

CHOOSING A THERAPIST

[An edited version of this column was published in the *Jewish Exponent*, Philadelphia, PA, on April 30, 1998.]

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.

It makes sense to look for as highly qualified a therapist as possible. *(see Sidebar) Prospective patients should inquire specifically about the therapist's 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.

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 involves giving advice, telling a person what he ought to do. There are situations in which this is appropriate, however, many patients come for evaluation already having had lots of advice, and frequently 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. At the same time, 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 (MD's) 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, and social workers who have completed a program of at least five years of additional post-graduate training at a rigorous psychoanalytic institute.