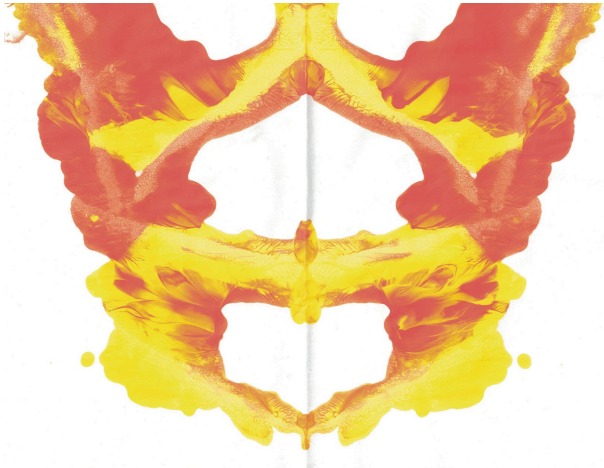


The Drama of the Gifted Patient



by Pandora Scooter



About this book and its title.

This is meant to be handbook for anyone interested in finding a therapist or for anyone wanting to re-invigorate their therapy experience. I've been referring to the book as the "How to Go to Therapy" book. While I have many, many years as a therapy patient, I am certainly not all-knowing and I point out my limitations throughout the text. Mostly, I would like to help people take full advantage of their experience in therapy.

The title of this book comes from another psychology book called The Drama of the Gifted Child by Alice Miller. It's a very intense treatise on how parents who think they're doing a good job are really causing great harm to their children. I feel that people (and therapists) who don't encourage or use good practices in therapy are harming themselves. So, I titled the book what I did.

My hope is that you get some helpful insights and some useful guidance from my experiences. And that you'll pass this little missive onto anyone you know who is looking for some help in this area.

Also, I am offering this book on a donation/sliding-scale basis. You are welcome to read it for free; I am accepting donations via VenMo of \$1 to \$20, your choice. My VenMo handle is Pandora-Scooter. If you'd prefer to donate a different way, feel free to email me at pandora@pandorascooter.com.

There are innumerable people to thank for all that I have learnt about therapy over the years. Among these people are: Dr. Elizabeth Stroker, Dr. Catherine Maltby, Ms. Betty Spencer, Cinnamon Daniel, Maggie Flanigan, Dr. Marta Aizenman, Dr. Stephanie Stern, Loyd Williamson, Dr. Myrna Frank, Phil, Betty, Peter, John and Aggie, Dr. Lynda Cunjak, Dr. David Panzer, my dearest friends Cedric, Ryan, Perri and Maggie, my parents Kunie & David, and my daughter, Z.

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Why I'm Writing this Book.

In my 30 adult years on this planet, I have fielded so so many many questions from curious, insecure, doubtful, and troubled friends, acquaintances and even fans about therapy. Most of these questions have been about the purpose of therapy and how to find a 'good' therapist. Some of these questions have been about what to do in an awkward situation with a therapist. All of these questions were ones that I felt I could answer. When I have received follow ups to the answers I've provided, I have almost always heard that my insight/suggestions were useful.

Thus, I'm writing a book on this topic.

For me, therapy is a permanent part of my life. It's woven into the fabric of my lifestyle. That's not for everyone. But I was raised on Woody Allen films by two academics who never heard of "childhood," so, I've been in therapy since I was 15 years old. And because I am, at my core, an analyst, I believe I can breakdown what all goes on in the therapy room that is so valuable.

For most, therapy is a short-term arrangement to help you get through a particularly grueling few years. Some of my closest friends have been in this position. And even though the length of the commitment is different, the quality of the therapy and the dynamics in the therapy room are quite similar to those I experience as a long-term therapy-user.

In my 35 years in therapy, I've worked with nine primary therapists and have had sessions with approximately twelve other therapists. The primary therapists were ones I saw for eight or more sessions. The others are therapists I saw when I was a) interviewing for new therapists or b) going to a therapy session with loved one/friend/daughter (sometimes this was family/couples counseling, sometimes this was a way to show support for my loved one). Of these 20-odd therapists, most were white, one was Argentinian, one was from South Africa, two were black, and five were male. Some of them took insurance. Most did not.

I've also worked with three psychiatrists. One when I was a teenager (17-18 years old). One (SK) when I was 32, who I went back to when I was 35 and am still with. And once, while I was seeing SK, I was hospitalized and assigned an in-house psychiatrist who took over my treatment for the 12 weeks I was there.

Therapy saves lives.

I believe that therapy can be the difference-maker in a person's happiness, self-satisfaction, success, sense of ease and/or peace of mind. However, too many people who are in therapy don't know what they're doing there, what they should be expecting, how they should be treated or any number of other misperceptions/

confusions about therapy. And too many people don't go to therapy because they have similar misperceptions about it. So, in this little book, I plan to give one account of these things that will hopefully smooth the path for some readers to take the plunge and get themselves into therapy so they can save their life.

What this book Covers.

This book covers the following issues related to therapy:

1. Figuring out if you need therapy
2. What type of therapy I'm talking about
3. How to find therapists to interview
Dealing with Insurance/No insurance
4. Making the first call
5. What to talk about in the first session
6. How to pick a therapist
7. How to deal with problems/challenges with your therapist
8. Lots of suggestions about challenges that come up in therapy.

What this book doesn't Cover.

There are many different types of therapy. Some are:

- *Cognitive Behavioral
- *Dialectical Behavioral
- *Psychodynamic
- *Psychoanalysis
- *Sensorimotor

Among many others.

The one that I have predominantly used in treatment is psychodynamic therapy. When I was hospitalized in 2012 for 12 weeks, I was put into a Dialectical Behavioral program, so I have a teeny bit of experience with that. Though, I would not say that I understand this method of therapy nor that I can speak to how it is useful.

I did go to a therapist for 8 weeks who treated me with Cognitive Behavioral Therapy and that was totally a failure for me. After eight weeks, I found myself spiraling downward into some kind of terrible emotional abyss and I bee-lined straight back to my old therapist. This was not the therapist's fault, I imagine, it was the mis-match of her approach with my brain. I simply couldn't adjust to doing CBT (which is exercise-based) from years of talk-therapy.

Psychoanalysis is very, very intense and can require a commitment of days per week. It's a very particular process that I know next to nothing about. I have a

friend going to psychoanalysis four times per week as part of her study to become a psychoanalyst. It sounds grueling and difficult, to me, but she seems to be getting so much out of it.

I have no experience with Sensorimotor Therapy except that a friend of mine has gone and really thrives with it. He says they do exercises like laying out string to represent his core self and then placing figures at different points inside/outside the string to indicate who in his life feels safe and who does not. I've always thought this method of therapy sounded really cool, but I just don't work with someone who uses those methods.

Every form of therapy (that is not abusive) can be beneficial to different people for different reasons. I happen to find psychodynamic therapy (also referred to as 'talk therapy') the most accessible/natural to me because of it's heavy use of talking (I'm a talker), the emphasis on (informal) analysis of all types, and the referencing of "in the moment" issues. "In the moment" issues are moments when the therapist or client points out something that is occurring right then and there between the two people. This can be an extremely difficult confrontation to endure, but it almost always (in my view) leads to very productive conversations and exploration.

So, in this book, I am almost exclusively talking about psychodynamic therapy. Some of the insights/suggestions I offer will still be relevant to other types of therapy, but the predominant type of therapy I'll be referring to is psychodynamic. It is not that I think it's the best, it's just what works for me the best and what I know about.

If anything in this missive feels misleading to you and you're basing that on knowing a different type of approach to therapy, please feel free to let me know, as I will be compiling an addendum of comments to this little book in the coming months.

I can be reached at pandora@pandorascooter.com.

WHY GO TO THERAPY?

Chapter 1

The most common reason I've heard given for not going to therapy is this: "I don't need to pay someone to listen to my problems." When I hear someone say this, I usually nod vigorously and say, "Yeah, that's not what therapy is." And then this conversation ensues.

Inquirer: So, what is it?

Me: It's a lot of things. First and foremost it's 45 minutes a week devoted to just you and you alone.

Inquirer: What does that mean?

Me: It means that for 45 minutes a week you don't have to think about anyone else's needs or issues besides your own. That's what you're paying for.

People think that going to therapy means paying someone to listen to you bitch and moan about your problems and then get advice as to how to "fix" them and that's it. It couldn't be farther from the truth. Therapy is the opportunity to put yourself first. In a world where we all have people to whom we are responsible and people who take up a lot of our time and people who are not functioning on their own, each one of us needs/deserves (at least!) 45 minutes each week to just focus on ourselves.

Therapy is also an opportunity to talk about what's bothering you, but it's not like your run-of-the-mill conversation with any old friend or anything. It's deeper. In therapy, when you come in all ticked off because someone took your parking space, your therapist will ask you questions about how it makes you feel when people take what you think is yours; where you got the idea that the parking spot was yours; what does it remind you of from your childhood or early adulthood. And, more than likely, the therapist will not offer any kind of solution, but will provide a space for you to come to your own solution on your own. (Something like, "I guess I've been feeling really impatient lately." or "I should really plan to get here earlier so that I'm not in such a rush and parking isn't such a pain.") This is very different, for most of us, than talking to a friend.

Many people consider therapy after they've experienced a difficult life-changing event. Divorce, the death of a loved one, empty nest, not being able to finish a dissertation, a bad break up are among the types of reasons that sometimes lead people to try out therapy. Others decide to go because they are experiencing challenges in everyday life: depression, anxiety, dealing with/surviving abuse (of all types), problems getting along with co-workers/friends/bosses, paranoia, not being able to make or keep friends, not being able to date or keep dates. I decided to go into therapy (when I was 15) because I was having a terrible time coping with the stresses of school, home-life and friends and I kept engaging in self-harm. My best friend at the time took me to the guidance office and introduced

me to a counselor there. This counselor helped me identify that one of my main problems was low self-esteem. She then recommended a psycho-therapist for me to go to. I've been going (pretty consistently) ever since then. In my experience, the people who go into therapy to deal with a challenging life-event usually stay in therapy for a shorter amount of time than the people who go into therapy for the day-to-day difficulties.

A lot of people think that going into therapy means that something is wrong with them. In extreme terms, that they're "crazy" or somehow different. From my understanding, most people who pursue therapy as a means for self-care are not legally insane. They may have problems that are not reflected in mainstream society, but that just tends to mean that their problems don't fit into cookie cutters. To be sure, there are definitely people throughout the US who think that going to therapy means you're crazy. But those people are misinformed and operating under a definition of therapy and "insanity" that is totally out of date.

In fact, people who choose to go into therapy are oftentimes found to be more stable and "sane" than those who don't seek out treatment. This is because the people who look for help know that they need help. This is a sign of being healthy, not of sickness. Think of it this way, if you had two friends who both broke their leg and one decided to go to the hospital and the other decided to just hobble around for the rest of their life, which would you think was the "sane" one? The one who went to the hospital and sought treatment. Same goes for therapy.

But what about your reason for going to therapy. Generally speaking, people go to therapy for all sorts of reasons. Below is a list of other (maybe less extreme) reasons people have shared with me for deciding to go to therapy.

fear of social situations	kid gets on nerves
fear of the dark	spouse gets on nerves
fear of commitment	fear of flying
phobias in general	not being able to find 'the one'
parent gets on nerves	coming out (as LGBTQ+)
issues related to being trans	issues related to being queer
not finding the success desired	being unsatisfied with life
not being able to trust people	having a disorder like OCD, SAD, GAD

But really, it could be any one/two/three thing(s) that is/are bothering you that is the reason you want to reach out and talk to a professional. Maybe it's too private to share with a friend or a sibling or parent. Or, maybe you just want the freedom that comes with talking with someone who doesn't know you already -

someone who doesn't have preconceived ideas about you. In any case, if this thing, whatever it is, has been keeping you up at night or has been distracting you during the day - for whatever you think is a significant amount of time (two-six months, maybe?), it may be a good idea to think about going to therapy.

Reasons Why People Don't Go to Therapy.

Besides the reason offered in the introduction ("I don't have to pay someone to listen to my problems."), there are other reasons people don't go to therapy.

Don't feel comfortable talking with a stranger about personal issues. Some people just can't imagine feeling comfortable talking with a stranger (the therapist) about their personal challenges. What I usually say to these folks is that, yes, the therapist is a stranger, but they're a stranger who is trained to listen with an open mind to stranger's problems. They are trained to be supportive, incisive, to avoid any kind of judgment of anything you say and they're a professional listener. So, just like you might go to a physician in your medical group who is new to you about an ailment, you can go to a therapist and share your mental/emotional ailment(s).

"I went to a therapist and she was awful. I don't want to go through that again." This is another really common reason I've heard from people who don't want to pursue help from a therapist. Just like in any profession, there are excellent, good, not great, and bad therapists. Some of this depends on the needs of the person seeking therapy. If you tend to not get along with older men, then an older male therapist is probably not going to work for you (at least at first) no matter how good he is as a psychotherapist. If you don't like the office the therapist is working in, you're not going to feel comfortable and that also could contribute to your not getting along with the therapist.

But, in some cases, there are therapists who overstep boundaries and who make their clients feel very uncomfortable. I have definitely heard my share of really unfortunate stories. But one bad experience with a poorly trained therapist shouldn't keep you from seeking out help from another one, if you feel you need it. Most of the people I know who have had bad first experiences chalk it up to being inexperienced in choosing a therapist, once they've found a satisfying, helpful, supportive therapist. There is a section later in this book about how to choose a therapist, which will hopefully help you find a great therapist effectively and to your satisfaction.

My problems aren't serious enough to warrant therapy. A lot of people feel that in order to 'need' to go to therapy, they have to have big, dramatic problems. But many people are not big or dramatic in the ways they express or experience the things that bother them. I've heard people in group therapy talk about how they 'just don't feel good like I used to' and how it's 'nothing that serious, I don't even know why I'm here.' Like I mentioned above, going to therapy is about

addressing ANY aspect of your life that is upsetting you on a regular basis, or that you just can't shake, or that you've struggled with for a while (however long that is for you) and you need help dealing with. And to be clear, by "upset" I don't mean that you spend days crying or irritable or angry. I just mean that you're in some way obsessed, bothered, or confused by this aspect of your life and you can't get rid of the feeling no matter what you've tried. You may have tried ignoring the feelings, talking about it with a friend or family member, or journaling about it. If none of these things work, deciding to talk to a licensed professional about this thing that's nagging at you, may be the right choice for you.

I don't want to deal with insurance, it's such a pain. There are some therapists who take insurance and some who don't. The ones who do, make it a lot easier to go to them. The ones who don't, make it more complicated. My therapist stopped taking my insurance about 10 years ago, or so. I found it complicated to navigate the insurance system - getting invoices marked paid and submitting them with claims to the right department. But I did get the hang of it. Most insurance companies have claim forms on their websites now and you can pretty easily fill them out, attach the invoices from your therapist and send them in. Whatever the amount of the claim, the check usually comes within 4-6 weeks.

One thing to definitely clear with your insurance before looking for a therapist is if there is a cap on the number of sessions per year you can attend. Some insurance companies cover 100% of costs for therapy, but only for 10 sessions per year. Sometimes the number of sessions depends on your diagnosis. Make sure you take advantage of whatever customer service help there is with your insurance company to get to the bottom of this before you start looking for a therapist.

Also, going out-of-network is often the only option for some people and the compensation from insurance companies can be quite low (0-20%). Be sure you know what you're getting into before you get attached to a therapist who isn't covered by your insurance.

Don't know how to find a good therapist. So many people tell me that they "don't know where to begin" when looking for a good therapist. Obviously, recommendations from friends and family don't work because of the conflict of interest¹. So, where do you start? Well, a lot of therapists will recommend other therapists that may suit your needs. I have found therapists for about a dozen of my friends and family through recommendations from my therapist. But also there are a bunch of things to consider when looking for a therapist that we're going to go over later in this book.

¹ An ethical therapist is not going to take on a client who is friends/family with one of their current clients, or even someone they saw for an extended period of time recently. This is because there has to be no question in your mind that the therapist is responding exclusively to you and you alone.

HOW TO CHOOSE A THERAPIST (who is right for YOU)

Chapter 2

As I mentioned above there are a bunch of reasons why people don't pursue therapy for themselves. And one of those reasons is that it's a relatively complex process to go through. Compare looking for a therapist that fits your needs to finding a physician who does so. As long as you don't have any complex health problems, the search for the physician involves finding someone in-network, possibly one who is of a certain gender and meeting that doctor once every six to twelve months. If you really don't like their bedside manner, you switch to a different doctor. Pretty simple.

In contrast, finding a therapist that suits your needs can be quite difficult. You'll be seeing this person for 45-45 minutes every week and sharing with them some of your most vulnerable feelings and experiences. If you don't have a mental health diagnosis, it can still be a complicated process to find the right therapist. And, if you do, it can be a more complicated process.

So, where to begin?

There are three different approaches. 1) If you have insurance that covers mental health costs, some people advise to start with your in-network therapists that are in the geographic location you want. 2) If you don't have insurance that covers you, you're going to be looking for therapists who work on a sliding scale (many do) and clinics associated with University Psychology Departments that offer inexpensive therapy with clinical psychology students training to get their PhD or PsyD. 3) If you intend to pay for therapy out-of-pocket, you have the freedom to identify the type of therapist you're looking for without limitation.

No matter which circumstance you're in, it's a good idea to make some decisions about the type of therapist who would be ideal for you. The following is a list of questions to ask yourself when thinking about who you would like to work with.

- Would you prefer a male, female, gender-non-binary or trans therapist?
Some people think it's best to choose the gender you are most comfortable with. So, if you're comfortable talking to women, choose a woman therapist. Others propose that, actually, it is more beneficial to work with the gender you are less comfortable with because this will give you an opportunity to work through your issues with that gender. I've done both and felt that both were worthwhile. Though, I do find therapy with a male therapist much more difficult. One of the wonderful outcomes of working with a male therapist was that I came to understand and build compassion for my father.
- Would you prefer a therapist who is older, younger or your age?
- Would you prefer a therapist of a certain ethnicity/cultural background?

- Would you prefer a therapist of a certain religious or non-religious belief system?

If your religion is important to you, having a therapist who understands, appreciates and/or practices your religion may be very necessary for you. This goes for all major belief systems. I know Buddhists who only go to Buddhist therapists. Personally, I feel very strongly about my atheism so while I don't have a problem with a therapist who practices a religion, it is very important that their personal religious beliefs do not infiltrate our sessions.

- Would you prefer a gay, lesbian, bisexual, straight, or queer therapist?

Let's face it, if you're a straight woman having troubles dating and/or building your dating life into a serious, long-term relationship, you might not feel like you are being helped by a lesbian therapist. To be frank, you might not get great help from a straight therapist, either. But we do have our biases and it is SO important to admit them when identifying the person who is going to help us find our way beyond our problems. Some people may feel that a gay therapist totally knows what to say to them, some people may not. I know plenty of gay and lesbian people who will only go to see gay or lesbian therapists for just this reason.

- Would you prefer a therapist who is in your home town, nearby, near your work?

One of the factors in this decision is how comfortable you are being seen by people you may know going in or coming out of the therapist's office. Also, if you see someone in your home town, there's a chance you may have mutual friends and/or that your children may know each other. I have been turned down by two therapists in my home town because they knew my kid through their kid. This is considered a boundary issue/conflict of interest.

- Would you prefer a therapist who knows about your line of work already?

When I was in an MFA program, I sought out a therapist to help support me through the grueling curriculum and impossible faculty I had to deal with. I was recommended by my professor to Maria in the psych clinic on a different campus. I was dubious, but I went. One of the first things I told her was that I was in this MFA program and she responded that she had counseled many students from my program over the past 10+ years and that she was very familiar with not only the faculty, but the challenges of the rigorous course schedule. Her knowledge of my program of study was SO helpful/insightful/useful to my work with her. I didn't have to explain what it was to be a theatre artist. I didn't have to explain my artistic temperament. I didn't have to explain the intricacies of the method I was learning.

So, if you're in academia, perhaps you want a therapist who knows what it is to pursue a PhD. If you're on Wall Street, maybe you want someone who knows about that world. If you're in a blue collar field, maybe you want somebody who appreciates what that is like.

- Would you prefer a therapist who has particular expertise in your mental health diagnosis: Anxiety Disorder, Depression, Bi-Polar, Borderline, PTSD, Paranoia, Dissociative Disorder.
- Would you prefer a therapist with a strong background in child psychology? (My therapist just happened to have a specialty in this area and it was SO helpful as I raised my daughter by myself.)
- Would you prefer a therapist who understands a particular socio-economic background?
- What other aspects of who you are/your lifestyle is it important the therapist can relate to, understand and support? Things such as: divorce, polyamory, extreme sporting, living with a parent, if your occupation is controversial, history of abuse, cheating on a spouse or a spouse cheating on you. Anything you think your therapist has to be comfortable with around you is important to note down on this list.
- What sort of qualities do you want in a therapist? Someone who is very warm? A bit reserved? Someone who talks a lot, doesn't talk much? Conservative in their dress? Wild and funky in their presentation?
- And finally: sex. What sort of therapist would you be most comfortable talking about sex with?

For me, my list looks like this:

- Woman
- Older than me
- Non-religious
- Straight is fine, Queer-knowledgeable/friendly a necessity
- Knowledgeable about Bi-Polar, Anxiety, Dissociative Disorder,
- Any ethnicity but preferably not American-born or raised
- Understands the arts/career in the arts/artists
- Open to and can talk about polyamory, atheism, existentialism, academia
- A bit reserved, doesn't smile too much or laugh at my jokes too much
- Fast thinker, can keep up with me and I don't have to repeat myself
- Can handle copious amounts of profanity and intense self-expression

So, now that I have my list, I can start scouring through the therapists available in the geographic region I'm looking in. The place to do this search is psychologytoday.com. Nearly every therapist I've gone to has been from this directory and I have found it to be useful and accurate practically 100% of the time. Psychology

Psychology Today online is a super useful resource. When you click on a particular provider, there's a brief statement from the therapist about their vision or philosophy regarding their work. On the right side of the screen there's a list of their specialties and the issues they have competence in counseling. They also list Mental Health diagnoses they have experience with, as well as if they're comfortable/knowledgeable working with folks who are LGBTQA+.

Psychology Today Therapists in Tulsa, OK

Are you looking for a different "tulsa"?

Insurance

Any Insurance
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Health Choice
UnitedHealthcare
Aetna
More +

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Addiction
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Anxiety
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Depression
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Gender

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The bottom of the screen shows where they got which degrees and which insurance plans they take, as well as their rates.

When and if you use it, remember that some of the email addresses go through a system and then are routed to the therapist, so it may take them a few days to get back to you.

Psychology Today Therapists in Tulsa, OK

Are you looking for a different "tulsa"?

Insurance

Any Insurance
BlueCross and BlueShield
Health Choice
UnitedHealthcare
Aetna
More +

Issues

ADHD
Addiction
Anger Management
Anxiety
Child or Adolescent
Depression
Eating Disorders
Relationship Issues
More +

Sexuality

Gay
More +

Gender

Show Only Women
Show Only Men
More +

(918) 863-2184 or Email

Licensed Professional Counselor, PhD, LPC, BCB-sr, fellow

book on marital relationships and marital vows, and a memoir of my life with my departed soul-mate. Saving marriages is my passionate life work.

Relational issues, especially marital and family relations, divorce mediation, conflict resolution, and stress management are of interest to me. I help clients learn to understand themselves and others, and use skills to make their lives more meaningful and enjoyable. I also work with individuals with closed head injuries and Autism.

I lost my husband to Cancer in 2014. His memories continue to only deepen with time. The letter we exchanged fifty one years ago, are a testament of our love. I help clients understand the importance of marriage through my lens of love and loss. Clients develop self-awareness of their love and values and appreciation of each other's uniqueness in therapy.

Call or Email Swarna L. Singhal for a free phone consultation now - (918) 863-2184

Qualifications

Years in Practice: 20+ Years

School Fielding Graduate University

Specialties

- Marital and Premarital
- Depression
- Trauma and PTSD

Issues

- ADHD
- Anger Management
- Anxiety
- Autism
- Bipolar Disorder
- Borderline Personality
- Chronic Pain
- Family Conflict
- Grief
- Life Coaching
- Relationship Issues
- Spirituality
- Stress
- Testing and Evaluation
- Traumatic Brain Injury
- Women's Issues
- anxiety and stress management

Mental Health

- Impulse Control Disorders
- Mood Disorders
- Personality Disorders

Sexuality

- Bisexual
- Gay
- Lesbian

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MAKING THE FIRST PHONE CALL (or sending the first email)

I'm willing to bet that 99% of the time when you call a therapist to set up a first session (which you can also think of as an interview), the therapist won't answer. So, you have to be comfortable leaving a voicemail. It's got to be detailed (see below) and you've got to cover a lot of information, so it's best to have notes with you. (If you decide to contact the therapist by email, you won't have the time-crunch issue, but you still need to include this information).

A typical first call to any therapist from me goes something like this:

[beep] "Hello Dr. Feldman my name is Hannah, I found your number in the Psychology Today listings. I'm wondering if you're taking new patients and also, if you are, I want to confirm that you take Blue Cross Blue Shield insurance still. Also, I only have evenings and weekends available, so I'm wondering if that synchs up with the sessions you have available. My phone number is 321-555-5555, I'll be available at that number all day tomorrow. Thank you for your time."

Now the therapist has all the information necessary to let me know if it would be worth it for us to talk about setting up a session.

The next step is to talk with the therapist over the phone. This is when the therapist will ask you why you're seeking therapy. I know it's difficult to tell a stranger over the phone why you want to go to therapy. And most people don't feel comfortable getting into the nitty gritty of their particular issues. But this isn't why the therapist is asking you. They're asking you to assess whether an initial interview would make sense for the two of you. They're making sure that your issues are ones they can effectively and competently address.

As an example, I called a therapist to schedule an initial appointment. Jayne called me back and asked me why I was looking for therapy. I told her "I've been in therapy for more than 20 years and it's a part of my self-care to keep me balanced." Jayne asked me why I had trouble staying balanced. I told her that I have bi-polar. She said, "Oh, well, I don't know much about bi-polar so I wouldn't be a good match for you." I thanked her for her time and then went on to the next therapist on my list.

If a therapist calls you back and schedules you for a first appointment without asking anything about why you're pursuing therapy, that's a red flag. It's possible that they just prefer to get all the information in person to make the determination of whether you're a good match or not. But it could also be that the therapist is less experienced and/or not so discerning about who they take on as a client. If you feel comfortable inquiring why they're not asking you your reasons for seeking therapy, do that. But if you're not (and it's reasonable that

you would not be) and you really like their Psychology Today profile, then go to that initial session.

I've also had therapists try to schedule me into a permanent or semi-permanent slot before I've even had the initial session. With these therapists, I've either told them I'm not comfortable doing that until I meet them, or I tell them that I've changed my mind and I'm not interested. The last thing you need is a therapist who is looking to increase their patient load no matter who the client is. This has only happened once or twice, but it was really off-putting and I want to make it clear to you that it is ok to tell a therapist that you don't want to see them based on how they handle themselves on a first phone conversation.

In that first phone conversation, make sure you get clear answers to the following things:

- Date/time of the initial session
- The therapist confirms that they take your insurance
- If you're not using insurance, how much the session is
- How they expect payment (for co-pays or full-payment)
- How long, exactly, their sessions are (therapists run between 45 and 60 minute "hour sessions" depending on their style/preference.
- Where to park when you get to their office
- If there are any peculiar instructions for getting to their office
- And do you have to show up early to fill out any paperwork

My recommendation is that you make one appointment with three different therapists to interview them and try them out. Especially if you haven't spent much time in therapy, you might be surprised how differently each therapist handles you and the issues you bring up. Also, the decor in a therapist's office can make a big difference regarding your comfort level. More on this later.

PREPARING FOR YOUR FIRST SESSION.

It may be 1-4 weeks from when you spoke to the therapist for your first session to happen. Some therapists set aside 1-2 sessions each week for new clients. Others do not. This waiting time may be a little bit uncomfortable for you as you consider what the session is going to be like. The therapist may have you fill out some forms prior to your session to email into them. Or they may simply want you to show up on the day of your session.

Here are some things you can do to make your first session really productive.

Remember that list of questions at the beginning of this chapter about what type of therapist you would want? Well, some of those preferences have already been addressed by your initial phone call and/or by the information in the listing in Psychology Today. But some of them need more thorough addressing/discussion.

For instance, I can tell a therapist that I'm polyamorous on the phone. But it isn't until I'm in the room with them that I can tell how open/understanding/knowledgeable they are about it. Same with being an atheist. So, what I do to prepare for a first session, is to identify the aspects of my personality/life that are a) the most important to be understood about me and b) that the therapist is most comfortable with. I've started off many 1st therapy sessions with "I'm a bi-polar, bi-racial, atheist, poly, lesbian single mom who has dissociative disorder and I've been in therapy for 25 years. Any problems with any of that?"

Occasionally, I've had therapists tell me they don't know much about polyamory or that they are unfamiliar with atheism. Once I had a therapist tell me after a first session that she thought I needed a life coach, not a therapist. I've had a life coach and I know the difference. I need a therapist. This therapist told me all I needed to know - she didn't have a clue what I was looking for. I moved on.

Basically, for the first session try to bring up the most difficult, controversial issues that you grapple with. Obviously, it's going to be very difficult to share these things with someone who is essentially a stranger. However, it is important to remember that this particular stranger is professionally trained to listen with an open and nonjudgmental attitude. Moreover, think of how important it is for you to know that this therapist is going to be productive and supportive with regard to your deepest and most difficult issues.

You don't have to get into specifics in the first session. It is productive, though, for you to share a list of the types of issues you would like to explore, get right with, and/or process. Let's say you've been assaulted or are currently struggling with domestic violence. You don't have to get into the details during the first session. But it would be very useful to your therapy to talk about your general feelings about assault in general, or in specific - but perhaps talking about it happening to someone close to you.²

YOUR FIRST SESSION.

Try to arrive at least 10-15 minutes before your scheduled session. This will give you time to find the office, use the restroom and get settled in the waiting room before your session. Make sure you have any notes you've taken to help remember all you want to share with this therapist about yourself and what you're looking for.

The first thing you're going to notice is how easy it is to park or travel to this therapist. Remember, you're going to want to choose someone who you WANT to

² I know. This is a very popular trope. Talking about 'a friend' who is going through something that you are actually going through. But this tool is super useful for getting started talking about difficult subjects. Don't knock it. It could be the difference between identifying if a therapist is good for you or not.

go see every week or every other week, so if the parking situation or accessibility is difficult, you have to take that into consideration. It's possible that the therapist will be so so worth it, that you'll put up with some difficult logistics of getting to his or her office. But that remains to be seen.

After finding the office, you'll find your way to the therapist's waiting room. If the therapist is in private practice on their own, the waiting room will probably be empty. There will likely be artwork of some kind on the walls or shelves, magazines of various sorts, signage on the walls asking clients to silence cell phones and directions to the nearest restroom.

If the therapist shares a suite with other therapists, there may be another person or people in the waiting room. This can be uncomfortable, as each person going to therapy is in their own headspace and is usually not at ease being around other people. You might be a bit anxious before your first session and that may make you feel discomfort at having to wait in a waiting room with strangers.

The common courtesy in therapists' waiting room is to be considerate: don't take up more than one or two chairs, depending on the size of the waiting room, don't talk on your cell phone or play loud music on your headphones, and don't start up conversation with anyone in the waiting room (a polite 'hello' is fine, but try to avoid anything that would require a response).

Take note of the waiting room and how comfortable it is to you. I once had a therapist who had a waiting room that seated three. When group therapy sessions happened six of us would jam into the waiting room, which was incredibly uncomfortable. I would usually wait out in the hall until the session began. I had another therapist who had a huge shared waiting room with five other therapists. I really didn't like that waiting room because it was so antiseptic. I felt like I was at a physician's office and that was uncomfortable.

One thing that is really important to note while you're in the waiting room (and another reason to make sure that you arrive 10-15 minutes early) is whether or not there's any sound bleed through from the office to the waiting room. Usually, the therapist will have some music playing or have a noise machine (or both) going in the waiting room. But I always sit very still and see if I can hear voices or even understand what's being said. This is not to eavesdrop on the conversation, it's to determine the level of privacy in the session. My comfort level rests at being able to hear voices, but not understanding anything that's being said. Yours may be different. You may not want anyone being able to hear

you at all. It's important that you make note of this because this will influence how free you feel to speak in the office.³

The therapist's office. Over the years, I've been inside approximately 20 different therapist's offices. I've seen everything from pristinely designed and tidy offices to absolutely cluttered messy offices. Every pot has a lid. You just have to find yours.

Personally, I like a cozy, uncluttered office with multiple choices of places to sit. Interesting artwork is a plus. I don't like inspirational quotes on the walls or shelves. Light colored furniture (wood is best). I don't like big leather couches or dark colored furniture. Lighting should be incandescent (no fluorescents) from various lamps around the room. The therapist and the office should both be conducive to your comfort and openness to sharing about yourself.

I went to interview a therapist who specialized in working with artists. I thought maybe this would be a good idea since I was feeling very frustrated with my career. I walked into this therapist's office and was immediately put off by how dark it was. There was little sunlight due to heavy curtains across the windows (they were facing the sidewalk and I suppose the therapist was trying to protect clients from being seen by passers-by). And the carpet was terrible. It was like some kind of optical illusion. I couldn't even focus on whether I felt comfortable with the therapist because her carpet was so loud. When I was able to focus on her, she seemed totally disinterested in me and what I was saying. Two major strikes. I didn't go back.

You know the story of Goldilocks and the Three Bears, right? She tried this bed and it was too hard, this one was too soft, but the last one was just right. That's what I do when I go to a new therapist's office. If I choose a place to sit that doesn't feel good, I switch seats/places. Usually one seat is positioned a bit closer to the therapist and another is a bit farther. Sit wherever feels right to you. (There's one caveat to this which is that usually, the therapist has her or his own seat that they will consistently sit in. That seat is reserved for them. If your proximity to the therapist is important to you, just ask them which one is their seat and then choose yours.)

Starting the session. Typically, the therapist will greet you, ask you to be seated and then ask you to tell them more about why you've decided to start therapy. This is the time to share the aspects of yourself that you think may be the most challenging, what your goals are for therapy and what you're looking for in a therapist. The therapist may take notes or may sit quietly and listen to you. If

³ Also, if you're in a waiting room and you can understand what's being said inside the office, it would be really great of you to inform the therapist of this, whether or not you decide to go through with the session. You could decide to do the session, but speak very softly, or decide not to do the session because of the lack of privacy.

note taking makes you feel uncomfortable, feel free to ask anything you like about what they're writing down.

In general, the one and only rule about what you can/can't say in therapy is that there are no rules about what you can or can't say in therapy.⁴

If the therapist doesn't talk enough, say something.
If the therapist talks too much, say something.
If the therapist looks bored, say something.
If the therapist is smiling too much, say something.
If the therapist interrupts you and you don't like it, say something.
If the therapist sips her tea too loudly, say something.
If the therapist looks distracted, say something.
If the therapist is too accommodating, say something.

In therapy, you can (and should) be able to talk about any thing you want to talk about, especially including how the therapist is behaving and responding to you.

Nothing is out of bounds.

Speaking of bounds, it is ESSENTIAL to productive therapy to have healthy and firm boundaries. This means, above all else, that YOU are the priority of the session, NOT the therapist. He should not be doing anything that doesn't have to do with you during your hour. All focus should be on you. If you don't feel like you're the number one priority of your session, you should definitely say something to this therapist. But if you can't confront them, then seek help from a different therapist

Confidentiality. Everything you say to your therapist will be kept confidential. Your therapist isn't even allowed to affirm or deny that you are a patient with them. The **only** exception to this is if you are expressing any intent to harm yourself or some other person(s). In this case, the therapist is required by law to break confidentiality. In all other circumstances your therapist can not talk about you or anything you say with anyone.

Sometimes you'll need 2-3 sessions to figure out if a therapist is right for you, other times you'll know in the first session.

Don't rush the process. It may take quite a few sessions to figure out if this therapist is the right one for you. Particularly if you find it difficult to trust people, it may take longer like 6-10 sessions before you know you're with the right professional. Some signs that you're with the right therapist include:

- You look forward to sessions

- You feel you are getting to know yourself better
- You feel comfortable speaking with your therapist
- You're addressing difficult issues
- The sessions go quickly (sometimes too quickly)

Now having said this, some of these responses can also mean that you're not with the right therapist. For instance, if you're so comfortable that you're not getting to the difficult issues, but rather feeling like you're chatting with a friend. This is not a good sign. If the sessions are going quickly, but you don't have any recollection of what you spoke about. (And the therapist isn't summarizing for you at the end.)

Only you can tell if you're with the right person or not. The therapist-client dynamic is personal to each one of us. Check in with yourself and see how you honestly think it's going in order to make your decision.

YOU'VE FOUND YOUR THERAPIST

Chapter 3

Once you've found the therapist that you feel you can commit to for 6-12 months, you're on your way! At first, most of your sessions will be spent talking about whatever inciting issue made you look into therapy in the first place: your marriage, job, depression, loss of family member, etc... But very soon, you'll find your therapist is asking you about other aspects of your life. Aspects that you probably think are going just fine - and, perhaps, you don't know how talking about these things is relevant to your main issue or issues. In these cases, ask your therapist why she wants to talk about these topics.

Your treatment in therapy is your business. Knowing why your therapist is making the decisions he is making is your business. Perhaps there will be times when you won't get a completely straight answer from him, but knowing you can ask and that your curiosity will be respected is very important.

As you move forward through the weeks, months and possibly years in therapy, many, many things will come up. At some point, it is inevitable that your therapist will annoy you, even irritate you. Some habit she has or some tone he takes will get on your nerves and you will think that you have to "just take it."

But you don't.

You're paying for the freedom to talk about anything and everything that passes through your mind and so long as that thing is not presenting an imminent danger to yourself or someone else, the therapist has to keep it confidential. Also, the therapist (any good/decent therapist) is compelled to engage you in a civil way about anything you bring up.

Now, I know how difficult confrontation is for most people. And I know that most people see the therapist-client relationship as one of authority figure to subordinate. But this is not true, useful or productive. The therapist exists to help you find yourself into a better living situation in whatever aspects of your life that matter to you. They are not there to be obeyed, followed or blindly listened to. Oftentimes, your therapist won't even know how to counsel you, but they will know how to help you counsel yourself. To this end, it is very important for the therapist to know when you're unhappy with therapy. For whatever reason.

Two examples.

I was going to a therapist and she was consistently 5-10-15 minutes late. At the time, I had a HUGE hang up about time and the third time she was late I sat down in her office and I said,

Me "I'm very angry. This is the third time you've made we wait and taken up

my session time with I don't know what."

She nodded, crossed her legs and said,

M.A. "I'm sorry about that, but I had a client who committed suicide last night and I had to handle some business related to that."

Me "See! I KNEW I was being selfish, of course it was something unrelated to me, I'm so sorry!"

M.A. "No, you're right to say something. I should have come out to give you a heads up that I was going to be late. I'll be more considerate next time."

Me "Oh. Thank you."

Lesson: Speaking up was healthy, appreciated and got me the results I looked for.

Another time, my current therapist was giving me some advice on something that I totally didn't want to talk about and I snapped at her. And then I took a breath and looked at her and said, "Wow, sorry about that, I really don't want to talk about this." She asked why not. And off we went into what was really going on for me - my resistance to the topic was because I was upset about it and I needed to talk about it.

This brings me to a guiding principle that I've used for therapy throughout the last 15 years. Here it is:

If I don't want to talk about it in therapy, I have to talk about it.

Basically, if there's resistance to talking about an issue, a person, a situation, then that resistance is indicative of a deeper problem that requires attention. So, when I go to therapy, I prioritize the topics I talk about in the order from most resistance to least resistance. (A lot of times this means I leave really good news to the very end and my therapist teases me for not spotlighting it earlier in my session.)

Sometimes I don't want to talk about something because I'm embarrassed about what I did or how I feel. Sometimes I feel ashamed that I ended up in a similar messed-up situation as I had before. Sometimes I feel stupid for not being over something already. All of these situations (and others) are great reasons FOR bringing these issues up in therapy. There's rich soil in embarrassment, humiliation and feeling stupid. Dig deep and reap the benefits.

FAQ RE: THERAPY...

What are some other ways to know if therapy is working?

I've experienced people in therapy go through changes within weeks of starting therapy. And I've witnessed others who have gone months with no change. I think the way that I know therapy is working is if I leave the session in a different state than I started the session. So, I might go into a session feeling despondent and leave feeling hopeful. Or I might start out in a great mood and leave feeling down. That shift - whether from positive to negative or vice-versa - means that something happened in the session and that's good. The worst thing for me is to come out of a session feeling like all I did was report on my week and nothing shifted/changed for me.

What about video-conferencing for therapy?

Video-conferencing for therapy sessions is a relatively new (last five years) phenomenon, which has recently taken off due to the COVID-19 quarantining. (At the time of this book's release, the US is in the thick of responding to this crisis.) I started video-conferencing for therapy about five years ago when my therapist decided to move from my home town to the Washington DC area. At first, I took her move as the cue to find a new therapist, but, unfortunately at the time, that search ended up unfruitful. So, I found myself in the position of having to tele-conference my therapy sessions.

I hated it.

I hated not being in the room with my therapist. I hated that the lighting was so bad. I hated that the internet connection was spotty. I hated that I couldn't see my therapists body language or gestures. I was miserable. A few sessions into the video-conferencing, I started talking about how much I dreaded having therapy this way. We spoke about it and I started mentioning my specific complaints. My therapist responded by changing the lighting in her office (facing one lamp directly at her face so she was illuminated) and then sitting farther from the laptop camera so that I could see her torso and gestures. She worked to upgrade her internet service so that there were fewer interruptions. All these changes helped me to feel more like I was in the room with her, which helped immensely.

It also helps that we always have our phones available in case the video freezes. In that event, my therapist calls me immediately so we can pick up as seamlessly as possible from video to audio (phone call). She tries not to spend any of my session time trying to make the technology work and in the event that she does get wrapped up in that, she adds time to my session. This I appreciate greatly.

We've done tele-therapy (or video-conferencing) on Zoom, VeeSee and Doxy. When I first started on Zoom there wasn't a way to hide my own image, so I was staring at myself while talking to my therapist. This was highly distracting and unnatural. Now there's a way on Zoom and Doxy, I believe, to hide your image when you're talking to someone else. I think this is very important to use because the last thing anyone needs during a therapy session is to be self-conscious.

Also, Zoom has the ability for people to talk simultaneously which is more like being in the room with the therapist. So, I suggest you click on (or have your therapist) click on the button to allow simultaneous speech, otherwise, you'll get cut off or you'll miss something your therapist says if she's interrupting you momentarily.

Why does my therapist take up time in my session to talk about money?

I used to hate it when my therapist would bring up issues about insurance payments or bills during my session. She'd usually wait til the end of the session and in the last five minutes bring it up. I was always resistant and resentful, but for whatever reason, I didn't say much about it. I just dealt with the inconvenience and discomfort and moved on.

Once I was in group therapy and money/bills/fees came up as an issue in session, I started to understand why my therapist insisted on bringing up the topic during the session. The issue we were facing was people feeling they should not be charged for sessions missed, if it was for an emergency. However, our therapist had us all sign a contract at the beginning of group therapy that stated that only one (1) missed session per quarter would be allowed and not billed. Our therapist read this part of our contract to the group and still people argued. Then people started arguing about the fact that we were arguing about this and "wasting time."

"Wasting time" in therapy is a very interesting concept. Technically, if change is happening, if concerns are being hashed out, if people are arguing then time is being spent well. And in our case, our therapist would always bring it around to our feelings around money, bills, paying for therapy, being cheated and valuing the group. All of these issues related to the arguments being made about paying for missed sessions. And, particularly money. Since money is such an emotional issue, it would make sense for it to be brought up in the context of the session as something to be explored, processed and talked through. Never again did I question my therapist bringing up money matters in session.

What about group therapy?

If therapy is a one-on-one session where your therapist serves to both support you in your struggles and to push your buttons (carefully, thoughtfully) to get you to grow beyond your comfort zone, then group therapy is the same times ten.

In group therapy there are four or five or six other people supporting you and pushing your buttons simultaneously. It's therapy on speed. I never learned as much about myself in so short a time as the six years I spent in group therapy. It was thrilling and terrifying all in one.

I've been in three group therapy groups. The first two were not run very well. The third was run expertly. First positive note was that all but one of the members of the group were in individual therapy with the group therapist (let's call her Kyra). Kyra started talking to each of us about the group therapy group starting up about six months before it actually started. She vetted the people she wanted to join and prepared them for what to expect (this is conjecture based on what she did with me and what I heard from the other members once we were in the group). Secondly, Kyra created a contract. The contracts stated a few key rules:

- No contact between group members outside of group
- If there is contact between group members outside of group, we will report on it to the group at the next session.
- We initially commit to 12 weeks of group therapy so no one leaves the group before the 12 week mark.
- We respect the confidentiality of each member of the group.

We all had to sign the contract before attending the first session. Then, we started sessions and the first thing people complained about was the 12 week rule. What if we go for 3 weeks and we hate it? What if we can't afford it? I chimed in that I appreciated the 12 week rule because it meant that no one in the group could just walk out (on me/anyone in the group) as we were just getting to know each other.

Group therapy turned out to be the fast track to my figuring out how to better interact with people in my life. I learned a lot about how I'm perceived by other people and why. I was able to work on my interpersonal skills and also work out some of my feelings towards people in my life that were challenging. There was an older man in the group with whom I worked out a lot of my feelings toward my dad. While the two men were not very similar, my feelings towards the man in my group were similar to those to my dad and that helped me work on those feelings.

I will say that after each group therapy session, I was spent. I would often just go home, order some sushi and sit and write in my journal. It was draining. But also, it was so good to be able to go to individual therapy and talk about group and have it be understood because she had been there. That was invaluable.

In Conclusion.

“But...when do you stop therapy?”

That’s up to you. And, trust, your therapist is going to have a lot to say about ending treatment, too. But, ultimately, it’s up to you. Some people end therapy when their main issue(s) is/are resolved: they find that new job, they get over the bad break-up, they have their first kid. Others continue in therapy because it’s less about problem-solving as it is about maintaining a good quality of life.

Like working out: some people can work out for a year, lose the weight they want to lose and then stop and maintain without going back. Others, need to keep working out in order to maintain.

I’ve thought about leaving therapy many times over the past 10 years and particularly in the last 5 years since my last major breakdown and the balance I’ve achieved since. But therapy is part of my mental health regimen. Yes, there are some weeks where nothing amazing or revolutionary happens in therapy and I don’t like that. But more often than not, talking with my therapist and exploring how I’m doing for those 45 minutes each week, keeps my head in check and keeps me on top of what’s happening in my life. Also, when my therapist goes away for 3 weeks on holiday or for conferences, I can feel it. I get more anxious, I get kind of emotionally constipated and I lose perspective. I lose my balance. So, for the foreseeable future, I’ll continue going to therapy.

Remember. Therapy is about you. It’s all about you. You getting right with yourself and living whatever kind of life you want to live. Use it rigorously and use it honestly.

Sitting here on the other side of 35 years of being in therapy, I can honestly say that I know my life (and the lives of those who deal with me) would be much less enjoyable had I not gone to therapy. I hope you have a great therapy journey and that you feel as satisfied with this life-changing tool as I do.

About the Author.

In addition to being a life-long therapy patient, Pandora is an artist, mother and teacher. She has written approximately 17 solo shows, 2 of which have toured the country. Ever since fourth grade, she's enjoyed teaching her peers and, later, her students all aspects of acting, directing and writing. She lives in central NJ with her 21 year old daughter who is headed to the University of the Arts in the Fall. She credits the completion of this book to the copious number of students she's had over this semester who were resistant to going to therapy, and to the COVID-19 pandemic, which had her home with the time to finish this little book. She would like to thank her parents for never standing in the way of her getting therapy.

In some worlds, the author is known as Pandora Scooter. In other circles, she goes by Hannah Fujiki DeVorkin. Depends on the day and the shade of wall paper.