

# The *how to find therapy that'll work for me* cheat sheets

*“What’s in here?”*

Hi, I’m Carolyn.

I’m a Licensed & Certified EMDR Therapist, serving clients virtually in FL, NC, RI, & VA.

## Two cheat sheets to finding you’re best therapy.

1. Summary of each of the 6 categories that mental health therapies will fall into
2. Comprehensive list of *specific therapies* and bullet points about them that fall under each of the 6 categories




USE THESE 2 SHEETS  
ALONG WITH

*the guide you can access  
in my google drive here.*

Link to the Guide

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I hope this helps you in some way, shape, or form!

*xoxo,  
Carolyn*

### Disclaimer:

This is a spark notes alternative, created by a Licensed Therapist/ therapy client, to enhance your search results for “therapist near me.” However, this is not a researched, evidence-based method to finding therapy, as it is primarily based on anecdotal experience and observed patterns. For more individualized consultation questions regarding specific kinds of therapy, please reach out to a Licensed Professional Mental Health Counselor in your state.

## Theory Name

## Outlook & Principals

## Healing Process

## Therapeutic Relationship

### *Social Cognitive* (aka Social Learning)

Self-beliefs shape one's quality of life and their patterns of interactions between personal factors, and behavior create "self [belief] systems" (ie. self-awareness, self-reinforcement, self efficacy, & self esteem).

Increase awareness in *healthy* self-belief system.  
Influences and learn how to face events that could result in strengthen the unhelpful self beliefs systems, which mental health issues manifest from.

Therapist is like a teacher/cheerleader -models appropriate behaviors for client and reinforces when client prevents negative self belief systems from spiraling.

### *Integrative*

3 Types:

1. **technical eclecticism**- techniques used from whatever theories, based on client and specific circumstances.
2. **theoretical integration**- more than one theory informs treatment.
3. **assimilation integration**- One theoretical framework, but incorporates techniques from other ones to carry out its conceptualization of the healing process.

Unique, based on which theories and *how* in the 3 ways they are integrated.

Depends on theories used and how they're used together. Very variable. More than likely laid back.

### *Humanistic*

Humans are born with good moral compasses. Experiences influence and skew moral decision making ability. Mixed signals between what one wants & what society has told them they should want lead to problems. Approaches emphasize self-acceptance and development of the self.

MH issues= not resolving disconnect between personal beliefs and external world ones.

Self-development issues= "self-incongruence."

Find "self congruence" to heal MH issues, through increasing self-awareness, growth, & with a present focus.

Tool for building an optimal healing environment. Therapist is like a blank slate to focus & reflect attention on client's goals involving *feeling more complete.*

### *Experiential*

Perception determines behavior. If someone perceives a past event as being traumatic, the thoughts and feelings will lead them to want to avoid things that might be similar.

Emphasizes free will, self determination, and self-fulfillment.

MH issues= side effect of reinforced, unhelpful perceptions.

Goal is to engage in positive and neutral behaviors (ie. art, dance, yoga, etc..) while spontaneously & creatively reprocessing whatever come up. Point is to create and reinforce a new, less negative perception and behavior connection.

Side-by-side mentorship of sorts

Therapist is encouraged to continue building on own experiences and vulnerabilities to help client.

### *Existential*

People are too focused on the external world, and *not enough* on their internal world. If you don't work on finding a balance that emphasizes your own meaning, you'll continue to live *inauthentically*. Emphasizes intentionality & choice, in confronting what prevents one from finding and being their true self.

MH issues are part of life. if you live *inauthentically*.

Taking control and confronting beliefs that aren't truly one's own but internalized), will help one find purpose and meaning in life, ultimately becoming their

"authentic self."

model of *true* authenticity, especially in accepting the unknown, while taking initiative in making it known- for client and Therapist, individually & together. Relationship is most powerful tool.

### *Psycho-dynamic*

Past experiences shape people into the versions of themselves they are today. Understanding the past, reveals unconscious messages about one's needs, urges, and desires from back then, and today. Alleviate problematic behavior & emotions, by first understanding their purpose and origins.

Look at upsetting things in the present, to find unconscious needs originating in the past. Resolve what might've been needed back then, to inform what current desires and/ or be urges should be acted on to meet needs behind what's upsetting now, ie.

bring the *unconscious* into consciousness.

Trust, empathy, and boundaries.

Therapist limits or eliminates self-disclosure to maintain focus on client and have the option of utilizing transference,

(ie. using the emotions clients project on Therapist, as opportunities for interactions that might help meet client needs in other relationships past or present ones).

# Social Cognitive Therapies

Self-beliefs shape one's quality of life and their patterns of interactions between personal factors, and behavior create "self [belief] systems" (ie. self-awareness, self-reinforcement, self efficacy, & self esteem).

Increase awareness in *healthy* self-belief system.

Influences and learn how to face events that could result in strengthen the unhelpful self beliefs systems, which mental health issues manifest from.

Therapist is like a teacher/cheerleader - models appropriate behaviors for client and reinforces when client prevents negative self belief systems from spiraling.

Type of Therapy	View on MH Issues	View on MH Solutions	Common Techniques	View on Therapist-Client Relationship	About how many Sessions?
Behavioral Modification Therapy	Focus is on functioning. Little focus on thoughts and feelings. If behaviors can be changed, thoughts and feelings will follow suit.	Change our behaviors to change outcomes (quality of our experience). Negative patterns of behavior are replaced with more helpful ones, to more habitual over time	<ul style="list-style-type: none"> <li>Rewards/ Punishment</li> <li>Behavioral contract,</li> <li>Immersion experiences</li> <li>Systematic-desensitization</li> <li>Behavior extinction</li> <li>Motivational interviewing to uncover internal motivation to promote change that will more likely be maintained</li> </ul>	Used to be overlooked, today a great tool for shaping and demonstrating the desirable behavior for clients and cueing clients when to engage in the behaviors, gradually pulling back from having to cue the behaviors, as they become more habit.	Variable based on clients goals, motivation, their limitations, and progress.
Self-Control/ Monitoring Therapy	Results from attention being focused on negative details, experiences, outcomes, and beliefs becoming habit.	Notice and define usefulness and uselessness of thoughts, feelings, and behaviors. Reinforce strategies that effectively shift attention to what is more desirable. Record all of this data to monitor progress and decreasing frequency of attention put towards "the negative" over time.	<ul style="list-style-type: none"> <li>Books &amp; worksheets</li> <li>Coaching programs</li> <li>Anything to teach useful regulation and management skills</li> <li>Anything to record data with and on- graphs, tables with pen and paper, or phone, etc..</li> </ul>	It is helpful if this is part of a coaching process, but is not necessary. This is meant to be a more structured form of "self help," that isn't quite therapy.	Typically achieved in 6 weeks of self help
Cognitive-Behavioral Therapy (CBT)	Mental health issues rooted in flawed or unhelpful thinking patterns -> upsetting emotions. Thoughts and feelings motivate behaviors intended to relieve them, but instead end up reinforcing them. Creates the "Cognitive Triangle," aka: Self-belief systems. They end up shaping world view, self view and confidence, and help guide us in making decisions. So if you have unhealthy self-belief systems, resulting form any combination of wonky thinking patterns, emotions you don't get, or unhealthy behaviors, you can probably imagine that you won't be making choices and having healthy motivational outlooks on life, at least ones that you can say that you are in consistent support of.	Break cycle of distressing thoughts, feelings, and behaviors, to feel and function better. This is done through psychoeducation on each of the 3 separately, coping strategies for each taught separately, then all linked together, to encourage clients to apply various skill options, based on what might make the most sense (act on the thoughts, feelings, or change behavior) under whatever situation-specific circumstances.	<ul style="list-style-type: none"> <li>Imaginal exposure</li> <li>Modify irrational thoughts</li> <li>Behavioral contracts</li> <li>Modeling</li> <li>Stress inoculation techniques</li> <li>Role-play &amp; rehearsal exercises</li> <li>Sometimes biotherapy</li> <li>Lots of Psychoeducation, worksheets, experiential activities, talking, homework, etc...</li> </ul>	Validating and accepting reflection board, guide, and teacher for clients. The relationship is integral for therapy to work, but not enough just in itself. Must be inviting and welcoming enough for clients to feel safe, motivated to heal, and then apply the things they learn and practice outside of therapy sessions (that's where improvements are really measured).	12-20 sessions
Biofeedback Therapy	Mental health issues are the result of stored trauma from learned experiences. What we learn includes the various thoughts, feelings, behaviors, and take away messages that stick with us, after the fact an event or situation is over (think of the cognitive triangle). Trauma, or unhelpful ways of remembering things we've experienced, is stored as consciously held memories and also physical/ body symptoms. This type of therapy uses whatever body symptoms of trauma one is having, as it's window into resolving the whole traumatic experience.	Healing results from gaining more awareness of bodily responses associated with specific emotions and thoughts. Measuring these things can involve tech that measures things like heart rate, blood pressure, sweat, breathing, etc...One then learns various mental and somatic techniques to have more control over how they are experiencing any distressing symptom.	You wear techy sensors or electrodes to measure your body's responses while thinking of upsetting things and also relaxing ones. Techniques like guided imagery, progressive muscle relaxation, etc are taught to produce the relaxation effects. You're then taught to engage in the relaxing ones when upset, to make them less upsetting.	Structured, therapist is a guide or facilitator in helping someone with an internal healing process. Quality of relationship isn't as highlighted as one of this therapy's stand out features.	60-90 min sessions, usually 10 sessions or less

# Integrative Therapies

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Type of Therapy	View on MH Issues	View on MH Solutions	Common Techniques	View on Therapist-Client Relationship	About how many Sessions?
Mindfulness-Based Cognitive Therapy (MBCT)	Negative moods (aka feeling-thought-behavior pattern) can be a normal part of life. We must learn to increase awareness of and tolerate small amounts of the distressing ones, at least enough for them to serve as signals to engage in skills that direct attention away from the discomfort in the present, and towards how one would like to feel and think.	Prevent negative moods from spiraling in intensity and frequency, by increasing awareness of what's going on, and using learned skills to refocus on the reality we would rather be experiencing. It's one part awareness and acceptance and one part skill learning and application.	Manualized treatment protocol including: <ul style="list-style-type: none"> <li>• Breathing exercises</li> <li>• Grounding</li> <li>• Body scans</li> <li>• Meditations</li> <li>• Stretching</li> <li>• Yoga</li> <li>• Mindfully doing any activity or chore.</li> </ul>	Used as a tool for proper demonstration of purposeful and intentionally directed attention	8 sessions (2 hours each), 1 per week, done in a group format
Trauma-Focused Cognitive Behavioral Therapy (TFCBT)	Issues arise from continued fight or flight response of past trauma. Emotions and thought of past and present become hard to distinguish from each other, leading to traumatic responses, ie. unnecessary triggering after the event.	Provide safety and trauma education first. Then building behavioral coping skills. Then, understand traumatic experience from a CBT perspective, to then work on correcting or updating unhelpful thoughts, in hopes to update and differentiate past from present emotions.	Teaching through various activities, games, ice breakers, and narrative writing, singing, drawing etc..	Therapist uses trusting relationship to create safe foundation for client to be vulnerable and motivated enough to learn how to acquire safety in the future, learn and apply emotional regulation strategies, learn about how their trauma has impacted their connected thoughts, feelings, and behaviors, practice applying the regulation skills when triggered, and eventually be able to rewrite a version of their trauma story that is adaptive, and can be shared with loved ones.	18-24 sessions
Dialectical Behavior Therapy (DBT)	Some people are born with predisposition for experiencing emotional extremes that are distressing. Result from nature and nurture.	Accept that feelings are hard but also still try and work to change them. Goals involve learning to tolerate the upsetting ones better, learn to better regulate all emotions, while learning effective communication and other social skills to improve one's functioning and quality of life.	Individual and group sessions are necessary. Various mindfulness techniques, sensory based coping skills, and healthy communication strategies are taught through demonstrations, worksheets, group process, and homework. Phone coaching available in between therapy sessions.	Therapist wears many hats- teacher, healing guide, a cheerleader, an equal to their clients (some say a "real relationship" with clients). Therapist uses self-disclosure more than in other therapies. Therapist is as lax as possible, but within a treatment protocol that can be very manualized.	24 individual sessions and 24 group sessions (1 session each per week)
Process Experiential Therapy & Emotion-Focused Therapy Individual Treatment (EFTT)	"There's a problem, so let's fix it." An individual's maladaptive emotions related to attachment issues, identity formation, and attraction. Some emotions can be more helpful than others, based on the circumstances of the situation.	Development of sense of identity and self-regulation strategies- ie. distinguish unhelpful emotions from helpful ones, to work on self, to in turn, improve the quality of one's relationships (can be used individually or as type of couples therapy).	All interventions involve engaging clients in real time, emotional coach in therapy sessions. Empty chair technique is commonly used to resolve "unfinished business" and the 2 Chair technique is used for resolving self-criticism/respect.	Humanistic- Therapist balances the roles of instructor and empathetic reflector for clients. Responses are empathetic and genuine, while being purposed for reinforcing or diminishing the impact of any given emotion.	20 sessions
Emotionally-Focused Therapy (EFT)	"Every part of what you're experiencing is normal, but let's make it more comfortable for you." Patterns of interaction, related to emotions underlying attachment themes like fearing losing that person or their connection with that person, that interfere with the quality of one's relationship. Doesn't distinguish between positive (adaptive) or negative (maladaptive) emotions. All emotions are seen as a normal reaction to sustaining our need for connection.	Secure attachment bonds by reprocessing the emotions fueling the distressing interactions in one's relationship. Goal is in effective Co-regulation- ie. de-escalating negative cycles of interactions, resulting from better self regulation strategies. Promotes interdependency, emotion regulation, and resiliency (in couples/ relationships/ between people)	All interventions involve eliciting emotional experiencing in therapy sessions, for clients on practice working on. Common techniques include activities for tracking relationship interaction patterns and accessing the reactive emotions linked to those patterns, to validate and reprocess them, for desired relationship interactions.	Humanistic. Therapist is more of a "reflective follower" of what clients bring to session. Responses characterized by empathy, acceptance, and congruence.	8-20 sessions



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Type of Therapy	View on MH Issues	View on MH Solutions	Common Techniques	View on Therapist-Client Relationship	About how many Sessions?
Brainspotting Therapy (BSP)	Mental health issues result from traumatic experiences that are stored in "brain spots," which correlate to specific eye positions.	Healing is more of an internal thing than a "talk all about it" one. It can occur through a process of moving eyes until a fixed position is identified that is linked to the specific brain spots, holding traumatic information. Mindfulness is then used with the fixed eye position to activate and reprocess the trauma stored in the brain spot.	<ul style="list-style-type: none"> <li>Imagery</li> <li>Guided meditation</li> <li>Pointer tracking with eyes to identify the brainspots</li> </ul>	Therapist guides you through a structured internal healing process	1-3 sessions
Eye-Movement Desensitization & Reprocessing Therapy (EMDR)	Mental health issues arise when memories of experiences are unprocessed, unhelpfully processed, or incompletely processed. Upsetting memory details float around in the forefront of one's brain, waiting to be triggered to initiate defense mechanisms as fast as possible, in the case that future situations feel similar (but might not require the extreme defenses that have been triggered).	Awareness and mindfulness are used to activate and decrease one's sensitivity to the memory networks causing all the triggering. The networks are then processed or reprocessed in ways that organize the memory details floating around as either useful or not. The goal is to clear out the forefront of one's mind, to have no more triggers getting in the way of helpful memory networks being accessed when future situations feel similar.	<ul style="list-style-type: none"> <li>Guided imagery</li> <li>Meditation</li> <li>Mindfulness</li> <li>Bilateral stimulation (taping or eye-movements)</li> <li>Body scanning</li> <li>Visualization techniques are common.</li> </ul>	Therapist is a guide for client's internal healing journey, as opposed to a reflective follower of what client might bring to mind in client-directed conversations.	6-12 sessions
Transpersonal Therapy	Focused on finding value beyond the person (i.e. Age, appearance, body). Issues revolve around self-development issues. Common issues: 1. Plateaued self development, or confusion and ambivalence to the combined meanings shaped by life experiences 2. Facing powerful self-development experiences (positive or negative) you might not be able to successfully process yet (i.e. trying to extract helpful meaning from traumatic events, before having developed a strong sense of self and an adaptive set of self-beliefs to give it context. 3. Regressing self-development, when one's experiences carry an inopportune amount of meaning about their identity and capabilities, in comparison to the external forces around them, and both as the interconnected system they are.	Heal self-development issue by increasing self-understanding and healing sense of self, and therefore manifested mental health issues will dissipate. Done through understanding how one's personal experiences created an extensive web of meanings, that shape their current sense of self. This process is done using "non-ordinary states of consciousness," because they are less filtered by social reinforcements, standards, expectations, other unhelpful belief systems.	<p>he non-ordinary states of consciousness are accessed through things in therapy sessions like using:</p> <ul style="list-style-type: none"> <li>Meditation</li> <li>Dream interpretation</li> <li>Hypnosis</li> <li>Psychedelic-assisted therapy</li> <li>Various expressive arts activities involving creativity and/or movement.</li> </ul> <p>Outside of sessions this might involve prescribing various social activities that could help clients feel more connected to their ethnic, religious, spiritual or any other social/ cultural identities.</p>	Therapist is not the expert in therapy. Therapist serves as a guide or facilitator for clients on their transpersonal journey.	No average, because it's so commonly integrated with other therapies in numerous ways.
Integrative Body Psychotherapy (IBP)	Views the mind, body, and spirit as part of the whole person. Our collective past experiences shape the self-perception we have today. When, details of traumatic events get stuck (held on to aka not processed), it can be in 3 ways: 1. The collective mind, body, and spirit. 2. One aspect of the three, or 3. Just two of the three. The result is either feeling like you mentally, physically, and spiritually being consumed by the trauma, or that you're processing it in some ways and still stuck in others, leaving you feeling disconnected in the various parts of yourself. Either way, both can lead to distressing mental health symptoms, like avoidance, other undesirable behaviors, uncomfortable body sensations, negative thoughts and emotions, spiritual crises, and even lack of meaning and purpose in life.	Healing involves looking into how patterns reinforced in the past (i.e. relations and attachments) have shape present issues, to better understand them consciously and directly (whole memory of the experience) and also subconsciously and indirectly at times (lost looking and individual movements, feelings, or symptoms). The goal is to address the general symptoms and the experiences separately, and then together to increase one's tolerance of discomfort, increase their ability to control and regulate how they presently bring up those aspects, and prepare them for coping with similarly upsetting symptoms and/or experiences in the future, by giving them tools to effectively be able to discern what feels more from the past, vs the present. When one has found a more helpful way to reorganize and make sense of how the past impacts their present sense of self (mind, body and spirit) they can apply these techniques (emotional, cog, and somatic) to whatever similar future experiences they have that might have, in a way that continues to maintain a healthy past-present distinction, and reinforces whatever empowering self-beliefs might overlap with their collective sense of self.	<ul style="list-style-type: none"> <li>Breath-work</li> <li>Journaling</li> <li>Movement</li> <li>Dance</li> <li>Yoga</li> <li>Talking)</li> <li>Various mindfulness techniques</li> <li>Relaxation exercises</li> </ul>	Empathetic attunement and acceptance is key. Not a truly client-directed model, but room for allowing clients to bring up what they want and Therapist will be flexible. Sometimes touch is used to increase trust and connection, while decreasing discomfort of new strange relationship. Therapist personality comes out a little more than in other therapies, because its Experiential, despite more psychodynamic goals of looking into the past.	No average. Each session is usually weekly and 45-60 mins, but people use this form of therapy more short term and long term. Some people report doing it for short bursts when they need it, then stopping until and if they might need it again.
Sensorimotor Psychotherapy	Post Trauma stress is held in the mind and body. If not thoroughly processed adaptively, it can sometimes get stuck in either or both, and result in nervous system dysregulation, due to the dissonance between past and present circumstances.	Talk therapy and body oriented interventions are used to bring awareness to the different aspects of traumatic experiences that are unconsciously held. The goals is to use the body as a window to healing trauma, because it's less direct, and therefore more comfortable for trauma processing. Talk therapy is used to discuss the bodily experiences and realign how one experiences past experiences presently, in their mind and body, and what takeaway information from the past can be helpful in finding relief in the present and future.	<ul style="list-style-type: none"> <li>Mindfulness activities</li> <li>Creating resources</li> <li>Grounding</li> <li>Descriptive language exercises</li> <li>Movement</li> <li>Titration (small amounts of exposure therapy)</li> <li>Pendulation (attention shifting exercises)</li> <li>Narration</li> <li>Acting experiences out- sometimes specific to traumatic event details.</li> </ul>	Basically an experiential therapist. Founder was actually a yoga instructor first. Everything is consensual, but lots of touch, and sometimes acts that are triggering of trauma on purpose.	No average usually done weekly, and some people use this form of therapy more short term and others long term.
Schema Therapy	Focuses on personality and takes the beliefs of CBT that it is shaped by self-belief systems, which are comprised of fixed thoughts, emotions and behaviors forming those beliefs. When we have unhelpful self-belief systems (CSB), or in this case referred to as "self schemas," we act, think, and feel in ways that we don't like and might not fully understand. Repeat this for too long, or have a traumatic experience that really impacts your self schemas, and you'll begin experiencing mental health symptoms like anxiety, depression, anger, flashbacks, insecurity, you name it. Schema Therapy is different from CBT though, in that it digs deeper into the formation and origins of the mental health symptoms one is experiencing. Instead of just focusing on reconstructing healthier self-beliefs behind helpfully functioning schemas, this therapy ALSO looks into the past to try and figure out the root of when unhelpful patterns began, to determine which likely schema of one's self created them, and for what purpose. Figuring out purpose helps one discover what they might have needed back then that they didn't get or misperceived. Chances are high that that need is either still not getting met today and/ or the person never learned how to identify it, how to meet it, or what to expect when meeting the need. The reason is that this form of therapy was created for people experiencing long term personality related issues, that traditional CBT wasn't the most effective in helping with.	Healing process most often follows a course of (after getting to know a client, history taking, and assessment) psychoeducation emotional education, needs, and skill building for getting what one needs and regulating what is upsetting, and then identifying and processing past experiences, events, and memories that	<p>Various activities in helping to identify up to 18 different types of schemas, spanning amongst 5 broad developmental categories, that one could be experiencing issues with. Identify purpose of schema specific coping mechanisms that might not be helpful- could be done in role play visualization, or even just talk therapy dialog. Identify emotional needs behind schematic coping mechanisms, to then learn healthier ways to both communicate needs within self schemas, other people and external relationships, and ultimately get those emotional needs met in real time, with skills learned in therapy. Identify the schemas, which are overly critical and unrealistic, to learn how to fight them. Identify schemas that are inclined to result in anger, impulsivity, or rushing in to save the day, to put healthy limits on them. Any of the above can be done using techniques from CBT, experiential activities involving mindfulness, to channel different schemas and their emotions, and/ or even Gestalt techniques like the empty chair, reversal, rehearsal, or exaggeration exercises.</p>	Therapist- client relationship is very important, as it is seen as a tool for corrective influence. Like CBT Therapists, these Therapists will teach, model, and encourage desired responses, emotions, and behaviors, but will likely also be pretty "real" and down to earth like many experiential and Gestalt Therapists are encouraged to be.	12-24 months or 30-50 sessions of therapy- think longer, because personality is a big thing to tackle.

# Humanistic

Humans are born with good moral compasses. Experiences influence and skew moral decision making ability. Mixed signals between what one wants & what society has told them they should want lead to problems. Approaches emphasize self-acceptance and development of the self.

MH issues= not resolving disconnect between personal beliefs and external world ones.

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Find "self congruence" to heal MH issues, through increasing self-awareness, growth, & with a present focus.

Tool for building an optimal healing environment. Therapist is like a blank slate to focus & reflect attention on client's goals involving

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Type of Therapy	View on MH Issues	View on MH Solutions	Common Techniques	View on Therapist-Client Relationship	About how many Sessions?
Person-Centered Therapy	When veivs of self conflict and don't fit together with meaning we take away from experiences we'll experience issues like over rationalizing, projecting our problems, having fantasies, and having paranoid thoughts. Diagnosis not necessary, but when clients request it. It believes we are social creatures whose self-regard is naturally going to be influenced by how others (environment) regard us, and must acceptance and embrance our unique experiences as a congruent whole.	To find congruence within one's self and one's experiences. Integrate one's unique worth and values into self acceptance.	No specific techniques. If anything, it's characterized by the techniques therapists use to respond to clients. Therapists practicing this core method are supposed to follow 8 principals in giving responses and technically could provide all therapy with almost no questions.	Identified as the "ideal" relationship for all therapies more or less, but not as extreme as in this therapy. True Client oriented therapists follow pretty strict response guidelines discussed in box to the left of this one.	6-18 sessions
Rational-Emotive Behavior Therapy (REBT)	Mental health issues result from what we focus on and things that we've been conditioned to thank, feel, or believe.	Healing is done through identifying unhelpful or "illogical" thinking patterns and clients are encouraged to take responsibility in confronting them and replacing them.	<ul style="list-style-type: none"> <li>• Confrontation</li> <li>• Thought stopping</li> <li>• Role playing</li> <li>• Double standard disputing</li> <li>• Singing songs (silliness)</li> <li>• Thought replacing</li> <li>• Open ended questioning</li> <li>• "ABCDE's process"               <ul style="list-style-type: none"> <li>◦ A- activating event</li> <li>◦ B- beliefs</li> <li>◦ C-identify consequences</li> <li>◦ D- dispute irrational thoughts, E- new emotions and thoughts. Lots of practice, some worksheets, and homework is common.</li> </ul> </li> </ul>	Therapist is nice but confrontational and often uses humor and exaggeration to make points.	10-20 sessions
Gestalt Therapy	Our history, aka our experiences and our family's before us, get us stuck in feedback loops. Some of these are positive and result in strong traditions and family values one is proud of, others result in generational trauma we must become aware of, make sense of to ourselves today, and move forward feeling more whole and accepting of all the different experiences that have shaped us.	Healing is done through finding wholness and dealing with "unfinished business" in the here and now like person-centered, but is more focused on specific techniques. Past is only looked at for the purpose of understanding who we are today.	<ul style="list-style-type: none"> <li>• Empty chair technique</li> <li>• Prepare clients for social experiments (exposure type things)</li> <li>• Rehearsal</li> <li>• Reversal</li> <li>• Exaggeration exercises</li> <li>• Role play</li> <li>• Guided fantasy.</li> </ul>	all about realness and authenticity.	About 12 sessions
Reality Therapy	Mental health issues arise when we have unmet needs. There are five categories- survival, love and belonging, fun, freedom, and power. Posits that we have complete control of meeting or not meeting these needs in our everday experiences.	Present focus. Get underlying needs met in ways that are right, reasonable, and responsible. Based on choice theory.	<ul style="list-style-type: none"> <li>• Role play</li> <li>• Create a "quality world,"</li> <li>• Reframing things</li> <li>• Rehearsal exercises</li> <li>• WDEP healing process.               <ul style="list-style-type: none"> <li>◦ W- what some wants.</li> <li>◦ D- what someone's doing to attempt getting it</li> <li>◦ E-evaluating their methods of getting it</li> <li>◦ P-planning based on stuff that works and stuff one is willing to try and get what they want.</li> </ul> </li> </ul>	Therapist takes on a role of teacher and guide. Empathy and acceptance define the roles, but they are more directive that in the idealized (honestly, not possible in my opinion) person-centered or oriented modality of therapy.	Short term- no average number of sessions
Solution-Focused Brief Counseling (SFBC)	Present-future oriented and believes that you can use the skills and strengths you've developed in the past to benefit you more in the present and future.	Future oriented and goal is to hyper focus on specfic present issues to develop specofc and measureable plans to solve them.	Known for the "miracle question" aka if youre problem could disapear how would you know and what would life be like? Mindfield and obstacle activities, looking at exceptions.	Therapist is teacher, guide, cheerleader, motivational coach. Some might argue as empathetic and accepting seeming as person-centered therapists, but on a more directive path towards fixing a problem and reaching a goal.	About 5 sessions, weekly, around 45min each

# Experiential

## Perception determines behavior.

If someone perceives a past event as being traumatic, the thoughts and feelings will lead them to want to avoid things that might be similar.

Emphasizes free will, self determination, and self-fulfillment.

MH issues= side effect of reinforced, unhelpful perceptions.

Goal is to engage in positive and neutral behaviors (ie. art, dance, yoga, etc..) while spontaneously & creatively reprocessing whatever come up. Point is to create and reinforce a new, less negative perception and behavior connection.

Side-by-side mentorship of sorts

Therapist is encouraged to continue building on own experiences and vulnerabilities to help client.

Type of Therapy	View on MH Issues	View on MH Solutions	Common Techniques	View on Therapist - Client Relationship	About how many Sessions?
Internal Family Systems Therapy (IFS Therapy)	Looks at one's overall functioning as the result of how different parts of ourselves are working- (manager, firefighter, outcast). When traumatic experiences occur or there are change's in the role that each part of ourselves plays, it can lead to a domino effect of how the other parts change to try and compensate for the part holding the trauma. "These parts of us are like the members of a family, who are each doing their best and have a special way of taking care of the family system. Sometimes parts feel stuck in roles or strategies that help somewhat but can also be problematic." - R.P. Schwartz	Healing is achieved through identifying which role(s) is holding the trauma and which ones are trying to overcompensate for it. The goal is to reestablish balance within the roles, because it's likely that the danger of the trauma has passed and the overcompensation is no longer needed. As balance amongst the 3 roles is worked on, people begin to experience increased self-awareness, self-acceptance, compassion, playfulness, perspective taking ability, patience, determination, calm, etc...	Overall steps are as follows: find, focus, flesh out, feel toward, befriend, and fear. Common exercises might be: <ul style="list-style-type: none"> <li>• Worksheets to discover purpose of the "x" voice over your shoulder (ie. parent, rebel, etc)</li> <li>• Identify which of your beliefs and values came from and if you want them to be yours</li> <li>• Mindfulness exercises (comfortable and uncomfortable)</li> <li>• Creative visualization of interactions between parts of the self, drawing, etc..</li> </ul>	Therapist serves as teacher, observer, listener, reflector, and coach. Therapist will be very knowledgeable in working with couples, siblings, families, and individuals. Therapist will be very good at picking up on patterns of interactions both in anecdotes and in session. Therapist's views on diagnosis will differ based on work environment and personal beliefs.	People report increased insight and awareness of patterns within themselves after 3-4 sessions, but this therapy tends to last on the longer side. Months to years.
Acceptance and Commitment Therapy (ACT)	Promotes desire to improve one's situation, while also accepting that resistance and struggle are normal. Encourages non judgemental noticing and accepting of feelings and thoughts (without emphasis on stopping or altering them) acclimates one to their level of impact in the present moment. People can then feel more in control of how they experience the unpleasant things that they might not be able to control in the moment.	Healing is achieved though getting to a comfortable balance of tolerating the discomforting things in life, and having the motivation to accomplish things that are in alignment with one's believes and values (instead of goals). Views goals as more short term and small in comparison to the values that they represent. If you can't achieve a goal in the moment, they are encouraged to try something else that is gears towards the value represented by the goal.	<ul style="list-style-type: none"> <li>• Mindfulness</li> <li>• Perspective taking</li> <li>• Goal and value identification exercises</li> <li>• Feelings learning and identification exercises</li> <li>• Visualizations</li> <li>• Cognitive diffusion (stepping back from thoughts and noticing)</li> </ul>	Not a structured or manualized treatment like MBCT or DBT (other mindfulness heavy therapies). Therapist is teacher and guide. Therapist has freedom to get creative with how they structure their mindfulness techniques and can even create them with client. Therapist personality and professional beliefs will vary, but there is no strict way in which Therapist need or need not to respond.	12-16 sessions
Narrative Therapy	Doesn't lean on mental health diagnoses. Non pathological view of human behavior and believes that each person is the expert of themselves and their story. Views peoples' mental health issues and behaviors as separate from who they are. Creating this distances can help provide clarity in various parts of someone's life. Emphasizes finding meaning and purpose like in existential therapies, over finding any one distinct truth as fact, aka, it's about finding takeaway meaning from one's experiences that can make the most sense in the larger picture of their life's experiences and in their sense of self.	Goal is to first stop identifying with the problems or mental health issues in one's life. Strengths, skills, passions, and aptitude are highlighted as more helpful themes for guiding one's "life story." Clients are also helped to understand the past in a way that can be better used to inform how it relates to the existence of their good qualities and how those, as well as their external issues in life, got them to where they are today, and creating the version of themselves they are. In doing this, one can pull out helpful meaning from the past and present, to then tidy up a more useful script of the story they tell themselves, past-present-future. This creates a healthier foundation for creating a more beneficial storylines, related to past experiences, but not defined by them.	<ul style="list-style-type: none"> <li>• Storytelling of ones life</li> <li>• Breaking down parts of the story into smaller parts</li> <li>• Editing story themes and rewriting some to be more helpful (eg. a "unique outcomes technique")</li> <li>• Externalization techniques to separate one from their issues (eg. one's called "deconstructing the problem")</li> <li>• Self beliefs and values discovery exercises to help differentiate self from the problem.</li> </ul>	Therapist is a curious, open-minded ally for client. Therapist discourages pathologizing and being treated as the expert of the pair. Therapist guides client in session and will point out and prompt discussions of potentially helpful or unhelpful themes as they come up, but client has all the answers and is treated as the expert in session, in themselves, their story, and how they feel would be most helpful to edit and evolve it.	4-10 sessions
Art Therapy	Uses creative and spontaneous "doing and making" activities to give people the opportunity to learn about themselves, process thoughts and feelings, and gain new perspectives in a unique way. No pressure to learn, practice, and apply specific cognitive restructuring skills or emotional regulation skills, or talk all about them. All thoughts, feelings, and behaviors are nonjudgementally accepted and understood as part of a cycle of reinforced behaviors and perceptions. These can be held consciously or unconsciously, but this form of expression allows them to come to light.	Views healing as more of an internal process that creative behavioral activities can help them access. Talking and or speech isn't necessary, opening up the ability of mental health healing to the cognitively impaired, people who don't speak, people of all languages, ages, and social and emotional intelligence. Doing and showing, as opposed to talking about it, helps people process what they need to on their own and without social pressures.	<ul style="list-style-type: none"> <li>• Painting</li> <li>• Collaging</li> <li>• Drawing</li> <li>• Coloring</li> <li>• Sculpture</li> <li>• Looking at art</li> <li>• Looking at photographs</li> <li>• Some prompts to consider after the activities for further self-reflection, if applicable to individual/ population being served.</li> </ul>	Art therapists have training in both art and therapy. They can be super fun and creative people, with an enhanced capacity to observe and listen (be empathetic) in a way that doesn't require all the questions and talking. They can be supportive in a "just being there" kind of way.	Little as one and as many as you want. Insurance will likely not pay for all of them if you want to use it.

# Experiential

## Perception determines behavior.

If someone perceives a past event as being traumatic, the thoughts and feelings will lead them to want to avoid things that might be similar.

Emphasizes free will, self determination, and self-fulfillment.

MH issues= side effect of reinforced, unhelpful perceptions.

Goal is to engage in positive and neutral behaviors (ie. art, dance, yoga, etc..) while spontaneously & creatively reprocessing whatever come up. Point is to create and reinforce a new, less negative perception and behavior connection.

Side-by-side mentorship of sorts

Therapist is encouraged to continue building on own experiences and vulnerabilities to help client.

Type of Therapy	View on MH Issues	View on MH Solutions	Common Techniques	View on Therapist-Client Relationship	About how many Sessions?
Sand Tray Therapy	Sand Tray Therapy is seen as a type of Play Therapy (below). It relies heavily on projection, or clients' inclination to put together scenes that are influenced by whatever thoughts, feelings, memories, and beliefs, an object or prompt might be unconsciously symbolic of in their real life experiences. Play most often involves tangible objects a client chooses at their own will, but amongst predetermined categories of types of objects selected by Therapist. Categories represent various different themes of messages one learns throughout their lifetime. All objects are typically carefully selected by Therapist to ensure a balance of symbolisms a client can choose from. Play in Sand Tray Therapy is slightly less client-directed (aka following client's direction at any turn) than in your traditional Play Therapy, and hence usually will not take as much time to get to and gain awareness of the "core" of one's issues. It can be utilized with children and adults, though adults usually gravitate towards this modality of play more, due to more willingness to accept help in understanding the problem, and more motivation to change it.	Views healing as a process that can occur indirectly, from a safe distance, and through reenacting details of events or life themes, usually involving small figurines or objects, in putting together different scenes and acting out different prompts a therapist may give. Therapist will then look for patterns and help clients prioritize the helpful (or would've been helpful) scenes and takeaway messages from events they act out. For instance, one might be asked to build a scene symbolic of a "safe place," looking like a fortress. Therapist might reflect what it looks like and bring up something like "whatever this place is keeping you safe from, it looks really strong and secure." Client might then share whatever hypothetical things a place like this could protect him or her from. Therapist will then continue to engage, or simply prompt scene creations, in a way where a client's choices and behaviors can be similarly observed and carefully probed for more information, and reflected upon.	Putting together scenes using literal sand trays and figurines in person, or online platforms that allow for this.  There is often continuity between sessions, so Therapists are encouraged to remember or take a picture of (in a HIPPA compliant way) how client's leave their sand trays, to pick back up in the next sessions, right where they left all the objects from the prior one. This emphasizes client control in their own story.	Therapists are warm, often playful, will sit on the floor, and are empathetic, and actively engaged listeners. They're involved in the process, but from a distance of genuine curiosity into what expertise a client has to share (through words, behaviors, scenes, object choices etc.) Therapist is still a follower to client's lead, but slightly more directive than in traditional Play Therapy. Therapists will guide sessions with prompts, and then follow client's lead within each prompt they provide.	Totally variable based on information out there. Could be one session, could be sessions over the course of years.
Play Therapy	It can sometimes be easier to play "dress up," "make believe," or direct made up stories, with themes and elements of truth from our experiences. Play can be seen as a projective form of literal stories experienced, learned about, or metaphors of similarly experienced or learned things. Play most often involves tangible objects a client chooses at their own will, amongst all options a therapist specifically chooses to cover a variety of themes one could have experienced in life. Play therapy is is very client-directed and involves patience. It can be utilized with children and adults.	Views healing as a process that can occur spontaneously, more indirectly, and feel safer (especially for kids) through reenacting details of events or life themes, from a distance. For example, one who subconsciously views themselves as unsafe, can more comfortably run through details similar to their experiences, without having to directly revisit their painful and often traumatizing memories of being unsafe. Playing in this way can also give clients the opportunity to act out what they would've preferred happen, their preferred feelings and reactions, and how one might prevent similarly upsetting and unsafe situations in the future. Therapist will then continue to engage and reinforce thoughts, feelings, beliefs, behaviors, etc.. that are helpful, as opposed to traumatic or triggering, for a client to potentially recall on their own later on, outside of therapy.	Gravitating towards whatever you see and want to interact with in the room and simplifying allowing yourself to do as you please with it, and the things around it. Sometimes therapist will give options. dress up, playing house, organizing, puppets, playing kitchen, role playing.	Therapists are warm, often playful, will sit on the floor, and are empathetic, and actively engaged listeners. They're involved in the process, but from a distance of genuine curiosity into what expertise a client has to share (through words, behaviors, scenes, object choices etc.) Therapist is a follower that helps to guide clients to the helpful information provided in their play, and reinforce the more positive present experience and future outcomes it leads to. For example, if one is acting out an argument between partners, therapist might ask what a healthy resolution might've looked like. Client would do so, and then Therapist would reinforce the positive feelings in that moment for client as well as the rest of client's hypothetical story of what might happen next.	About 20 sessions, 1 weekly, each can be between 30-60 min depending on individuals age and cognitive development
Drama Therapy	Another projective form of therapy, but that realies more on techniques typically used in theater, and slightly less on small objects (although props can still be used). Like in play therapy, the belief is that acting out and processing storylines similar to theirs', but not theirs, allows people to create a safe distance between themselves and the discomfort, to then allow the indirect processing of the similar story, hopefully get generalized into the natural processing of their own.	Process, reprocess, or find closure to upsetting things in one's life from a safe distance, created in having the role of actor in the stories, as opposed to discussing them from a single perspective of "this happened to me. I felt 'x' and it was horrible." Having the chance to be an actor in a story similar to the one that one's actually been living, also gives them the opportunity to develop plausible perspectives from other characters in their stories, as well as play out parts of stories they wished had been different (indirectly providing them with closure to their real story). While Drama Therapy overlaps with Play Therapy, it relies more on the application of different techniques, and is less concerned with objects being used in it. This just means sessions will be slightly more structured for clients in this form of therapy.	Dramatized projections of ones thoughts, feelings, beliefs, mannerisms, and body language, playing, practicing empathy and creating safe emotional distance, role playing, activities to draw helpful parallels in one's acted out dramas and in one's real life, and vice versa, activities engaging in transformations (through acted roles and within the self).	Therapist usually have training, or at least a great deal of experience, in both drama and counseling. Therapists are usually artsy in their unique ways (personality shines through), are louder than quiet, welcoming, and often comfortable with being silly to decrease pressure on clients.	Totally unique, but more than 1 or 2. Informed by psychodynamic "psychodrama," so one can assume it's not necessarily a short term therapy
Dance/ Movement Therapy (DMT)	All about expression of emotions through movement and the opposite, moving to create the feelings we want to express (ie. calm). DMT uses a combination of talk therapy, psychoeducation on mind body connection, somatic techniques, and many tenets of CBT. Ratio of talking : moving around varies from session to session and person to person.	Healing is achieved through expression of all emotions and experiences. Many that we can not express with words, stay stored uncomfortably in our bodies. DMT encourages expression through ways other than words (though still an option). DMT also teaches clients how they can use their bodies to better regulate their emotions in general.	Mirroring different body movements, breathing exercises, stretching, playing around with the effects of different kinds of music, free styling.	Free spirited therapists, often are willing to share life experience with clients, and many come from different educational backgrounds prior to their mental health careers, expanding their breadth of knowledge and relatability across many fields and different identities.	45-60 min each, 1 or 2 X weekly, individual and group sessions available, short-term and long-term participation available
Ecotherapy or Nature Therapy	The natural world has healing properties we still may not fully understand, but research supports that spending time in nature, looking at it, and thinking about it has significantly calming effects on people. This form of therapy aims to bring nature or elements of the natural world into session in various ways from using objects from nature to doing therapy sessions in nature.	Healing is achieved though getting in touch with all parts of one's self. It emphasizes getting down to the core, our foundations, what makes us up, and what makes up the world around us. To do this, we often have to come to terms with things we've been avoiding processing or things that just hold us back from moving forward with our core selves and connection to the rest of the world.	This form of therapy uses talk therapy techniques along with activities that could involve animals, looking out the window, bring natural objects into therapy sessions, doing sessions at a park or on a hike, etc.. It uses experiences with nature to complement talking about very personal, deep, and sometimes painful experiences.	Very relaxed outlook and often willing to share their own experiences to help motivate and support clients on their own journeys.	Studies find 12 sessions effective, but there is no average. People usually pair sessions of this with other forms of therapy. 1 session can be anywhere from 30min to a half or full day.



**Existential** People are too focused on the external world, and *not enough* on their internal world. If you don't work on finding a balance that emphasizes your own meaning, you'll continue to live *inauthentically*. Emphasizes intentionality & choice, in confronting what prevents one from finding and being their true self.

MH issues are part of life. if you live *inauthentically*.

Taking control and confronting beliefs that aren't truly one's own but internalized, will help one find purpose and meaning in life, ultimately becoming their

"authentic self."

model of *true authenticity*, especially in accepting the unknown, while taking initiative in making it known— for client and Therapist, individually & together. Relationship is most powerful tool.

Type of Therapy	View on MH Issues	View on MH Solutions	Common Techniques	View on Therapist-Client Relationship	About how many Sessions?
Supportive Expressive Therapy (SE Therapy)	Form of therapy developed to treat mood disorders more quickly, in an alternative way to psychoanalysis. Comines the ideas that our earlier childhood years shape our behaviors and habits as adults, and exist as "unconscious conflicts." Believes that social interactions now can have reparative effects to these conflicts. Uses interactions between therapist and client to provide support, encouragement, and insights into clients current unconscious needs and what they lacked, misinterpreted, or couldn't process as needs in the past.	Healing requires a combination of diving into the past while looking for unhelpful patterns of behavior that have lingered as a result of something in the past. Posits that it does not treat mental health symptoms, rather the underlying cause of distress beneath them. The goal is to find a connection and help clients develop more insight into why they have certain behavioral or mental health issues. General course of treatment follows these four phases: mapping, lifting, clarifying, and supporting.	Talk therapy that has a structured and is guided by therapist, who exercises many client-oriented therapy like techniques like <ul style="list-style-type: none"> <li>• Summarizing</li> <li>• Reflecting</li> <li>• Actively listening and responding</li> <li>• Encouraging.</li> </ul> It's psychodynamic in theory and goal, but on the line of being more engaging like the more humanistic therapies that developed around the same time, but slightly after it.	Therapists are encouraging and supportive, but also directive and on a mission, because this is supposed to be a short-term therapy.	16 sessions
Logotherapy	Life is essentially meaningless suffering, until we assign helpful meaning to the suffering. Believes that what drives human nature are the searches for purpose and meaning in life. Philosophical approach. When we don't have strong senses of purpose or meaning, we try too hard to find it, have delusional self-beliefs, or try something and fail because it was beyond our ability, these manifests in the expression of anxiety, neurosis, or depression. In this sense, mental health symptoms are kind of part of life, that we just have to move through— they aren't really things to be diagnosed medically. Everyone starts out not knowing who they are, ie. their "authentic self;" they must discover it and along this journey we run into the obstacles that can result in mental health symptoms (kind of chance).	Healing involve finding that purpose and meaning that will allow someone to finally find and be their true, "authentic self." This means gaining insight into how the past has paved the way for the present, and can mean confronting the existence of anxiety, neuroses, or depression, not as a medical symptom in need of treatment, but more as signs of the past that are unresolved, or fears about the future which result from lacking a true sense of identity.	<ul style="list-style-type: none"> <li>• Deflection</li> <li>• Paradoxical "perscriptions" or activities</li> <li>• Socratic questioning</li> <li>• Activities targeting value, goal, and clinical theme identifications.</li> </ul>	Therapists can often be funny, blunt, and seem exaggerating at times (point of paradoxical exercises). They are supportive, but push in a way other forms of therapy might frown upon. As within other existential therapies though, they take pride in being their fully authentic selves, to set a good example for their clients.	Highly personal and unique— no averages
Phenomenological Therapy	Its focus is on you, your own experiences with what ever phenomenon is going on, your fears, problems, strengths, beliefs, and sources of freedom or imprisonment. Common phenomenons people go through might be grief and loss, divorce, entering parenthood, going to college, having a close encounter with death, etc... Despite how people can have different phenomenons in common, it frowns upon how limiting external forces like labeling/ categorizing, social norms, power dynamics, first impressions in new relationships, can be as they become internalized by a person. These forces can kind of cloud who you are, how you perceive yourself, and who you present yourself to the world as. That mean this therapy views diagnosis as irrelevant. It focuses on what you say you believe about yourself in therapy, your therapists reflections of those things, and what is occurring in the present moment in the therapy session (your behaviors, mood, manner, what your wearing, that you're in the first place). It uses info gathered from these three perspectives to help you find helpful meaning to all the little things you've chosen, the big choices you've made, how they have shaped the person you are today, and the obstacles that might have come up along the way (ie. anxiety, fear of nothingness, lack of purpose, etc).	Healing involves confronting your fears of what could happen next, taking control of your life and situation to increase the chances of of what you prefer to happen, finding the meaning behind your fears, from your past experiences, the ways you've tried coping with your fears/ failures (successfully or not), and purpose in taking those meanings to a level where you can live the rest of your life prepared to deal with whatever comes next, as your most true sense of self.	Overarching technique— dialog— talking. But, techniques used within dialog could include worksheets or other visual tools to guide self-belief and value searches, as well as to help guide general education on mental health and how symptoms are the presentation of deeper fears or issues. Talking about earlier experience that may have shaped what you beliefs about your present situation. Putting certain details of experiences in brackets, to emphasize origins that are the result of internalizing society's messages, not your own. Details of our experiences could be informed by a combination of 4 spheres of influence: the physical world, your internal world, your social world, or the spiritual world. The idea is that you want to take away meaning that is a reasonably balanced combination of all them, with an awareness of what you want to take away as important for the future. The categories simply help one conceptualize the complexity of how what we experience can shape us, they are not to stigmatize or judge. Digging into meaning in any of these though can help clients uncover a stronger sense of purpose to move through and forward with whatever phenomenon they're experiencing.	Therapist are down to earth and often will remind clients that therapy with them is simply a human to human experience. Therapist will do whatever it takes to make clients are comfortable as possible. That could mean self disclosure when they see fit, or sitting on the floor in silence with them.	Months to years process

# Psycho- dynamic

Past experiences shape people into the versions of themselves they are today. Understanding the past, reveals unconscious messages about one's needs, urges, and desires from back then, and today. Alleviate problematic behavior & emotions, by first understanding their purpose and origins.

Look at upsetting things in the present, to find unconscious needs originating in the past. Resolve what might've been needed back then, to inform what current desires and/or be urges should be acted on to meet needs behind what's upsetting now, ie. bring the *unconscious* into consciousness.

Trust, empathy, and boundaries.

Therapist limits or eliminates self-disclosure to maintain focus on client and have the option of utilizing transference,

(ie. using the emotions clients project on Therapist, as opportunities for interactions that might help meet client needs in other relationships past or present ones).

Type of Therapy	View on MH Issues	View on MH Solutions	Common Techniques	View on Therapist-Client Relationship	About how many Sessions?
Ego State Therapy	Our personalities are a combination of different spheres of influence in our lives. Those influences could be of a caregiver, the rebel you've been trying to hid, what your peers have taught you, an ideal partner, your most conscious and present self, etc. Sometimes Ego therapists refer to this collection of selves within us as a "family of selves," because sometimes they can represent the different personalities or responses that different family members might give you. It's important to not that there are no good or bad ego states, just issues within or between them. The most commonly referred to ego states are the parent, the child, and the adult within us all.	Healing will usually involve one of 3 cases: dealing with trauma that has been held in one ego state (eg. think of the child) dealing with conflicting ego states, or dealing with ego states that used to be helpful but aren't any more (eg. think not trusting as a child because of bad things that happened, and then not being able to trust in intimate relationships you want to, as an adult). In some cases, our mind's natural defense mechanism might be for us to dissociate, or kind of pull back our conscious thinking and decision making, and let one of our egos run on autopilot. The issue with autopilot is that we aren't really in the best state of control, and often realize that I we don't remember things because we weren't really paying attention and 2. the system that was working for us, while we went into internal witness protection, acted in our best interest, but often too protectively. For example, anything that might threaten your sense of self control, or safety, might lead an over protective ego state to preemptively jump in, assume the worst, and help "protect you" from the threat, without giving your conscious thought an opportunity to determine the level of threat, and whether to avoid it or cope with it. The goal is to achieve a health balance of coexisting and working together ego states, like members in a family. For instance, your child like self should feel able to come out and play when its appropriate and feel like it can trust the other ego states, including your conscious one in the present moment, to step in and let it know when its time to be serious, cautious, or attentive.	Most common one's might involve connecting with your inner child, visualizing your different ego states- what they look like and how they might interact, role playing different ego states and their reactions, connecting with and drawing awareness to the different thoughts, feelings, and sensations associated with each ego stat using mindfulness exercises.	The Therapist's role is non-judgemental and supportive, based on which ego state they are working with, and what might be most needed by that particular ego state to benefit its healing. As opposed to only working with clients in their present moment adult ego state, or the state of consciousness most adults with show up to therapy with, an Ego Therapist would prefer to tackle challenges with and within the ego state(s) that's experiencing the trauma, conflicts, or patterns of thinking stuck in a past that is no longer a concern of the present.	I couldn't find any reliable averages for how many sessions people usually have in Ego State Therapy, because many therapist's tend to integrate it with other therapies. If used alone though, it seems people are in Ego State Therapy for a while, maybe years. However, with other therapies, like when using the concepts of Ego State Therapy to better understand the healing process in EMDR Therapy, healing results can be seen quickly, and the whole process might even be considered brief therapy.
Jungian Therapy (Jungian Analysis is a different)	Analytical approach to talk therapy that brings the unconscious to consciousness. Doesn't view the unconscious as a place of repressed and suppressed urges and desires. Unconscious is seen as a source of wisdom for how we can best get our needs met, and ultimately live our lives as our most authentic selves. More of a positive and hopeful view on humanity than traditional Freudian psychodynamic therapy. Living more authentically, after digging through how all of our past experiences shaped us, give us the opportunity to have more awareness and control over how and how much we let these different influences shape our present selves. If we can find a balance in that that is comfortable and truly feels like ourselves, our mental health symptoms will dissipate.	Healing involves talking about the past with the mission to better understand the parts of ourselves that feel uncomfortable, confused, repressed, ashamed, angry, and etc. If we can make sense of these we can better understand ourselves in general. With the help of some unconscious exploration, we can see ways in which we behave now to unconsciously or consciously try and overcorrect unhelpful self-beliefs- these are the parts of ourselves that we can consider less truly ourselves, and they get in the way of the real goal in this therapy, which is individuation. Individuation is an on going process where we discover who we are, in comparison, and in relation to, others around us. We achieve individuation through finding a peaceful coexistence between the different parts of our personalities, without them causing major distress, like they might have in the past. Then, when those are addressed you'll be able to identify similar patterns in the present, to be more aware of them, and hopefully take control in deciding to act as such, or act in ways that actually seem to be more true to yourself and who you are. Do this enough, and it's thought that mental health symptoms will no longer be an issue for you.	Techniques involve anything to help identify different archetypes (universal personality stereotypes), complexes (common struggles people have, ie. inferiority complex, victim complex ect.), and symbols (things that carry meaning for us). Those three main tenants of this therapy kind of serve as blueprints to help clients and their therapists go off of something that others' have also been through. This is helpful because it's less stigmatizing, less negative, and more solution oriented than most medical models. Jungians view symptoms and mental health issues as adaptive to whatever circumstances a person was once dealing with- that doesn't imply though that they were actually helpful back then or now though. Instead of using techniques to diagnose and treat a problem, techniques cater to understanding the problem, its origins, and developing similar but more useful ways of coping with different internal conflicts and complexes. Common activities to achieve this might include active imagination, dream interpretation, expressive art activities (experiences to encourage expression) Can but doesn't require bring in elements of religion, spirituality, and finding existential meaning.	Therapists don't like labeling things or telling you what to do. Their role is more geared towards understanding you in the "big picture" sense, to best be able to identify both helpful patterns to motivate you, but also universally experienced unhelpful ones to make you more aware of them. Think very deep and very curious perspectives.	Longer term therapy- about 90 sessions- or just under 2 years of therapy.
Individual or Self Psychology (aka Adlerian Psychotherapy)	While preceding psychodynamic therapies were more concerned about "transference" or how a client might channel their thoughts and feelings about other relationships in their lives on to their therapist, self psychology is more interested in the opposite- aka, how external forces, social norms, or ones relationships impact their sense of self and how the different aspects of one's self make sense together. - this leans towards the more humanistic styled therapies that came into popularity after it (media's shift from psychodynamic to humanistic preferences in healing the mind)	Healing is achieved through changing intrapsychic patterns of thinking and perceiving, while incorporating more diverse representations of others, the world, and ways of thinking. Essentially helps one reprocess things that have lead to unhelpful self-beliefs, to identify and reinforce more helpful ones. Founder of this therapy was confused as to why typical analysis techniques of transference, used in other psychodynamic therapies, wasn't really working on individuals who had experienced extensive mood: negative life experience/ relationship combinations. Essentially he realized that looking at how these individuals interacted in their relationships wasn't going to help him heal their issues. What was going to help more, was to understand and help provide awareness and understanding of how these people came to see themselves in certain ways, as a result of their relationships.	Looking at transference of emotions etc in sessions, less for what they mean about a client's outside relationships, but more for what and how those relationships etc... shaped a client's sense of self and outlook of the world. Identification of and processing of different layers of one's self (different "ego states" as they are called), to try and establish a more healthy and functional balance, to help improve mood, sense of security in self, and therefore quality of relationships around them.	Therapists are supportive and empathetic.	anywhere from 12-30 sessions
Dynamic Supportive Psychotherapy	Emphasis on the "supportive" part. Most psychodynamic and psychoanalytic approaches to therapy are more "expressive" approaches where the therapist kind of sits back like you might expect and gets the client thinking, reflecting, and talking. In contrast, this form of therapy is less heard of, but caters to individuals who might be less motivated to participate in therapy- people whom therapy hasn't worked for in the past, and/ or have severe mood issues that often make motivation fluctuate too much. It's like the other psychodynamic therapies though in that it believes that our current realities are shaped by the many forces that have influenced our past experiences, and continue to influence our current ones. It also emphasizes the importance of early childhood experiences and the importance of the role that caregivers play in shaping and modeling appropriate and adaptive ways of dealing with things. Views different ego states as the result of the big sources of influence we have early in our lives. ID- impulse, self-fish child-like thinking, Superego- our parent like insight, little voice on our shoulder, or "the ideal way" we should do things, Ego- our conscious awareness and decision making influences and capabilities.	Goals of healing successfully involve increasing one's self-esteem, giving them practical coping skills, and increasing their 3 ego states' ability to function cohesively together again (ie. balance between impulse, rational thought, "what we should do"). Achieves these goals through usage of the therapeutic relationship, which mirrors a type of parenting or reparenting in a way.	Identifying and creating more self-esteem boosters (ie. individual activities and also social interactions that provide reassurance and encouragement), observing the ego (ie. stepping back to gain some perspective), reduce uncomfortable emotions by learning how some can be helpful, if channeled in healthy ways, while others are less helpful and aren't productive in benefiting one's current situation. Clarify and selecting certain themes in one's life. Rationalizing and reframing things. Modeling ideal interactions, preparing for future challenges (internally and externally). Use transference in therapy to understand whats happening outside of therapy and make it healthier.	Differs from other psychodynamic therapies in that Therapist takes a more active role in the process and call upon other resources too. For example, they might involve the family and other resources in the community. Therapist is kind and supportive and relationship is often referred to as like parent-child, without being stigmatizing or belittling. Its characterized by nurturance, modeling whats appropriate, and guiding reason, and shielding from what isn't prepared to deal with... until their ready to deal with it. As you might expect in a healthy parent-child relationship, there are boundaries and parents, or in this case therapists, will definitely limit self disclosure to what is deemed appropriate and beneficial for clients to hear.	up to 40 sessions
Interpersonal Therapy	Focuses heavily on attachment theory in how we are shaped in our thinking patterns, perceptions, and behaviors today. Sees moods and negative learning experiences as a chicken or egg come first situation. Regardless, sees them as connected and reinforcing the intensity and increased chances of experiencing the other. If the intersection of one's moods and negative experiences in life (or negative interpretations with or from attachment figures) get extreme enough, they can result in diagnosable mental health conditions.	Posits that one can alleviate their uncomfortable moods and heal mental health issues, by better coping with their life situation and their experiences. Goals involve decreasing and eliminating the influence or general presence of the things in one's life that may be causing mental health symptoms. For example looking at who you surround yourself with, what coping mechanisms are easy access in your environment, or any other things that could be triggering things like avoidance behavior, overthinking things, or a substance or eating related issue. The latter things likely are what are most closely related to the mental health symptoms, like depression, anxiety, anger, etc that someone is experiencing. Emphasizes that we are inherently social beings and don't live in a bubble of our own influences- uses this to our advantage in teaching people how to better, or best, handle themselves and their interactions with others, while also working on themselves internally.	Exploration of self and relationships, behavioral patterns and where they originated (genetic, or learned and from who), clarifying feelings and interpretations (or misinterpretations) of actions and interactions, encourages expressing emotions more and in different ways, various behavioral change techniques, and relies heavily on the therapeutic relationship as being trustworthy and a nurturing tool for practicing what one desires in their relationships outside of therapy.	Therapist is supportive in client expressing and communicating effectively to get what they need for themselves in sessions, and also in the real world. More emphasis on promoting clients to "express" and meet their own needs, than emphasis on the "support" they directly give clients in getting their needs met.	Usually time limited. Research has been done on 3 months of this therapy and 6 months.

# The *how to find therapy* *that'll work for you* guide.



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xoxo,  
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