

Questions to ask a potential therapist/mental health professional

1. Are you licensed?
2. How many years have you been practicing? (Keep in mind, there are great therapists who have been practicing for 1 year and terrible therapists that have been practicing for 30 years but, more time means more experience.)
3. What are your special areas of practice?
4. Do you have experience with veteran and/or first responder trauma treatment, specifically, or sexual trauma if that is what you are seeking therapy for?
5. Do you have any special training and/or certifications in PTSD treatment?
6. What kinds of PTSD treatment modalities do you use? (Different modalities are listed below)
7. Have they been proven effective for dealing with my kind of problem or issue?
8. How much therapy would you recommend?
9. How will I know if therapy is working?
10. Do you prescribe medications?
11. What are your fees?
12. What types of insurance do you accept?

Note:

When you consider the answers they provide, ask yourself: what is my gut feeling about this person and our ability to connect. Without this, the other answers don't matter. The therapeutic alliance (bond between therapist and client) is the greatest predictor of a positive outcome. It is possible to find a great therapist that you completely connect with that does not have the training or experience to help your specific type of trauma. So, keep an open mind and do not give up after the first therapist.

Treatment Modalities:

- **CBT or Cognitive Behavioral Therapy (Focuses on the relationships among thoughts, feelings and behaviors; targets current problems and symptoms; and focuses on changing patterns of behaviors, thoughts and feelings that lead to difficulties in functioning.)**
- **CPT or Cognitive Processing Therapy (A specific type of cognitive behavioral therapy that helps patients learn how to modify and challenge unhelpful beliefs related to the trauma.)**
- **Exposure Therapy (A specific type of cognitive behavioral therapy that teaches individuals to gradually approach trauma-related memories, feelings and situations. By facing what has been avoided, a person presumably learns that the trauma-related memories and cues are not dangerous and do not need to be avoided.)**
- **CT or Cognitive Therapy (Derived from cognitive behavioral therapy. Entails modifying the pessimistic evaluations and memories of trauma, with the goal of interrupting the disturbing behavioral and/or thought patterns that have been interfering in the person's daily life.)**
- **EMDR or Eye Movement Desensitization and Reprocessing (A structured therapy that encourages the patient to briefly focus on the trauma memory while simultaneously**

experiencing bilateral stimulation (typically eye movements), which is associated with a reduction in the vividness and emotion associated with the trauma memories.)

- BEP or Brief Eclectic Psychotherapy (Combines elements of cognitive behavioral therapy with a psychodynamic approach. It focuses on changing the emotions of shame and guilt and emphasizes the relationship between the patient and therapist.)
- Hypnosis
- SSRIs/SNRIs (anti-depressant medications)

More information can be found @ <https://www.apa.org/ptsd-guideline/treatments> and <https://www.ptsd.va.gov/apps/Decisionaid/compare.aspx>