

## CHOOSING A THERAPIST

By Lawrence D. Blum, M.D.

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Choosing and evaluating a therapist is a difficult task for which most people have little preparation. What are some of the problems? What are some reasonable guidelines?

### GUIDELINES

The first step is internal: overcoming one's embarrassment, fear, and hesitation about seeking out and selecting a therapist. Many people begin with concern about societal stigma, which of course is a serious problem, but their own internal hesitations are generally more important. Anxiety and guilt can lead a person who would seek a top-notch cardiologist for a (physical) heart problem to sheepishly accept the services of any therapist or counselor for an (emotional) heart problem. Remember that managed care companies generally try to direct their insureds to therapists who are willing to work most cheaply, so it is doubly important to look out for your own best interests.

It makes sense to look for as highly qualified a therapist as possible. Many mental health professionals, regardless of academic background, have little training to do psychotherapy (see sidebar, Therapeutic Alphabet Soup, below). Prospective patients should inquire specifically about such training, and listen not only to the answer, but also the therapist's degree of comfort discussing it. It is also worth asking questions such as how long the therapist has been in practice and how much time is devoted to the practice.

Another important qualification that is not often discussed is the therapist's own therapy. The therapist's own treatment is essential in helping him (or her) to know and to diminish his own conflicts and biases. The self-knowledge that comes with extensive individual treatment, such as a personal psychoanalysis, can help to ensure that the therapist's comments reflect the patient's concerns and not the therapist's. In this way, professional training that includes the therapist's own personal psychoanalytic therapy can offer a measure of protection to a patient. Prospective patients may feel anxious or intimidated about asking a therapist about this qualification, but they are entitled to ask about this - and they should.

What of the personal qualities of the therapist? That the therapist be kind, compassionate, and honest is necessary, but not sufficient. Good therapists are able to listen well and think and speak clearly and forthrightly. They should be interested and caring without being unctuous. A therapist should be open to *all* human emotions - love, hate, joy, sadness, envy, anxiety, etc. - and not try just to put a positive (or negative) gloss on everything.

It is more often important that the therapist have a broad and deep understanding of people in general than special experience with patients of a particular diagnosis. Toward the conclusion of

a comprehensive evaluation, the therapist should discuss with the patient the relevant possible courses of treatment and their likely advantages and disadvantages.

## **COUNSELING OR THERAPY?**

A well-trained therapist understands the difference between counseling and psychotherapy. Counseling, as the word implies, involves giving advice, telling a person what he ought to do. There are situations in which this is appropriate, as for instance when drug abuse is an issue. Most often, however, patients come for evaluation already having had lots of advice, and having had difficulty following it. Their emotional conflicts prevent them from following others' advice or their own good sense; what is needed is not more advice, but help solving the emotional conflicts they do not understand, and often are unaware of. This is where psychotherapy comes in, aiming not to counsel or advise a person, but to help him become aware of and then master conflicts and patterns that have previously gotten the best of him. In an insight-oriented psychotherapy, instead of deferring to someone else's suggestions (such as a counselor's or relative's), patients learn to develop and carry out their own best solutions. For this to happen, for patients to become maximally free and autonomous, it is crucial for the therapist to understand the distinction between counseling and psychotherapy and when each is appropriate.

## **WARNING SIGNS**

There are a variety of warning signs to watch out for. The therapist who is too removed or silent may make an emotional connection difficult. The therapist who talks too much may interfere with the patient's opportunity to tell his story and to explore his mind. The therapist's discussing his personal problems and opinions may seem warm, but this can also be seductive and may verge on exploitation. The work should be on solving the patient's problems, not the therapist's.

Grosser forms of exploitation, and also ignorance, occur. The therapist who asks questions from a list or offers simple-minded advice may simply be very ill-educated. The therapist who is seductive, who entreats a patient to perform personal favors for him, or who touches a patient in an unwarranted fashion is also exploitative. Unfortunately, therapeutic misadventures are not uncommon.

Following a few basic guidelines can help people who are choosing therapists to make good selections and obtain the most benefit from their efforts.

## **Side Bar: THERAPEUTIC ALPHABET SOUP**

Who can call himself a therapist or counselor? Anyone! These terms are without legal regulation. What do all those initials after the names mean? An MA or MS indicates a master's degree

(usually implying two years of graduate school) and may be in psychology or counseling. MSW (or MSS) indicates a master's degree in social work, and MSN a master's in nursing. Doctoral level clinical psychologists will have a PhD or PsyD, reflecting about five years of graduate study. Psychiatrists are physicians (medical doctors, MDs or DOs) who have completed four years of medical school and four years of psychiatric residency training. The terms "social worker," "psychologist," and "psychiatrist" all have legal definition, in contrast to "therapist" or "counselor." Regarding psychotherapy, however, this offers little assistance. In many mental health training programs, instruction in psychotherapy, especially insight-oriented psychotherapy, is limited; conscientious students of the field often take additional training. The term "psychoanalyst" also is without legal definition in most states, but is properly used by those few psychiatrists, psychologists, social workers, and other professionals who have completed a program of at least five years of additional post-graduate training at a rigorous psychoanalytic institute.