

Resource Guide for ASCA Members Searching for a Therapist

The general process is as follows:

A: Research

- a) Learn about the different therapeutic approaches.
- b) Create a list of local therapists who deal with abuse issues.
- c) Check reviews and see if you like their approach.
- d) Start making phone-calls or sending emails.

B: Phone Interview

- a) Introduce yourself.
- b) Explain why you want to go to therapy and your selection process.
- c) Ask questions that are important for you.

C: 1-on-1 meeting

- a) Narrow your list and set up 1-on-1 meetings.
- b) Attend the session.
- c) Write notes immediately after.

D: Make your decision

Resources referenced:

- a) Adult Survivors of Child Abuse (ASCA) newsletter: articles on therapist search written by Renu K. Aldrich
- b) <http://ascasupport.wordpress.com/2011/04/18/searching-for-a-therapist/>
- c) <http://ascasupport.wordpress.com/2011/10/28/searching-for-a-therapist-part-two/>

A: Research

a) Education on different therapy approaches.

Learn about the different types of therapy approaches available. Note the ones that sound like a fit for you. If that is too overwhelming, eliminate those that you are definitely not interested in. This will help you understand the terminology when you are interviewing therapists.

Here are some common therapeutic approaches. Links to more are below.

- ❖ **Psychodynamic (insight-oriented therapy)** - evolved from Freudian psychoanalysis with psychodynamic approaches, including modern-day psychoanalysis. Involves interaction between therapist and client, focus on comprehending the unconscious, underlying reasons for psychological issues and maladaptive behavior. Bringing the unconscious into conscious awareness promotes insight and resolves conflict. Psychodynamic therapy is briefer and less intensive than psychoanalysis and also focuses on the relationship between the therapist and the client, as a way to learn about how the client relates to everyone in his/her life.
- ❖ **Cognitive behavioral (CBT)** – combination of behavioral and cognitive approaches, marrying conditioning with awareness. Emphasizes changing behavior in the present without delving into the past or underlying issues through the belief that our thoughts rather than people or events, cause our negative feelings/problems. Stresses the role of thinking in how we feel and what we do. The therapist assists client in identifying, testing the reality of, and correcting dysfunctional beliefs underlying his or her thinking. The therapist then helps the client modify those thoughts and the behaviors that flow from them. CBT is a structured collaboration between therapist and client and often calls for homework assignments. CBT has been clinically proven to help clients in a relatively short amount of time with a wide range of disorders, including depression and anxiety.
- ❖ **Humanistic therapy** - takes a positive view of human nature and emphasizes the uniqueness of the individual. Therapists interact with clients using empathy and unconditional positive regard to help them find their own inner self-healer. Aids clients through the crises that arise from human suffering such as loneliness, despair and anxiety. The therapist explores the nature of creativity; love, and self-actualization, helping clients realize their potential through change and self-directed growth.
- ❖ **Transpersonal therapy** - emphasizes the transcendent or spiritual aspects of a client's development, blending consciousness and traditionally spiritual techniques, including contemplative practices such as meditation. This view is a holistic one under which the therapist aids the client with cultivating a greater sense of connectedness with others, with nature, and with a higher spirit.
- ❖ **Eclectic** - draws upon various aspects of cognitive-behavioral and psychodynamic methods to create their own custom-made approach. Such therapists often work with their clients to create a treatment plan that encompasses different techniques to best address the client's particular problems and to appeal to their sensibility.

Many adult survivors of child abuse suffer from PTSD (post-traumatic stress disorder). In PTSD treatment, cognitive therapy often is used along with behavioral therapy called exposure therapy, EMDR and/or Somatic (SE) therapy.

- ❖ **Cognitive therapy** - helps you recognize the ways of thinking (cognitive patterns) that are keeping you stuck — for example, negative or inaccurate ways of perceiving normal situations.
- ❖ **Exposure therapy:** - this type of behavioral therapy technique helps you safely face the very thing that you find frightening, so that you can learn to cope with it effectively. A new approach to exposure therapy uses "virtual reality" programs that allow you to re-enter the setting in which you experienced trauma.
- ❖ **Eye movement desensitization and reprocessing (EMDR) therapy** - combines exposure therapy with a series of guided eye movements that help you process traumatic memories.
- ❖ **Somatic experience therapy (SE)** - psychobiological method for resolving trauma symptoms and relieving chronic stress. The SE approach releases traumatic shock, transforming PTSD and the wounds of emotional and early developmental attachment trauma. SE offers a framework to assess where a person is "stuck" in the fight, flight, freeze, or collapse responses and provides clinical tools to resolve these fixated physiological states.

“The dual formulation of validation and empowerment seems to be fundamental to post-traumatic therapy”—excerpt from *Unspeakable Truths and Happy Endings: Human Cruelty and the New Trauma Therapy*, by Rebecca Coffey

The idea of the therapist and client working together as partners, sharing responsibility and expertise, is still radical in many mental health settings. But for trauma survivors, this is in many ways the key to success in therapy.

Links to more therapy approaches:

1. <http://psychcentral.com/therapy.htm>
2. http://therapists.psychologytoday.com/rms/content/therapy_methods.html
3. <http://ascasupport.wordpress.com/2011/04/18/therapeutic-approaches/>

b) Create a list of local therapists.

Start with your health care provider if you have one and then look through their list of supported therapists. Otherwise, use google to find local therapists. Read reviews and make a list. Some examples of therapist sites:

1. <http://www.goodtherapy.org/find-therapist.html>
2. <http://www.psychologytoday.com/>
3. <http://www.isst-d.org/find-a-therapist/disclaimer-find-therapist.htm>
4. <http://www.psychologytoday.com/>

c) Check online reviews and see if you like their approach.

Some of the consolidated sites may have reviews or you can perform a web search for the therapist's name and reviews. Also, would you feel more comfortable with a male or female therapist? Does their age and/or number of years in practice matter to you? You can use these filters to shorten your list.

d) Start making phone-calls or sending emails.

Call each of the therapists on the list, leave your name and phone number and the reason why you are calling. If your list is too long and/or feels too overwhelming, you can prioritize or shorten the list by using other criteria as a filter. Schedule blocks of time to make the phone-calls and if leaving voice-mails, you can leave 20 voice-mails in 20 minutes or less. Doing them in blocks will help ease your anxiety (if you have any). The more calls you make, the easier it will get. However, you may find that some therapists are not good about returning calls so you may have to leave more than one message.

B: Phone Interview

a) Introduce yourself.

b) Provide the reason you want to go to therapy.

This will help the therapist determine the kind of work they will want to do with you. It will also give you the opportunity to learn more about the different therapy approaches and/or get explanations in lay-person's terms.

c) Explain your selection process. Presumably you want a therapist with a lot of experience with child abuse issues so you may want to ask if that is a "specialty" and whether he/she has any special training. If you are dealing with repressed memory, it is important that you make sure the therapist is familiar with that phenomena and will validate your experience.

d) Ask other questions that are important for you.

Identify things you don't like or that make you uncomfortable and incorporate those into your questions. Here are some examples.

1. Is race or religion an issue for you? While most of us strive to be open-minded, therapy is about your needs and so be honest with yourself.
2. Would the therapist's sexual orientation make a difference to you?
3. Would you prefer a private setting within a home or would an office with a secretary and others around feel safer?
4. Do you prefer a set weekly appointment or would scheduling appointments week by week be acceptable? Some therapists feel that a recurring appointment is part of the safety in the relationship while others believe it fosters

dependence. The important aspect is what you feel you need as you get into the relationship.

5. Education and types of therapists vary. Do you want someone to have a particular license or level of education?
6. Do you care if you will be sitting or lying down during sessions?
7. Do you prefer a therapist who mostly listens or one who asks a lot of questions and/or interjects a lot? Do you care if the therapist takes notes while you are talking?
8. Do you have a limit on how long you are willing to continue in therapy, for example, 6 months, a year, 5 years?
9. Do you want someone who does art or music therapy or who suggests writing activities or other types of “homework”?
10. Is it important to you that the therapist be available for any emergency situations between sessions?

C: 1-on-1 Meeting

a) Narrow list and set up 1-on-1 meetings.

Hopefully by now, you will have narrowed down your list to 2-4 therapists as it may not be practical to have a lot of introductory sessions. It is very important that the therapists on your short-list make you feel safe, comfortable and understood, even over the phone, and that you find it easy to open up to them. It is also important to think about whether the therapist seems like someone who can challenge you to grow.

b) Attend the session.

It is important to be open about your abuse experiences and your expectations. The therapist is likely to treat this like a “normal” session so you can see if you like the vibes.

c) Write notes immediately after.

1. If you are environmentally sensitive, did you like the office or the location?
2. Was therapist full of energy or laid back?
3. Did he or she want to delve right into what your problem is and get you moving or do they want the chance to get to know you first?
4. Did they respond patiently to your questions and allow you the time to gather your thoughts or did they hurry you along?
5. Was their body posture and sound of their voice soothing or grating?
6. Did they seem qualified? Do they have the training, skills and licensure to adequately meet your needs? Unfortunately, not all professionals will admit that they do not have the competency to help you.

7. Did they make you feel accepted or judged, or were they neutral?
8. Did they feel right to you despite any fear or anxiety regarding the process?
9. Does their approach resonate with you and where you are on your healing journey?
10. Do you have concerns? Can you bring them up with a friend, current counselor or in a follow-up with the potential therapist?
11. What does your gut say about them?

D: Make your decision

You probably don't want to waste any more time if you get a bad vibe or don't click with a therapist on the first visit. If you are unsure, you can tell them you will think about it and let them know by phone or email whether or not you plan to return.