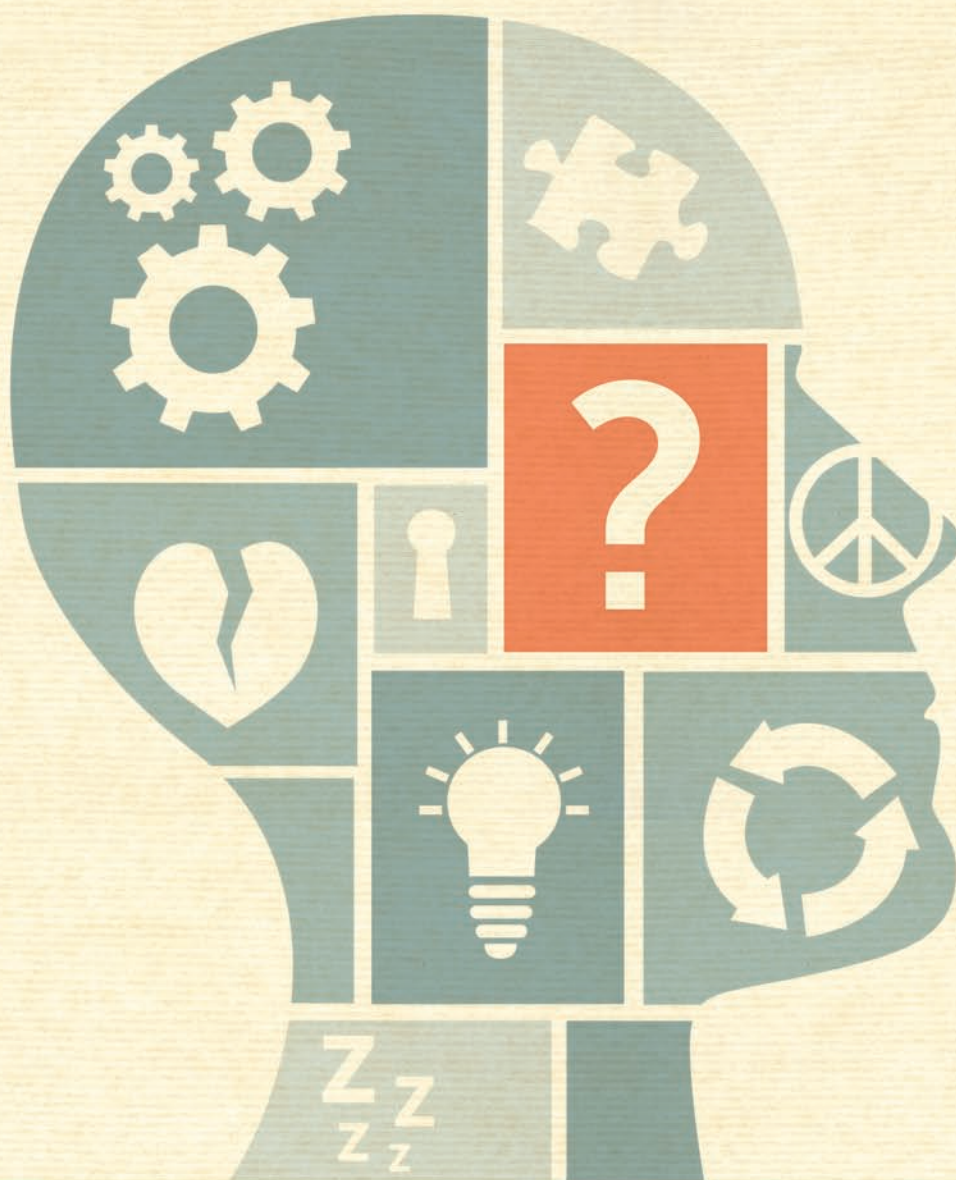


CHOOSING A THERAPIST

Kouros Dini, MD



Choosing a Therapist
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It is not the purpose of this book to cover the full range of information that is otherwise available on this topic, but instead to complement, amplify, and supplement other texts. You are urged to read all available material and tailor the information to your individual needs.

Every effort has been made to make this book as accurate as possible. However, there may be mistakes. Therefore, this text should be used only as a general guide and not as the ultimate source of information on the topic.

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Note and disclaimer: This is not meant to be a treatment guide. If you are in any emergency situation (e.g. in danger of injuring or harming oneself or others), call emergency services. This writing is not meant for emergent situations.

TABLE OF CONTENTS

Introduction	4
Why Therapy?	7
Considerations	8
1. An Alliance	9
2. Settings	10
3. Finances and Insurance	12
4. Types of Therapists	15
5. Types of therapies	17
Finding Someone	21
Initial Meetings	23
Conclusion	24
About the Author	25

INTRODUCTION

A person seeking therapy may be bewildered by the vast array of choices that lay before him or her. Psychoanalysis, psychodynamic therapy, cognitive behavioral therapy, dialectal behavioral therapy, and medication therapy, are just a few of the many possible paths. Knowing where to start may not be clear. To make it yet more difficult, even therapists themselves do not and cannot have an overview of the entire field.

How, then, can an individual outside the field of mental health be expected to know where to begin? It would be unfair to expect someone who is questioning their own ability to think, reason, and feel to be able to evaluate a therapist.



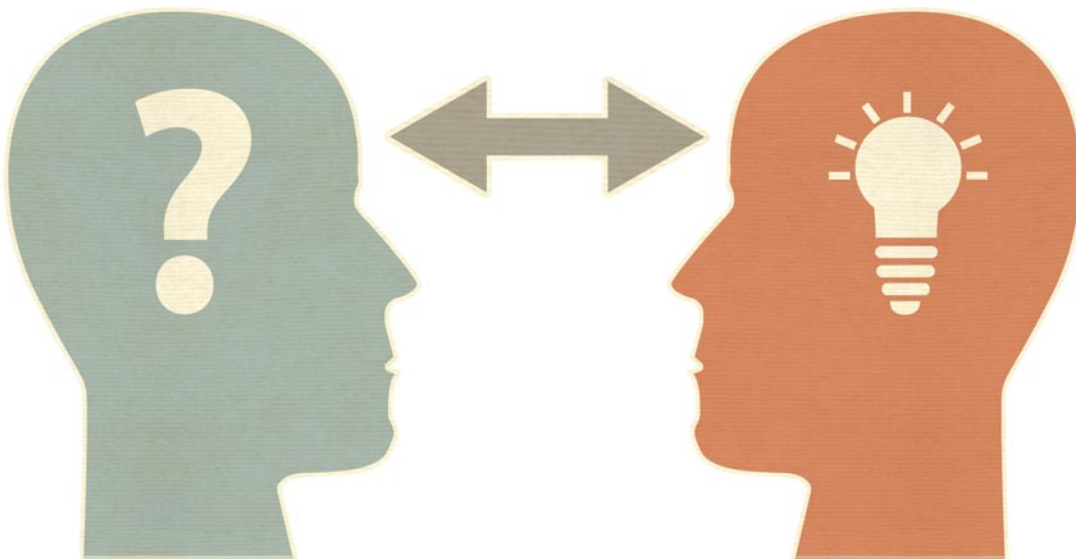
types of interactions

As an example, someone goes to a Cognitive Behavioral Therapy clinic feeling depressed and having noticed himself checking locks repeatedly to the point that it is beginning to interfere with getting to work. After a very in-depth series of questions and questionnaires, evaluations are completed, diagnoses are made, and a treatment plan is proposed. The plan is specific, and includes homework, a timetable, and a relatively short (several months) course of sessions.

For one person, this may be ideal. The idea of clear goals and a repeatable, researched path of treatment makes great sense. For someone else, this may be intolerable. They may be left with the sense that the meaning of their symptoms with regard to who they are as a person is irrelevant to the treatment.

In another example, a person goes to a psychiatrist using her insurance to be evaluated for symptoms of anxiety. Within 20 minutes of having met the doctor for the first time, she walks out with a prescription in hand.

For one individual, this is again ideal. Barely having to get involved in personal history and being able to walk in using only a \$20 copay works well. For another person, the situation feels insulting. She leaves feeling there is no understanding of her and may wonder if the medication prescribed is really what she should be taking or if she should be taking medication at all.



feeling understood

The desire to reduce pain drives the desire for therapy, and is therefore the centerpiece of its work. In choosing a therapist, one must feel understood as a person in addition to feeling that one's suffering, whatever shape it takes, is understood and addressed. Reaching that point may take some time, but one should have the sense that it is a distinct possibility with that particular therapist.

A therapist receiving a call from a person seeking help or from a colleague looking to refer a client will do what she can to listen to the situation carefully, consider who may be best suited for helping the person (whether herself or someone else), and respond with a recommendation for next steps. The therapist's judgement in doing so is built upon a history of psychiatric and/or psychological training, work experience, and the gradual learning of surrounding people and institutions working in the field.

However, someone seeking or evaluating a therapist can only do research on a professional's credentials and rely upon whether or not he feels heard and understood when meeting one. Whoever one meets, this sense of empathy should be front and center as a criterion in seeking a therapist.

WHY THERAPY?

The short answer is to seek help in dealing with emotional pain. Everyone experiences feelings of worry, malaise, and anger from time to time. But when these emotions begin to overwhelm, become a significant part of life, or create undue stress, it may be useful to meet with someone who actively works in and studies the world of emotions.

Emotions are both primal and complex. Too often they are discounted, when they ought to be given some of the highest consideration if one is to lead a fulfilling life.

Every thought, even the most rational of thoughts, has some element of emotion supporting it and giving it life. Intellect and rational thought stem from one's emotional world. The areas of the brain associated with emotions and the body's automatic functions sit at the center of the brain, both literally and figuratively. Meanwhile, the intellect and rational mind branch out from this center.

Therapy uses the intellect to understand and work with emotion. Working with a guide who can help one learn to navigate one's emotional landscape can be indispensable in finding the hidden motivations behind one's interactions in work and relationships, understanding one's own desires and fears, and helping reveal a new richness in life.

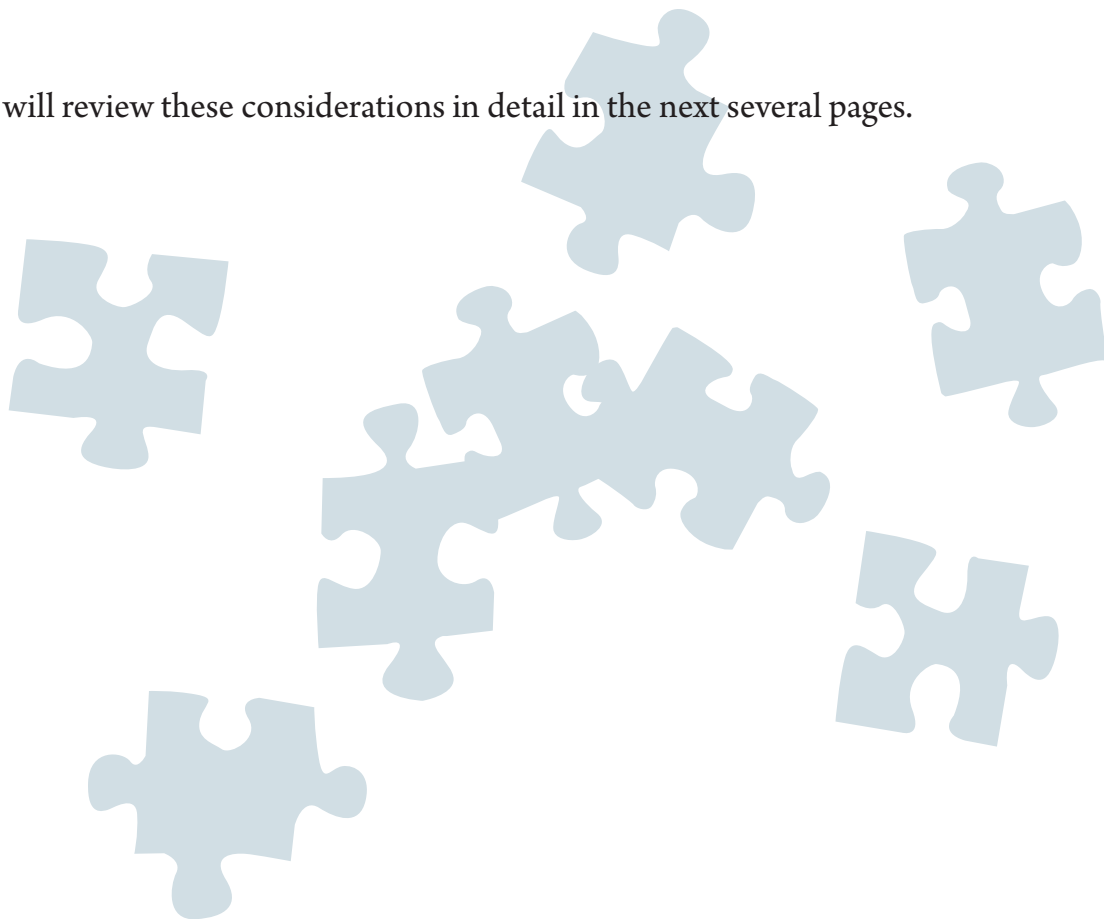


CONSIDERATIONS

There are several areas to consider when choosing a therapist:

1. An Alliance
2. Settings
3. Finances and Insurance
4. Type of Therapists
5. Type of Therapies

We will review these considerations in detail in the next several pages.



1. AN ALLIANCE

Before getting into degrees, types of therapies, and the like, one of the most important considerations is understanding that a therapist is someone with whom you are building a relationship. It is that relationship itself that you use to take on the problems that bring you to the therapist's office.

Part of building that relationship is confidentiality. A therapist's job involves providing the necessary environment to discuss sensitive topics. One needs to feel that the environment is a protected one and that whatever is said will be held in confidence. Such privacy may be broken right from the outset of therapy. Examples of situations in which potential problems may occur could be when you are brought to your potential therapist by a family member, you are sent by your employer, or you have a family member in therapy with that therapist. Even if you have the most stalwart and ethical therapist in the world, there may be a part of you that may have difficulty discussing sensitive issues knowing that there is a potential connection with someone else you know.

Meanwhile, some will not or cannot visit a therapist without, for example, being brought by a family member they trust. Children are very much in this situation as they can neither get to the office without a parent nor can they pay for the therapy themselves. Each situation should be considered individually, but be aware that the relationship you build with your therapist should feel stable. Building this stability is much of the work of therapy.

Each relationship is built on trust, and trust takes its own time to form. One does not force oneself to discuss things; rather, one pursues the process by methodically examining what makes it difficult to discuss sensitive issues and then working from there.

2. SETTINGS

The setting of a therapist's office can have a significant impact upon therapy.

individual office

An individual practitioner may be able to offer the most tailored and confidential scenario for therapy. One enters a building or office setting, perhaps near work or home, specifically designed to provide a comfort allowing discussion of sensitive issues.

The drawback is the upfront cost of having to do one's own research as to how much experience and the type of training that the therapist has had. Once this is done, however, it does not need to be done again. This research involves a simple online search and a questioning of the therapist at the time of initial interview.



university setting

A therapist who works in a university setting is usually up to date on the most current research and is surrounded by colleagues; he or she can work with large treatment teams. Universities and large clinics often work with the largest number of insurance panels. There are often students available who

may be able to offer lower fees and have supervisors working with them in tandem. Universities have also already done the work of research and credentialing of their staff.

Potential drawbacks are that the setting may feel less confidential than the private office and that there are often long waiting lists for new clients.

community mental health care clinic

Finally, community mental health care clinics may also be available depending upon your town or city. They may even be able to provide free services.

The drawback is that the time spent with the individual is often minimal and care is less tailored. Community mental health care clinics may be found via an online search.



3. FINANCES AND INSURANCE

It can be difficult to think about money when it comes to any form of health care, but it is a reality that requires consideration.

Therapists go through various amounts of training to become who they are and do what they do. While it may not seem like a therapist does much at times, just sitting, listening, and perhaps writing notes, be assured that a good therapist is drawing upon years of his or her own clinical work as well as the written works of others, the supervision of colleagues, and the studies only an educational setting can provide. Education requires a significant amount of time and money, and consequently the fees paid will correspond with the level of the therapist's training.



The levels of education required to do therapeutic work can vary considerably. One therapist may have two years of post-college training, while another may have upwards of 14 or 15 years of different forms. Accordingly, costs can range anywhere from free in community mental health care clinics to \$500 per hour and higher for senior psychiatrists in particular parts of the country. The only way to know for certain how much a particular therapist or therapy will cost is to call and ask.

In general, it is best to go with what you can reasonably afford. It is good to work with someone you feel has strong training, but you also do not want to burden yourself financially, as doing so creates its own stress.

insurance

Some therapists accept insurance, while others do not. It has been my experience that most people would have a hard time seeing a therapist regularly without the help of insurance. Meanwhile, insurance can also be a nuisance.



Money is one mode of communication. It will almost inevitably become a part of the discussion, at least in the beginning, between therapist and client. Once insurance is introduced, it becomes a third-party of communication and, therefore, a potential invasion of privacy, thereby impacting the alliance. Payments and non-payments, agreed fees and so forth all become confusing to the point that billers are often hired. Billers then become yet another point of communication and potential distortion of information. The privacy that is often vital for the work of therapy may feel further compromised.

In addition, I have worked with clients who are concerned by the very nature of being assessed, diagnosed, and having this information provided to an insurance company. They fear carrying a “pre-existing condition” which will require higher rates for insurance in the future. It can be understandably difficult to pursue therapy if one feels that doing so will create greater troubles down the road.

Insurances may place limits upon how many times one may see a therapist over a year or over a lifetime. Often these limits have little or nothing to do with what might be beneficial for the client. As an example, one client may benefit most from psychoanalytic therapy, a therapy that meets four or five times per week, potentially for years. Yet, their insurance allows only for 100 lifetime visits. In other words, they would run through all of their sessions in less than a year and never be able to have their sessions paid for, say, three years from now.

Inevitably, one may then worry - what if things become worse in the future? Should I wait? Should I not use my insurance? Should I even go to see a therapist?

Unfortunately, the process of healthcare, as it stands, works directly against the concept of preventative medicine. Preventative medicine is about working on things early, thereby avoiding problems before they even have a chance to form. But in general, people are now in the position of having to decide for themselves, without the help of a

therapist or physician, whether their problem is “bad enough” to justify seeking help or is “just imagined”. In addition, many people may talk themselves out of seeking therapy for fear that rates may rise, or worse yet, that they might not be able to afford or even be eligible for insurance in the future.

Another drawback of insurance is that it can change. In the United States, for better or worse, most people have insurance arranged through their employers. If, for instance, a person changes employers (whether by choice or through force of circumstance), a change of insurance is nearly inevitable. This can result in the need to change therapists, which can be very disruptive to one’s therapeutic process.

Insurance can clearly complicate matters. However, paradoxically perhaps, I think most people are not in a position where therapy would even be a possibility without it. Consider calling your insurance carrier to learn about your policy and what they are willing to cover. Sometimes, a letter from your therapist stating the potential benefits of therapy for your case may also help reimbursement matters.

In general, if one can afford it, it is often best to go without insurance. You know what you are paying for, you get privacy, and you have a direct conversation with your therapist. If there is a limit to the amount that you can afford, be up front about it, and ask if your therapist can work with you at that price. If not, consider asking for a referral for someone who may be able to help.

Some therapists may also offer an adjustable fee. Consider what is affordable to you and be prepared to discuss finances with your therapist as you establish a working arrangement. If a particular arrangement is not feasible because of financial concerns, this should be an up front discussion, as it can inevitably derail a treatment process if not considered.

4. TYPES OF THERAPISTS

There are many types of therapists, therapies, and degrees. In fact, there are many more than I will be able to list here. Ultimately, a therapist is someone who puts the ideas of various forms, studies, and types of therapy together with clinical experience in an attempt to tailor treatment to suit an individual client's needs. It may not even be a degree which separates a therapist who may be useful to you from one who is not. Rather, it is the potential relationship built and the therapy developed from there that can make the difference.



Still, I can provide some idea by way of general descriptions as to what you may find in your search for therapists. Various states will have different requirements for the licenses listed.

I have personally met excellent clinicians from all of these disciplines.

psychiatrists

Psychiatrists have a Medical Degree (MD). Their training involves college, medical school for four years, and four to five years of residency and/or fellowship training.

Depending upon the institute of education, a psychiatrist often has both psychological and medical training and, consequently, has an understanding of issues related to both mind and brain. A psychiatrist can do therapy as well as prescribe medication, though some physicians opt to do predominantly one or the other.

psychologists

Psychologists have a Doctor of Philosophy degree (PhD). They have college training and six or more years of graduate study involving a central research thesis.

Many psychologists develop a specific field of interest over which they have particular mastery. Psychologists can do therapeutic work and often do very long and thorough assessments which include various forms and questionnaires. Their assessments and write-ups can be useful in a variety of settings ranging from clinical work to the schoolroom or the courtroom.

doctors of psychology

Doctors of Psychology (PsyD) have training in the direct application of research to clinical practice. Their study includes college and at least four years of work post-college.

A Doctor of Psychology can offer any number of therapy styles. He or she often has a significant amount of direct clinical training and experience. As with any of these disciplines, a potential client will need to ask about preferred style of work.

social workers

Social workers can have a Masters in Social Work (MSW) with two years post-college study or a License in Clinical Social Work (LCSW) with an additional two years study after an MSW. Social workers study social theories and practicalities and help apply them to real world scenarios. They can know a community well and help advocate for their clients, connect them to needed services, look out for their best interests, and do various forms of psychotherapy. They can focus on family and societal systems issues. Every state's requirements and descriptions of the field may be different and should be researched separately.

5. TYPES OF THERAPIES

There are several types of therapies such as cognitive behavioral therapy, psychodynamic psychotherapy, psychoanalytic psychotherapy, and medication management among others. As I do not have direct familiarity with all therapies, I can only comment on the ones with which I do. As noted earlier, even professionals in the field of mental health such as myself do not and cannot have direct experience of every field. I encourage you to do your own research beyond this text.

psychoanalysis

A person practicing psychoanalysis, a psychoanalyst, may carry any of the degrees listed in the previous section. These are therapists who have supplemented their training with several additional years of work involving cases, classes, and supervision. The subject matter of these studies can stem from any number of theorists including Freud, Klein, Winnicott, among many others. In general, psychoanalysts have pursued the deepest study of mind.



In general, psychoanalysts have pursued the deepest study of mind.

Psychoanalysis treats the individual's mind as a unique emotional landscape and attempts an in-depth process of growth with the hope of providing significant lasting change. Concepts of meaning, relationships, and work are centerpieces of exploration.

Psychoanalysis is an intensive form of therapy that originated over a century ago and has developed considerably since then. It is also the therapy

from which all other present day therapies have branched and evolved. It has the capacity to transform areas of life that have felt deadened into something lively and enriched. For example, a person who cannot seem to deal with relationships with friends or in romance, or someone who has a hard time with work and getting ahead in their chosen field, can benefit tremendously.

The drawback of psychoanalysis is that of the various forms of therapy, its time and financial commitments are considerable. The therapist and client meet as often as four or five times per week, sometimes over the course of years, and insurance does not always cover the frequency of sessions. It is essentially an intensive, collaborative effort enabling one to understand one's own emotional landscapes, what can and cannot be mended, and how to go about making changes where possible.

psychodynamic therapy

Psychodynamic therapists work from the studies provided by psychoanalysis, though not at the same depth. Psychodynamic therapy is more often provided at weekly or twice weekly intervals. Depending upon the individual, this frequency may be more than enough to do good work, though some issues may not surface without the higher frequency provided by psychoanalytic work.

One can consider the work of the mind analogous to that of exercising or studying. Visiting the gym weekly is much different than visiting several times per week. Studying a new language once a week is very different from practicing it daily.

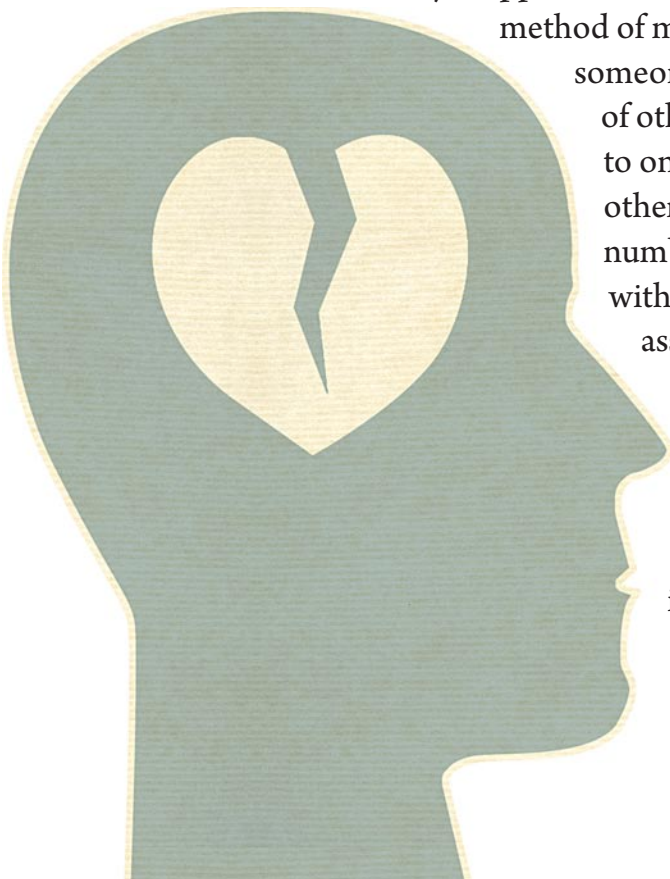
The same holds true for therapy. While some may say that “not much happens between sessions”, it is not necessarily the things that occur between sessions that provide the fodder for the conversations of therapy; rather, it is one’s life as it has led to the present moment, and the significance of the present moment to one’s life, that are of interest.

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) has a significant following among therapists and insurances due to its short-term nature and, therefore, financial advantage. It assumes diagnosis as a disease entity, involves homework, and follows a much more structured and formalized approach than psychoanalysis or psychodynamic therapy.

An example of CBT work is in Systemic Desensitization whereby something that creates anxiety is approached slowly, thereby providing the person a gradual method of mastering the associated anxiety. For example, someone frightened of speaking in front of groups of others may be given assignments of speaking to oneself, then to one other person, then to two others, etc., until one reaches the goal of some number of people. The process is complemented with relaxation techniques to help reduce the associated anxiety.

CBT is well known and researched. Therapists practicing CBT are readily found, as it is a widely practiced specialty. Some practitioners are better at tailoring therapy to the individual than others.



Disadvantages are that its effects are not always lasting, it is well suited only for certain cases, and it does not deal well with the concepts of meaning. Desires and anxieties are not dealt with in depth; diagnoses, rather than meaning, are assumed as the prime concern.

As an example, a person with Obsessive Compulsive Disorder (OCD) is considered to have an illness separate from the rest of their being. How the symptoms may have formed or interrelate with the person's understanding of the world are often left relatively unexplored.

group psychotherapy

Group psychotherapy, as its name suggests, involves a group of clients working together. They often have similar problems and help each other through their difficulties. The group is led by a group psychotherapist who helps to direct the flow of discussion and to remain on topic.

Group therapy can have a significant impact on the individuals involved. In many ways, everyone who is involved with a group of people regularly, such as at work or at home, engages in a type of group therapy. Ideas are considered, individuals are influenced by the group and the group is influenced by the individual. The difference, however, is that in group therapy, there is a goal of betterment and there is a trained guide who helps the process toward the goal.

family therapy

Family therapy is a type of group therapy that involves a family. Often, rather than singling out a particular person as having an illness, one considers the system inherent to the group as being the focal point of change. While such a shift may seem small, it can actually have a significant impact on how the family functions and, consequently, the feelings of the individual family members.



medication therapy

Medication may be pursued as a path of treatment by itself or in conjunction with talk therapy. There is a significant amount of research and clinical experience that show medications to provide relief for a number of psychological symptoms.

As a means of minimizing distress that is otherwise intolerable, medications can not only reduce pain, but also help therapy along to a point where medications may one day be less needed. When talk therapy stalls, it may be worthwhile to consider a medication.

For some, medications are vital. These individuals have done a lot of talk therapy with multiple therapists to no avail. They feel that medications have been the only route offering alleviation of pain.

Conversely, there are those who feel that medications have been an absolute waste of time, sometimes for decades of their lives. They feel they really just needed to talk some things through but did not realize it until finally meeting a therapist with whom they felt connected.

Another potential drawback is when an individual does not pursue working on things that could be changed while on medications. In these situations, the removal of symptoms inadvertently removes the motivation for doing therapeutic work. When medications are used as a way of avoiding potential real world solutions that may be amenable to talk therapy, then medications can become a crutch of sorts.

Yet another disadvantage of medications is that one is continually exposed to potential side effects, some of which may be quite significant. While some side effects only last for a few days, especially towards the beginning of treatment, others can last beyond the time the medications are stopped, and sometimes permanently so.

Knowing whether or not medications are right for you is often more of a continuing conversation between you and your therapist than a definitive yes or no answer from the outset. Your own feelings toward medications are vitally important. Whether you feel that they could be useful or you would like to stay away from them, such a discussion is important to have with your therapist.

FINDING SOMEONE

Depending upon who one sees, therapeutic experiences may be very different. Being in a state of discomfort can make it hard to assess whether or not someone is a good fit for you and your situation. Despite the difficulty, this task needs to be taken on as you begin to seek care. Therapy, in many ways, is a tutorial in learning to care for yourself. This self-care begins with the initial process of choosing a therapist, before even beginning treatment.



Word of Mouth

While not always available, getting the recommendation of a trusted friend or family member or a professional with whom you have a good relationship such as a physician or attorney is often the best route. Even if the therapist recommended is not available or taking new clients, that therapist may be able to recommend someone themselves. One should be cautious, however, in case the trusted referrer is currently seeing the recommended therapist, as this may compromise the trust and confidentiality that are essential to one's own therapeutic process.

Online Resources

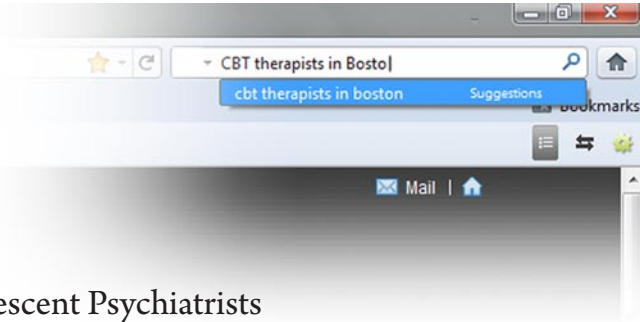
One can also look up therapists by geography. Simply searching online can provide a number of choices. Alternatively, if you have a preference for a type of therapist, you can look at that sort of organization's site. For example, for psychoanalytic psychotherapy in Chicago, you could search for psychoanalysis in Chicago. For Cognitive Behavioral Therapy (CBT) in Boston, search for CBT therapists in Boston.

Be wary of positive or negative reviews on online review sites. The cooperative work of a patient and a therapist is centered on the relationship formed between the two individuals. Like all relationships, these can be complex, and aspects of these relationships may

then manifest in reviews on these sites. While everyone has their own biases, the key difference between opinions found online and those of people you know directly is your judgement of those you trust.

Examples of online resources include:

- American Psychoanalytic Association
- Psychology Today
- American Psychological Association
- American Academy of Child and Adolescent Psychiatrists



Insurance Resources

Alternatively, when insurance is a factor, you could call your insurance company and ask for a listing of covered physicians in your area. The back of your insurance card will often list a customer service phone number. They will then either direct you to a website, email, or fax you a list of therapists.

Combining insurance resources with the above methods—for example, taking that list and asking a trusted source if they know any names on the list that they could recommend—could be a useful method for finding a therapist that suits your needs.

INITIAL MEETINGS

When first meeting with your therapist or psychiatrist, ask what you need to feel that you are making a good choice in partnering for your therapeutic work. This is a person with whom you will be sharing details often off limits to others in your life. Questions to consider may be:

What is your license?

Where did you train?

How many years have you been in practice?

Who else may be informed of my coming to see you?

Where else do you work?

Do you have a particular practice style or interest?

In addition, ask any questions you feel would be important to you. It may be useful to write down your questions prior to visiting with a therapist.

CONCLUSION

While this guide may not simplify the process of choosing a therapist, I do hope that it has proven beneficial in laying out a path towards doing so. There are a number of other resources to search online, and I encourage you do your own research. At least three other sites I read in compiling some of my thoughts here that may be worth your time are:

- <http://www.aboutpsychotherapy.com/index.html> (written by a psychologist) A nicely detailed look at the ins and outs of psychotherapy and choosing a therapist.
- <http://bpd.about.com/od/findingatherapist/a/TherapCriteria.htm> (written by a licensed clinical social worker) A good overall sketch of the process of finding a therapist.
- <http://www.metanoia.org/choose/> (written by a mental health care advocate and non-therapist). Another nicely detailed overview of the process of choosing a therapist from a non-clinician's point of view.

If you feel that there is anything in this guide that is missing, incorrect, or could otherwise be improved upon, please let me know:

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ABOUT THE AUTHOR



Kourosh Dini, MD is a board certified adult psychiatrist with additional training in child and adolescent psychiatry and psychoanalysis. Training has included college at Northwestern University's Integrated Science Program, medical school and adult psychiatry residency at the University of Illinois at Chicago, fellowship training in child and adolescent psychiatry at the University of Chicago, and psychoanalytic training at the Institute for Psychoanalysis in Chicago.

He presently runs a private practice in downtown Chicago, consults for the Department of Children and Family Services through Envision, and has worked as the Adolescent Unit Director at Aurora Chicago Lakeshore Hospital.

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