The Ultimate Guide to Finding the Right Therapist

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So you want to find a therapist. **Yay – therapy rocks!** And I’m sorry to hear that. Most people come to therapy because they are suffering, and that’s tough.

Luckily there are lots of therapists out there so you have lots to choose from. Like in any profession, some of them are a bit dodgy, but even a **good** therapist isn’t necessarily the **right** therapist.

So how do you find the right therapist for you?

**Firstly, let’s acknowledge it’s not a great time to shop around.**

Most people start looking for a therapist when they’re struggling with something, suffering a lot, or completely off the rails. They’re vulnerable times and often it’s hard to think straight or make good decisions.
If you’re not in the throws of strife and you’re looking to therapy for deep intensive self-development or mental health maintenance, this might be a little easier.

Whichever situation you’re in, to help you think it through, I’ve created this **Ultimate Guide To Finding The Right Therapist**, with an accompanying checklist at the back of the book.

It really is ultimate (not short). A cup of tea may be required.

But it will help you consider almost every angle for finding the right therapist (from the practical right through to the vibe based).

**It’s written from the perspective of a client and a therapist because I’m both.**

I’m also biased. I have standards, values and opinions that influence the criteria I think are most important. While I’ve tried to include everything I could think of, I haven’t been shy to share which one’s matter most to me.

Along the way I also invite you to consider your own standards, values and opinions as these are really central criteria in finding the right therapist. The things that matter most to me, or my logic as to why they matter, might not matter to you and that’s totally fine.

It’s also written partly in reference to the therapy sector in Australia, but readers from other countries will still find a lot of the ideas relevant.

So without further ado, grab your checklist and let’s get into it…
This is probably the chunkiest part of finding the right therapist; working out what matters to you.

There are lots of different criteria on which to assess who will be right for you, and they fall into five main categories:

- logistics
- physical characteristics
- therapeutic model
- ethics
- rapport/feelings.

I’ll go through them from what I think is roughly the least important to the most important.
Location

Often people put location as one of their top criteria, but it doesn’t make a lot of sense to me. Convenience is nice, but it doesn’t guarantee a good match between you and the therapist. Having a longer journey to and from therapy can actually give you valuable time to think, reflect and integrate.

**Convenient therapy isn’t necessarily good therapy, and bad therapy is more than inconvenient.**

Additionally, consider using Skype. Seeing the right person, even if they are in a different city or country is better than seeing the wrong person in the next suburb. A skilled therapist can work very effectively on Skype, plus you don’t have to leave the house (or get out of your pyjamas to go to the session).

There is growing research showing that there may be little difference in effectiveness between face to face and online therapy, but you couldn’t call it a solid body of evidence just yet. I suspect doing it online inhibits some aspects of therapy and facilitates others.

But really, it’s just about what you feel comfortable with (here’s a bigger list of benefits, drawbacks and requirements for online therapy I wrote on another site).
Price

Good therapy comes at a range of prices and price is not necessarily a predictor of quality, unless you believe it is.

If you tend to think that higher prices mean better service, you’ll be better off seeing someone whose fees inspire your confidence.

People with more experience tend to have higher prices, but again, experience doesn’t guarantee a good fit.

If you’ve found the perfect therapist and the fee is a bit high for you, consider seeing them less often, and get them to give you lots of ideas for things you can do between sessions to build on and integrate the work you do in sessions.
Some therapists offer sliding scales for people on lower incomes although they may not always advertise it on their website, so ask them about it.

Also, think about what you prioritise financially. If you have disposable income, what are you doing with it that could be swapped for therapy for a period of time? Sometimes a feeling that “I can’t afford it” is more symbolic (i.e. a fear of therapy) than an actual financial issue.

However, if you are on a really low income and don’t have disposable funds, you could consider checking out student clinics or you can even email therapy schools directly and ask them if any of their senior students are looking for practice clients.

While they may not be the most experienced therapists, they will be working under close supervision so you still get the benefits of an experienced therapist, just via a student. Another idea is to consider group therapy as it’s often cheaper and has its own benefits (knowing you’re not the only one who deals with challenges similar to yours is hugely relieving for many people).

The Medicare Mental Health Plans are another option but need careful consideration. They require you to be given a mental health diagnosis and dictate the kind of therapists you can see and the kind of therapy models they can use. There are a limited number of sessions per year, and there can be a significant gap fee, depending on the therapist. Having a mental health diagnosis can negatively impact people both psychologically and practically (they can impact on employability, treatment in the justice system, and in the health system), so the Medicare rebates aren’t for everyone. Sometimes the gap fee you’ll have to pay is not that much less than the full fees of a therapist who doesn’t provide Medicare rebates, so a bit of investigating is required.
PHYSICAL CHARACTERISTICS

For some people, these criteria will matter a lot, for others not. Consider whether things like age, gender, cultural background and appearance matter to you.

Don’t judge yourself here, just go with your preferences and trust that they are important even if you’re not sure why.

I think therapists should have a photo on their website and it should be professional, but beyond that it’s difficult to say what you should or can read into a photo.

Some therapists might hate having their photo taken and therefore have a pretty average photo (good therapists have issues too; their capacity and courage to work through them makes them more qualified, not less, as a therapist).

If the photo totally freaks you out, maybe it’s a signal to keep searching. If you have a really positive feeling, add a tick to your pro’s column for that therapist.
Research shows that the most effective therapy isn’t related to a particular therapeutic model, but based on a range of therapist capacities, and the quality of the therapeutic relationship.

Because good relationships are significantly founded on shared values and styles of meaning-making, it makes sense that good therapeutic relationships are more likely when these are somewhat in alignment between client and therapist.

And because therapy models embody values, ways of making sense of the world, and theories to explain how change happens, the therapy model actually does matter, not because of the specific techniques, but because it is one predictor of whether a good therapeutic relationship can develop.

For example, it’s hard to develop a good working relationship if you want to explore your night time dreams but your therapist insists they are meaningless; or you want to problem-solve but your therapist insists you first must work through your relationship with your parents.
Therapists are generally drawn to study and work with therapy models that *explain the world* in a way that makes sense to them and that aligns with their values.

So you can narrow down your search for a therapist by narrowing down the kind of model you feel best fits your own values, how you make sense of the world, and how you want to work in therapy.

**So what are these different kinds of therapy models?**

There are hundreds of different branches of individual therapy and it’s all a bit complicated really, but they all tend to fall into three main categories: humanistic, psychodynamic (psychoanalytic), and cognitive/behavioural.

Following are some super-summarised descriptions of each.
Humanistic

The central tenants (which reflect the underlying values) of humanistic therapies include:

- Peoples experiences are central, valid and meaningful (i.e. their thinking, feeling, sensing, perceiving etc)
- How people make sense of their own experiences matters
- People have a natural tendency to self-actualise (to make the most of their life)
- Clients will grow when they feel the therapist is genuine, empathetic and views the client with unconditional positive regard
- Each person is unique, must be treated as an individual, and must find answers within themselves
- People are inherently good
- That free will exists and people can take personal responsibility for growth, decisions, life directions etc.

Some of the underlying goals of humanistic therapies are for the client to develop a more positive and affirming self-concept (to like yourself more and be less self-critical); to be more internally referenced (care a bit less about how others perceive you); to experience the world with more openness and flexibility (as opposed to meeting the world in a rigid way); and, to take more responsibility for your choices in life (as opposed to blaming others, especially parents).

Humanistic therapies tend to have a more here and now focus and generally don’t insist you work on your ‘childhood issues’.

If you are looking for the most collaborative therapy approach, humanistic therapies would be the way to go. If you want to be directed or challenged more by the therapist, CBTs and psychoanalysis will suit you
better. Humanistic therapies tend to reject the idea that the therapist is the expert, whereas psychoanalysis and CBT, not so much.

One of the criticisms of the Humanistic approach is that all they do it listen (albeit very well). The pure Humanistic approach avoids analysing, make suggestions or giving answers; it just validates the experiences of the client which presumably helps clients feel better about themselves and gives them space to find their own answers.

Perfect for some, frustrating for others.

Psychoanalytic (psychodynamic)

Psychoanalysis has a strong emphasis on the importance and influence of childhood experiences and working with unconscious conflicts in the psyche.

It is not commonly practised in its most conservative or pure form anymore, but informs many modern psychodynamic approaches (psychodynamic basically means a belief in the existence of the unconscious mind).
In traditional psychoanalysis there is a big emphasis on childhood experiences; working through those experiences and the client’s relationship with their parents (which is supposed to be transferred onto the therapist). In the more commonly practiced psychodynamic approaches, childhood experiences are still seen as significant, but the approach is usually more flexible and client-directed than traditional analysis.

**Psychodynamic approaches aim to make unconscious desires, conflicts, and process more conscious so they can be resolved, and views dream work as an important tool for uncovering this unconscious material.**

So if you don’t think dreams are meaningful, this approach might not be the one for you.

Traditionally this style of therapy tends to rely more on interpretations of one’s childhood and dream experiences as made by the therapist, as opposed to how the client makes sense or interprets these experiences which would be a more humanistic approach.

**Psychodynamic approaches are very insight oriented and are great for people who find insight healing and transformative.**

Criticism of psychoanalysis (from other modalities of course) are that it’s too deterministic, it overly emphasises the unconscious, and that it doesn’t hold people responsible enough for their own life choices.
Cognitive and Behavioural

Cognitive Behavioural Therapies (CBT) are generally more psycho-educational than therapeutic per se, especially when compared to the Humanistic and Psychodynamic approaches.

They emphasise unlearning so-called maladaptive thinking patterns and use behaviour modification regimes.

The basic assumption is that our patterns of thinking and behaving are learnt through our social interactions and if they are unhelpful, we need to unlearn them and replace them with more helpful patterns.

It’s a very logical premise and heavily criticised as viewing people in a mechanistic way, that it ignores human consciousness, and is too deterministic (and that they spend too much time studying animals instead of actual people).
CBT also suggests that your emotions are a result of what you think, and that if you feel crappy, changing the way you think will help.

This is not an especially well-supported view of what emotions are and how they emerge (other theories suggest emotions precede thoughts), but it probably suits Vulcans and people who prefer a more thinking based way of viewing the world.

**It might also be good for people who are not yet ready to engage with their feelings but need some help to be more functional in their life.**

CBTs tend to be quite directive, with formalised programs to follow and worksheets to be completed. Some people love this kind of thing, others can feel like they are not actually receiving individualised help.

CBT is often short term and very goal-oriented, so may not suit people looking for deeper insight, growth, or validation of feelings and their subjective experiences. Probably also not a good fit for people working through existential issues and looking for meaning and a deeper sense of self.

CBT tends to be most helpful when people are in the earlier stages of developing self-awareness. It has a range of great tools to help people notice their inner dialogue, their emotional states (and how to tolerate difficult emotions without acting out), to reality check their beliefs and to notice helpful and unhelpful thinking patterns.

CBT is applauded as being more evidence-based than other approaches, but digging a little deeper this is more a case of it being better suited to qualitative research methodology (because of the more mechanistic
view of people and problems) than actually being a better model of therapy than others.

**So that’s the main three types of individual therapy approaches.**

Check out this [extensive listing of different kinds of therapies](https://www.mayoclinic.org/health/therapy/A-16399) or this big [Wikipedia list of psychotherapies](https://en.wikipedia.org/wiki/List_of_psychological_treatments) if you want to dig a little further.

**Also, you may find these three videos fascinating.**

Commonly called the “Gloria videos”, they show three very different styles of therapy as conducted by the originators of the therapy models: [Gestalt with Fritz Perls](https://www.gestalt.com/) (humanistic), [Person-centered with Carl Rogers](https://www.person-centeredtherapy.com/) (humanistic) and, [Rational Emotive Behaviour Therapy with Albert Ellis](https://www.rational-emotive.com/) (CBT), all with the same client.

It must be said though, they were shot in 1964 and all of these therapies will have evolved from then, plus each practitioner will have their own style of conducting each model.

Before we completely move on from types of therapy there are a couple of extra bits to mention: systemic therapy, eclecticism, and liberation psychologies.
Systemic therapy (family therapy)

Not a major therapy but I think it warrants a mention, because it takes a radically different (and quite refreshing I think) approach to the individual models discussed so far. Family therapy is based in systems theory, which kind of views people as part of a social ecosystem.

Instead of thinking a person’s issues are their own, systemic therapy sees these issues and symptoms of issues in the whole system and therefore seeks to work with the whole system, not the individual identified client.

Great for when children seem to have problems; instead of just sending them to a therapist, the whole family goes to therapy to work on the underlying issues (located in the family system), not just the presenting symptoms (located in the child).

Emerging eclecticism

It is increasingly common for therapists to take an eclectic approach (sometimes also called Integrative), which means they use a variety of different approaches, depending on the client and the presenting issues. Generally, the therapist will have one main orientation, and incorporate several others, giving them a more sophisticated tool belt.
This might seem ideal, and a therapist adjusting their approach to suit the client is fantastic, but I wouldn’t want to be psychoanalysed by someone primarily trained in CBT.

If you have a strong feeling for a particular approach, follow that. Otherwise, it makes a lot of sense to look for an eclectic therapist with whom you feel a good rapport.

Liberation Psychology

Not a therapy type *per se*, but because I’m passionate about the underlying agenda’s of therapy models, Liberation Psychologies must be mentioned.

Mental health approaches can be viewed along a continuum of social control versus liberation.

The goal of mainstream psychology/psychiatry is to *restore* people to *functionality*, within their existing social situation.

Basically to make people *normal* enough to get along OK in life.

Liberation psychologies on the other hand *value diversity* and contend that it is *oppressive social conditions that make people unwell* and that just trying to make people better at coping with these conditions is not actually dealing with the causal issues.
Liberation psychologies’ central critique of mainstream approaches is that they don’t acknowledge the role that social oppression, colonialism and globalisation play in diminishing individual wellbeing and that mainstream psychologies work in service of dominant social groups by helping people adjust and adapt to oppression, rather than seeking to analyse and transform it (check out my article on Liberation Psychologies if you want to read a bit more).

There is not one Liberation Psychology; the theory represents a view of the world and a set of values that can be incorporated into many different kinds of approaches and will probably depend as much on the values and diversity of education of the therapist and as anything.

If you identify as belonging to a marginalised social group, finding a therapist with a liberatory framework might be especially important for you.
ETHICS

Ethical considerations are a hugely important factor. The whole therapy industry is reliant on therapists behaving in an ethical manner, and it’s crucial for good therapeutic relationships.

But what does it mean to behave in an ethical manner?

Ethics are not a black and white construct (see the ethics debate to the right); however, you can have black and white opinions about it and include these in your deliberations.

Some of the basic ethical standards include:

Qualifications

A long list of qualifications doesn’t guarantee good therapy, but they do matter. Anyone in Australia can call themselves a therapist or counsellor, they don’t actually need to have a qualification.

It also matters that therapists only practice within the scope of their training i.e. they shouldn’t be working with trauma and abuse issues without training in this area.
Personally, I’d steer clear of anyone whose training was less than two years and definitely online courses or coaching programs.

It’s also important to note that many coaches (trained or not) are engaging in what are traditionally therapeutic issues; I’ve seen people calling themselves coaches specialising in anxiety and abuse recovery, with no therapeutic training at all (and sometimes no coaching training), just their own lived experience (which is invaluable of course, but not enough to practice ethically). Frankly, they don’t know what they don’t know and that makes them dangerous.

Professional Indemnity Insurance

Therapists shouldn’t practice without it. It is good self care for the therapist and client and an issue of integrity. Nuff said.

Professional Memberships

Being a member of a professional association means the therapist is bound by a Code of Ethics; that there is an external complaints process available to you should you ever need it; guarantees a minimum standard of training; and, binds the therapist to ongoing professional development and supervision.

Each professional association will have different standards so it’s not a watertight guarantee of great therapy, but it’s better than nothing.

In Australia, the peak professional association is the Psychotherapy and Counselling Federation of Australia but there are others that can give similar assurances.
That’s not to say that there aren’t some great therapists out there who are not members of PAs, but they are failing to provide clients with an independent complaints process by not being a member of a PA. I know some very skilled therapists who don’t belong to PAs, but I won’t refer people to them for that reason.

**Dual Relationships**

The therapeutic relationship is incredibly special and often benefits from being the only relationship you have with your therapist.

Therapists are advised in their training and in their Codes of Ethics to minimise dual relationships as they can be incredibly complex to manage. In smaller towns they can be inevitable, and they don’t always have to impact therapy negatively, but it’s good to keep them at a minimum.

Don’t try to do long term work with friends or family members, and if dual relationships are inevitable, expect the therapist to collaborate with you about how best to manage them.

*For instance, when I worked and lived in a rural town I used to ask clients what I should or shouldn’t do if I saw them in the shops.*

**Good Boundaries**

A lot of people come to therapy for help with boundaries and it’s the role of the therapist to not only help them develop healthy boundaries by using therapeutic interventions, but through impeccable *modelling.*
Good boundaries look like starting and finishing on time, clear communications about fees, cancellations policies, confidentiality, bookings etc.

Really good therapy doesn’t happen when the therapist’s boundaries are sloppy.

Therapists Who Do Their Own Therapy

This is my personal number one deal breaker.

I would never recommend anyone to a therapist who doesn’t do their own therapy work.

It’s essential to know what it’s like in the client seat and to experience those power imbalances first hand: it makes therapists much more aware of the power issues inherent in the therapeutic relationship and therefore much less likely to misuse their power.

It also means therapists are more aware of their own biases, wounds, and trigger points so that they are more able to be present to clients, rather than get unconsciously entangled in their own stuff, and project and judge what is best or right for the client.

It’s also quite reasonable to postulate that many people get into the mental health field because they have a projected need for help.

This means they want to help others, partly because they actually need help themselves but just can’t see it.
This is not necessarily a bad thing. I think *Wounded Healers* (an archetype) make the best healers, but only if they have been sufficiently engaged in their own healing journey and have taken back the projection of needing help.

**It’s worth noting that psychiatrists and psychologists are not required to do ANY personal therapy in the course of their studies.**

There is a lot of diversity among psychotherapy programs but most expect at least a little: PACFA suggests a minimum of 10 hours of therapy while in training, my own program expected a minimum of 130 hours!

You can ask a therapist how many hours of personal therapy was required in their course? Do they still engage in their own therapy?

While in everyday life these are personal questions and you wouldn’t ask them of a stranger, in this context I think they are reasonable questions. Don’t expect therapists to tell you what issues they take to therapy though, that’s getting too personal.

That being said, I know some amazing therapists very dedicated to their own personal work who would not disclose to potential clients whether they do their own therapy or not. What to do??

**Supervision and Professional Development**

All therapists should be engaged in ongoing clinical supervision to ensure they are doing good work, and as the number one place they get help for in regards to ethical issues.

Similarly they should update their skills regularly by attending professional development courses and conferences. If they are a member of a
professional association like PACFA this is covered. If they aren’t a member of a professional association I’d be asking about this one.

Outcome Claims

Be wary of therapists making strong outcome claims, like, “I can clear/eliminate/heal your depression/anxiety/eating disorder/self-worth issues” etc.

It’s actually a breach of most Codes of Ethics and even if it’s not, they’re irresponsible and coercive claims. Enticements to come to therapy (the *free steak knives* kind of thing) are also a no-no.

Offering discounts, packages and the like are less problematic, but still hotly debated by therapists as to whether they are benign, helpful, or damaging to the therapeutic relationship.

It’s OK for therapists to say they “help with issues like xyz”, just not that they can “cure” them.

Healing can take years, even in a fantastic therapeutic relationship with a highly skilled therapist and highly dedicated client.

Sometimes it can take years for our psyche’s to trust our therapists with our deepest wounds (we have layers and layers of protective mechanisms in
our psyche), and not everyone can stay in therapy long enough to access this level of healing.

There are so many factors involved in healing and whether therapy will be successful or not that predicting how long it will take etc is not realistic.

Healing is a unique journey for all who undertake it.

No one can predict how it will unfold or how long it will take.

Good therapy supports your own natural striving toward wholeness, it doesn’t push you ‘get better’.

Making outcome guarantees is either ill-educated, arrogant, or careless, or a combination of all three.

I haven’t come across many actual therapists making outrageous outcome claims, but unqualified people doing pseudo-therapeutic work do it all the time (coaches for instance, and self-trained healers etc). That’s not to say
that they are necessarily doing dodgy work, but they are operating outside the kind of ethical guidelines required of qualified therapists, so take care.

Website testimonials

This is a somewhat controversial practice in the therapy field.

Some professional associations prohibit their members from using them because it pollutes the therapeutic relationship with marketing agendas and has the potential for clients to feel pressured to provide a testimonial.

On the other hand, testimonials can give you more faith in the therapist (which is needed for good therapy) and make it easier to call them.

Of course, the other problem is, is that you don’t know who wrote the testimonials. Maybe they were friends of the therapist who were practice clients when the therapist was in training.

Because there’s no way of authenticating them, they have to be taken with a grain of salt.

But what matters most is what matters to you.

Would you feel free and easy to say no to a therapist who asked you to write a testimonial for their website?

If you don’t like the idea of being put in that position or you think it is an unethical practice, it might not be a good fit. However, if you love everything else about a therapist who uses them, they’re probably worth a try. I know great therapists of both inclinations.
RAPPORT

This is one of the most important criteria because it influences how well the therapy will work more than any other factor.

After trawling through someone’s website (and Facebook, LinkedIn, YouTube etc) you will already have a feeling for them and it might be strong enough for you to jump straight to booking a session (so go for it).

But if it's not, here are a few ways to get more vibe data.

Attend a workshop or talk

Some therapists do public talks and or run workshops and this can be a great way to get to know them a bit better and get a sense of whether you will work well together.

At the end of the talk go and have a chat with them and secretly suss them out a bit more.

Interview them

Most therapists are happy to chat with you on the phone (usually 15-20 mins) so you can work out if you want to book a session or not.

It’s not a short therapy session, just a getting to know each other kind of thing.

This conversation is not just about what answers you get, but what feeling you get chatting to the therapist. You can ask lots of questions,
or just tell the therapist a bit about what you want to explore in therapy and see what they have to say.

In addition to questions about logistics and ethics, you might also ask:

- **What’s their specialty?** Have they worked with people dealing with your issue before? I like therapists who specialise because I think it means they are in contact with their own deeper and specific calling to be a therapist. It also means they’re hopefully better informed about this issue than a generalist. That being said, if you are drawn to a particular model of therapy, specialisations might not matter that much.

- **What’s their model for change?** This tells you a bit about their values and the theories they work with. It can also help you determine if they’re more the benign type of therapist (basically listen and reflect back, but don’t do much else) or an actively helpful therapist (listen but also ask useful questions, help you develop insight, make suggestions, explore options, help you find your own meaning and connections, work with your somatic experiences etc).

- **What kind of skills do they help clients build?** Here I’d be looking to find out if the therapist supports dependence or independence (but without directly asking because therapists who create dependence in clients either won’t be aware of it or won’t admit it). Therapy should help you build skills, resilience, and self-acceptance; the capacity to hold yourself gently when you are experiencing uncomfortable feelings; the capacity to self-reflect, develop problem-solving skills, to understand your own reactions, and to be more self-aware.
"Therapists should be helping you build skills, not your reliance on their skills."
Now you know what you’re looking for and what matters to you most, you can make a list of therapists you think might be the right fit.

There are two main ways to find therapists; referrals and recommendations and online searches.

REFERRALS AND RECOMMENDATIONS

One approach is to ask for recommendations from friends and family; but be thoughtful about who you ask. If the only person you know in therapy has significantly different values to you (or they are quick-fix oriented and you want to work deeply), their recommendations probably won’t be that useful. But if you have a good friend who’s discernment you trust and who happens to have seen some therapists, they would be a great place to start.
The biggest issue with asking friends and family however, is stigma.

Seeing a therapist is highly stigmatised in some cultures and in some families/friendship groups. People can get wary or worried if they know you are looking for therapy so if you think that’s a likely response from your friends or family, you may want to try another approach.

You can get referrals from other professionals you are a client of. For instance GPs, lawyers, accountants, osteopaths, hairdressers etc. Most professionals should have a referral network of other professionals they are happy to refer clients to. You’ll want to assess the quality of the referral yourself, but you can at least get some names on your list.

All in all, a good referral/recommendation is worth its weight in gold, but they are not always easy to come by. Which leads us to…

ONLINE SEARCHES

Again, two approaches here, Google it, or check out online directories (in Australia the big two are Good Therapy and Natural Therapy Pages). Step 1 will have armed you with the kind of information needed to work out what to search for, whether you go Google or directory.
So you’ve worked out your important criteria (use this checklist to help) and made a short list of therapists to try.

Maybe over the course of your research you got a strong gut feeling as to who to work with; follow your gut for sure.

But sometimes you won’t have, or won’t feel you can trust gut feelings. That’s OK too.

Try a Session

There really is nothing else for it now but to try a session. Lots of people find it difficult to call a therapist for the first time (email is usually a popular option) so it’s good to remember that therapists are generally a friendly bunch.

This is the best and final way to determine if the fit is right. I think it takes between one and three sessions to assess the fit. If by the third session you still aren’t convinced this is the right therapist for you, move on.
Notice Your Own Feedback

Do you feel listened to, that you had the therapists attention (if they eat in the session, check their phone etc, spend the whole time writing notes and not looking at you, get out of there)?

Do you feel safe?

Do you feel judged, labelled, pathologised, blamed, pushed around? Did the therapist just listen, or were they more actively useful?

Do you like them, and feel like they are genuine (not pretentious, unrelated, pretending to be someone they are not), do you feel like they can help, have insights you can learn from and with?

“Good therapy shouldn’t make you feel like a lonely pineapple adrift at sea.”
Does the therapist ‘get’ what you are talking about? Do you feel like they have a good initial understanding of the issues?

Do you like the way they are relating to you, that you’re on the same wave length?

Do they make you feel more or less problem-ridden? Do you feel more hopeful after seeing them?

Are they curious, exploratory, asking questions, interested in how you make sense of your own life, asking about your social situation and demonstrating they understand the connection between individual wellbeing and social contexts?

Are they collaborative, suggesting options, directions etc and letting you chose? Do they acknowledge you as an expert in your own lived experience? Do they think your experiences are valid and meaningful? Do you feel like they care about you?

If they tick all the important boxes, congratulations, you’ve found a good fit!

But if they don’t…
Leaving a Therapist

At any time in therapy, if you don’t like how things are going, talk about it with your therapist (although the last five minutes of a session isn’t the best time, better to do it at the start of the session).

The sooner you can give constructive feedback to your therapist, the better the therapeutic relationship is predicted to be (assuming the therapist takes your feedback well – if they don’t, move on). Negotiating a therapeutic relationship is an incredibly empowering experience.

The therapist should be very clear about what they can and can’t do, what their style is etc, and if you think they are not the right therapist for you, they shouldn’t take it personally.

“If it’s not a good fit, it’s OK to leave.”
If it's not a good fit, they should very **graciously** help you find a better fit.

Lots of people stick with the wrong therapist for fear of hurting the therapists’ feelings. But the therapist’s feelings are not the responsibility of the client, so only stay if it’s good for you.

**There is one caveat.**

We generally go to therapy to work on difficult issues. Sometimes our reluctance, fear, anxiety etc about working with these issues can be projected as criticisms onto the therapist.

This is why it’s good to try and work through the criticism with the therapist before deciding to try someone new or you’ll just keep cycling around the same projection, therapist after therapist after therapist.
DONE AND DUSTED

So that’s the Ultimate Guide to Finding the Right Therapist. On the next page is a checklist you can use to sort your thinking and prioritising.

I hope the guide has given you more information than you needed and confidence that you can find the right therapist for you.

Anything to add? If you’ve got some extra criteria, advice for others etc, shoot me through an email at liz@cultivatingconfidence.net and I’ll include them in a future Super Ultimate Guide to Finding the Right Therapist.

In confidence

cultivatingconfidence.net
To make finding the right therapist a bit easier I’ve created this one page checklist so you can do a side-by-side comparison of therapists:

- It won’t make sense if you haven’t read *The Ultimate Guide to Finding the Right Therapist* so do that first
- Some of the criteria won’t matter to you, so just ignore them and focus on the criteria that do
- I’ve left a few blank criteria rows at the bottom so you can add any extras that matter to you.

**GOOD LUCK!!**

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<th>Location</th>
<th>Fees</th>
<th>Rebates</th>
<th>Therapy model</th>
<th>Gender</th>
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<th>Photo</th>
<th>Qualifications</th>
<th>Professional Assoc.</th>
<th>Insurance</th>
<th>Dual relationship</th>
<th>Clear communication</th>
<th>Does own therapy</th>
<th>Supervision/PD</th>
<th>Outcome claims</th>
<th>Website testimonials</th>
<th>Specialist</th>
<th>Model for change</th>
<th>Skill building</th>
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