



How to Choose a Good Marriage Therapist *and* How to Get the Most Out of Therapy

We are often asked for referrals from all over the United States for therapists who are familiar with our approach. What training should you look for and what questions can you ask to help you find a therapist who will help you grow?

Understanding Different Levels of Training

Masters Level

- **LPCC:** Licensed Professional Clinical Counselor
- **LMFT:** Licensed Marriage and Family Therapist
- **LCSW:** Licensed Clinical Social Worker

Qualifications to become a licensed Psychotherapist differ from state to state. In general, licensed Marriage and Family Therapists and licensed Social Workers both do therapy. In many states they must complete a master's degree and 3,000 hours of supervised counseling followed by written exams before they are licensed. People in training are called associates. Associates are supervised by a licensed therapist as they complete their 3,000 hours and take exams. They are often less expensive but lack training and experience.

Doctoral Level: Psychologist

To be licensed as a Psychologist requires the completion of a doctoral degree (in some states) and similar supervised hours and testing. If you consider your problems to be more severe or complicated, you may wish to see a Psychologist due to their additional training.

An unlicensed Clinical Psychologist is a Psychologist who has completed the necessary schooling to become a Clinical Psychologist but has yet to meet the internship or residency requirements for their state or passed the subsequent licensing exam. An unlicensed Clinical Psychologist has a master's degree in psychology, a PsyD, or Ph.D. Their duties involve working in a clinic, counseling practice, or mental health facility while they complete their required residency or internship program. These residency programs typically last two years. At this level, a Psychologist is being supervised by a licensed Psychologist while completing their hours and exams.

Medical Doctor: Psychiatrist

A Psychiatrist is a Medical Doctor and must complete medical school and residency. A board-certified Psychiatrist has even more specialized training. Psychiatrists specialize in mental disorders and prescribe medications to alleviate distressing symptoms. If you feel your symptoms are especially distressing, you may request a referral to Psychiatrist. A Psychiatrist is preferable to a General Practitioner because of their specialized training. Most Psychiatrists focus on medication management. A few do therapy as well.

Finding a Counselor

Try to find referrals from people who have already been helped by the counselor you are considering. Ask friends or pastors for referrals if a therapist has helped them move forward.

You can also search on the internet. You can Google things like: "Marriage Therapist with Attachment Focus" and then your hometown.

When reading a therapist's profile on the internet, look for these words as a therapist describes their approach: **Specializing in couples and families, attachment, developmental focus, or EMDR training** (EMDR training is especially helpful if either spouse has trauma. You can Google "EMDR" to learn more).

Look through the list of counselors noting years of experience, treatment approach, and areas of specialty. Call possible candidates, and ask the questions listed below.

When you make phone contact, *briefly* explain your problem, and ask the counselor to give you an overview of how they would approach such an issue. Try and chat on the phone with at least three different counselors.

Interviewing a Potential Counselor on the phone or in the first session:

Here are some questions to ask on the phone or in a person-to-person session with the therapist. If a therapist gets defensive as you ask questions, cross them off of your list.

How many couples or families are you seeing per week?

Many therapists primarily see individuals and don't see a lot of couples or families. It's more challenging to have more people in the room. Marriage and family therapy is specialized work that takes additional training and experience. Look for someone who specializes in couples and families and makes this the focus of most of their practice. We believe more change is possible when more people are present in a session.

How do you utilize attachment theory in your work with a couple or family?

We suggest you look for a therapist who is trained in attachment theory. A therapist who takes a developmental (historical) approach will help you discover how your own childhood experiences influence how you currently relate as a spouse and parent. In other words, the therapist believes each spouse's childhood history is important to explore because it shaped the way they currently view relationships. Looking through the lens of attachment, a therapist will help a couple discover the roots of their repetitive fight or frustrating Core Patterns. These dynamics are created when each spouse's attachment wounds collide in marriage. When you understand history, you will have more compassion for yourself and your spouse. Often your spouse's most irritating behavior is the result of a wound from their childhood. Our attachment injuries also affect how we parent and this is important to understand if we have children.

Do you work with a couple together or in separate sessions?

Milan and I think it is imperative to see a couple together. The therapist will miss the dynamic of how the couple relates to one another when they are seen separately. The Core Pattern created when two attachment histories collide is observable when the couple is together. While there may be a good reason to have one or two individual sessions, this should be the exception—not the norm. The one exception is the Controller/Victim combination as it is likely there are addictions and/or physical, emotional, or sexual abuse in the relationship. This is not likely to be disclosed by the Victim with the Controller in the room. If therapy is for a child, the family should be seen together as it will help uncover dynamics that won't be apparent if the child is seen alone.

Are you more direct or indirect in your approach to working with couples and families?

Counselors come in many flavors and schools of thought. Some are *indirect*, believing the answers are inside you and can be discovered if you have a safe place and a good listener. This approach isn't very effective for families as the strongest member will dominate and try to run the sessions. If you go to a Medical Doctor, you need a diagnosis and treatment plan. Therapy should provide the same information.

Other counselors are more *directive* with the mindset to give a diagnosis, guidance, teaching, and insight. At times, they may have an agenda for the session when you come for your appointment. Our most common complaint from people (especially couples) who are unhappy with their counseling is this: "The counselor just sat there, and I was never sure where we were going or what was supposed to happen." When it comes to couple's therapy, we take a very directive approach. If you are shopping for a couple's therapist, in our opinion, a directive approach is beneficial.

Try a therapist then evaluate the experience.

You won't know if a therapist is right for you until you have spent a few sessions together. You both should experience your therapist as competent and fair. This doesn't mean the therapist will always agree or say what you want to hear. After several sessions they should be able to explain their plan of treatment. A good therapist will make it safe to open up and also challenge you to see new perspectives and grow.

What is your part in getting the most out of counseling?

Here are some suggestions about getting the most out of therapy. Therapy is an investment of time and money. There is no such thing as a perfect therapist with a magic wand. Like anything, the more you put into it the more you will get out of it.

Tip 1: Focus on yourself and your growth.

Remember, you can only change you! Whether you are in individual or couple's therapy, don't spend an entire session complaining about someone else. You will gain a lot more by asking the counselor to help you identify and change your part in the problems and

struggles you face in your marriage and parenting. You do have a part. If your partner refuses to participate in couple's counseling, observing some fabulous growth in *you* may be the ticket to having them join you in therapy.

Tip 2: It may get worse before it gets better.

Change upsets the apple cart. Change in only one person will alter the dynamics of the relationship as the partner adjusts to a new person! Change, even for the better, is uncomfortable because it's NEW. We tell clients, "If you feel uncomfortable, it is a good indication that you are growing and change is taking place." We say, "Pick your pain!" Usually, the painful places in our relationships cause us misery. Change is distressing too, but it offers hope. Why not pick the productive pain and GROW?

Tip 3: Don't give the lame excuse you don't have the time or money to get help.

Come on now! We make time and spend money on what is important to us. Everything in this world takes maintenance. Nothing stays shiny, new, and in great working condition. Maintenance is just a part of keeping something in good working condition. If we don't take care of what we have, we may end up having to replace it—whether it's cars, homes, or relationships. Make an investment in your marriage. Your kids will thank you for it. Getting help can be expensive, but divorce is way more costly than marriage counseling.

The failure rate of second marriages is 72%. By the third marriage the statistics finally get better...about 32%. Why? Did the right person finally appear? No. People in our offices on round three say, "I have to make it work this time. I keep running into the same wall, and I can see I'm a part of the problem." Finally! If money is really tight, get our book and do the corresponding workbook as a couple or as an individual. Or purchase the *Private Couple's Study* on our website. Do something!

Tip 4: Practice at home.

Growth involves insight. This is the fun part. "Oh!!! That explains why I do this or feel a certain way." Insights are the "Ah Hahs!" You should have some of those moments with the help of your therapist. Growth also involves learning and practicing new skills. A couple can do a great job of listening in my office, but if they never practice at home they won't get very far. If you don't know what you should be practicing at home, ask your therapist, "What is the most important thing I could be doing outside this office to foster my personal growth?" If you are not in therapy, there are plenty of ideas about things to practice in the *How We Love Workbook*.

Am I with the right counselor?

Having gone myself to a number of different therapists, I wish I had had some of the advice back then I can offer now. Unfortunately, the bell-shaped curve applies. There are some very bad therapists mixed in with some fair therapists, and then there are some very good counselors. Here are some questions to consider.

Do I find myself feeling safe to explore and challenged to grow?

A safe environment and a good connection with your therapist are both crucial to a good outcome in therapy. Safety to explore your deep feelings, secrets, and dark places is important. Safety should not mean you are coddled and never challenged to face your shortcomings and grow. If your therapist never confronts you in a loving way or points out areas that need growth, that is a problem.

Do I feel a sense of competence from my therapist? Does it feel like they know what they are doing?

Notice I did not say: “Does your counselor solve all your problems for you?” Your therapist is a guide and your appointment time is a place to gain insight, practice new skills, and in some cases, experience some of what you missed growing up. For the most part, you should feel your counselor can help you make progress. From time to time, ask your therapist to review your progress and remind you of the big picture of where you are headed in your work together.

You thought your counselor was great, and now you feel annoyed or dissatisfied.

If you have been in individual or couple’s therapy a while, you may experience something with your counselor called transference. This means the old feelings you had toward your parents are now arising toward your therapist. What annoys you? What disappoints you? Is it the same thing that annoyed you with your parents? If so, now is the time to talk about it. It can be very healing to get these feelings and reactions into the open and talk about them. Most likely you could not do that as a kid. Hopefully your therapist will understand your feelings of dissatisfaction are more about the past than the present and will help you see the connection. If you don’t talk about this, you will remain stuck. Transference is possible but less common in couple’s therapy as transference is happening **within** the couple relationship. That’s what triggers are all about; when your spouse does something that activates a childhood wound.

What if something is bothering me about therapy itself?

A woman approached me recently complaining about a therapist to whom I had referred her. She told me her complaint: “The counselor and I talked about some important childhood events in my life when my husband couldn’t attend, and the therapist did not even bring up the content of our session the next week when my husband was at the session. I want a new referral.” I asked her if she raised her concerns in the session by telling the therapist she wanted to review the previous session with her husband present.

The woman told me, “I don’t think I should have to tell her.” (The therapist should just know.) I encouraged her, “Not only is it appropriate, it is essential you talk about something you do not like or do not think is going well in your therapy.” Ruptures between the client and therapist occur in therapy just like they do in any relationship. Your therapist isn’t a mind reader. Tell them when you are hurt, dissatisfied, angry, or

upset. Your therapist should be able to hear this without defensiveness and make adjustments or explain their methods and rationale for their approach.

Common Problems for Each of the Love Styles in Therapy

Each of the Love Styles responds in predictable ways to therapy. Here are some of the issues we see over and over. Therapists need to understand and be able to navigate these common issues.

Avoiders: Avoiders don't see any problem with their past. They often have vague memories and say, "It was fine." They may be annoyed when asked to identify feelings. When asked to explore emotions or try something uncomfortable, Avoiders do better if given logical explanations for the goals and methods for making progress and are reminded of the big picture routinely. Avoiders hate feeling inadequate (which they will feel a lot in therapy) and need reminders of what they missed as kids and how that is related to their current struggles.

Pleasers: Try to be the *best* client ever and have difficulty disagreeing with the therapist. Pleasers need to work on boundaries and speaking their mind, even with their therapist. As with everyone, Pleasers want to make their therapist happy. They often keep an eye on their mate and monitor their reaction to everything they say to make sure they aren't going to be in trouble with their spouse when the session is over. Speaking the truth and being honest even if it makes someone mad is an important step of growth.

Vacillators: Vacillators tend to idealize a therapist at first by believing they are the answer to their problems. Their agenda is, "Fix my spouse, they are the problem." Vacillators easily feel misunderstood and want to tell the therapist detailed stories to prove their point. This can take up the full hour. If the therapist doesn't direct the session, the Vacillator will run the show! Vacillators feel deeply rejected and misunderstood when confronted by the therapist about their part in relational struggles. When challenged, Vacillators quickly feel "all bad" and are filled with shame. This is a miserable feeling that makes them feel flawed and unwanted. They get rid of this feeling by getting angry and making others "all bad." Accepting feedback and sticking with the process is important for the Vacillator. Over time the Vacillator often makes the therapist "all bad" when the counselor doesn't see things the Vacillator's way. They tend to leave therapy in a huff and may try to find another therapist who will see only their point of view.

Controllers: Controllers often challenge the therapist's authority because they feel threatened by giving anyone else any kind of power. They may intimidate and test the therapist's boundaries. I connect with Controllers by helping them understand how their painful childhood experiences are at the root of the current anger they feel. Getting to the

grief will be the most important challenge for the Controller. Both men and women who are Controllers are some of the most sensitive people under all that anger and intimidation. This trait just got obliterated in their childhood as it was not safe to be sensitive.

Victims: Victims are so used to living without hope they don't often expect much from therapy. They need lots of encouragement that small changes can make a big difference. Of course, safety is the first concern. If the couple is a Controller/Victim duo, the therapist should meet privately with the Victim to check for physical, sexual, or emotional abuse. The Victim needs to learn to stand up to the Controller but may be in danger doing so. Safety is of the foremost importance when working with a Victim.

Hope this helps!

Blessings,
Milan and Kay