

Choosing a Psychotherapist

by

Harry D. Corsover, Ph.D.

(Originally published in the Total Health Journal, © 1988, 1989)

If you're new to the idea of finding a counselor or psychotherapist, you may not know where to start. The task can be a complex one even under the best of circumstances, and when we're feeling quite distressed, the prospect can be daunting. This article is intended to assist you in sorting out your choices.

PART ONE:

UNDERSTANDING TRAINING & CREDENTIALS

First, let's set the stage by offering a general definition of **psychotherapy**: the treatment of personality and emotional problems through “psychological” means—mostly through focused talk and relating with a therapist. This includes dealing with attitudes, thoughts, beliefs, values, feelings, behaviors, memories. That covers a lot of ground, and not all approaches or all therapists will deal with all of these.

Before listing and describing the various professions and credentials, it is important to emphasize, that although members of each group may claim to be “the best trained,” or “more legitimate,” or whatever, that whole question is quite subjective. There is only one distinction that you can count on: psychiatrists (that is, M.D.'s) are presently the only ones who can prescribe medications in most settings (and even this distinction may be changing soon). Beyond that, the type, and quality, of the work any therapist does is more a function of their individual training, experience, and commitment to offering quality care, than of the degree or license they hold.

A Nurse may offer psychotherapy, and may have additional specialized training to do so. The letters “R.N.” indicate “Registered Nurse,” while the academic degrees may appear as (usually) B.S., B.S.N., M.S., or M.S.N. The term “psychiatric nurse” is descriptive (rather than official), and is most often used by someone with graduate training (M.S. or M.S.N.) in a psychiatric setting. Nurses may be certified by the American Nurses Association in a specialty area.

A Psychiatrist is a medical doctor who has additional training in the treatment of mental illness and disorders. A psychiatrist's training naturally starts with the frame of reference of a medical model, i.e., using the concepts of disease/mental illness, and the use of medical interventions (medications, etc.) as well as psychotherapy. Psychiatrists have gone through an internship and residency in a hospital setting, which may also have included outpatient treatment. They may or may not be “board certified” (which indicates they meet certain standards of training and experience, and have passed examinations by the board certifying psychiatrists), but may still use the term “psychiatrist.”

A Psychologist is, for the most part, someone who has a doctoral degree (mostly Ph.D. or Psy.D., sometimes Ed.D.) with an emphasis in psychology and related course work, an internship in a mental health agency or hospital, and a certain amount of supervised experience providing treatment to individuals (and possibly to couples, families, and groups). In addition a licensed psychologist must pass one or more examinations (the exact requirements vary greatly from state to state). According to all state laws of which I am aware, the terms “psychologist” and “psychological” (as in “psychological counseling,” etc.) may not be used except by licensed psychologists. This is meant to protect the public, although in my opinion, it falls far short of that mark. Psychological testing is usually done by psychologists, although there are other professionals who are trained and qualified to administer and/or interpret such tests.

The terms **counselor** and **psychotherapist** are more generic terms, encompassing a wide range of education, training, and certification. Their academic preparation ranges from non-degreed (called “lay counselors”) up to doctoral level. A Pastoral Counselor probably has some specific training in counseling, and may be certified by

a professional board of pastoral counselors. The words “counselor” and “psychotherapist” are not regulated in most states. The term “licensed professional counselor” has been instituted by a recent Colorado law. There are some independent organizations that have developed procedures for certifying the competency of a practitioner (certification is recognition by an organization that a person possesses certain qualifications and a minimum level of knowledge, skills, and ethical standards; it is not a legal status or a license). One such organization is the International Transactional Analysis Association, whose Board of Certification has developed a model process for maintaining high standards of practice. Thus, someone certified by the I.T.A.A.'s Board of Certification has had suitable training and supervision, and has demonstrated a professional level of practice through written and oral examinations as well as taped and/or live samples of their work with clients. Another such organization is the National Academy of Certified Clinical Mental Health Counselors. Their certification process follows a similar model (although without an oral examination, and not organized around a specific theory or approach). Counselors certified by them may use the initials “CCMHC” following their name.

Marriage and Family Therapist is another category recently granted official legal status in Colorado (although other states have had such licenses, and people have been specializing in the area for many years). There is much overlap in the training of these and other therapists, with the marriage and family therapist specializing in work with family systems and the family as a context in which individuals experience emotional and other distress. Specific requirements for this license include graduate training and supervised experience, as well as examination(s).

Social workers have a degree (ranging from bachelor's, to master's to doctorate) in, you guessed it, social work. Their training can range from community assistance to psychotherapy. Those in private practice as Licensed Social Workers will have specific education and training in psychotherapy and social systems, a masters degree, and have passed licensing examinations. There is also a professional certification, “A.C.S.W.,” granted by the national Academy of Social Work to those meeting their standards of professional preparation and practice.

While you may have been hoping to be able to figure out what to expect from a therapist by their title or degrees, all is not lost. There are some specific questions you can ask, to get information you are entitled to know as you consider hiring a therapist. (That's right—any health professional is someone you hire to work with you to create changes in your life. You may as well choose one thoughtfully.)

Here are some questions to ask:

- What kind and level of training do you have? How long have you been in practice?
- Are you licensed or certified?
- What is your orientation and/or philosophy? Do you identify with any particular school of therapy?

PART TWO:

MAJOR APPROACHES TO THERAPY

Another important consideration in **choosing a psychotherapist** is the therapist's theoretical and practical approach to psychotherapy (or, the way they understand “how we get to be the way we are,” and how they generally go about assisting people in making changes in their lives).

First, let's consider some major categories of emphasis in these approaches. There are approaches to therapy that emphasize the **affective**, (“feelings”), the **behavioral** (actions and learned patterns), **cognitive** (thinking and attitudes), **physiological** (brain and body processes), and/or **spiritual** aspects of growth and change. In this article, we will describe the emphasis of each type of approach (along with some examples) as well as some “schools” of psychotherapy that combine, or integrate more than one.

The **affective** therapies emphasize the awareness and expression of feelings (emotions) and subjective experience in general. The idea here is that we have learned to block our direct, here-and-now experience (often with good reasons in the past), and this limits our effectiveness and joy in the present. This is typified by Gestalt Therapy, where the goal is seen as removing or resolving these blocks by focusing on directly experiencing our internal and interpersonal process (rather than by analyzing it), and by trying out new ways “in the safe emergency” of the therapy sessions as well as in our daily lives. This approach can be particularly effective for people who have used intellectualizing to insulate themselves from their feelings.

The **behavioral** therapies (sometimes known as “behaviorism”) emphasize the learned and observable/measurable actions, and downplay the importance of thinking and feeling patterns. The idea here is that we learn how to deal with life through a sequence of reinforcing contingencies, and we can learn to make changes the same way — through a program of specific behaviors and reinforcements (positive and negative). In its original, or “purist” form, behaviorists totally disregard thoughts and feelings; there are others who now combine a behavioral approach with attention to thinking and/or feelings. Behavioral approaches are sometimes used in dealing with children with behavior problems, or with people wanting to change specific habit patterns.

Cognitive therapies focus on the thinking and attitude patterns that influence our experience of— and response to the world. The idea here is that our attitudes shape our perceptions and our feelings, as well as our behaviors. Approaches such as “cognitive restructuring” aim to help people adjust the way they think, thus giving them more freedom and flexibility in their feelings and behaviors. One well-known approach, Rational-Emotive Therapy, is largely an integration of the cognitive and the behavioral (in spite of its name). The focus here is on “irrational beliefs” that shape our feelings and reactions to outside events (rather than the events “causing” our reactions). This approach challenges the irrational beliefs, and supports people in forming new, more functional attitudes, and in changing their behaviors in productive ways. (The “emotive” in its title refers more to the sequence of internal events than to an emphasis on expressing feelings.)

Physiological approaches to psychotherapy include at least two distinctly different approaches. One is a medical approach, where the causes for specific psychological problems are seen as biological (genetic and/or biochemical; hence the term “mental illness”), and the treatment approach is therefore solely or primarily medication (psychotherapy may be used as an “adjunct” to this treatment). There are some areas where this approach is widely accepted as the best treatment, and others in which there is wide disagreement. An example of a problem that may respond well to a combination of medication and psychotherapy is “manic-depressive disorder” (or “bipolar disorder”); examples of problems where there is much less agreement are depression, anxiety, and schizophrenia (the controversy is often about whether the causes or the symptoms are being treated by the medications, and about the side-effects of many medications).

A second group of physiological approaches take the view that feelings and many other important patterns are held, or locked into our bodies, much outside of our conscious awareness, and that the way to release these

involves the body directly — either by specific guided exercises or by direct, hands-on body work by the therapist (or a combination). The “purist” approaches work solely on the physical level (i.e., with no analysis or talking it through), while other approaches include some focus on understanding the origins and the consequences of our old patterns, and some assistance in forming new patterns at the physiological, mental, emotional, and behavioral levels. (I may as well make my personal position clear here — I find that while a small percentage of people do fine without this assistance, most of us need some structure for integrating and applying our learnings. This can be accomplished with a psychotherapist who does body work, or by doing body work and psychotherapy concurrently.)

Spiritual approaches to counseling and psychotherapy can also be divided into two categories — those within specific religious denominations, and those using a more general spiritual frame of reference (sometimes referred to as “transpersonal”). Pastoral counseling may look to religious law, writings, etc. for guidance and direction, or even for specific answers to particular problems; while this may be helpful to some, it would not be called psychotherapy. At the same time, a religious framework may be used for support and guidance while psychotherapy provides the “tools” to assist people in change and growth.

There are a growing number of transpersonal approaches that assist people in becoming aware of their own inner spirituality while learning how to deal with their everyday lives as well. This is in contrast to what some of my teachers have called the attempted “spiritual bypass” — the attitude of “I’m a spiritual person; I don’t have to deal with mundane things such as relationships, paying the bills, or taking responsibility for my health.” Many people find that attending to their own personal spirituality provides a strong base for moving forward at the physical, mental and emotional levels. Also, many people find that a spiritual frame of reference helps them find deeper meaning and greater strength. While this in itself is no big news item, its broader acceptance in the world of psychotherapy is relatively recent. There are a growing number of therapists integrating spirituality into their work, as well as some specific schools of therapy, e.g., Psychosynthesis, that have a spiritual base.

A reminder — the above are simply categories of major emphasis, and they don’t cover all the bases. There are at least two other factors to take into account: One is that there are schools of therapy that cross categories, or that easily allow for an integration of them. For instance, Transactional Analysis (at the theoretical level) deals with affective, behavioral, cognitive, and physiological aspects of people and change (and can easily integrate spiritual as well). The second factor is that the major variable is the therapist him- or herself. The particular emphasis, preferences, and style is a very individual matter. So, even within a single “school,” one therapist may place more emphasis on childhood events and history, while another finds dealing more with “here and now only” to be more effective; still another prefers a balance between these two poles. Interestingly, although the various approaches differ widely in theory and training, research has shown that experienced and effective therapists are more similar than they are different.

In your search for a therapist, you may want to consider the following questions:

- Is her/his theoretical approach one that either makes sense to me now, or that I am willing to consider?
- Does this therapist appear to strike a balance between what we may call “comfort” and “challenge?” In other words, there needs to be sufficient rapport for a feeling of safety, and sufficient confrontation or challenge to your old patterns to assist you in changing.

Harry D. Corsover, Ph.D. is a licensed psychologist practicing (with his wife, Linda G. Azzi, R.N.,B.S.) as Corsover & Azzi, Consultants in Personal Growth and Effectiveness, 3545 Golden Spur Loop, Castle Rock CO 80108. Harry and Linda have over 68 years combined experience, and specialize in relationships, Co-Couple Counseling (in which they work with couples as a couple); as well as resolving co-dependency, depression, anxiety, and the effects of abuse.