**Some Reflections on Psychotherapy and “Counseling”**

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These two kinds of professional clinical care are actually different from each other, and I want to discuss that important difference here.

[Though I do not commonly practice psychotherapy in a general way today, I was extensively and intensively trained in it, taught it to training doctors for many years while on the teaching faculty of a VA Hospital internship program, a medical school and a graduate psychology professional school, saw my first psychotherapy patient 45 years ago, and offered such care as an integral part of my clinical work for over twenty years before specializing in neuropsychology and health/medical psychology. Still, this is certainly just one doctor’s personal perspective…]

The practice of – and training of clinicians in – psychotherapy has changed dramatically since I was taught the art and the skill.

In the past, all psychiatrists and clinical psychologists were expected to undertake our own psychotherapy as a core part of our training in order to be thought competent to offer it to our patients. That explicit (more rarely implicit but strongly expected) requirement is no longer an integral part of doctors’ training. My view is that this has been a professional tragedy – one learns the subtleties and nuances involved in providing complex, in-depth psychological care for others in part by experiencing what that process is like ‘from the inside.’ Yes, that is an expensive, and intensive, time-consuming part of training (we doctors were expected to pay for our own psychotherapy or psychoanalysis out of our own pockets, and did), but from the perspective of us “dinosaurs” trained intensively in the past, it was a vital part.

Cognitive Behavioral Therapy (CBT): Largely brought about by financial issues – pharmacology/drug industry support of psychiatrist residency training, as well as insurer profit-driven restrictions on reimbursement for more intensive, longer-term clinical psychology care (even of patients who badly need it) – psychotherapy is now typically limited in scope, depth, and kind: CBT or Cognitive Behavioral Therapy now may be the only kind of care provided by some psychotherapists, no matter the issues brought to them by patients with sometimes deeper, more complex difficulties and problems.

CBT is sometimes touted as being the best if not the only ‘evidence based” psychotherapy. I will not here delve into the very controversial and sometimes quite questionable clinical literature around that contention, but from my perspective it is very largely an insurance industry self-serving one. While CBT can certainly be invaluable and exactly the right form of care for some people with some kinds of problems, offering it always as the primary or even only therapeutic option for patients, I believe largely reflects the tendency in this day of insurance companies being primarily oriented toward most cheaply and profitably treating psychiatric or psychological symptoms rather than the often deeper roots of psychological suffering and problems.

Psychological Trauma: The same thing goes for the therapeutic treatment of trauma (PTSD) and alcohol-related disorders. The often-employed technique of EMDR can indeed be very effective for some people, but not only can be ineffective but actually is quite problematic for other people, and the literature on psychological therapy for trauma therapy has shown that it is not always the best, only, or the most appropriate option for every person who suffers from PTSD.

Substance and alcohol use treatment: In the alcohol treatment community, there can be issues for people who would like to get into a 12-step program, but have trouble with religiously (commonly strongly Christianity-oriented) Alcoholics Anonymous approach and groups, and finding an AA support group that is more oriented toward other, different religious orientations, or toward no religious orientation at all, can be difficult. However, while 12-step programs and ‘simple’ behavior-oriented intervention are indeed sometimes the best care for certain individuals, this approach sometimes doesn’t help others with their substance or alcohol problem at all (or help very much long-term if employed alone), because more intensive and complex psychological treatment is what may be most needed but is typically not provided in the usual setting of alcohol treatment programs.

Counseling or Psychotherapy? I mentioned above that “counseling” and psychotherapy are different. Counselors can at times be extremely helpful, and counseling can be enormously important in some cases for some people with some kinds of problems. However, approaches to psychological care that emphasize *counseling* (‘instruction” and advice, teaching new coping skills, or primarily personal support and/or encouragement), aren’t geared toward exploring and understanding more deeply the root of many complex psychological issues and problems, and in my experience, often don’t provide the necessary and specific care that more in-depth psychotherapeutic treatment can when the latter is actually what’s more needed.

I have a few recommendations when seeking **psychotherapy** (versus *counseling*):

1. If you can, see if you can find a doctoral level Clinical Psychologist – their degree is almost always a PhD or PsyD. Although it is certainly the case that master’s level therapists can be well trained and competent in the care they offer, their education and training is by definition more limited. Also, if a Clinical Psychologist is also board certified by the American Board of Clinical Psychology (an American Board of Professional Psychology specialty), you can be reasonably assured that their training and expertise has been intensively evaluated and that they have been deemed competent at the highest level of the profession.
2. Ask any psychotherapist or counselor you see a few important questions up front:
	1. Are they trained in and experienced in the particular problem or symptoms you are asking them to treat as well as in different types of psychotherapeutic approaches? (I myself generally recommend avoiding care with providers who “specialize” in only one kind of problem or employs and is skilled in only a single kind of treatment, whether it is drugs, EMDR, CBT, hypnosis, or even psychoanalysis. Remember: If all you have is a hammer, everything looks like a nail…)
	2. Also ask your new therapist to set aside a session in a couple of weeks or months down the road, specifically to review your feelings about how the therapy is going – are you feeling you are going in the right direction and getting what you need – as well as to hear their own feeling about whether they themselves continue to find that they’re the right doctor or provider for you and/or that the initial plan of treatment doesn’t need to be ‘tweaked’ or thought out in a different way.
	3. If you find after you begin working with someone in psychotherapy or counseling that their professional style or clinical approach doesn’t feel right for any reason, before stopping (unless of course, you feel in any way abused or mistreated), don’t hesitate to bring those feelings and thoughts up directly for a discussion with the therapist. *All* good psychotherapists are comfortable with – and in fact welcome – such discussions, because sometimes early issues represent the natural pain or discomfort that’s involved in getting to the root of the suffering that brings us in to see a therapist in the first place, and can be greatly relieved by talking about it directly early on.
3. Does the therapist only take out of pocket “cash” for providing care:
	1. The argument that psychiatrists, psychologists and counselors or therapists of other sorts “can’t make a living” seeing patients with Medicare or insurance and have to take cash is a myth – it’s simply not true. Many of us can and do work entirely or largely with insured people, though it is the case that we typically don’t drive a Maserati or live in a mansion. You probably don’t either (though good for you if you somehow can afford to.) My feeling has always been that poor people, people suffering from chronic illnesses, and people who must rely on insurance or Medicare coverage deserve the highest level of professional care, too, and typically have to rely upon insurance to pay for what can be very high medical costs, especially in the case of chronic illness.

Psychiatrists in particular (though not only they), increasingly refuse to take insurance or Medicare reimbursement for their professional services. (I have been told such doctors may sometimes get onto insurance panels because their malpractice insurance cost may be lower if they do, but then refuse to see insured patients because a cash practice is far more lucrative.) If you happen to call one of them ostensibly on your insurance panel and ask to be covered for psychiatric or psychological care by insurance, you may be told their practice is “full” if you are lucky enough to get a call back at all.

In addition, I’m lately hearing of psychiatrists (and, again, some others) who charge truly exorbitant cash amounts for consultation and care -- sadly this behavior seems to be more and more common. While it is hard to find a good, well-trained psychiatrist anymore who is willing to see Medicare or even privately insured patients, I do recommend you try hard first to find such a professional who does, because as rare as they may be and as hard to find, they do still exist. Fees in any case should be reasonable, fair, and affordable, even though we all know good care is costly these days, and cheaper is certainly not always better. (Outrageously expensive is not always better either…)

* 1. If a doctor or psychotherapist is a Medicare provider, it is illegal for them to take cash and/or to bill you for more than the Medicare co-pay allowed.
	2. Even when patients have insurance that covers psychotherapy or counseling, insurers commonly heavily populate their provider panels with master’s degree or even bachelor’s degree level therapists rather than doctoral level clinicians, and so higher-level care providers may be much harder to get in to see than other less intensively and extensively trained professionals on the provider list.
	3. If you are referred for (usually medication dispensing) care to a psychiatric nurse, ask if he or she works closely with a psychiatrist on her or his cases. I also recommend asking in detail about that person’s training and background, and to ensure he or she is trained in treatment *alternatives* to medication and to know whether they ever consider medication *not* to be indicated in the treatment for patients whom they are referred.

**Information about different psychotherapy and counseling professions:**

A Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters’ degree in their profession and have a period of time training under post-masters’ supervision before licensure. A Licensed Social Worker (LCSW) must hold a masters’ degree *in* social work.

A Psychologist “Candidate,” a Marriage and Family Therapist “Candidate,” and a Licensed Professional Counselor “Candidate” are by definition still working on their necessary academic professional degree and/or still be in the process of completing their required supervision for licensure. They may not practice independently and call themselves the title of the profession they are not yet licensed in. For example, no one can call him or herself a “psychologist” until and unless they fully completetheir *doctoral* training and degree, and also pass national and state psychology licensing examinations.

Clinical Psychologists first complete their graduate professional education (4-5 years, earning a Doctoral degree), and then must complete a one-year internship and a period of supervised practice before they are eligible to practice independently. Board certification for psychologists is exactly like board certification for physicians (pediatricians, neurologists, surgeons, dermatologists, etc.): it requires a certain number of years of rigorous post-graduate training, and then completing intensive national examinations in the specialty area. American Board of Professional Psychology certified specialties include Clinical Psychology, Clinical Child & Adolescent Psychology, Clinical Neuropsychology, Rehabilitation Psychology, Clinical Health Psychology, Couple & Family Psychology, Geropsychology, Group Psychology, School Psychology, Forensic Psychology, Behavioral & Cognitive Psychology, Police & Public Safety Psychology, Psychoanalysis, and Counseling Psychology. Information on these specialties and a directory of doctors by state is available on the American Board of Professional Psychology website: abpp.org.

A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training and 1,000 hours of supervised experience. A CAC II must complete additional required training and 2,000 hours of supervised experience. A CAC III must have a bachelor’s degree in behavioral health and complete additional required training and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters’ degree and meet the CAC III requirements.

A “Registered Psychotherapist” is a person who registered with the Colorado State mental health board but is *not* actuallylicensed or certified in in any of the above fields of clinical practice, and therefore *no degree, no particular amount of training or experience whatsoever is required to be “Registered” in the State of Colorado.*

A licensed Psychiatrist must hold a medical (MD)or osteopathic (DO) degree and have completed a one-year internship followed by a training residency in psychiatry. Psychiatrists, too, may specialize in areas like psychoanalysis, forensic, or child and adolescent psychiatry.

An independent practice psychiatric nurse practitioner in Colorado must hold a bachelor’s degree in nursing, and a post-graduate (usually a master’s MSN) degree, and have completed a period of “mentored”/supervised practice under a licensed physician.

If you have questions about the credentials of any clinician in Colorado, or whether there have been any disciplinary actions against any doctor or psychotherapist, you may check with the Department of Regulatory Agencies for the State of Colorado, whose website is easily found online.

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One final word: Don’t be daunted by the difficulties I’ve mentioned that you may well encounter when looking to find the very best care of a psychologist, psychiatrist, counselor, or other mental health professional these days. Consult not only your insurance panel list of providers, but also look at the website of doctors and therapists whom you’re referred to or who you think may be promising. Keep in mind though, that websites and patient “endorsements” or ratings can sometimes not accurately represent what your own experience may turn out to be with a professional, and that face-to-face real-life discussion with a prospective doctor will most likely give you the most accurate sense of whether or not that person is the right one for you to work with.

Expert, appropriate mental health care can be life changing and sometimes even lifesaving. It can help repair and heal relationships that are under stress or troubled, and can even diminish physical symptoms contributing to medical patients’ suffering under a whole host of circumstances. It is absolutely worth undertaking and worth working a bit to find the right, best trained, most helpful, expert psychotherapist for yourself or a person you love or care about. Like all doctors in my generation, I paid for my own psychotherapy and psychoanalytic care during my training years, and what I learned about myself and how it helped me change in immensely positive and helpful ways was worth every single penny.

--Dr. Jay Schneiders