources person about an EAP.
- **The early bird spends less money.** Don't wait to start therapy until you're in the middle of a full-blown crisis and you have no choice and restricted flexibility. In many cases, getting started in therapy early can prevent the onset of a crisis, and it may end up saving you a lot of money in the long run.
- **Cancellations.** Make sure you're clear on your therapist's cancellation policy and associated fees. If you're already strapped for cash, the last thing you want is to end up paying cancellation fees on top of your regular therapy cost.
- **Homework.** If your therapist isn't already assigning homework between sessions, ask for it. You can also ask about more general activities you could be doing

to work on your mental health and supplement your in-therapy work. For instance, are there books your therapist recommends? Other activities that would be complementary to your therapy work (e.g. mindfulness classes, exercise, etc.)? In my own experience, the clients who respond most quickly (and therefore save the most money) are often the ones who work the hardest outside of therapy.

- **Talk about money.** If you find a therapist whom you really like or think you will work well with, don't be afraid to bring up the topic of finances. A good professional will always at least be willing to talk through the issue with you, and they may be open to finding a creative solution to your financial concerns.

Chapter 5 Summary

- The cost of therapy can vary a lot. Some of the most significant factors that go into the cost of therapy are how much your insurance covers, the type of therapist, your location, the frequency of sessions, and the overall duration of therapy.
- When thinking about insurance specifically, the most important factors to consider are: *Which providers (therapists) are covered by my insurance? Do I have a deductible? What will my co-pay or co-insurance be? Are there session limits?*
- It's important to think of the value of therapy relative to its costs rather than the costs in isolation. In addi-

tion to asking yourself what the cost of therapy is, ask yourself what the cost of not beginning therapy is.

- There are many ways to reduce the cost of therapy while maximizing the value, including asking about pro bono or sliding-scale services, working hard outside of sessions, and negotiating fees.

PART II

ACTION

If you've spent some time working through Part I, you should now have a clearer understanding of the most important factors that go into therapy and how to choose a therapist. But understanding is only half the battle. The next step is to take action on what you've learned and use it to get to work finding a therapist. And the trick to taking effective action is to have a plan. Like baking a cake or running a marathon, you could wing it and hope for the best, but your chances of success go way up when you have a specific and reliable plan for taking action. That's what Part II is all about—making a specific, reliable plan for finding and choosing a therapist.

CHAPTER 6

Researching Therapists

In this chapter we're going to look at the where and the how of finding a therapist. Where do you go to find a therapist or start looking for one? How will you organize all the information you'll be sifting through? The goal of this stage is to produce a short list of therapists whom you're reasonably confident would be a good fit and whom you can start calling and eventually meeting with to get even more information.

The Therapist Tracker

Before we jump right into going out and researching therapists, we need a method for keeping track of all the information we gather. I recommend using a Therapist Tracker to do this. Similar in structure to the Struggles Tracker we created in Chapter 1, a Therapist Tracker helps you organize your therapist search efforts by keeping all your potential therapist information in one clear and easy to access place.

There's no set format for a Therapist Tracker, but I find using some kind of spreadsheet to be the easiest: The columns should be filled with specific pieces of information from the Therapist Factors section like therapist name, address, type of therapy, etc., while the rows represent individual therapists that you're considering. As you begin asking for referrals and doing research, your Therapist Tracker should never leave your side. Update it with new information as soon as it comes in. Once you have your Therapist Tracker ready, it's time to start hunting for therapists.

Where to Find a Therapist

There are essentially two ways to find therapists: referrals and online research. We'll start with referrals, which are generally word-of-mouth suggestions for therapists from people you know. There are many types of referrals, but I think it's most helpful to break them down into two categories: casual and professional.

CASUAL REFERRALS

The first source of information about potentially good therapists out there is casual word-of-mouth referrals. Common sources for casual referrals are family, friends, or co-workers who have been in therapy themselves or who have had some kind of direct experience with a particular therapist or type of therapy.

Sometimes these people are willing to share their thoughts and experiences about therapy with you. This is great as long as the information they're sharing is good. A word of warning: While more information is typically a

good thing, more opinions can often be more of a distraction than a help. Because therapy is an intensely personal and individualized experience, one person's report of their therapist is a very subjective thing. This doesn't mean that there aren't good objective bits of information to be gleaned from a casual referral. It just means that you may have to work harder for it.

For example, just because Uncle Harry thought Dr. Jones was the best thing since sliced bread doesn't really give you much information about whether Dr. Jones will be helpful to you. The key to sorting out opinion from information is specificity. You want to be really specific about what it is people liked or disliked, or found helpful or unhelpful about a particular therapist. "She's just wonderful" or "he's a schmuck" are opinions, and probably not very helpful to you.

More helpful pieces of information might look similar to the following:

- *Dr. Jones was a little gruff at first, but after I got to know him I really appreciated his no-BS approach to therapy and it really helped challenge me to change.*
- *Dr. Stevens is really warm and supportive. At times I'm not sure where we're going with things exactly, but I always feel safe in his office and okay to talk about difficult topics with him.*
- *The thing you should know about Dr. Adams is that he makes you do homework—lots of homework! I know my co-worker Bob really didn't like this and quit after a few sessions, but I think the homework is really helpful because it makes me continue to think about and work on things outside of our session.*

- *When I first started with Dr. Smith, I was confused because she did very little talking and I wasn't really sure where I was supposed to go with things. But after a month or so of attending therapy, I realized that even though I was slightly nervous going into sessions, I always felt really relieved afterward. I can't tell you how, exactly, but I just feel calmer right after, and sometimes even for days after, our sessions.*
- *Dr. Bennis was nice enough, but her office was a dirty and smelled a little. Plus her receptionist was always rude whenever I called about scheduling.*

Don't just accept people's opinions about a therapist as a valid or reliable source of information about whether that therapist will be a good match for you. If someone you know is willing to give you a casual referral, here are some questions you can ask to get them to be more specific, hopefully getting some real information out of them as a result:

- *How would you describe the therapist's personality?*
- *What was it like communicating remotely with the therapist? Was it relatively easy or difficult to schedule sessions? Did you do scheduling by phone, email, text?*
- *What's their office like? Was it nice? Did you feel comfortable and safe?*
- *What, if anything, was one thing the therapist did or said that you found really helpful?*
- *What, if anything, annoyed you most about working with your therapist?*

- *What kind of person do you think would not do well with this therapist?*
- *How long did you work with the therapist?*
- *How would you describe your therapist's style?*

PROFESSIONAL REFERRALS

Another source of referrals or information about therapists comes from professionals in fields connected to mental health. Physicians (medical doctors) can sometimes be a good source of referrals or information about therapists in your local area. In general, a psychiatrist is probably more likely to have good information about therapists or other mental health professionals, but it's worth asking your general physician or primary care doctor if they have any recommendations too.

Family doctors and pediatricians are often especially helpful as well. Occasionally, other medical professionals like dentists or physical therapists may even know of good therapists in the area, so be sure to ask around if you're comfortable doing so. Don't be surprised, however, if your doctor or other medical professional doesn't have any recommendations. Unfortunately, we still don't have very good communication between medicine and mental health by and large, so finding a good therapist is often as much a mystery to physicians as it is to their patients.

If you do get a recommendation or referral from a physician or other health professional, don't be afraid to treat it with the same level of scrutiny that you would a family member, friend, or other casual referral. In particular, you want to tune into and listen for specifics:

- Are they recommending therapy generally, or a specific type of therapy or therapist for a specific reason?
- Do they have first-hand knowledge about or experience with the person they're recommending?
- What in particular do they like about a particular therapist?

In addition to doctors, another potentially good source of referrals are teachers and other educators such as principals, school counselors, etc. Many schools have their own counselors on staff, and even though they may not be trained to treat clinical conditions specifically, they often know quite a bit about local therapists in the area. Finally, other therapists can often be a good source of professional referrals. It's not uncommon to find a therapist you like and think would be a good fit only to discover that they're not accepting new clients, work too far away, or have some other exclusionary factor. In that case, ask them if they have any recommendations for other local therapists.

A CAUTION ABOUT REFERRALS: Just because one particular person liked one particular therapist doesn't mean that the therapist was good or will be good for you and your needs. One of the frustrating things about therapy as a profession is that, because of issues of privacy and confidentiality, very few people have actual first-hand knowledge of what a therapist is like and how good they are. It's important to remember that a referral is simply a way of getting a potential therapist onto your radar (and into your Therapist Tracker). The real work is in you re-

searching them and possibly meeting with them to see if they're a good fit for you. No one else can do that work for you.

While you might get lucky with a great referral or recommendation from someone, realistically, finding a therapist is going to be mostly about your own efforts. Practically speaking, this means using the Internet.

GOOGLE

Simple as it sounds, a great place to start is Google. If you want to see a therapist in Boulder, Colorado about being depressed, try Googling “Boulder therapist depression” and see what comes up. Spend a little bit of time surveying the landscape. Look over the first 10 results or so, check out their websites, and try to determine if a therapist is a potential good fit by asking yourself the following:

- *Are they located close enough to me?*
- *Do they accept my insurance?*
- *Do they seem legitimate?*
- *Does it look like they work with people like me?*
- *Are they the type of therapist I think I want?*
- *Do they practice the type of therapy I'm interested in?*

If it looks like a therapist might be a good fit, enter their name into your Therapist Tracker and try to fill in as much information as possible from their website. If nothing else, make sure you get a phone number, since whatever information you can't get from a website you're going to have to call to get.

ONLINE THERAPIST DATABASES

Besides Googling for therapists, another more targeted way to find therapists online is to use one of several online therapist databases. These databases are websites that therapists subscribe to and list themselves in—like a digital Yellow Pages for therapists. These can be helpful because they often allow you to search in a more targeted way than Google, and many provide you with easy-to-digest profiles of the therapists and their relevant information. These therapist profiles also include each therapist's description of their practice and style of therapy, which can be really valuable for helping you get a more qualitative sense for what a therapist is like. Below are the best online therapist databases, organized by type of therapy:

General Therapy

- **Psychology Today.** By far the biggest and most popular site in the find a therapist online space. Psychology Today's listings are extensive. They also provide very detailed search and filtering capabilities, plus a cool feature that lets you save therapists that look promising to a collection for later viewing. One downside is that the sheer number of listings can be a little overwhelming if you don't have some solid filtering criteria to narrow down your results.
- **GoodTherapy.** Next to Psychology Today, Good Therapy probably has the best all-purpose therapist database out there. While the sheer number of listings is not as large as Psychology Today's, the filter-

ing options are pretty good and the site is generally well designed and easy to use.

- **Find a Psychologist.** Can be helpful if you're looking for a local psychologist specifically (often the case for people who need some kind of testing or assessment done). They provide a pretty basic location-based search, with the ability to filter your results by a few standard criteria like area of expertise, theoretical orientation, ages served, credentials, and languages spoken. Results seem pretty good, and the site itself is useable if a little long-in-the-tooth visually.
- **American Psychological Association.** The American Psychological Association is one of the largest professional organizations for psychologists and has a database of members that you can search from. Pretty good search criteria plus helpful profiles with a decent amount of useful information.
- **Anxiety and Depression Association of America.** The Anxiety and Depression Association of America is a professional organization for mental health professionals who specialize in working with—yup, you guessed it—anxiety and depression. They maintain a database of their members whom they claim have received “significant continuing education” in depression, anxiety, OCD, PTSD, and mood disorders generally. If you're struggling with something in the ballpark of anxiety or depression but aren't sure what type of therapist or therapy you want specifically, this can be a good resource. The quantity of

search results isn't staggering, but the quality seems reasonably good.

Cognitive Behavioral Therapy

- **Academy of Cognitive Therapy.** The Academy of Cognitive Therapy is probably the best place to start looking for a well-trained cognitive behavioral therapist specifically. In order to be a member and therefore listed in their database, therapists must go through a credentialing process and submit examples of their work to show that they have proficiency in delivering cognitive behavioral treatments specifically. While the number of results is usually low and the quality of the site is just okay, you can generally have more confidence in the quality of the therapists who do turn up in the results.
- **Association for Behavioral and Cognitive Therapies.** The Association for Behavioral and Cognitive Therapies is one of the largest professional organizations for mental health practitioners who fall under the cognitive behavioral umbrella. The quantity of search results is typically higher than that of the Academy of Cognitive Therapy, although the Association doesn't do any specific verification of the therapists' credentials or skills as cognitive behavioral therapists.

Psychodynamic or Psychoanalytic Therapy

- **American Psychoanalytic Association.** If you're looking for a psychoanalyst in particular—or really

any psychodynamically oriented therapist—the American Psychoanalytic Association’s website has a searchable database of members who are trained as psychoanalysts. The service is pretty well designed with a decent amount of search options, and the results seem good given the specificity of only searching among psychoanalysts.

Play Therapy

- **Association for Play Therapy.** If you’re looking for a play therapist in particular, this is the place to start. You can search by location to find a play therapist who is a member of the Association for Play Therapy, which is the organization that accredits and oversees play therapy. If you’re looking more generally for a child therapist, just use one of the earlier databases and try to search by age range of clients that therapists work with.

Couples and Family Therapy

- **Gottman Referral Network.** Gottman Method Couples Therapy is a specific approach to couples therapy. While the listings are not extensive, the website itself is well designed and easy to use. Overall, a good choice if you’re looking specifically for couples therapy, and even better if you know you want a Gottman Method therapist in particular.
- **The American Association for Marriage and Family Therapy.** They have a service called TherapistLocator that allows you to search for local marriage and

family therapists. The website's a bit cumbersome, but the quality of the results seems decent.

Using Psychology Today

Psychology Today is probably the most comprehensive database of mental health providers out there, so it's usually the one I recommend most often if you're unsure about what type of therapy you're looking for specifically. The main things you want to look for in a *Psychology Today* profile are:

- **Basic Info.** Phone, address, website, email, etc.
- **Therapist Type.** One of the nice features of *Psychology Today* is that it verifies a therapist's credentials, so it's a great way to see what type of therapist they are (psychologist, psychiatrist, social worker, natural healer, etc.)
- **Therapy Type.** Do they describe themselves as a CBT therapist? Psychodynamic? Eclectic? Etc.
- **Insurance.** Do they accept my insurance provider and plan?
- **Feel.** This is a little fuzzy, but usually there's a space for the therapist to describe themselves and how they work. I encourage you to pay special attention to how they write in addition to what they choose to write about. Do they drone on for paragraphs describing their own "special story" about why they have a passion for being a therapist, or do they have nothing more than a bare-bones description of their practice?

To use *Psychology Today* effectively, start by searching for therapists near you. You can search by either city or zip code. If you live in a moderately populous city, you'll probably get lots of results back.

The next step is to whittle down the list using filtering. *Psychology Today* is a great tool because it has pretty extensive filtering options. On the left-hand side of the page, you'll see all sorts of criteria for narrowing down your search. For example, aside from simply searching for a therapist in Seattle, you could search for therapists who also accept Aetna insurance, see children, and work with anxiety disorders.

Maybe the best way to vet a therapist on *Psychology Today* (or really any therapist database) is to see where they received their degree. Was it from a well-known and reliable institution? If it looks suspicious, verify. Finally, keep in mind that some of the best therapists simply don't pay to list themselves in *Psychology Today* or any other database because they don't have to.

You really want to spend some good time Googling and working through *Psychology Today* in order to fill out your Therapist Tracker thoroughly enough. What's enough, you ask? There's no exact answer, but if you can, I'd recommend continuing to search until you've found at least 10 solid candidate therapists whom you think might be a good fit and whom you'd be interested in learning more about. Which brings us to the next step: creating a Call List.

Creating a Call List

Now that you've created a Therapist Tracker and filled in as much information as possible on as many therapists as possible, it's time to make a shorter list of therapists whom you'd like to call and get more information about. A Call List is a list of your top therapy candidates—the ones whom you feel best about after doing research so far and would like to talk with further.

It's possible that your Call List may have bubbled to the surface all on its own as you were doing your research. This is pretty common. Once you know what to look for (especially if you've done your homework from Part I), therapists who are likely a good fit for you tend to stand out during your research.

For example, let's say you realize that you haven't been feeling your normal self lately—you're sadder and more irritable than usual, you're oversleeping and overeating, and you just seem to lack the energy and drive that you used to have. You also notice that your relationship with your spouse has been steadily deteriorating over the past six months and you think the two might be related, although you're not really sure exactly how. Aside from simply feeling better, you'd like to have more energy so that you can be more social and spend time with friends like you used to. You'd also like to be able to communicate more assertively and effectively with your spouse and maybe regain some of the intimacy that's been lost recently in your relationship.

Based on all this, you feel like a marriage and family therapist might be a good bet, since your struggles seem to be related to your relationship with your spouse. For

similar reasons, you decide that interpersonal therapy sounds like a good fit. Put this together with needing to see a therapist who's relatively accessible by public transportation, having a slight preference for a younger therapist, and needing someone who accepts BlueCross BlueShield Insurance, well there are probably only so many therapists—even in a relatively large city—who fit all or most of those criteria. Chances are you'll notice them as you're doing research.

But let's say you've done a good chunk of research and only one or two therapists seem promising. One possibility—especially if you live in a more rural or underserved area—is that one or two may be all you've got. But there are also a couple of tricks you can use when looking at your Therapist Tracker to try and find a couple more therapists to add to your Call List. These are a little technical, so don't feel like you have to do any of them.

- If you're using a spreadsheet software like Excel or Numbers, you can re-arrange your tracker according to specific factors by using the sort by column feature. Let's say you know for sure that you want to see a male therapist who's a psychologist, but you're not really sure about other factors. You can sort by therapist type and then gender, so that now you're only looking at therapists who meet those two criteria. This is especially helpful if your tracker is big and is starting to feel overwhelming.
- Another tip is to rank the factors that are most important to you and arrange your tracker columns in that order. For example, if type of therapy, years of experience, and insurance provider are your top

three most important factors, arrange your tracker so that type of therapist is the first column, years of experience is the second, etc.

- It you really want to get nerdy, you could assign a weight or point value to each factor and calculate totals across factors for each therapist. For example, you could rate each factor as either not important (worth 0 points), mildly important (worth 2 points), or very important (worth 5 points). Then, for each therapist, assign a point value to each category depending on how well they match up. Now you can go down the list for each therapist and give them a total points score. Let's say that Therapist X does accept your insurance (very important, 5 points), is a cognitive behavioral therapist (mildly important, 3 points), lives close by (mildly important, 3 points), and is male (not important, 0 points). As a result, Therapist X gets 11 points. On the other hand, Therapist Y also accepts your insurance (5 points) and lives close by (3 points), but is not a cognitive behavioral therapist, is female, and specializes in anxiety disorders (very important, 5 points). Therapist Y gets 13 points. It's more time consuming, but if you're stuck or just like getting a little more quantitative with things, a method like this is worth a try.

Remember, this is just a Call List. There are still a couple more crucial steps along the way to help you decide on a therapist. You don't have to have a perfect answer right now. At this point, you just want to separate the wheat from the chaff, ruling out as many non-starters as possible, then putting whomever's left on your call list. Once

you have a reasonably good Call List (around five to ten people is ideal), it's time to start making some calls, which is the subject of our next chapter.

Chapter 6 Summary

- Before you start looking for therapists, you need a way of organizing the information you'll collect. A Therapist Tracker is a great method for organizing potential therapists and your research about them.
- There are two main ways to find a therapist: referrals and online research. Referrals can be broken down into casual and professional. Online research usually means searching Google for individual websites or using therapist databases like Psychology Today.
- When you're eliciting referrals, remember to try and get as much specific information as you can and to avoid superficial opinions. This goes for both casual and professional referrals.
- Once you've done your research, come up with a Call List of the five to ten most promising therapists from your Therapist Tracker. These will be the ones you call and perhaps set up initial sessions with.

CHAPTER 7

Calling a Therapist

This chapter is all about picking up the phone and making some calls. We'll talk about what the most important questions to ask on your first phone call are, including basic information as well as more subtle questions to get a sense for what the therapist is like as a person.

Preparing for Your First Phone Call

Once you've filled in your Therapist Tracker and come up with a Call List of the best candidates, it's time to start calling therapists. The goal for making calls is to ultimately arrive at a small set of therapists whom you think have a very good chance of being a good fit for you. These will be the ones you set up first sessions with.

From this point on, you are interviewing your prospective therapist to see if they might be a good fit. Your goal is to get as much high-quality information as possible. Think about it this way: You are hiring a therapist, and the first phone call is their initial interview with you.

This mindset is really important. You are in the driver's seat throughout this process. Don't forget that.

Before we dive into the specifics of particular questions to ask in your calls with therapists, I think it's helpful to think about the information you're looking for in terms of two broad categories—what I call *Hard Information* and *Soft Information*.

Hard Information is relatively cut and dried and includes things like location, scheduling availability, accepted insurance providers, therapist qualifications, etc. Much of this you may have already found in your research so far. The remainder you just need to ask about directly. This is the easy part.

Soft Information is more qualitative or subjective and includes things like whether they sounded friendly and welcoming, how willing they were to provide information, and how articulate and clear they were in their answers.

Both Hard and Soft Information are important when you're hiring your future therapist. The trick is to know exactly which pieces of Hard Information you still need to get when you're on the phone so that you can dedicate more attention to picking up on the much more subtle Soft Information.

If you were interviewing a job applicant at your work, you wouldn't want to waste time in the interview itself asking about information you could easily get from their resume. Similarly, when you're beginning the therapist hiring process, your direct contact time with potential therapists is valuable, so you want to spend it getting the more difficult Soft Information.

In order to do this effectively, I recommend creating a First Call Checklist, which is just a list of questions or

pieces of information you want to make sure you get from a prospective therapist when you're on the phone with them (see the below section for specific questions). It will primarily contain Hard Information like their address, contact information, and session fees. Even though you may be able to get many of these from their website or an online therapist database, it can still be a good idea to verify some of the more important pieces of information with them on the phone to make sure they're accurate and up-to-date.

A few final suggestions before you start making calls:

- When you call a therapist initially and speak to them, don't feel any pressure to make an appointment right away. It's fine to speak on the phone and let them know that you're trying to find a therapist who will be a good fit and you simply want to get some information about them and their practice. If the conversation goes really well, then by all means schedule a first session. Just remember that you don't have to.
- Decide in advance which questions are either especially important to you or not applicable at all. For example, if you are 35 years old and struggling with an eating disorder, it's going to be important that you learn if the therapist treats eating disorders specifically, but not really applicable if they treat children. This will help to make your first phone call as efficient as possible. Make sure to add the most important questions you have to your First Call Checklist.

- Most therapists are not used to prospective clients asking lots of questions during the first phone call, so be prepared for at least some of the therapists to be a bit taken aback. This is a great opportunity to get some good Soft Information and a sense for the therapist themselves. Do they seem annoyed by all of your questions or impressed? Are they patient or do they try to rush you and cut you off?

Introducing Yourself

When you first call a potential therapist, you should introduce yourself and briefly explain why you're calling. Here are some example scripts for opening the conversation or leaving a voicemail:

- *Hi Dr. Smith, my name's Shirley Shafer. I'd like to get some help with my anxiety and I was wondering if I could ask you a few questions?*
- *Hi, my name's Teddy Tomlin and I'm looking for a therapist to help me work through my depression and some issues I've been having with my spouse. Would you mind if I asked you a few questions about yourself and your practice?*
- *Thanks for calling me back, Dr. Werth. I'm interested in starting therapy to work on some anger issues with a coworker, and I'm doing a little research to find a therapist who would be a good fit. Could you tell me a little about yourself and the way you work?*

Notice that, in addition to being brief, direct, and polite, each of these scripts ends with a question. This is im-

portant because it will give you another opportunity to get some Soft Information like how friendly or warm they sounded, whether they were succinct or rambling, etc. Once you've broken the ice and gotten the conversations started, it's time to get into asking questions.

Asking Questions

What questions should you ask during your initial phone call with a therapist? You'll likely only have a few minutes to chat by phone, so it's essential that you prioritize. Here is a list of questions that will be helpful during the first phone call, organized by category. Hopefully many of them you will have already answered by doing research, and you'll only have to briefly verify them with the therapist. Decide in advance which are most important to you and include these ones on your First Call Checklist.

Basic Information

- Name
- Location (address, floor #, building codes, directions, etc.)
- Contact Information (phone number, email, website, etc.)

Cost

- *Do you accept my insurance?*
- *Is there a co-pay for sessions?*

CALLING A THERAPIST

- What is your “full fee” or “private pay” rate? (Important to know if, for example, your deductible hasn’t been met).
- Do you offer pro bono or sliding scale fees?
- Can you provide invoices for sessions?

Logistics

- Do you have openings or is there a waitlist?
- What days/times do you see clients? (Weekends, early mornings, evenings?)
- How long are sessions? (45, 55, and 60 minutes are the most common.)
- What is your cancellation policy?
- What will our initial or evaluation session look like?

Therapist Background

- What type of therapist are you? (Psychiatrist, Psychologist, Marriage and Family Therapist, Licensed Professional Counselor, Social Worker, etc.)
- Are you licensed in (your state)?
- What type of therapy do you practice? (CBT, Psychoanalysis, Interpersonal Therapy, etc.)
- How much experience do you have as a licensed therapist?

Clinical

- What is your area of expertise or specialty?
- What types of clients do you typically see?
- Do you treat (your concern)?
- Do you work with children?
- Do you offer testing or assessment?
- How long is a typical treatment duration? (4–6 sessions, 11–20, 20+)?
- Do you do couples, family, or group therapy?

After you've asked as many questions as you can, briefly thank the therapist for their time and let them know what your intentions are going forward—whether you'd like to schedule a first session or whether you're going to continue to look into therapists and will call back if you decide to schedule with them.

- *I think that's about all the questions I had, Dr. Thomsen. Thanks very much for your time and I'll be in touch soon.*
- *Thank you so much for taking the time to chat with me, Angie. If it's okay, I'd love to schedule a time to come in for a first session.*
- *This has been really helpful, Jack. I really appreciate you taking the time to answer my questions. I'm going to think about things a bit and I'll give you a call in the future if I decide I'd like to schedule a session.*

After you get off the phone with the therapist, be sure to enter all the pieces of information you gleaned from the call into your Therapist Tracker. Additionally, take a mi-

nute or two to think about and jot down any Soft Information you got, such as:

- What were they like?
- How would you describe their manner? Friendly, professional, brusque, distracted, articulate, vague, etc.
- How did you feel after your conversation? Hopeful, discouraged, tense, worried, excited, energized, reassured, confused, etc.
- Did they sound like the kind of person you could work with?
- Would you say they had a good “bedside manner?”
- What words would you use to describe what they were like?
- Were they polite, confident, concise, articulate, informative, clear, genuine, present, warm, patient?
- Or were they rude, brusque, dismissive, defensive, vague, meandering, superficial, condescending, impatient, distracted, rushed?

Of course, these are early and relatively superficial impressions, but they're still potentially valuable pieces of information. Trust your impressions and don't be afraid to note things you didn't like or that gave you a bad vibe.

Create an Interview List and Schedule Interviews

If you had a phone call with a potential therapist that went really well and you decided to schedule with them

immediately, that's great! You can probably move on to Chapter 8 and learn about the first session and how to interview a prospective therapist in person. However, the more likely scenario is that, after speaking with the therapists on your Call List, a few stood out positively and a few negatively. In this case, the thing to do is to create an Interview List composed of the handful of therapists whom you spoke to on the phone who seemed like good fits but whom you'd still like to interview more extensively.

When considering therapists for your Interview List, you want a therapist who checks off as many of the important factors as possible (e.g. their specialty lines up with your difficulty, they're located near you, they take your insurance, etc.) and who seemed to have a good manner when you spoke to them over the phone. If possible, I recommend picking your top two or three therapists for your Interview List. Having at least a couple gives you backups in case a therapist doesn't work out for some reason after you meet with them, whereas more than three can be a lot of time and work. You can always go back to your Therapist Tracker and add someone else.

Once you've created your Interview List, start at the top and schedule an initial session by calling the therapist and letting them know you'd like to meet. Keep in mind that different therapists handle their initial sessions (the first session is often called an *intake session* or *evaluation session*) differently. Some therapists have very structured and lengthy initial evaluations where they will ask you to describe your difficulties in detail and provide a detailed history of your life and background (no problem if you've completed Part I). Other therapists tend to simply launch

right into therapy. This is good to ask about ahead of time.

In any case, while the therapist will have their own procedures for getting some initial information about you, it's also very important that you feel confident to get information about them. Remember, your initial session (and, really, the first couple of sessions) are an opportunity to continue interviewing your prospective therapist. You're the one doing the hiring! We'll discuss this in depth in the next chapter.

Chapter 7 Summary

- When you're calling therapists, remember that you are the one hiring your therapist, not the other way around.
- Remember to get any basic information that you haven't found online, and if you can, try to talk with the therapist themselves to get a sense for their manner, their personality, and what they're like as a person.
- If you have time, you can ask a few more in-depth questions about their background, specialty, or what therapy is like with them.
- Once you've spoken with the therapist from your Call List, put together an Interview List that is made up of the most promising calls and the therapists you would like to meet in person and interview further.

CHAPTER 8

Interviewing a Therapist

In this chapter we'll cover what to expect when you arrive at your first session, what kind of questions a therapist is likely to ask you, and good questions to be ready to ask your therapist. Think about your first session as an interview of a prospective therapist you are considering hiring. Like your first day on the job or a first date, showing up for that first therapy session can be daunting, especially if you've never been in therapy before or have had a bad past experience with it.

Many of the clients I see in first sessions are understandably nervous since therapy is such a confusing process for most people. It's hard enough to have a serious emotional difficulty, but adding anxiety about the therapy process on top of that can make for an almost paralyzing experience. This nervousness can lead first-time clients to be unprepared for their first session. Hopefully this chapter will give you a clearer picture of what that first session in therapy will be like (and therefore less anxiety producing) and help you to get started thinking about

therapy so that your first session can be as useful and productive as possible.

What the First Session Looks Like

When you arrive at a therapist's office, most are designed like a doctor's office with a waiting room and plenty of out-of-date magazines on side tables. There's also usually either a receptionist's window where you can check in or sometimes just a small buzzer on the wall that you can press to let your therapist know that you've arrived. If you're really concerned about this part of the visit, the best thing to do is ask your therapist to describe what the best office procedures are during your first phone call when you initially schedule your appointment.

When you check in—either with a receptionist or the therapist—you'll usually be given some paperwork to read and fill out and sign. At a minimum this will include a consent form and HIPAA form. They relate primarily to issues of privacy, confidentiality, and your rights as a client. I strongly encourage you to read these documents and prepare questions about them for your therapist if any come up. They're usually not too long, typically only a page or two.

In addition to these forms, there may be other forms such as a personal information form with full name, birthdate, contact information, emergency contact information, etc. Finally, there may be one or two brief assessment forms. These are relatively short questionnaires that ask about your current mental health. They may be specific to a certain condition like depression or more general questions about stress levels, mood, etc.

The goal of these forms is typically to give the therapist a second angle on your struggles. Often, people report slightly different things on paper than in person, so it's helpful from the therapist's point of view to have several sources of information. A therapist is not going to diagnose you or make any major evaluations based on these forms alone. They're just one small piece of the pie.

Many therapists also use these assessments as a way to measure progress. They may administer a brief assessment like this each week or once a month to gauge the intensity of your specific struggles, so having a baseline to show where you were before treatment starts is very important. If you have any questions about these assessments, don't hesitate to wait and ask questions about them. Having questions doesn't make you a bad client—it makes you a thoughtful one.

Finally, there may be some forms related to payment and insurance. As with everything else, I strongly encourage you to read them carefully and to ask questions about anything, no matter how small or seemingly inconsequential. If all this seems overwhelming, you can always ask the therapist in the first phone call what to expect specifically regarding paperwork and forms. Some therapists even have some of their forms available online so you can fill them out ahead of time. Once you've completed the necessary paperwork, the therapist will meet you in the waiting room and you'll head back to their office.

Most therapists' offices don't look like what you see on TV or in movies—dark wood paneling, various tribal statuettes, and a long leather couch. In fact, many therapy offices are pretty casual. There may be a couch, but you're

not expected to lie down on it. Many therapists will often just have chairs.

Typically, a therapist will begin the session by asking if you had any questions about the paperwork or forms. Do take advantage of this time if you did have questions. They should also briefly review policies on privacy and confidentiality. In the United States, therapists are required to explain that there are certain exceptions to confidentiality, meaning certain situations when your privacy or information might be released in some way. These include:

- Instances of abuse or neglect of a child or other member of a vulnerable population (e.g. elderly person, person with an intellectual disability, etc.)
- If you're at risk of seriously hurting yourself or another person (e.g. serious risk of suicidal or homicidal behavior)
- A court order (e.g. if a judge orders the release of your records)

Remember, if you have any questions or concerns, ask! After you've completed and discussed all the logistical and housekeeping items, you'll move on to the main portion of the session, which is ideally composed of two activities: your therapist interviewing you and you interviewing your therapist.

Your Therapist Interviews You

The first session or two of therapy are somewhat different than a typical session because much of the focus will

be on evaluation. That is, before you and the therapist get to work, it's important for the therapist to get to know you a bit and understand what it is you want to work on. Consequently, a major component of the first session (or maybe the first few) will be the therapist taking a history and asking you about you and your experiences.

For some people it's a relief to be able to finally tell their story and unburden themselves of events from their past. But for many, exploring and sharing their history and past experiences can be painful and frightening. It's important to know that you don't have to talk about anything and everything. If there's a certain event or part of your life that you're not ready to talk about, that's perfectly okay. Just explain to your therapist that you don't want to talk about this right now or are not ready for it. Eventually, I think it's an important goal to find a therapist with whom you feel comfortable enough to—when you're ready—share everything. But there's no rule that you need to share everything right off the bat or even ever. Take your time. It's your therapy.

THE CHIEF COMPLAINT

From the therapist's perspective, the first major goal of an evaluation session is to get as clear a picture as possible about what it is that's bothering the client. This is called the chief complaint. It's the thing that's bothering you most at the moment or the thing(s) that brought you to therapy. Before they make their own judgments, a good therapist will want to hear what you consider to be most problematic. The therapist will probably initiate this portion of the session with an open-ended question like:

What brings you in today? or What is it that seems to be bothering you?

The therapist will likely allow you to take the lead on this and begin wherever you want. Sometimes it's easiest to describe what's going on right now, but other times people like to start at the beginning and explain what they consider the origin of their difficulties. In any case, a big part of what the therapist is looking for is *symptoms*. Symptoms are signs to you that something is wrong. For example: low energy and motivation, persistent sadness, and difficulty concentrating are all symptoms of depression. They're like signs or clues pointing toward an underlying cause.

To make this process easier and more helpful, it's a good idea to think through this before your first session. Ask yourself, *What is it specifically that's bothering me?* If you haven't already, read through Chapter 1 to clarify as much as possible what you're struggling with.

NOTE: If you're not 100% clear about your struggles, that's OK and pretty normal. Part of the work of therapy itself is to clarify your struggles. I recommend that you do that as well as possible on your own first, since it will make things much more efficient and clear when you start with a therapist. It's also okay and very normal to have multiple concerns, difficulties, or things you'd like to work on. If so, the therapist will likely ask you which one you consider the most pressing or concerning, or which one you would like to focus on initially.

TAKING A HISTORY

Taking a history helps a therapist put your current difficulties and struggles in context. By asking you about your background, development, and major life events, a therapist is better able to clarify possible triggers for or causes of your difficulties, tailor their interventions in a more personalized and efficient manner, and simply understand you as a person in a more complete way.

They'll likely ask you about several big areas, including:

- Early development and childhood, especially your relationships with family members
- Major medical history, including illnesses and diseases, chronic conditions, head injuries, medication use, current physicians, etc.
- Educational history, including total years of education, areas of specialty, degrees, and any history of learning difficulties
- Employment and work history, especially current job and work environment
- Psychiatric and mental health history, including prior diagnoses, prior history of therapy and counseling, etc.
- Patterns of alcohol and drug use, both historical and current
- History of trauma and abuse (physical, sexual, emotional)

- Social and interpersonal life (friendships, dating and romance, etc.)
- Interests, hobbies, passions, leisure activities

GOALS

Finally, most therapists will ask you to talk briefly about your goals for therapy, which will be no problem if you've worked through Chapter 2. Briefly, here are some examples of what a therapist might ask to better understand your goals:

- What would you like to get out of therapy?
- How will you know if therapy was working?
- What does successful therapy mean or look like to you?
- How long do you expect it to take to reach your goals?

Hopefully, this gives you a better picture of what your therapist will be interested in asking you about. But remember, what your therapist asks you is only half of the story—you're interviewing your therapist, too!

You Interview Your Therapist

So, what sorts of things should you ask your therapist about? How can you tell if they're going to be a good fit for you? Before we get further into this subject, a quick reminder: Be prepared. It's important to spend some time thinking about what you would like to know about your therapist before you sit down in the room with them. And

the car ride over doesn't count! Feel free to write down questions you want to ask and bring them into session with you.

MANNER

The first thing you'll likely want to think about is the therapist's manner. It's important to get a sense for what the therapist is like as a person: What qualities do they have? How do they communicate and interact? How do you feel around them? What's their personality like and how does it mesh with your own? These are the kinds of questions you want to be asking yourself quietly throughout the process, even while they're asking you questions.

One way that I've found to help people think about their therapist's manner more specifically is to think in terms of what I consider the two most important qualities in a therapist: *comfort* and *challenge*. It's important that you feel both comfortable and safe around your therapist and able to talk about whatever comes to mind or is bothering you, but also that you feel challenged by your therapist and that the time you spend in therapy is productive. In my opinion, this balance between comfort and challenge is a hallmark of great therapy. So when you're thinking about your therapist's manner, ask yourself: *Is this the kind of person whom I feel comfortable around but also someone who will challenge me and help me to grow?*

BASIC INFORMATION

Hopefully you've already gathered all the essential information you need about your therapist and the therapy either by looking at their website or in your initial call with them. But if not, now's the time to do it. Here are

some basic pieces of information you don't want to leave your first session without:

- **Contact Information:** office phone, cell phone, email, website
- **Cost:** Do they accept your insurance? Is there a co-pay for sessions? What is their "full fee" or "private pay" rate? (Important to know if, for example, your deductible hasn't been met). Do they offer pro bono or sliding scale fees? Can they provide invoices for sessions?
- **Logistics:** How do they prefer to communicate? Phone? Email? What is their schedule and availability like? What's their cancellation and no-show policy? When are you responsible for paying? At the time of the session? Will they bill you? If so, how often? What is the protocol if there's an emergency or you're in a crisis?

GOOD INTERVIEW QUESTIONS

Assuming you're trying your best to be conscientious about your therapist's manner, and you've got all the basic information that you need, it's time to dig deep and ask questions that will help you understand the therapist and your future therapy as much as possible.

Below you'll find a list of questions that I think, as a therapist myself, would be interesting and revealing questions to ask of a therapist during an initial session, or at least early on in the therapy process. It's not a comprehensive list by any means, and you shouldn't feel that you have to ask any of them. Instead, think of them as a

set of options and pick the ones that seem interesting and appropriate given your circumstances.

- *Where did you receive your education and training?*
- *How long have you been working as a therapist?*
- *Do you have advanced training or certification in any specific areas (e.g. board certification)?*
- *How much experience do you have treating people similar to me?*
- *Do you have experience with cultural variables that are important to me (race/ethnicity, religion/spirituality, culture, etc.)?*
- *What do you consider your strengths and weaknesses as a therapist?*
- *Could you briefly describe what therapy with you is like?*
- *How would you describe your style or method of therapy (e.g.: active vs. passive, directive vs. supportive, structured vs. unstructured, etc.)?*
- *How will we know if therapy is working?*
- *What happens if after a few sessions I don't feel like it's a good fit?*
- *What do you see as the goals of therapy, both generally and for me specifically?*
- *How long will it take for me to start feeling better?*
- *What are your expectations for me?*

INTERVIEWING A THERAPIST

- *What does a typical therapy session with you look like?*
- *Do you prescribe homework between sessions? If so, what might a typical homework assignment look like?*
- *In your opinion, how do people change?*
- *What do you think is the most important factor in successful therapy?*
- *Do you have a specific theoretical or therapeutic orientation?*
- *Why did you decide to become a therapist?*

There's no way you'll have time to ask all of these questions during your initial session, or even during your first few sessions if you decide to continue working with them. But, even if you don't ask any of them, I think there's a lot of value in thinking about them yourself.

One common concern I hear from people regarding interviewing potential therapists—especially asking more personal questions like this—is that they're nervous or uncomfortable, or they feel like it's not their place. That's an understandable concern, but here's the thing: You're hiring your therapist! Most of us would agree that it's a good idea to interview people before you hire them, so why should hiring a therapist be any different? When you start therapy, you are hiring a professional to perform a service. Before you launch into the process, it's in your best interest to make sure that you, your needs, and the person you're hiring are all good fits. Not only is it your right as a consumer, but I'd argue that it's your responsi-

bility, as well. You have a responsibility to yourself to get the best care you can.

Post Interview

At the end of the first session your therapist will ask if you want to schedule a follow-up session. If you think it went well, then by all means go ahead and schedule. Just know that you don't have to schedule a follow-up right away or even continue working with that therapist.

After you leave the session, it's a good idea to spend some time thinking—and, ideally, writing—about how it went. Just like after your first phone call, you want to spend some time deliberately reviewing what just happened and how you felt about it. In fact, a great time to do this is in your car before you leave. Jot down some notes about how things went, what you liked and didn't like, and how you feel at the moment. Don't put any pressure on yourself to make a decision or commit to anything. Just reflect a little.

If things went really well and you're pretty sure you've found the therapist for you, great! Schedule a follow-up session and get to work. But remember that you're allowed to interview more than one therapist.

Chapter 8 Summary

- The first time you show up at a therapist's office, there will likely be some housekeeping tasks like forms to fill out, brief questionnaires to answer, etc.

INTERVIEWING A THERAPIST

- Your first session is different from most therapy sessions because it's more about you and your therapist getting to know each other.
- Your therapist will interview you, asking about things like your presenting problem, your background and history, and what you hope to get out of therapy.
- It's important to remember that the first session is also a time for you to interview your therapist. In particular, you want to look for the two Cs in a therapist: challenge and comfort.
- Always remember that you are hiring your therapist and, ultimately, you're the one with the power (and responsibility) to make decisions about your therapy.

CHAPTER 9

Choosing a Therapist

This final chapter is all about getting started. We begin by dispelling the myth of the perfect therapist, then we'll move on to talking about how to try out more than one therapist and the importance of being experimental and just getting started.

On Choosing

It's funny, I had it in my head that the last chapter of the book would be a long discussion about how to finally decide on a therapist and make a choice. But as I started writing I quickly realized there really wasn't much to talk about at this point. In some ways, the whole point of the book is to get rid of the need to make a complicated decision at the end because you've done your homework

If you've spent real time and effort clarifying what you struggle with and what you want out of therapy, learning about the different factors that go into quality therapy, researched and organized information about therapists in

your area, spoken with a handful of therapists by phone, and interviewed one or more therapists in person—if after all that you don't have a pretty good sense of at least a couple potentially good therapists, I'm not sure there's much I or anyone else could do short of making the decision for you.

Like any complex decision, what makes choosing a therapist hard is that we either don't have enough information or the information we do have is not of high enough quality. But, when we're clear about what it is we want and need, and what exactly the options available to us are, the decision becomes much easier and certainly less overwhelming.

The problem most people fall into at this point is the search for the mythical perfect therapist. They hesitate to choose because they have FOMO—Fear of Missing Out—about that one therapist they didn't call or find. The other big problem at this stage is that they're using finding a therapist as a way to procrastinate on really starting therapy and getting to work. In either case, the old adage applies: The perfect is the enemy of the good. The challenge now is to start. Just start.

You will never be 100% confident in a particular therapist. There are no guarantees or certainties when choosing a therapist. At a certain point, you have to be experimental and just try one out, being confident that you can always keep trying if they don't work out. You're not getting married or joining the military. You have no obligations to a particular therapist. You're free at literally any time to stop and try again with a different therapist.

I recommend that you give a therapist at least a few sessions. If you've done your homework ahead of time

and they are a qualified therapist, that should be plenty of time to see if it's a good fit. If it doesn't feel right after that or you feel like it's not a good fit for whatever reason, don't hesitate to go back to your Interview List or your Call List and try again.

Finally, keep in mind that there's no reason you can't schedule several first sessions and interview several therapists before deciding on one to work with. It can be really helpful to get a sense for how different therapists work differently, what their styles are like, and how it is interacting with them in person. In short, there's nothing wrong with taking a few therapists out for a test drive!

That being said, it's generally not advisable to start working with two different therapists after an initial trial period, so you'll want to make a firm decision after a few sessions and go with one—at least to start. Therapy is hard work and to do that work you'll probably need to settle into one therapist and one type of therapy eventually.

Chapter 9 Summary

- Watch out for the myth of the perfect therapist and procrastination. If you've made it this far and put in the time and effort of working through this book, pick the therapist who seems best and get started. You can always try again.
- It's fine to schedule multiple interviews with potential therapists, but best to eventually settle on and commit to working with one.

CONCLUSION

I wrote this book because I know that great therapy can be a truly life-changing experience. And I want everyone to have that opportunity. I hope that this book has helped clarify the process of therapy for you and given you some practical strategies for finding the right therapy for you or someone you love.

Finally, I love to hear from readers, so please don't hesitate to get in touch. Whether you have questions, criticisms, or just want to say hello, I'd truly love to hear from you!

Email: hello@nickwignall.com

cheers,
Nick

APPENDIX A

Therapy for Children

Most of the basic principles and strategies for finding quality therapy for an adult also apply to finding therapy for children—clarifying goals and expectations for therapy, understanding the differences between different types of therapy and therapists, learning how to find and evaluate potential therapists, etc. But there are some important differences, which I discuss below.

General Consideration for Child Therapy

When you're considering looking for professional mental health assistance for your child, there can be a fine line between over-pathologizing or exaggerating normal childhood experience on the one hand and ignoring serious concerns that could have major implications for a child's current or future well-being on the other. While

no piece of advice from a book can explain how to walk that line in every situation, here are a handful of general principles to keep in mind.

THERE ARE RISKS INVOLVED IN SENDING A CHILD TO THERAPY.

Being in therapy can have negative consequences for a child, especially if the process isn't handled thoughtfully by parents/guardians or therapists. There can be a lot of stigma associated with mental health struggles, especially from school-aged peers. And while the risk of being teased or even bullied for being in therapy likely doesn't outweigh the benefits of professional help for a genuine mental health struggle, a "when in doubt, put them in therapy" approach shouldn't be considered without its potential dangers.

In addition to external stigma, children can quite easily start to internally label or stigmatize themselves for being in therapy. Especially if parents/guardians or therapists aren't careful about explaining what therapy is and means to a child in a developmentally appropriate way (more on this below), it can be easy for a child to develop damaging and lasting self-views. It's not hard to imagine how a child who is simply told to start going to therapy without much explanation is going to internalize the idea that there is something fundamentally wrong with them.

Finally, an increasingly common problem in pediatric mental health is the over-prescription of psychotropic medication to children. Uninformed parents/guardians may be unduly influenced to put their children on medication when it's not necessary or even the most effective treatment for a given struggle. While medication may be

appealing as a quick (and less expensive) fix, it rarely corrects the underlying problem itself and can have serious side effects. Therapy, on the other hand, typically has less serious risks and often has the chance to be corrective of whatever is causing a child's symptoms in the first place.

THE BENEFITS OF THERAPY ARE UNIQUE.

A common refrain I hear from parents who are resistant or hesitant to put their children in therapy is: *My child doesn't need therapy; they can always talk to us.* While maintaining open lines of communication with your child is a wonderful thing, even in the most secure, honest, and trusting parent-child relationships there are still topics that a child may have a difficult time bringing up with their parents. When the topic involves the parents themselves, for example, children can often be hesitant to discuss it with parents for fear of hurting their parents' feelings or making them worry. In any case, it's often very helpful for a child to have a neutral, third-party adult to talk to in a safe and comfortable space. A good therapist can fill that role.

ALWAYS RULE OUT POSSIBLE MEDICAL EXPLANATIONS.

In many cases, it's a good idea to consult with your child's pediatrician or doctor about therapy so that they can first rule out any potential medical explanation or causes for the child's struggles. Many medical illnesses and medication side effects can mimic the symptoms of certain mental health struggles, so it's important to consult with a physician when in doubt.

GATHER INFORMATION FROM OTHER CAREGIVERS IF POSSIBLE.

In the process of considering therapy for your child, try to gather information from as many sources in as many different contexts as possible. Teachers, coaches, instructors, daycare professionals or babysitters, extended family, and family friends can all be helpful sources of information. It's important to know, for example, if your child is anxious all the time and around everyone, or if their anxiety only occurs at home or at school.

SOMETIMES CHILDREN BENEFIT MOST WHEN THEIR PARENTS TRY THERAPY.

Therapy can really help children, but sometimes children can benefit most when their parents try therapy and learn better skills and techniques for helping their child through a difficult time or address their own issues that may be contributing to the child's distress. In other words, don't be afraid to try therapy yourself if you feel like you can't handle your child's problems adequately. In addition to being better able to help your child, this provides a valuable lesson to your child about what to do when things are difficult: It's okay to ask for help when you need it. Remember that beginning therapy yourself isn't an admission of failure or bad parenting. And regardless of the causes of a child's struggles, a parent beginning therapy can be a powerful means to positive change.

Risk Factors for Childhood Emotional Difficulties

It's a truism among physicians that prevention is the best medicine. And it's no different in mental health. In order to head off potential mental health issues or nip them in the bud in their early stages, it's important to be aware of common triggers or risk factors for childhood mental health struggles.

PARENTAL SEPARATION

When parents separate or divorce, it can be a sad and confusing time for any children involved. Some children may internalize the separation and consider it either their fault and unduly blame themselves or view it as their responsibility to "fix things." If a child develops emotional difficulties or behavioral problems in response to a parental separation, a good therapist will help the child to express their fears and concerns and think about them in a more realistic and healthy way.

MOVING

A major family relocation can be both an exciting but also stressful time for a child. New schools, leaving behind old friends, and adjusting to new customs and routines can all take their toll emotionally on a child. If a child starts to struggle in anticipation of or following a major move, a therapist may help the child to ease into the transition and develop more constructive mindsets and behaviors.

BULLYING

Any form of bullying, but especially chronic and unaddressed bullying can have lasting detrimental effects on a child's emotional development. If you suspect that any kind of bullying is or has occurred and that a child is having difficulty handling it, therapy can be useful in addressing the situation in conjunction with school personnel and procedures.

SERIOUS ILLNESS

Whenever a child or a close relative or family member of the child develops a serious illness, they may be at risk for emotional difficulties. Working with a therapist can help a family to address all family member's emotional needs despite the presence of a major illness.

DEATH IN THE FAMILY

Some children may have a difficult time with the death of a loved one beyond the normal grieving process. If a family member or close family friend has passed away recently and a child is showing signs of emotional or behavioral difficulties, a therapist may be able to help the child identify the sources of their distress and develop effective tools for dealing with it.

TRAUMAS OR ABUSE

If a child is ever physically or sexually abused it's very important that they receive some kind of professional support and help. Exposure to violence, either to themselves directly or as a witness, can be traumatic for a child and

should be considered a major risk factor for emotional difficulties.

LEARNING DISABILITY OR DIFFICULT ACADEMIC WORKLOAD

Children with learning disabilities such as dyslexia or processing issues may be at an increased risk for developing emotional struggles due to stigma or shame around their academic challenges. Also, children who for one reason or another have a particularly difficult academic load or coursework may have difficulty managing the emotional stressors that go along with the academic challenges. A good therapist can help a child to better manage their stress and anxiety in order to more effectively meet the challenges of their academic work.

NOTE: When you think about potential risk factors for mental health, keep in mind that there isn't always a single identifiable cause or trigger for a child's emotional or behavioral struggles. Often times it's a combination of several stressors such as the ones listed above, or may develop without any obvious causes at all. In any case, it's important to remind yourself that what may seem like ordinary or manageable stress to you as an adult or for one particular child, may be the cause of significant emotional distress in another child.

Signs of Childhood Emotional Difficulties

Below are some common signs or symptoms indicating that a child may be struggling emotionally. While no one

symptom or single occurrence means that your child is necessarily in significant distress, a combination of these or prolonged duration of one can be a sign that there is a serious mental health issue present and that a child could benefit from therapy or some kind of mental health intervention.

- Developmental regressions in things like speech or language, toilet training, bedwetting, etc.
- Conduct problems such as fighting, bullying, acting out, theft, property damage, etc.
- Decreased interest or enjoyment in activities that they previously enjoyed
- Significant and sudden drop in grades or academic performance
- Loss of appetite
- Feeding issues like excessive pickiness, odd or extreme food rules, inappropriate dieting, purging, bingeing, food restriction, etc.
- Substance abuse
- When one child is disproportionately impacting the way a family functions. For example, uncontrollable tantrums that keep the whole family on edge, excessive parental attention given to one child, etc.
- Prolonged and unusual bouts of sadness/tearfulness
- Difficulty sleeping or excessive sleepiness
- Extreme shyness or social inhibition
- Excessive tardiness or absences from school

- Excessive and prolonged mood swings or irritability
- Arguments about how to handle a child's difficulties put excessive and prolonged strain on a marriage or partnership
- Excessive physical complaints such as headaches, stomach aches, non-specific pain, that don't have a medical or physical cause.
- Excessive anxiety or fearfulness of specific objects or situations
- Endangering or threatening to harm themselves or others
- Cruelty to animals
- Tics or other repetitive behaviors
- Social isolation or withdrawal

Testing and Assessment

While therapy is the main focus of this book, many mental health professionals do testing and assessment either in addition to or instead of therapy. Common reasons for a child to see a mental health professional for testing or assessment include:

- Identify a learning disability (dyslexia, dysgraphia, etc.) and get recommendations for interventions and accommodations.
- Evaluation for specific a condition or diagnosis such as Attention-Deficit/Hyperactivity Disorder (ADHD), Autism, Intellectual Disability, etc.

- Intelligence (IQ) testing.
- Determine the cognitive and emotional effects of a serious injury or other medical condition such as multiple sclerosis, traumatic brain injury or concussion, seizure disorder, etc.

NOTE: Neuropsychologists are generally the type of mental health professional to go to for rigorous psychological testing and assessment.

How to Spot a Quality Child Therapist

If you've determined that your child does need or could benefit from therapy, the following are some questions to consider and reflect on in order to make the best decision possible about a therapist for your child.

- Would your child find the therapist friendly and accessible? Good child therapists (like good teachers) have an ability to see the world from the perspective of a child which helps them relate better and form a meaningful relationship.
- Does the therapist seem like they're able to form a bond with the child relatively quickly? Do they seem genuinely interested in the child and their struggles?
- Does the therapist have a sense of humor or playfulness about them? Of course a therapist should always be serious about their work and professional, but often the best child therapists have a kind of lightness about them which makes it easier for children to connect with them. A child therapist should seem to enjoy interacting with children.

- How much experience do they have working with children and how much of their training was devoted to child work? What percentage of their caseload is dedicated to working with children who share your child's particular struggle? For example, *What percentage of your clientele is school-aged children with anxiety?* What you want to avoid are therapists without child-specific experience who are simply seeing children as a way to get more clients.
- Finding a good match between client and therapist is arguably even more important with children than adults. When in doubt, remember that the therapist is probably more important than the therapy.
- Does the therapist work with parents/guardians in an appropriate way? This means that they delineate clearly at the outset of therapy what their relationship with both the child and parents/guardians will look like. They take feedback and questions professionally and courteously.
- As a parent or guardian, what is your role in your child's therapy? Will you sit in on or take part in sessions? Will the therapist divide up the session time between your child and you? Will the therapist give you a report or summary after each session? If so, what types of things will be included (safety concerns, overall progress, strategies to support the child's therapy, homework, etc.)? What type of information stays between the therapist and child and what gets shared with parents? This is especially important with teens.

- A good therapist should not pathologize a child in therapy. They talk about their struggles or difficulties in a way that is both true to the nature and severity of the problem, but also in a way that shows that the child is separate from and much more than their particular struggle.
- A quality therapist doesn't engage in parent-blaming or shaming. They acknowledge the complexity of childhood mental health struggles and try to address areas for improvement in a constructive way when speaking both with children and their parents/guardians.
- A good therapist should be culturally and contextually sensitive to the individual differences of each child and family. When confronted with customs, traditions or values that are foreign to them, do they make their best effort to learn more and approach the issue with an open mind?

How to Prepare Your Child for Their First Therapy Session

Below you'll find some tips to keep in mind before and during your child's first visit with a therapist.

- Be honest with your child about the therapy. Clearly explain what it is and why they're doing it using developmentally appropriate language. To a 7-year-old you might describe the therapist as a "feelings doctor," who "talks to people about things that are scary or make them feel bad and helps them to understand

them more and feel better.” But if your child is a teenager they should know that they are, for example, “seeing a psychologist to help them work through their anxiety.”

- For young children, be sure to explain that there won't be any physical exams or shots like there are at a typical doctor's visit.
- Explain to your child that the therapist works with lots of other kids and families to help them solve problems and feel better.
- If your child is a teenager, reassure them that what they say will be confidential. Explain that there will probably be some general things the therapist will communicate to the parent (serious emergencies, etc.) but that this will be discussed at the first session and everyone will be on the same page ahead of time.
- Tell your child in advance that the therapist may meet with the child alone, the parents/guardians together or alone, or the whole family together at times or for parts of a session. It's best to ask about this ahead of time with the therapist so that you can explain it accurately to your child.
- Explain that the whole family may get homework, which will help the child to feel less alone or singled-out in the process.
- It's difficult to force a teenager into therapy, so it's best if they have some buy-in and want to try it

themselves. Try to give them as much say and input into the process as possible.

APPENDIX B

Therapist Red Flags

There's a really common story that I hear when I first begin working with someone in therapy. They tell me how much they've wanted to get back into therapy for years but have hesitated because their previous therapist was so bad and that experience has held them back.

Unfortunately this is not an uncommon story. Like any other profession, therapy has its share of poor quality practitioners. And while there are a few truly excellent ones and a handful of pretty good ones out there, there are also a lot of mediocre ones and a number of downright bad ones. Knowing how to spot an incompetent or unprofessional therapist will save you a lot of time and trouble when searching for a new therapist or allow you to cut your losses with a current therapist and move on to a better one.

Below are some common red flags to watch out for in a current or potential therapist. Although many are framed from the perspective of someone already in ther-

apy, they can be useful to think about as someone looking to start therapy. And while most are not necessarily exclusionary, at a minimum they should prompt you to think carefully about whether a particular therapist is really right for you.

DEFENSIVENESS

Whenever I question something my therapist says—like suggesting a different type of homework assignment or alternative reason for the way I feel—they seem to get prickly and defensive. It almost feels like they're mad at me.

You would think that this wouldn't be a problem among a group of professionals who claim to be experts in the emotional life. But unfortunately there are plenty of therapists out there who are insecure about their abilities as a therapist. This insecurity can easily come out as defensiveness whenever they perceive that a client is challenging their ability.

But your curiosity or desire to explore different ways of approaching *your* therapy are totally valid. If a therapist is misinterpreting them or getting upset about them, they may not have the necessary self-awareness and confidence to be an effective therapist for you.

So what to do about it? If it happens a lot and you feel like it's really affecting the therapy negatively, it's probably just best to move on. You could try and bring it up and work it out, but if it feels like that's just a part of their personality, it's likely not worth your time and energy. On the other hand, if it only happens occasionally I would suggest bringing it up with your therapist. While that's not an easy thing for most clients to do—explain to your

therapist that you're not happy with something they're doing—it can be very beneficial. Either they will respond thoughtfully and graciously, thanking you for bringing it up and making an honest effort to correct it in the future. Or they'll get defensive about that, in which case—again—I'd say move along. Life's too short to spend it managing your therapist's insecurities.

OVERSHARING

My therapist talks about themselves a lot. At first I didn't mind it too much but it's starting to seem excessive.

I was shocked at how common of a problem this was when I first started working as a therapist and heard from clients about how often they had had this experience with previous therapists. In my mind, there are two major problems with a therapist who talks about themselves too much in therapy: First, it's *your* therapy and you're paying for it. Every minute of it, in fact. That means that each minute your therapist spends talking about their own life is a minute (and dollar) they're taking from you. Second, when a therapist talks a lot about themselves in therapy, it could be a sign that they have poor boundaries. And while talking too much and wasting your time and money are serious, they're not nearly as serious as other forms of poor boundaries that might not be far off—inappropriate physical contact, outside relationships, emotional abuse, etc.

Now, just because a therapist talks about themselves a lot in therapy doesn't mean they're trying to defraud you or have other more nefarious goals in mind! Therapist oversharing often comes about as a misguided attempt to

better “connect” with clients. They imagine that if they are more relatable and sharing of their own experiences the therapy will progress faster and be more effective. While it’s true to a degree that a therapist sharing small aspects of themselves or their own lives in therapy can be innocuous or even helpful, it should be *very* limited.

If you think your therapist is talking about themselves too much, the same advice as before applies. If it’s really excessive, I wouldn’t waste your time trying to sort it out. Just move along. But if it’s relatively minor or not causing a huge disruption to therapy, I would suggest bringing it up with the therapist.

JUDGMENTALNESS

I feel like my therapist is judging me when I tell them about things I’ve done or thought. Sometimes they come across as condescending or pompous.

I have almost zero tolerance for judgmentalness in therapists because *judgy* is the exact opposite of what a therapist should be. Therapists should be empathetic, supportive and pragmatic, and they should approach whatever your difficulties are from a functional mindset not a moral one. Your therapist’s job is to help you live more in accordance with what you value not to tell you what you should value. Of course this doesn’t mean that a therapist can’t have opinions or be directive. What we’re talking about here is the attitude of judgmentalness, which—like defensiveness—usually results from a therapist having their own issues with insecurity or inferiority. If you find yourself sitting across from a judgy therapist, just move along.

LATENESS

My therapist is always late.

Everybody's late once in a while. But if your therapist is consistently late for sessions and appointments or late in responding to your communications, it tells you something about how they value time: Either they don't value it enough to keep very good track of it, or they value their own time more than yours. Either way, not a good sign.

As a therapist, my own rule is to try and never to be more than a few minutes late to start a session and always to return calls within 24 hours. Of course there's wiggle room here, but in general a therapist should always be prompt. You have a right to expect that of your therapist since you are employing them. I would definitely bring this up if it happens consistently, then watch how they respond: Defensive? Rationalizing? Blame game? Move along.

GUARANTEES

My therapist told me I'd feel better in eight weeks.

Therapy is a complicated, unpredictable endeavor. And many of the struggles that bring us to therapy in the first place developed over a lifetime of experiences. No matter how good a therapist thinks they are or how confident they are in a particular approach to therapy, there's just no way to know for sure how therapy will go. Any therapist who claims they do should probably arouse a healthy dollop of skepticism.

Therapists who make guarantees about outcomes may be either overconfident or trying to reassure you because

of their own anxieties and self-doubt. Neither bodes well for your future work with that person. Personally, if I had a therapist making stark claims about my therapy I would challenge them on it. Ask them how they can be so confident. Then, as before, watch their response. This will probably tell you what you need to know about them and what direction you should take.

MESSINESS

My therapist's office is always a mess, and sometimes it really smells. It looks like my therapist's office hasn't been cleaned in a while.

The way a professional therapist attends to their environment can say a lot about their values. While there's nothing wrong with a little clutter, remember that it's not just *their* office. Therapy is a shared activity, and a good therapist is aware that the environment in which therapy takes place will have an effect on the therapy itself. A therapist's lack of awareness to or care for the therapy environment itself probably says something about their level of awareness or care generally.

BAGGAGE

My therapist seems to have a lot of their own mental health difficulties. Sometimes they seem so nervous, depressed, shy, or narcissistic that it makes our sessions a struggle just to get through. It's weird, but sometimes I feel like I'm my therapist's therapist.

A major ethical principle for therapists is that they do their best to be aware of and manage their own psycho-

logical, emotional, or personality issues so that these don't affect their work as a therapist. But this doesn't always happen. If a therapist has, for example, extremely high levels of anxiety, seems depressed, or has a hard time connecting emotionally, those are perfectly valid reasons to look for a new therapist or keep searching. There are therapists out there who have too much personal baggage to be effective in helping others. If you think that's the case, I'd move along.

INTELLECTUAL MISMATCH

It seems like my therapist has a hard time following me. I'm always having to explain and re-explain pretty straightforward things. I don't feel like I'm being challenged enough intellectually.

Your therapist doesn't have to be a genius to be effective, but all else being equal it helps if they're at least reasonably intelligent, perceptive, discerning, and thoughtful. The reality is a given therapist may simply not be a good match for you intellectually and you shouldn't feel badly about ruling one out or moving on because of that.

UNETHICAL BEHAVIOR

I strongly recommend a zero tolerance policy for overtly unethical behavior on the part of your therapist. Here are some examples:

- Inappropriate physical contact (as a general rule-of-thumb, anything more than a handshake or maybe a hug is probably inappropriate).

THERAPIST RED FLAGS

- Any sexual behavior, either physical (inappropriate touching) or verbal (e.g. flirting, innuendo, etc.).
- Significant and persistent insensitivity with regard to issues of culture, religion/spirituality, sexual orientation, or other aspects of diversity.
- Persistent lack of professionalism (missing appointments, not responding promptly to communications, interrupting sessions for nonessential reasons, etc.)
- Breaches of confidentiality (therapist discloses identifiable information about you to others or vice versa).

If any of these are going on, you should fire your therapists immediately and report them to the appropriate governing body or police if necessary.

APPENDIX C

Maximizing Your Therapy

Difficult as it may be, finding a quality therapist is only half the battle when it comes to improving your mental health. And while this book is meant to be a guide to *finding* quality therapy, I thought it might be useful to include some thoughts on how best to take advantage of therapy once you've begun. What follows are the best strategies I know of for making the most out of your time in therapy and reaching your goals as quickly and efficiently as possible.

DO YOUR HOMEWORK.

This should be obvious but if your therapist is giving you things to work on outside of session, actually doing them will almost always be useful and help to maximize the benefit of being in therapy. That being said, a common reason people don't do their therapy homework is because on some level they don't think it will really be helpful. If you have doubts about the effectiveness or quality

of your homework, don't just blow it off. Instead, bring it up with your therapist and explain why you feel the way you do and what you think might be more useful.

KEEP A THERAPY NOTES FILE ON YOUR PHONE.

Questions to ask your therapist. Things you want to talk about in therapy. Insights. Problems/questions with the homework. All of these will cross your mind throughout the week if you're taking your therapy seriously. The important thing is to have a reliable way of capturing them so you don't forget about them. Because smart phones are so ubiquitous, I think keeping a notes file on your phone for miscellaneous therapy ideas makes a lot of sense. Your phone is always on you, easy to enter information into, discreet, and is usually backed up so you'll never lose the notes themselves.

BOOKEND YOUR SESSIONS.

Spend five to ten minutes immediately following each session and review the main points and what you took away from the session. Write these down and briefly look them over at several points throughout the week. Then, plan to arrive to your therapy sessions five to ten minutes early so you can review the main points from the previous session and consider what you would like to talk about in the upcoming one.

ASK YOUR THERAPIST FOR RECOMMENDED READING.

As an adjunct to your usual therapy homework, ask your therapist if there are good books, articles, blogs, videos, etc. that you can read or watch that will supplement your

therapy. If your therapist doesn't have any recommendations, do your own research online. If you're working on panic, for example, read up on what causes it, what types of treatments are available, and what other people's experiences like.

MAKE THERAPY A PRIORITY.

Just like losing weight, running a marathon, or learning to play an instrument, making real progress in therapy isn't going to happen if you don't conscientiously make it an important part of your life. This means making time for your sessions and homework and not skipping sessions because you're busy with other things or you're tired. It means taking an active role in therapy and not relying on your therapist to do the work. It may even mean giving up other things because therapy is an important investment of your time, your energy, and your finances. In short it means commitment.

TEACH SOMEONE ELSE.

If you're comfortable with it, try taking something you learned in therapy or an insight you had and teach it to someone else you're close to like a spouse, sibling, partner, or friend. The old maxim applies: You often don't really know a thing until you have to teach it. If nothing else, ask yourself on the way out of session: *What's the one thing I am going to take away from session today?*

PAY ATTENTION TO WHAT'S HAPPENING IN THE 'HERE AND NOW' OF YOUR SESSIONS.

Some of the most powerful moments I've ever experienced as a therapist come from a client commenting on

something that was happening in therapy. It doesn't have to be a big thing, you might just comment on how you appreciated the particular way that your therapist explained something in the previous session, or how you felt "a little off" during a session. In other words, at least semi-regularly you want to be talking about the therapy itself.

DON'T STRAY TOO FAR FROM FEELINGS.

Especially in the later stages of therapy, *intellectualization* can become a problem. That is, falling into an overly abstract, general, or analytical way of communicating in order to avoid the pain or uncomfortableness of actual feelings and emotions. If you go a whole session without mentioning at least one basic emotion (e.g. fear, sadness, anger, joy, shame, etc.), you might need to re-evaluate things. Remember, therapy should be uncomfortable, often emotionally uncomfortable—that means you're stretching yourself and growing.

GIVE THERAPY PRIORITY SCHEDULING

If therapy is a priority, it should get priority treatment. And that means a good time slot. Instead of just packing it in to your lunch hour or racing to session after work, ask yourself what would be the ideal time for therapy if you didn't have any other constraints? When is your best time of day? When do you have the most energy and focus? Is the beginning of the week or the end better? In general I recommend against the middle of the day since this tends to squeeze out the essential breathing room around therapy that I talked about in bookending your sessions. Also,

try to find a time that you can meet at regularly. You want therapy to become a habit. Consistency is key.

CLARIFY PROGRESS.

You don't necessarily need to get hard core about goal setting and tracking, but I think it's important to keep tabs on progress somehow. Ideally you want to talk about this with your therapist early on in therapy and then at regular intervals as you continue to work. One idea might be to spend some time during the first session of every month to check in on growth and progress. There are all sorts of ways to measure progress, symptom reduction being the most common. However, behavioral changes in your life are often a better marker of growth. *Am I communicating more assertively with my spouse? Am I socializing with friends regularly? How's the progress on my novel coming? Am I able to catch myself ruminating and then disengage?*

SET AN AGENDA.

Therapists argue endlessly about the importance of setting an agenda for your therapy sessions. I think having at least a light agenda is helpful for a couple reasons. It helps both you and your therapist allocate appropriate time for multiple topics or issues and generally to be efficient. Also, if you have an idea ahead of time about seemingly distinct topics, you may be able to draw unexpected and helpful connections between them. Finally, it sets a good collaborative tone for the session, and gives you, the client, a sense of agency and active participation in the session. Some therapists will ask about an agenda them-

selves, but it can be a good idea to initiate it yourself at the beginning of session if your therapist doesn't.

BE RADICALLY HONEST.

One of the scariest but most relieving experiences in therapy is getting to say things out loud that you would not be able to say in your regular life. The habit of hiding what we're thinking and feeling and putting up fronts is a powerful one, but like any other habit it can be modified if we start small. Before each session, commit to saying one radically honest—if small—thing. For example: "I really didn't want to come to therapy today," or "I lied to my boss today about the stupidest thing, but I don't know why."

SHAKE IT UP.

Just like regular life, we often fall into patterns and routines in therapy. We begin conversations with the same line ("So, how's it going?"); we sit in the same place every day; we show up at the same time. The problem is, with routine comes comfort, and by definition, comfort means a lack of challenge. If you feel like you're not getting enough out of your therapy, your routines may be keeping things too comfortable and not challenging enough. Try switching focuses in therapy (your relationships instead of your anxiety); talk more (or less); change the day, time, or frequency of your sessions. Even small changes to ordinary routines can often provide enough of a jolt to move you out of your comfort zone a bit and re-energize your therapy.

CHALLENGE YOUR THERAPIST.

This takes a little guts, but challenging your therapist can be hugely productive and really interesting. Ask them to clarify jargon or confusing terms; proposes alternative hypotheses or explanations; tell them no or let them know when you think they're wrong; suggest a new focus for therapy; point out something they're doing that you think is unhelpful or irritating. If the idea of challenging your therapist makes you uncomfortable, remember that there's a difference being challenging them and being rude or confrontational. Challenging means you take your therapy seriously and are being proactive. In the same way that you want a therapist who will challenge you to bring out the best in you, you can help to bring out the best in your therapist by challenging or questioning them in constructive ways.

EXPRESS FRUSTRATIONS WITH YOUR THERAPIST

Some of the most productive stretches in therapy often come after what's called a "therapeutic rupture." That is, after there's some kind of a problem or disagreement between therapist and client. While it's natural to want to avoid conflict with your therapist, if there is something that's bothering you, bringing it up with your therapist could very well be the best thing you ever do in therapy. A good therapist will be open to resolving the conflict in an appropriate and compassionate way, without getting defensive or making you feel badly. Realizing that you can have extremely negative emotions without anything bad happening as a result is a powerful experience.

TAKE NOTES DURING THERAPY.

Unless you have a photographic memory, you're probably not going to remember everything important that happened in session. There's nothing wrong with taking some notes throughout the course of the session, either to help you remember key ideas and points, or to jot down ideas or things to try. In general, you'll learn better and more efficiently if your mind is actively engaged in the therapy process. It's not something you have to do all the time, or the same way each time, but it's good to always have it there as an option.

KEEP VENTING AND STORYTELLING TO A MINIMUM.

One hour a week is not a lot of time. And while it's tempting to use your time in therapy to vent or describe all the intricacies of some difficult or interesting experience you've had over the past week, you have to ask yourself, *Is this the best use of my therapy hour?* Some venting and explaining is important, but remember that if you're not regularly working to understand yourself better or change something about yourself in therapy, you're probably not making the most of your time in therapy. If you know you're prone to getting sidetracked or distracted, let your therapist know that you'd appreciate it if they called you out on it when you do and helped you to refocus.

GET A NEW THERAPIST.

It's unfortunate but there are a lot of mediocre or even poor quality therapists out there. And you shouldn't hesitate to pull the plug on one if you're not getting the help

you'd like. Of course, I'd recommend that you try most if not all of the above suggestions before you decide to fire your therapist. But if nothing else seems to work, it's definitely possible that it's your therapist that's getting in the way of your therapy. Don't be afraid to move on if you need to.

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Roger, Patricia & Stone, Gerald, Counseling Psychology vs Clinical Psychology Society of Counseling Psychology, American Psychological Association Division 17. <http://www.div17.org/about-cp/counseling-vs-clinical-psychology/>

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MacKenzie, M. B., & Kocovski, N. L. (2016). Mindfulness-based cognitive therapy for depression: trends and developments. *Psychology Research and Behavior Management*, 9, 125–132.

Chapter 6

Links to online therapist databases

Psychology Today

<https://therapists.psychologytoday.com/>

GoodTherapy

<http://www.goodtherapy.org>

Find a Psychologist

<https://www.findapsychologist.org>

American Psychological Association

<http://www.apa.org>

Anxiety and Depression Association of America

<https://www.adaa.org>

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Academy of Cognitive Therapy

<http://academyofct.site-ym.com>

Association for Behavioral and Cognitive Therapies

<http://www.findcbt.org/xFAT/>

American Psychoanalytic Association

<http://www.apsa.org/find-an-analyst>

Association for Play Therapy

<http://www.a4pt.org/search/custom.asp?id=2392>

Gottman Referral Network

<https://www.gottman.com/professionals/referral-network/>

American Association for Marriage and Family Therapy

http://www.aamft.org/iMIS15/AAMFT/Content/Directories/Find_a_Therapist.aspx

APPENDIX A

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