Is it Time to Breakup with Your Therapist?

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COGNITIVE BEHAVIORAL EVIDENCE-BASED THERAPIES
FOR ANXIETY DISORDERS, PTSD, AND OCD & RELATED DISORDERS.
FOR CHILDREN, ADOLESCENTS, AND ADULTS.

OUR CLINICAL STAFF ARE:
GRADUATES OF THE TLC FOUNDATION, PROFESSIONAL TRAINING INSTITUTE.
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Is a good therapist hard to find?

- Where to look
  - IOCDF
  - Psychology today
  - ABCT
  - Insurance Directories
  - Referrals

- Where did you look?
Points to Consider

- **Training** – mental health providers come with a variety of degrees including but not limited to: MD, DO, PhD, PsyD, EDD, LCSW, MSW, MS, MA, NP, etc
  - While it’s not necessary to know everything about these degrees it can be good to have a general sense of what they mean.
  - MD’s, DO’s, and NP’s for example are able to prescribe medication and may also do therapy.
  - You may want to confirm that your therapist went to an accredited school that was not online only.

- **Certifications** – training in specific therapies for OCD including ERP and ACT often happens after graduate school. Many therapists describe their training experiences in these therapies on their website or in therapist directories.
Barriers to finding good care

There can be real-world obstacles that get in the way when looking for a therapist:

- Distance
- Transportation
- Money
- Language
- Scheduling and availability
- OCD symptoms themselves

What challenges have you had?
Transportation and Distance

If the closest therapist office is over an hour away, getting to treatment may be difficult. Possible ways to help can include on-line therapy for OCD, longer sessions that are spaced apart—meaning twice a month, or phone sessions.
Money

Some therapists take insurance or Medicare and others do not.

While it may seem difficult to find someone who treats OCD and is affordable, therapists may have fee arrangements that can include sliding scales.

If therapists don’t take insurance, many policies have out of network benefits.

Services may be available at University Clinics or Community Mental Health Centers for lower fees.
Language

Few OCD therapists provide services in languages other than English. There are translation services available for providers in some agency settings such as Universities.
Scheduling and availability

So you finally found someone that meets your criteria, but they have a waitlist or no availability.
It can be helpful to ask how long it may be until a spot opens.
It can also be helpful to periodically check in on the status of the waitlist.
Weighing options in this situation can be tricky.

Is it better to wait for a provider who seems highly qualified or continue looking?
OCD symptoms and finding help

Though there are many unhelpful beliefs about OCD, one of the most unhelpful, can be the thought that you “shouldn’t” talk about the OCD.
Other unhelpful thoughts include:

“People won’t understand.”
“Therapy won’t work.”
“I tried to get help before and it didn’t work; I still have OCD.”
“I’ll just figure it out myself.”
“It will get better on its own.”
What to ask when you do find someone?

Okay, you found someone who actually treats OCD. How do you know if they’re any good?
Questions for your therapist:

- What methods do you use to treat OCD?
- Do you have specific training in Exposure and Response Prevention? (and if so, where?)
- How many people have you worked with who have OCD?
- What will we actually be doing in sessions?
- Do you use any ACT techniques?
- Do you incorporate Inhibitory Learning Theory?
What if you don’t like your therapist?

Some therapists put a very high value on the relationship with their client. Others put a high value on the work that is done in session, and many consider both to be important. We’ve heard examples of how liking or not liking your therapist can get in the way of therapy.
Your therapist is really nice but... 

Liking your therapist is not enough to make your OCD better. You may have the nicest therapist in the world who doesn’t use treatments that work for OCD. This could result in being a waste of both time and money for you.

It is important that you are receiving a treatment that works for OCD.
Unhelpful beliefs about nice therapists

“Therapy doesn’t seem to be helping my OCD but I don’t want to tell Dr. Smith because I don’t want to hurt her feelings.”

“Dr. Right really cares about me, and I trust her, so I’m going to just stick with it even thought my OCD seems to be getting worse.”

“Dr. Golden is the only one who always reassures me when I’m anxious and that makes me feel much better.”

“Dr. Green says it’s okay to keep taking Xanax when I feel upset and it really makes me feel better in the moment, so I’m going to stay with Dr. Green.”

“Dr. McCoy is very smart and is an OCD expert, so if she can’t help me, no one else can either.”
You hate your therapist but... 

At the other extreme, you may have a therapist without a warm personality, who doesn’t smile or laugh very often but who knows how to treat OCD.

If you are feeling like you don’t “click” with your therapist, we encourage you to stick with it, if he or she seems to know what they are doing in terms of OCD.

With all types of anxiety, there is the strong urge to avoid. If you are feeling like you want to stop therapy because you don’t like your therapist, it’s important to ask yourself if you might be avoiding.
Unhelpful beliefs about “mean” therapists

“Dr. Smith never reassures me when I’m anxious, she doesn't even want to help me.”

“Dr. Gold thinks I can do things that I know I can’t do.”

“Dr. Brown doesn’t understand how hard this is for me.”

“Dr. Jones asked me to touch all of the doorknobs in the building and not wash my hands, everyone washes their hands after they touch doorknobs. No one would do this. Dr. Jones is unreasonable.”

“Dr. Green is always taking my family’s side over mine and saying things are OCD that aren’t. I know what OCD is better than anyone else!”
As you do the work in therapy and start to get better, you may find that you start liking your therapist more.

It is not necessary to like your therapist to improve from OCD, but it is important that you have trust in the therapist’s ability to treat OCD, and in the therapist’s commitment to help you. This is because you will be asked to do things that make you uncomfortable. It is important that you feel you can keep coming in for treatment and doing the work between sessions, and this will more likely happen if you have trust in your therapist’s OCD treatment skills.
What to expect at the first session

The first session usually focuses on exchanging some basic information such as:

- Confidentiality
- Session length and fees
- Scheduling
- Releases of information
- Paperwork
First Session Continued

Even if you already know you have OCD and have been in therapy before, most therapists will ask for background information such as:

- Education/employment history, relationships
- Current or past substance use
- Family history – psychological and substance abuse
- Medical or developmental problems
- Past treatment
- Current thoughts about suicide
- Other symptoms of conditions you might be experiencing
Assessment of OCD

Even if it seems obvious to you and to your therapist that you have OCD, conducting an assessment at the first or second session has many advantages and provides information about the:

- Severity of your OCD at this time
- Types of obsessions and compulsions you have
- Past symptoms
- Way the OCD looks in your daily life
- How impaired you are by your OCD
The Yale-Brown OCD Scale (YBOCS)

The YBOCS is considered a gold-standard measure for OCD and is more-widely used than other measures. It provides information about types of symptoms and also about the severity of those symptoms.

How many of you have seen or completed the YBOCS?
Follow up Assessment – why and how often?

In order to ensure that you are making progress in your treatment, follow up assessment with the YBOCS severity measure or another measure is helpful for several reasons:

- We hope to see the severity score come down!
- This is a gauge of how well therapy is working.
- Additional obsessions and compulsions may have started since the last assessment.
- Follow up assessment can also help determine when you are ready to terminate treatment.
When do we really start ERP?

If you have been seeing the same therapist for 10 weeks and you haven’t started ERP, there might be a problem.

By session 3 or 4, if you have a diagnosis of OCD and have discussed using ERP, treatment should be underway.

If this is not the case, it is important to discuss with your therapist.

Have you ever been in treatment for a long time and not worked on the OCD?
What happens in early ERP sessions?

In session with your therapist, you will work on making a list of things to tackle in your work together. In classic ERP, you will be determining how difficult these items are. For example, if you have contamination OCD, you may list things such as:

- Touching your shoe
- Touching the doorknob of the bathroom
- Eating dinner at a stranger’s home
- Drinking from a water fountain
Discussion of what not to do

Your therapist will work with you to reduce and then stop doing compulsions.
Your therapist should also be talking about things that “feed” the OCD like reassurance seeking and avoidance.
Exposure in Session and at Home

ERP therapy requires doing exposure work both in session with your therapist and at home between sessions.

If you are not doing exposures, you are not doing ERP.

Have you ever gone to a therapist for your OCD and not done any exposure work?
Involvement of Family members

- It is often good practice for the therapist to invite family members in to join in for treatment. This is especially true when there is a lot of family conflict at home, or when the family member(s) is accommodating the OCD, exhibiting behaviors aimed at lowering the anxiety of the person with OCD, but which end up actually exacerbating the OCD problem. This is not “family therapy,” but merely the inclusion of family members in therapy to help assist the identified client- the person with OCD.
For children: Parent involvement in treatment

- Parent involvement in therapy varies somewhat with the age of the child and the circumstances of the family.
- With grade schoolers and most middle schoolers, parents are typically present for most if not all of the therapy sessions, are instructed in the specifics of homework, and may be involved to different degrees in the follow-through of therapy homework outside of session.
- If the child protests for whatever reason, the degree of parental involvement may be negotiated, but typically some parent involvement is important.
For adolescents:
Parent involvement in treatment

- For adolescents, parental involvement may vary widely, but the therapist will typically encourage at least some parent involvement, as it is best for parents to have knowledge of what is going on in treatment, and also for parents to have an avenue to communicate with the therapist about the adolescent’s progress outside of the therapy session.

- Also, as with younger children, parents should have an avenue to be able to communicate with the therapist if there is a problem with homework follow through or a lack of apparent progress on the part of the adolescent client.
When to end therapy

All therapy comes to an end. Typical reasons why therapy might end include:

You got better – hooray!
The therapy isn’t working for you.
Cost
Scheduling problems
How do you know when you are really better?

In addition to a lower score on the YBOCS there are some other indicators that you are doing well such as:

- Participating in more activities at school, work or social activities
- Enjoying your life
- Not doing, or engaging in significantly less compulsions
- Not avoiding things as much because of the OCD

How did you know when you were getting better?
When therapy isn’t working

How do you know when therapy isn’t working versus when OCD is wanting you to avoid treatment?

Consider the following:
- Treatment is not addressing your OCD
- You are not doing exposures
- You are going and doing exposures but nothing is changing
Things to consider

Are you still doing compulsions?
- If you said “no” – really, are you? Even a little?

Have you told your therapist everything? – OCD can be sneaky and it can be hard at times to recognize what is an OCD thought. It can be even harder to face some of the more challenging thoughts.