

A GUIDE FOR SEEKING MENTAL HEALTH SERVICES

If you decide to seek therapy, it should work for you and with you. For this to occur, however, you must be an informed consumer, and perhaps be a little skeptical of mental health services. First, rest assured that therapy works! In fact, fifty years of research have unequivocally demonstrated that those in treatment are better off than 80 percent of the people in the no treatment comparison groups. Seeking a therapist to assist you in your efforts can be exactly what you need to inspire the changes you wish to make. But a key factor is finding a therapist that is a good fit—not all therapists are created equal nor are therapist's approaches all a good enough match with your preferences or ideas or what is called your theory of change.

Finding a Therapist

The best way to start is to call prospective therapists and interview them by phone. It doesn't really matter what professional degree the person holds (social worker, counselor, psychologist, marital and family therapist) or whether he or she has a masters or a doctorate, unless of course you have a real preference or believe that such distinctions are important for you; it is much more critical that you find a person you can work with—who is good fit for you. Get the nuts and bolts questions regarding fees, insurance, and location out of the way with the receptionist or office manager, if there is one. Tell him or her that you are interviewing prospective therapists and would like to schedule a ten-minute phone call with the therapist or counselor. An unwillingness to give you ten minutes to ensure a good fit should be all the information you need to cross this one off your list. Respect the therapist's time and keep to the ten minutes. Ask these questions or others you think relevant.

- 1. *What is your philosophy or orientation of therapy?***
- 2. *How do you think change happens?***
- 3. *What do you think of diagnoses?***
- 4. *How important do you consider collaboration and client participation?***
- 5. *How many sessions do you average per client?***
- 6. *Do you keep outcome data? Tell me about it. (If they don't monitor progress) Do you mind if I monitor my progress? How are you at taking feedback from clients about the direction of therapy?***

Listen for answers that reflect faith in client resources, strengths, and capabilities as the cornerstone of any change. Listen also for an emphasis on having a good relationship and the importance of your participation. Compare the answers with your own views of how change occurs. If the therapist identifies with a particular orientation, reflect about whether it fits your theory of change. If it is different but you still think it has some merit, try it out. Recall that change principally results from your input and participation—you are the star of the therapeutic drama.

Research shows that:

1. Change depends on your resources and abilities. Effective therapy utilizes your strengths to create solution possibilities.
2. Change depends on your perceptions of the therapist and the relationship formed in therapy. Effective therapy is based on a strong alliance.
3. Change depends upon addressing what you want, and fitting your views of change and inspiring the hope necessary for action. Effective therapy matches your theory of change.

Seven Tips for Therapy

*The way out is through the door. Why is it that no one will use this exit?
Confucius*

1. If you don't like your therapist, then find another one.

Don't be shy. No therapist can be all things to all people. Trust your gut. If you get a bad feeling or vibe from your therapist, don't waste your time trying to figure it out. Just go see someone else. Just slip out the back Jack, make a new plan Stan, no need to be coy Roy, just get yourself free!

2. If you think that your therapist doesn't like you, understand you, or appreciate your point of view, then find another therapist.

It is essential that you believe that your therapist is on your side and that you don't have to worry about his or her evaluation of you. If you are worried about it, then this likely is not the therapist for you. Discuss this problem with your therapist and carefully attend to his or her reaction. If he or she doesn't change, hit the road Jack! This is one of three key elements of the alliance. Problems here usually result in no change.

3. If you don't agree with the goals of the therapist, or do not think they are your goals, then find another therapist.

If your therapist is telling you that you can't get there from here, then you probably won't. Stick to your guns about your goals. Recall that your goals represent all your motivations and desires and will encourage you to work hard. Agreement on goals is the second aspect of a strong alliance, so if your therapist does not accept your preferred port of destination, abandon ship.

4. If you do not agree with the opinions or suggestions of your therapist, or if you are asking for something and not getting it, and your feedback does not alter his or her approach, then find another therapist.

If you want to give the therapist's approach a shot, then do it. But if you don't, tell your therapist that you disagree with the approach and give him/her a chance to adjust to your feedback. But leave if he or she persists in an approach that does not seem relevant or does not fit for you. Agreement about the approach represents the third piece of the alliance. Get off at the next stop before this train derails.

5. If you think your therapist sees your problem or situation as hopeless or unchangeable, or that it will require years to change, then find another therapist.

Nothing is permanent, especially problems, and besides who needs a pessimistic therapist? Hope is critical to the change process. Without it, this plane is going down; parachute out before it crashes.

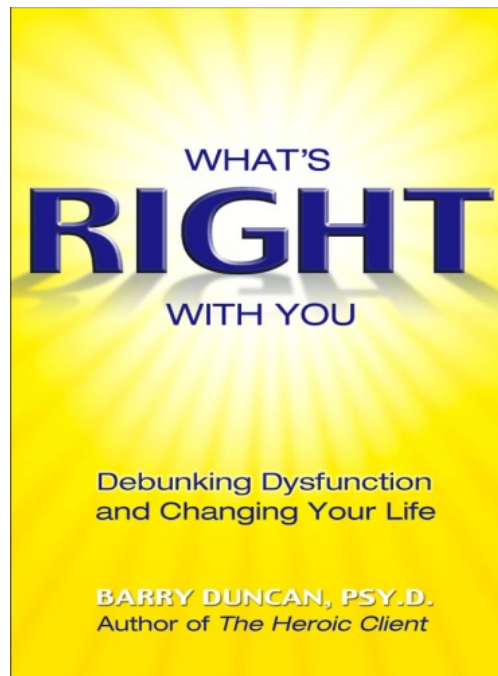
6. If you don't get something positive going within three to six sessions, talk to your therapist. If no progress persists, then find another therapist.

Recall that change, if it is going to happen, usually happens relatively quickly. This doesn't mean that you will be "cured" of all difficulties in 6 sessions, it only means that you will begin to notice some inroad to your concerns, and you will know that you are on the right track. Remember George Washington. Ironically, old George even requested the bloodletting to be done the third time—don't make the same mistake when you have evidence (on the ORS) that you are not making any progress. Just hop on the bus, Gus.

7. If the therapist (or your doctor) recommends psychiatric medication and you have not asked for it, or have any doubt whatsoever, find another therapist (or doctor). If anyone tells you that you have a chemical imbalance, discuss what that really means. If you believe that medication is the right choice for you, then do it.

Please keep in mind, that just like bloodletting in George Washington's day, treatments today are just prevailing wisdoms of this day and time. They are driven by market pressures and economics. Drug companies spend far more money on advertising than on research and development, about \$10,000 per physician per year. It is hard for any doctor to resist such a barrage of marketing—they just don't have the time to research drug company claims about their products. Drugs are the prevailing wisdom of the day. If that fits for you, like it does for many, then go for it; if it doesn't, please feel free to just say "no" to drugs. You don't need to discuss much...just drop off keys Lee and get yourself free.

The above excerpted from *What's Right With You* by Barry Duncan
(<https://betteroutcomesnow.com/resources/books/>)



About the Partners for Change Outcome Management System

The Partners for Change Outcome Management System (PCOMS) boils down to this: partnering with clients to identify those who aren't responding and addressing the lack of progress in a proactive way that keeps clients engaged while new directions are collaboratively sought. PCOMS monitors client perceptions of progress and the therapeutic alliance throughout the course of therapy via two reliable and valid four-item scales. It involves real-time comparison of client views of outcome with an expected treatment response which serves as a yardstick for gauging client progress and signaling when change is not occurring as predicted. With this alert, clinicians, clients, and agencies have an opportunity to shift focus, re-visit goals, or alter interventions before deterioration or dropout. Because of the research conducted by Duncan and colleagues, PCOMS was included in SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP). Besides the brevity of its measures and feasibility for everyday use in the demanding schedules of front-line clinicians, PCOMS is distinguished by its routine involvement of clients in all aspects of service delivery.

About Better Outcomes Now (betteroutcomesnow.com)

Better Outcomes Now (BON) is *the* web application of PCOMS, created by the developer of the clinical process of PCOMS, Dr. Barry Duncan, and the organization responsible for its scientific credibility.

About the Director, Barry Duncan, Psy.D.

Dr. Duncan is psychologist, trainer, and researcher with over 17,000 hours of clinical experience. He is the developer of the clinical process of the evidence based practice, the Partners for Change Outcome Management System (PCOMS), and leader of the team responsible for PCOMS scientific credibility and evidence based status. Better Outcomes Now, the web application of PCOMS, brings his clinical experience and investigative spirit to life. Barry has over one hundred publications, including 17 books addressing client feedback, consumer rights, and the power of relationship in any change endeavor. Because of his self-help books (the latest is *What's Right With You*), he has appeared on Oprah, The View, and several other national TV programs. Barry travels nationally and internationally lecturing and implementing PCOMS in small and large systems of behavioral health care. PCOMS is used in all fifty states and in at least 20 countries. The largest public behavioral health agencies in 6 states have implemented or are implementing PCOMS, as well as hundreds of other public and private mental health and substance abuse organizations. Separate from the agencies, there are over 30,000 individually registered users of PCOMS. Internationally, the Norway Health Directorate has implemented PCOMS across its couple and family centers and PCOMS is an integral component of Nasjonal kompetansetjeneste TSB (National Competence Center for Substance Abuse Treatment). In Canada, among many implementations, the largest is provincial implementation by the Saskatchewan Health Authority. Finally, New Zealand has incorporated PCOMS into its national policy on outcome management, a consequence of his consultations there.

Drawing upon his extensive clinical experience and passion for the work as well as his now 17 years of PCOMS implementations, Barry's trainings speak directly to both front line clinicians and administrators. He talks about what it means to do this work and how each of us can re-remember and achieve our original aspirations to make a difference in the lives of those we serve.