

5 Great Questions You Need to Ask Your New Therapist



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AUTHOR'S NOTE

Thank you very much for downloading this eBook. I hope that you find it as useful as I did enjoyable to write it.

It takes a great deal of courage to meet with a therapist. If you've never seen a therapist before, the process might even seem intimidating. Hopefully this eBook will reduce some of your stress and increase what you get out of your sessions.

The following five questions are ones I recommend to each one of my clients. Throughout our sessions, I make a point to go over them more than once. I truly believe that a well-informed client is an empowered client, and empowered clients get much faster than those who are not.

I wish you great luck on your journey. If I can be of service, feel free to reach out. You can visit my website, Blunt-Therapy, too. I'm always there it seems.

Best wishes to you.

A handwritten signature in black ink that reads "Randy Winters". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

INTRODUCTION



A qualified mental health counselor can help individuals, couples, and families with a diverse number of issues, from anxiety and depression to parenting skills, anger management, and drug and alcohol addiction. If you've decided to seek help, good for you!

Regardless of whether this is your first or 40th time seeing a therapist, there are important things you need to know about therapy — and about your therapist.

WHAT KIND OF THERAPIST ARE THEY?



Just like doctors, lawyers, engineers, and mustard, therapists come in many varieties. So, let's first clarify what we mean by "therapist." Technically, the term is "psychotherapist," but clinicians tend to use that label with caution, as it sounds a bit... clinical. However, there are many other kinds of therapists out there, from speech therapists to massage therapists.

Even among psychotherapists, there are different types. They all are trained to help you, but what they can do varies with licensure, experience, and training. The following list is not all-inclusive, but it should give you a basic idea of the differences:

Psychiatrists (MD) are the only ones on this list who have graduated from medical school and can prescribe medication. They usually have an MD after their name, indicating they are a medical doctor.

Psychiatrists practice in all sorts of different places — hospitals, community agencies, and in private practice. They are trained in some form of psychotherapy, but medication management is often a defining component of their care.

Because they can prescribe medication, psychiatrists are often in high demand. If you don't need medication, or you have a doctor who already prescribes your medications, then consider other types of therapists who are more readily available.

Psychologists (PhD, PsyD, LPA) practice at both the masters and doctoral level. One critical distinction between a psychologist and a psychiatrist is that psychologists can't prescribe medications.

Movies and TV shows get this wrong all the time. A character is seeing a psychologist and at the end of the session, the psychologist writes a script for Xanax. That's not how it works in real life. Only medical professionals can do that — doctors, physician's assistants, nurse practitioners, etc.

A psychologist's forte (or at least one of them) is testing and evaluation. School psychologists, for example, are often involved in the creation of IEPs that are developed based on testing that the

psychologist performs. At the agency or hospital level, they write psychological evaluations based on tests that can cover dozens of different issues — IQ, ADHD, PTSD, personality disorders, level of depression or anxiety or schizophrenia, etc.

There are many different types of psychologists with many different types of specializations. Psychologists tend to see clients with pervasive mental illness, or personality disorders. Like Psychiatrists, they are also in high demand due to these skill sets.

Marriage and Family Therapists (LMFT), as the name implies, deal with issues related to marriage and family. This is not to say that an LMFT only works with groups as opposed to individuals. However, it is fair to say that LMFTs have been trained in what is called “systems theory.”

A family or a marriage or a couple is a “system.” The idea is that individuals are influenced in both subtle and overt ways by the system with which they interact. Patterns tend to exist across generations in families — alcoholism is a pretty good example. Sexual abuse can also be a generational thing, as can spousal abuse and domestic violence.

If regular therapy is basic math, MFT is calculus. The therapist is not just going to be looking at you and your presenting issues. They’re going to be looking at your entire family. Some LMFTs will even ask that your family members attend a meeting or two.

Licensed Clinical Social Workers (LCSW) and Licensed Professional Counselors (LPC) are similar. Many LCSWs and LPCs might disagree with that statement, but as far as therapy goes, it's hard to tell them apart.

An LCSW has more training when it comes to the coordination of social services, and LPCs focus more on a wellness model for their clients, but in practical application, the two are similar.

Many LPCs and LCSWs tend to specialize — some work with small children and some maybe exclusively work with adults, or teenagers, or couples. Mood Disorders, PTSD, depression and anxiety, and addictions are all examples of specializations.

Licensed Clinical Addiction Specialists (LCAS) round out the list. They work with clients who have drug and alcohol problems. This is often an additional license that someone like an LCSW or LPC has earned after literally thousands of hours of training and supervision. John Doe, LCSW, LCAS, means he's a licensed therapist with training in drug and alcohol addiction.

The LCAS is State-specific. For example, it exists in North Carolina, but not in Georgia. You may see similar certifications, such as CSAC or CADC — Certified Substance Abuse Counselor and Certified Alcohol and Drug Counselor, respectively.

Has all of this left you confused?

Fortunately, this information is all readily available as part of a therapist's Informed Consent, which you will often get before you even sit down for your first session. Depending on where you go, you will often get a batch of paperwork to read and fill out. It's a good idea to read this information. It should tell you exactly what type of therapist they are, what they specialize in, and what type of clients they see. If not, here's a suggestion:

Ask them!

You have a right to know this information, and a therapist should have no problem answering any questions you have. This may seem obvious, but you'd be surprised how many clients are afraid to ask basic questions that they have a right to know.

Insider Tip:

If a therapist has an office assistant, like someone who schedules the appointment, they may not be the best person to ask. When in doubt, ask the therapist directly.

Why you need to know this:

Simply put, you want to find the therapist who has the best training to help you. This will be different for every client. If medication is a critical component of your treatment plan, a psychiatrist might be your best bet, as they are the ones who write prescriptions. Conversely, if you want to avoid medication, an LPC might be appropriate, as they cannot prescribe medications and therefore do not use medication as an intervention.

Now that we have all that covered, let's move on to question number two.

ARE THEY REQUIRED TO DIAGNOSE YOU?



Unless you are paying out-of-pocket, meaning that insurance company is not involved, you will probably leave your therapist's office with a mental health diagnosis.

The same basic thing happens when you go to your doctor. Doctors have a code for everything. Got the flu? There's a code for that. Carpal tunnel? There's a code for that, too. It's how doctors get paid. They submit these codes to your insurance company, and they get reimbursed for their services.

That's not really that big a deal, though. Or is it?

If you use insurance, know that in most cases, a therapist must submit a diagnostic code to get paid by the insurance company. We use the DSM 5, which is an acronym for Diagnostic and Statistical Manual of Mental Disorders, Version 5.

The DSM is a catalog of every mental health disorder known to man. And if your therapist wants to get paid, they will need to submit a diagnosis. Here are a few examples:

296.33 Major Depressive Disorder, Severe, Recurrent

307.51 Bulimia Nervosa

302.72 Erectile Disorder

292.0 Caffeine Withdrawal

300.02 Generalized Anxiety Disorder

309.0 Adjustment Disorder with Depressed Mood

As you can see, they get specific. Who knew caffeine withdrawal was a thing? At any rate, many therapists loathe having to give a diagnosis after only one session, but this is the mental health system.

If you're having a bad day and you just need to vent to somebody, there is no corresponding code. Likely, it would be coded as an "Adjustment Disorder." Say you've just moved to a new town and you're feeling lonely and your sleep cycle has been disrupted because you're in a new time zone.

That's an example of an adjustment disorder. Relative to some other conditions, it's mild.

However, other diagnoses can have long-term implications, and not just on your mental health.

Why you need to know this:

You have a right to know that many mental health conditions can affect you in ways that are not obvious.

Depression, for example, is a debilitating mental and even physical condition, but a diagnosis of Major Depressive Disorder, which is oftentimes what depression is billed as, can affect life insurance rates, health insurance premiums, and might even disqualify you for certain types of jobs.

Bipolar Disorder, for example, can be a career-killer in the military.

You have a right to know that your insurance company will be notified of your diagnosis, unless you are private pay, which means that you are paying 100% of the fees associated with therapy.

Insider Tip:

It's unethical for a therapist to give a diagnosis that is in any way inaccurate or misleading. Therefore, a therapist is going to give the diagnosis that he or she feels is most appropriate.

That said, if you have concerns about a diagnosis becoming part of your permanent medical record, ask them about private pay options.

Regardless, please do not let these issues prevent you from seeking help.

Many mental health conditions can be hazardous to your health if not treated. Suicidal ideation is often associated with anxiety, bipolar disorder, and depression, among several others. Your safety and well-being should always take priority.

Let's move on to the third question:

WHAT ARE THE LIMITS OF CONFIDENTIALITY?



Trust is a critical part of the therapeutic relationship. If I am your therapist and you are my client, you have to know that I'm not going to be blabbing about your personal life to the cashier at Walmart, or posting your status on Facebook, or discussing your history with anyone with whom you have not specifically asked me to do so.

What is said in therapy stays in therapy.

That's just a given.

Or is it?

You have a right to know that there are limits to confidentiality. This is something that your therapist should discuss with you, but often this information is part of that packet you get when you first make the appointment. Many people sign and initial without fully reading the documentation, and this could lead to a problem.

Clients need to have a frank discussion with their therapist about confidentiality, and this really should be an ongoing conversation.

As therapy continues, new issues are bound to surface, and a client needs to know what a therapist can keep quiet about and what he or she cannot. Here are some points to consider:

Confidentiality is an **ethical concept**, not a legal one. The term “privileged” denotes something that is protected by law. If you are seeing a lawyer, you have what is known as attorney-client privilege.

Basically, you can tell a lawyer that you killed somebody, and they can't tell anyone. This is an important distinction.

While a therapist is ethically bound to maintain confidentiality, there are times when the law requires them to break it. This varies from state to state, but one of the newer, more controversial issues, is whether a therapist is ethically obligated to tell your partner if you are HIV positive, if that is confessed in a session.

Confidentiality statutes vary from state to state, and from therapist to therapist.

LPCs, for example, subscribe to the American Counseling Association Code of Ethics. Psychologists have the American Psychological Association. And so on, and so forth.

Because there are so many differences across the United States, my advice to you is simply to ask your therapist about the limits of confidentiality.

A therapist can be compelled by a judge to testify in court. This happens a lot during child custody hearings, especially when one or both spouses has seen a therapist. Those proceedings can get nasty.

Again, it is wise to talk with your therapist if you think something like this will come up.

If you are a minor, confidentiality is essentially up to your parents. Clients under the age of eighteen should talk with their therapist about what can stay between them, and what goes back to mom and dad.

Most therapists understand that it is difficult to forge a relationship built on trust if the client knows that mom and dad get a report of everything they say, so there's no reason you can't establish ground rules before you begin.

When I work with kids, I tell them that I'm going to have to tell someone if they want to hurt themselves or someone else, but most everything else will stay between us. I tell their parents that, too. It seems to work just fine.

Suicidal intent, homicidal intent, suspected abuse of children or the elderly, and imminent threat to the client or someone else are all potential reasons why a therapist could break confidentiality. This list is not all-inclusive. Talk with your therapist if you have questions.

All therapists must observe an ethical mandate called "Duty to Warn." In some states this is a legal requirement, but not in all.

"Duty to Warn" means that if the therapist has reason to believe that you plan on hurting someone (say, for example, an ex-girlfriend) — they are obligated to reach out to that person and warn them specifically. They will also alert the police.

Insider Tip:

Some therapists are good about going over this stuff; some are not. Advocate for yourself! Ask questions. You have that right.

Let's move onto the next question:

WHAT IS THEIR THEORETICAL ORIENTATION?



If you've ever seen therapy on TV or in a movie, it's usually not an accurate depiction, namely because real therapy does not make for good TV. Often, you see the client lying on a couch and talking about his or her dream.

What you are seeing is a Hollywood “interpretation” of Freudian Psychoanalysis, which is an example of a theoretical orientation. Freud believed that dreams offered insight into our unconscious mind, that the past dictated the future, that procreation was a driving force in our lives.

He believed in other stuff too, but you get the picture.

These ideas, or theories, guided, or oriented, his belief system about therapy.

Thus, the term “theoretical orientation” can be loosely defined as a set of ideas to which a therapist subscribes about how to affect positive change through counseling.

More than 100 years after Freud literally wrote the book on Psychoanalysis, there are a few dozen different theoretical orientations that therapists use in various ways. Too many to list here, but suffice to say, it's a good idea that you know which one(s) your therapist uses.

If you're curious to know if there is one that tends to be more popular with therapists, there is. It's called CBT, or Cognitive-Behavioral Therapy. Basically, the theory says that our thinking dictates the way we feel. If our thinking is screwed up, it follows that our feelings will be, too.

CBT is likely what your therapist uses. But not definitely. Like I said, there are a few dozen different theories in current application today.

Why you need to know this:

Not to keep picking on Freud, but let's say your therapist is a Freudian and he or she wants to do dream analysis with you. What if you have absolutely no interest in your own dreams? Or **your childhood**? Or your subconscious?

This has the potential to create conflict between the therapist and client, and conflict tends to prohibit things like trust and rapport. Plus, some theories employed in counseling tend to work better than others, depending on your presenting issue(s).

This, of course, is merely an example. Most therapists are not Freudians. It's still a good idea to know what their theoretical orientation is, because it has a direct effect on the following:

The therapist's belief about the relationship between client and counselor

The therapist's belief about the nature of change (which is why you are there in the first place, probably).

Interventions that they use to bring about said change.

Theoretical orientation is important. It's like the navigation system for a seafaring vessel.

Insider Tip:

These days, many therapists like to pull from several different theories, the idea being that humans are too complex for any one theory to cover. This is known as eclecticism.

A therapist should be more than willing to discuss this with you. Many clients never ask, so you may find that they are pleasantly surprised to get the question!

Onto the fifth question!

WHAT ABOUT THEIR EXPERIENCE?



There are two types of experience — Personal and Professional. Mental Health is one of those fields where your personal experience can be either a great asset or a great detriment, depending on how you use it.

Professional experience, on the other hand, deals with education, training, supervision, and research. Anyone can take a course on schizophrenia, but that doesn't mean they know what it's like to be schizophrenic.

And does that really matter?

Does a therapist need to have personally experienced every condition they treat? Is that even realistic?

One of the more controversial areas of therapy where this question comes up is in addictions counseling. Can someone who has never been addicted to drugs or alcohol be an effective addictions counselor?

A therapist's most important tool is empathy, which is the ability to walk in someone else's shoes without being that person. Empathy may very well be the most important tool in a counselor's toolbox.

It would be a lot to ask a therapist to have personal experience with every single mental health issue known to man. That would drive them insane!

So, to return to the addictions debate for a moment, consider the definition of addiction from Narcotics Anonymous. Addiction is an obsession, which means you can't stop thinking about it, combined with a compulsion, which means you can't stop doing it, regardless of the negative effects, which leads to unmanageability in your life.

Who here has never experienced an obsession or compulsion before, no matter how slight? If you have, then you have at least some idea what addiction is like. You know you just can't turn it off. There's no switch hiding behind your ear that can just be flicked off on a whim. This is partly what I mean by empathy — drawing from your own personal experience to relate to someone else.

Personal experience can be an extremely useful tool. It also has drawbacks. Therapists are human. They are subject to the same biases, cultural affiliations, and dogmatic beliefs as anyone else. They are, however, trained to set those things aside. But they are only human.

This is admittedly not really something you can find out about a therapist before your first session. You may never know. Ethical debates abound over self-disclosure and its role in counseling.

Some therapists believe it is key to building a relationship. Others do not. My point is, there's no reason you can't ask a therapist about their ability to work with you on a specific issue.

Professional experience, on the other hand, should be readily available to you. Again, I return to the Informed Consent. In this packet of information, therapists usually list their education, certifications, and areas of specialization.

At this point it is important to note that there are many excellent therapists who do not have specific certifications in areas in which they excel.

That said, a therapist usually lists basic information about the type of person he or she sees, and for what. An example: "Dr. Awesome works with teenagers and adults in individual and group settings and specializes in depression, anxiety, anger management, and conflict resolution."

When shopping for a good therapist, please note that there are certain disorders that require specialized training. This is not an exhaustive list, but may include the following:

- 1. Eating Disorders**
- 2. Personality Disorders**
- 3. Schizophrenia**
- 4. Addictions**
- 5. Post-Traumatic Stress Disorder**
- 6. Neurological Disorders**

Why you need to know this:

For the same reason you don't see a dentist for a broken arm. Doctors specialize for a reason, as do lawyers, engineers, and teachers.

The mind is an incredibly complicated mechanism. When it malfunctions, you want to have the right person for the job.

Insider tip:

A therapist's qualifications and experience are only part of the equation. Personality, culture, gender, ethnicity, age — these are all things that play a role in any relationship. Ask them if they have experience with your issues. If they don't, ask if they can refer you to someone who does.

FINAL THOUGHTS



A good therapist can be the difference between profound mental anguish and peace of mind. It takes work, but you can get there. Before you schedule your first appointment, take the time to learn about your therapist and what he or she can — and cannot — do for you.

Remember: a well-informed client is an empowered client. Not only do you have a right to know this information, but any self-respecting therapist will happily discuss it with you.

If you enjoyed this eBook, consider visiting my website, Blunt-Therapy to see what else I have. I look forward to connecting with you!