

Shopping for Therapy

Would you shop for food at the hardware store? Hopefully, not. Maybe a few canned goods or bulk staples in a pinch — but, generally, a market is the place to buy groceries. What about buying tools at the supermarket? Beyond a screwdriver or batteries, you'd be better off at the hardware emporium. And, how about letting the jeweler look at your teeth, or the dentist brighten your whitewall tires? In light of this silliness, consider the recourse many people choose when emotional, psychological, or behavioral woes darken the doorway: Counseling psychotherapy. We are virtually programmed to rely upon counseling, or “talk therapy” to solve problems ranging from relationship conflicts to mood swings to attention and behavior deficits or neurophysiological disorders.

In our age of crossover shopping (where the computer megastore sells arrays of candy and dry goods, and where physicians use antipsychotic drugs to treat attention deficit disorder), both specialization and cross application are commonplace. Ironically, when it comes to human needs, consumers shop almost exclusively at the pharmacy or the couch of the talk therapist. All too often, the expectations are inappropriate and the results disappointing. The quest for solace and relief ends up like shopping for groceries at the hardware store. Traditional therapy stocks only limited goods for human error and suffering.

Therapy — as in psychotherapy — has a stigma in American society. Though we perceive ourselves generally in this culture as open-minded, we remain secretive about personal problems and leery of seeking help for them. Self-consciousness and emotional sensitivity and insecurity engage with rational skepticism in discouraging many people from pursuing interventions that could provide relief or change their lives.

The stigmatization of hurts, illnesses, and frustrations in the “mental health” realm is truly unfortunate. Perhaps some of the stereotypes are attributable to the misguided efforts of therapists and mental health professionals over the years in the provision of treatments that are largely ineffective and expensive, as well as sometimes degrading and painful.

In mental health, an uncomfortable collusion has evolved among professionals, the lay public, and health care insurers. It is tacitly assumed that psychological, mental, emotional, or behavioral problems:

- a) Occur separate from the body medical (as in: categorized and administered separately with reduced benefits by insurance companies)

- b) Take a long time and much therapy to heal, improve, or incur long-lasting change
- c) Require insight and understanding of deep-seated and historical material (and/or repressed memories) in order to change
- d) Are caused by underlying biochemical imbalances that require medications

On the one hand, these assumptions imply that meaningful improvement will occur only through lengthy treatment (expensive therapy or lifelong medication) at the direction of professionals. On the other hand, these “problems” are tossed back in the laps of sufferers as their own responsibility — not medical problems worthy of attention, measurably effective treatment, and reimbursable health coverage. They are medically necessary when it comes to doctors’ orders (and please be compliant!), but not medically necessary when it comes to reimbursement.

In this collusive system, we all lose: Consumers, health care professionals, and society at large. Social and economic costs multiply, therapists provide treatments that fall far short, and people, by and large, lose confidence in purported treatments that aren’t really helping.

So, what are savvy and earnest consumers to do? How can you evaluate and select treatment interventions that will do the job? The marketplace brims with offerings clamoring for your attention and your dollars. Claims for success abound, and the burgeoning competition for sovereignty in efficacy has consumers scurrying their mice over the internet in the spiraling production of more confusion. When you need help, where do you turn and how do you decide?

Here are some suggestions:

1. **Clarify the job you want done** — whose behavior and feelings are supposed to change and what specifically are the targets? Do you want a traditional DSM (psychiatric) or ICD (medical) diagnosis? Formal assessment? Intervention and treatment? Most therapists don’t do formal assessment (testing), and many do not understand its contributions to treatment. Some psychologists only assess, but don’t treat. Who is being treated, and why? Do you need intervention or assistance outside the office — advocacy, coordination among professionals, educational intervention?
2. **Question your assumptions and beliefs about how people get better (and worse)** — such assumptions form the foundation for treatment approaches and expectations about improvement, motivation, responsibilities, communications, and evaluation. For example, do you think that someone needs to believe in a psychological treatment in order for it to work or work better? (Compare this with taking an antibiotic; does belief matter?) What do you and your therapist think about biochemical imbalances, and what role might this play in treatment options? What is the impact of spiritual life, and how do your beliefs about the symptomatic “condition” integrate with your notions of choice and free will?

- 3. Get your expectations in line with what is achievable in treatment** — paradoxically, people are often skeptical of therapeutic promises and claims, but they harbor great inward hopes and expectations. When the therapy does what it's supposed to do, but doesn't solve all of life's problems, disappointment can ensue and clients can overlook true benefits attained because of their misconstrued expectations. At the beginning of treatment, clients may not be aware of their true expectations, only to have fantasies subsequently dashed in the light of realistic gains. At least some of the "talk" in therapy should be about what lines the aisles in a particular therapeutic market.
- 4. Select benchmarks for measuring progress** — entering behaviors, symptom baselines, and progress should be documented and reviewed. Both objective and subjective measures are useful; the important point is to keep reference measures in order to guide treatment, make appropriate modifications, and adjudicate progress with expectations. Progress measures are also critical for factual communication between client and therapist.
- 5. Set boundaries and parameters for your engagement with treatment** — it is crucial and helpful for you to understand the logistics of your therapeutic arrangement: Costs, frequency and duration of treatment, your responsibilities and those of the therapist, expectations of follow-up, and the forums for communication between you and the therapist.

Despite the pitfalls, variability, and expense, therapy should and can be a targeted, reasonably limited, satisfying intervention that results in alleviation of the original symptoms and positive side benefits of growth and flexibility. Discuss the appropriateness of the treatment methods to the presenting needs and complaints in terms of costs, benefits, and standards of success. Otherwise, the "talk" in "talk therapy" is cheap, but the bill from the therapist is expensive.

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