

Therapy 101

Finding a Therapist

- Monsour Counseling & Psychological Services (MCAPS) options:
 - Complete the online Off-Campus Therapy Referral Request form: <https://services.claremont.edu/mcaps/off-campus-therapy-referral-request/>
 - Call (909) 621-8202 and ask the front desk staff to help you schedule an in-person Referral Appointment with a Case Manager
 - Call (909) 621-8202 and ask to speak with a Case Manager for a phone conversation to discuss your needs or preferences for an outside referral
- Contact your insurance company
 - Call the phone number on your insurance card that says, “Behavioral Health Services,” “Mental Health,” or “Mental Health & Substance Use.” You can ask for a list of providers near you.
 - Your insurance company may have a website where you can search for in-network providers on your own by clicking, “Find a Provider” or “Find Providers.”
- There are online sites that therapists advertise on where you can search and find a therapist on your own.
 - www.PsychologyToday.com
 - www.GoodTherapy.org
 - www.FindATherapist.com
- You can always search for a nearby therapist on a search engine (e.g. Google, Yahoo, Bing, etc.).

Choosing a Therapist

In California, individuals with different credentials may be licensed to provide psychotherapy [See below under “Licensure”]. While it’s important that your therapist have knowledge and experience with the problems or concerns which you bring to them, it’s equally important that your therapist be a person with whom you feel comfortable and safe.

Connecting with a Therapist

It is sometimes a good idea to talk with at least two different therapists on the phone before deciding to work with someone. Starting therapy can bring up various emotions, with the initial few sessions potentially feeling somewhat uncomfortable due to discussing certain topics. Unless you feel quite uncomfortable after an initial meeting with a therapist, it may be beneficial to meet at least 2-3 times before switching to a different therapist.

1. Call several providers and leave them a voice message with your name and phone number if they do not answer, or else they may not know that you have called or for what reason.
 - REMINDER:** Set up your voice mail! (Or else providers can’t leave you a voicemail when they call back!)
 - a. It’s recommended that you contact a few providers to get a sense of who they are, whether or not you would feel comfortable working with them, and who is taking new clients.
2. Questions that may be helpful to ask when talking to a therapist on the phone to make an appointment:
 - a. What is your availability and how often are you able to see clients? (To see if their schedule matches yours)
 - b. Do you take my insurance? If not, what is your fee? (To see if their fee is a reasonable price for you)
 - c. Are you experienced in treating [topics or concerns that you want to address in therapy]?
 - d. Where is your office located? (To see if you are able to travel to that location)

After an initial meeting(s) with a therapist, reflect upon the experience and your reactions. You may ask yourself:

- What things did I like and not like about the session(s)?
- How comfortable and safe did I feel talking with this person?
- Were all of my initial questions and concerns adequately addressed?
- Do I think the therapist will be able to help me?
- Do I want to see this therapist again?

Consumer Rights

When you look for a therapist, consider yourself a consumer, seeking to make an informed choice about the person you will hire to work with you. As a consumer, you possess certain rights, including but not limited to the right:

- To determine the qualities you want in your therapist
- To be heard, believed and treated with respect
- To say “no” to any of your therapist’s suggestions
- To freely discuss with your therapist any problems that arise in therapy
- To be satisfied by the services you receive
- To end a therapy relationship if it is not working for you

Licensure

There are many types of mental health professionals, each differing in their method of treatment, specialty, degree, etc. If you’re interested in working with a psychotherapist, the following table will provide a quick glimpse of some of the providers who are available:

TITLE	DEGREE	SERVICES
Psychologist (Ph.D.) [Doctor of Philosophy] (Psy.D.) [Doctor of Psychology]	Doctoral Degree	Psychologists may hold a degree in clinical psychology, counseling, education, or other specialties. They are trained to evaluate an individual’s mental health using clinical interviews, psychological evaluations and testing. They can diagnose and provide individual and group therapy.
Licensed Marriage & Family Therapist (LMFT) Associate Marriage & Family Therapist (AMFT) [Completed Master’s but not licensed]	Master’s Degree (M.A. or M.S.)	Marriage & Family Therapists provide services to individuals, couples, or groups where interpersonal relationships are examined to achieve more adequate, satisfying, and productive marriage and family adjustments.
Licensed Clinical Social Worker (LCSW) Associate Clinical Social Worker (ACSW) [Completed Master’s but not licensed]	Master’s Degree (M.A. or M.S.)	A Clinical Social Worker will typically have completed a masters degree in social work (M.S.W.) and carry the LCSW designation if they are doing psychotherapy. They are trained to make diagnoses, provide individual and group counseling, and provide case management and advocacy services.
Licensed Professional Clinical Counselor (LPCC)	Master’s Degree (M.A. or M.S.)	Licensed Professional Clinical Counselors identify and remediate cognitive, mental, and emotional issues, including personal growth, adjustment to disability, crisis intervention, and psychosocial and environmental problems. They are trained to diagnose and provide individual and group counseling.
Psychiatric Mental Health Nurse (PMHN) Psychiatric Mental Health Advanced Practice Registered Nurse (PMHAPRN) Clinical Nurse Specialist (CNS) Certified Nurse Practitioner (CNP) Doctorate of Nursing Practice (DNP)	Master’s Degree (M.S.) Doctoral Degree (Ph.D.)	Most psychiatric nurses are trained first as a regular registered nurse (R.N.), but get specialized training in psychiatry and some forms of psychotherapy. They can provide assessment, diagnosis and therapy for mental health conditions or substance use disorders, depending on their education, training, and experience. In some states, they are also qualified to prescribe and monitor medications. Requirements also vary by state as to the degree of supervision necessary by a licensed psychiatrist.
Psychiatrist (M.D.) [Doctor of Medicine] D.O. [Doctor of Osteopathic Medicine]	Medical Degree	A psychiatrist is a medical doctor with specialized training in the diagnosis and treatment of mental and emotional illnesses. They can diagnose mental health conditions and prescribe and monitor medications. Few may also provide psychotherapy. (Family doctors often prescribe medications for mental health concerns, but do not have specialized training or background in treating mental disorders.)

Expectations & Ups and Downs in Therapy

Although people go to a therapist in order to feel better, the work they do in therapy is often difficult and painful at times. You may experience feelings of intense fear, sadness, anger, guilt, shame, and even love as you work with your therapist. The presence of these feelings can make therapy confusing or frustrating. At such times it is often helpful to discuss your feelings about therapy with your therapist. Feel free to ask questions. Usually, a candid discussion about what is happening in therapy can resolve much of the confusion or frustration.

In the unlikely event that your therapist does something that feels extremely inappropriate or harmful (such as verbal abuse, unwanted intrusive physical contact, or sexual advances), you may contact one of the following state licensing boards to discuss the situation or file a complaint:

Board of Behavioral Science Examiners
(916) 574.7830

Medical Board of California
(916) 263.2382

Board of Psychology
(916) 263.2699

Therapy Doesn't Include Sex: <https://www.dca.ca.gov/publications/proftherapy.shtml>

Paying for Therapy

Often times, ongoing psychotherapy (more than a few sessions) is needed to create lasting change. Therefore, therapy can be expensive. Before starting services with a therapist, it is best to determine whether or not you would want to see a therapist who is "in-network" or "out of network" [Refer to "In-Network vs. Out-of-Network Providers" below], and whether or not it makes sense for you financially. It's best to start with a therapist who you'll be able to continue ongoing services with, so that there won't be interruptions in treatment due to financial concerns.

When you contact a therapist, feel free to ask questions about their fees and be sure you understand how payment is to be handled. Some therapists will give you a superbill to submit to your insurance company, but will expect to be paid directly by you at the end of each session. Be sure to review your insurance coverage before beginning therapy. Policies vary tremendously along a number of different dimensions: how much they will reimburse for each session, the total amount they will pay during a coverage period, and the credentials your therapist must have in order to be reimbursed. Some policies identify "preferred providers" in your area who are reimbursed at a higher rate than other mental health providers. Also be aware that your insurance company will reimburse treatment costs only if the nature of the mental health condition you are being treated for has been disclosed to it by your therapist. Feel free to ask your therapist what specific information about you will be given to the insurance company.

In-Network vs. Out-of-Network Providers

	In-Network Providers	Out-of-Network Providers
(Possible) Pros	*More affordable *Not having to take care of billing	*More availability *More selection/choices (Can see any provider)
(Possible) Cons	*Longer wait times due to less availability *Limited selection/choices *May need approval from Primary Care Physician (PCP) before seeing a specialist	*Higher costs for services *Need to figure out insurance reimbursement (e.g. submit Superbill/receipt from provider to insurance)

An "in-network" provider is someone (e.g. doctors, therapists, facilities, pharmacies, labs, etc.) who has a contract with a specific insurance company to provide services at a specific rate to the insurance company's members. Insurance members then pay the deductibles, co-pay, or co-share when seeking treatment, and the rest is covered by the insurance company based on a pre-negotiated price with the provider.

An “out-of-network” provider is someone who is not contracted with an insurance company, and there are no pre-negotiated rates or contracts between the insurance company and the provider. Insurance members will likely have to pay the provider’s full-fee upfront before personally seeking reimbursement from their insurance company. Rate of reimbursement, if any, will depend on each individual’s specific insurance plan within the insurance company. Prior to seeing a provider who is out-of-network, it is best to contact your insurance company to ask about your insurance plan’s coverage for out-of-network providers.

If you have SHIP, you can get answers to your questions about your SHIP insurance (e.g. terms and definitions, how SHIP works, how to find an off-campus in-network provider, medical benefits, etc) here:

<https://services.claremont.edu/student-health-services/wp-content/uploads/sites/13/2018/07/How-SHIP-Works.pdf>

Terms to Know (When Dealing with Insurance)

- ❖ **Claim:** A request for payment (e.g. bill) that you or your health care provider submits to your health insurance for services (e.g. illness/injury) that you think are covered.
- ❖ **Coinsurance:** The percentage of costs that you pay for a covered health care service. You pay coinsurance plus any deductibles you owe.
Example: if your insurance plan’s allowed amount for an office visit is \$100 and you’ve met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.
- ❖ **Copay:** A fixed amount (e.g. \$20) you pay for a covered health care service when you receive the service, after you’ve paid the deductible. The amount can vary by the type of covered health care service.
- ❖ **Deductible:** The amount you pay out-of-pocket for health care services that your insurance covers before your insurance starts paying. The deductible may not apply to all services.
Example, if your deductible is \$1000, your insurance company won’t pay anything until you’ve paid/spent \$1000 for covered health care services subject to the deductible.
- ❖ **Exclusions/Excluded Services:** Specific conditions/situations or health care services that are not covered by the insurance/plan.
- ❖ **Out-of-Pocket Maximum:** The most you’ll pay toward your healthcare in a given plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs covered benefits, but does not include your monthly premium or co-pay.
For example, If you have an insurance plan with an out-of-pocket maximum of \$5000, once you’ve reached that amount, the insurance company picks up 100% of the costs for the rest of the plan year (excluding co-pays).
- ❖ **Preferred Allowance (PA):** The negotiated amount payable for in-network providers.
- ❖ **Premium:** The monthly amount you pay for your health insurance plan.
- ❖ **Superbill:** A detailed receipt of the services you received, typically including the therapist’s information (e.g. name, contact information, license number, office location, provider identification number, etc.), your information (e.g. name, date of birth, insurance information), dates of sessions, fees charged, diagnosis, etc.

Additional terms can be found on: <https://www.healthcare.gov/glossary/>

(Some) Types of Healthcare Plans

- ❖ **Exclusive Provider Organization (EPO):** A healthcare plan where services are covered only if you go to the doctors, specialists, or hospitals in the plan’s network (i.e. in-network provider), except in an emergency.
- ❖ **Health Maintenance Organization (HMO):** A healthcare plan where services are covered only if you go to the doctors, specialists, or hospitals in the plan’s network (i.e. in-network provider), except in an emergency.
- ❖ **Preferred Provider Organization (PPO):** A healthcare plan where you have the option of using an in-network provider, but can also use an out-of-network provider for a higher cost.

Should you have any questions, feel free to contact Monsour Counseling & Psychological Services (MCAPS) at (909) 621-8202 and request to speak with Case Managers.