How to Find and Choose a Therapist

- 1. Consider your aims for therapy by reflecting on questions such as the following:
 - a. What **concerns** bring me to therapy right now?
 - b. What **changes** do I hope to experience as a result of therapy?
 - c. Where does therapy fit in my life? Do I see therapy as a short-term way of processing specific difficulties (like working through depression or a breakup) or a long-term approach to overall wellness (analogous to seeing a personal trainer)?

2. Consider what you're looking for in a therapist

- a. Clinical specialization(s): Most therapists have experience helping clients with common mental health problems, such as anxiety and depression. But if you know you're looking for support for a specific condition, look for therapists who have experience with your condition.
- b. **Modality**: A therapist's "modality" is the set of theories and practices through which they approach therapy (e.g., CBT, ACT, DBT, IFS, CFT).
 - Contrary to popular belief, on average, therapeutic modality and specific treatment components are *not* a strong predictor of outcomes, and are less important than finding a good personal fit.1
 - If you're unfamiliar with therapeutic modalities, disregard this and just ask ii. prospective therapists to explain their modality to you.
 - But your preferences for modality matter if you have them, because iii. that impacts how useful you'll find therapy. So if you know (for example) that a cognitive-behavioral framework makes sense to you, it is worth seeking out a CBT therapist.
- c. Credentials and experience: A therapist's degree or level of experience is not strongly predictive of outcomes, on average.2
 - But like modality, if you know you'll be most comfortable with a therapist with a certain degree or training background, it is worth prioritizing.

d. Location and format:

- Your therapist must be authorized to practice in the jurisdiction where you will be physically present during therapy sessions.
- ii. Consider whether you prefer virtual, in-person or the option to do both.
- iii. Local therapists will be more familiar with other mental health resources nearby. This is important if you might have trouble maintaining physical safety between sessions, or if you're considering a higher level of care (e.g., residential or day programs).
- e. Background / identity: Consider whether you might feel most comfortable working with a therapist of a certain gender, age, race or culture.

¹ Wampold, B. E., & Imel, Z. E. (2015). The great psychotherapy debate: The evidence for what makes

psychotherapy work (2nd ed.). Routledge.
Tracey, T. J., Wampold, B. E., Lichtenberg, J. W., & Goodyear, R. K. (2014). Expertise in psychotherapy: An elusive goal?. American Psychologist, 69(3), 218.

f. **Insurance and fees** (US perspective):

- i. Some therapists accept health insurance (they are "in-network" with insurance companies) and others do not (they are "out-of-network" with insurance companies).
- ii. If you see an in-network provider, the cost to you will be the amount of your copay (often ~\$10-50 per session), plus any deductible. You can call your insurance company to confirm these costs.
- iii. If you see an out-of-network provider, you will pay the full cost of each session upfront (often ~\$150-250). Optionally, you can then seek reimbursement from your insurance company. Here's how out-of-network benefits work, and how to figure out how much therapy will cost.

3. Identify potential therapists

a. Ask for referrals:

- i. From your healthcare providers (e.g., primary care physician)
- ii. If you're in an academic setting, from student health services
- iii. Check if your employer sponsors therapy through a service like Lyra
- iv. If you have family or friends who work in mental health care, or who have had positive experiences in therapy, ask them if they have providers or clinics to recommend.

b. Consult a **general directory** (and filter for your preferences):

- i. Zencare (US)
- ii. <u>Psychology Today</u> (US, UK and international; change location in corner)
- iii. Counselling Directory (UK)
- c. Search for a **specialty directory** that is tailored to your needs. For a few examples, there are directories for <u>OCD specialists</u>, <u>neurodivergent therapists</u>, <u>LGBTQIA+ affirming care</u>, <u>kink/ENM-affirming care</u>, providers serving <u>Black</u> women, and providers serving <u>effective altruists</u>.
 - i. Many general directories can also be filtered by client or therapist characteristics to become a specialty directory.

4. Set up consultations

- a. Reach out to 3-5 therapists if possible. If it's not clear from their website, ask whether they are taking new clients, licensed in your jurisdiction and any other straightforward questions you want answered upfront (e.g., whether they take insurance).
- b. **Aim to set up 2-3 consultation calls**. These are free, usually 15-20 minutes, designed to evaluate potential fit before moving forward with any paid services.
- c. At the consultation, **expect to get questions** about what brings you to therapy and what your goals are. You will have a chance to share much more detail if you work together, so it's fine to be brief.
- d. You can ask questions about anything that feels unclear, e.g.:
 - i. What's your therapeutic modality / approach to therapy?
 - ii. What does a typical session involve? Do you assign homework?

- iii. How long do people usually stay in therapy with you?
- iv. Do you have experience with [my central issues/identity factors]?
- e. **Don't feel any pressure** to move forward on the spot. Let them know you're consulting with multiple therapists and need some time to decide whether you'd like to work together.
- 5. <u>Prioritize personal fit</u>. Some predictors of therapy outcomes are outside of your control such as the type and severity of your mental health concerns at baseline. But when it comes to things you can choose, the **best predictors of therapy outcomes** are your **engagement in treatment and the therapeutic relationship**. Therefore, aim to find a therapist with whom you have great personal fit. Consider:
 - a. Goal consensus and collaboration: Is there a sense of teamwork and agreement about what you're working on? Do you have a shared theory of change?
 - b. **Expectancy:** Do you find the approach credible? Do you feel hopeful about benefiting from therapy?
 - c. **Empathy, warmth and overall connection:** Do you feel heard, supported, and understood? Do you experience your therapist as caring, genuine and trustworthy? Do you like them?
- 6. What if it's not a good fit? It's not always easy to be confident of personal fit right away. If after spending some time in therapy, you feel it's not a good fit:
 - a. Make sure you're doing your part to get the most out of therapy.
 - b. Give your therapist feedback to see if the fit improves. You can say things like:
 - i. "I'm not sure I understand why X is likely to help. Can you explain that?"
 - ii. "I'm feeling doubtful about therapy because of Y. What do you think?"
 - iii. "Sometimes I worry that you don't get where I'm coming from. Can we check to make sure we're on the same page?"
 - iv. "I think it would help if you pushed me a bit more / less."
 - v. "I'd like to try more structure / less structure / more skills practice / leaving more time for action items."
 - c. Switch therapists. It's always your right to end therapy or switch providers. Therapists don't want to waste your time, and most will welcome hearing if a client wants to look elsewhere for a better fit. Try something like, "Thanks for working together thus far. After some more thought, I'm not sure therapy is clicking for me, so I'd like to end here and look for a different approach. I'll be in touch in the future if I want to resume."