

Step-by-Step Guide to Finding a Therapist



Guide Provided By:
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Beginning Your Therapist Search

1. Determine what qualities you are seeking in a therapist.

What is most important to you? Do you want a therapist who specializes in the concerns you are having? Do you want a therapist who shares one or more of your identities? Do you want a therapist who is within walking distance of RISD? Knowing what is most important to you will help guide your search.

Tips for POC and LGBTQIA+ students:

[Therapists for Women of Color and Queer People: How to Find One](#)

[5 Tips for Finding a Therapist If You're LGBTQIA](#)

See the FAQs section of this guide (page 6) for details about therapy types, therapist credentials, etc.

2. Locate your health insurance card and familiarize yourself with your mental health benefits.

If you have health insurance through RISD (UnitedHealthcare Student Resources), you can download a copy of your insurance card by creating an account [here](#).

You can read about the RISD plan's benefits [here](#).

Note: RISD's plan requires an online referral from the CAPS office. Before you see an off-campus therapist, call CAPS and let us know that you are planning to start off-campus therapy.

If you have health insurance through your family and you do not have a copy of your insurance card, ask a family member how to get one. If your family member has your card and can send you a photo of it (front + back), you should have all of the information you need. If your family member is not familiar with your plan's mental health benefits, or if you would prefer not to tell them about your therapist search, contact the health insurance plan's customer service line (listed on the back of your card) to ask about your coverage.

See page 8 of this guide for a worksheet that can guide you through calling your insurance company. See page 9 for a glossary of common health insurance terms.

3. Identify possible therapists.

There are many ways to find potential therapists:

- Search online via www.psychologytoday.com or www.zencare.co. These websites allow you to conduct customized searches based on accepted insurances, specialty areas, etc.
- Call the customer service number on the back of your insurance card and ask for the names of therapists who accept your insurance plan.
- Schedule an appointment with the case manager at CAPS to get personalized referrals. You can schedule an appointment by calling CAPS at 401-454-6637.

Contacting Potential Therapists

Some therapists can be contacted by e-mail or via an online form, but most of the time, you will need to call possible therapists on the phone. Here are some things to keep in mind:

- Be prepared to leave a voicemail - most therapists are unable to immediately answer the phone when you call, as they are often in sessions with other clients.
- When leaving a voicemail message, state that you are searching for a therapist and ask whether the therapist is accepting new clients. Leave your name, phone number, and best days/times to reach you.
- Make sure your voicemail box is set up and can accept messages so that the therapist can leave you a voicemail if needed!
- Once you make contact with a therapist who is accepting new clients, you can ask questions to determine if the therapist might be a good match for you. Examples of questions you might ask:

-“I would like to work on _____ in therapy. Is this an area you help clients with?”

-“How would you describe your therapy style?”

-“Do you accept my insurance?” (It is good to double check, even if this info is listed online!)

-“What days/times do you offer appointments?” (They won’t be a good fit if they only offer appointments on your full studio days!)

- The therapist may ask you to summarize the concerns you are hoping to address in therapy. This is to help them determine whether they can meet your needs.
- If both you and the therapist feel you are a match, go ahead and schedule an appointment with them. If you’re not sure, it is OK to tell them that you will be continuing your therapist search and will call them back if they’re the best fit.

Note: Some students find it helpful to try meeting in-person with multiple therapists before choosing one. This is perfectly acceptable, and you can tell a therapist ahead of time that you are interested in meeting once or twice to assess fit.

Going to Your First Therapy Appointment

Things to bring to your first appointment:

- **Health insurance card**
- Any **payment** due for your appointment (co-pay, co-insurance, amount toward deductible, etc.)

See page 9 of this guide for a glossary of common insurance terms, such as “co-pay” and “deductible.”

- Names and dosages of any prescription **medications** you take. Medication names are often difficult to remember and spell, so sometimes it helps to bring your prescription bottles with you to the appointment.
- Your **schedule**. This will make it easier to schedule your follow-up appointments.

What to expect during your first appointment:

- Similar to a doctor’s visit, you will spend some time completing and signing some **paperwork**. The paperwork usually asks basic questions about you and describes the therapist’s policies.
- The therapist will **review important things to know** about therapy, such as limits to confidentiality.
- The therapist will ask you to **share information about your background** (such as your family and medical history) and your reasons for coming to therapy.
- You and the therapist will **develop a plan for your treatment**, including your goals for therapy and how frequently/how long you plan to meet together.

After Your First Therapy Appointment

After the first appointment, you might reflect on whether the therapist felt like a good match for you. For example, you might consider whether you felt comfortable talking with the therapist and whether you felt confident in the therapist's ability to address your concerns. If you're not sure after one appointment - don't worry! It may take several appointments to get comfortable with a therapist and decide whether to proceed with treatment.

Research shows that the therapist-client relationship is the number one factor in whether or not therapy is successful. As with any relationship, you will "click" with some therapists and not with others. This is totally normal, and a therapist will not be offended if you tell them you will be meeting with another therapist.

If a therapist feels like a good match overall but they say or do something that does not feel helpful, it is OK to tell them! You are ultimately in charge of your therapy, and therapists genuinely want their clients' input.

Asking for Help with Your Search

If you've read through this guide but still have questions, or if you're feeling overwhelmed by the process of searching for a therapist, **contact CAPS!** We understand that finding a therapist can be daunting, and you don't have to do it alone. When you contact us, let us know that you want help finding an off-campus therapist, and we will schedule an appointment to talk about your needs.

Frequently Asked Questions

1. How much will my appointments cost?

The best way to anticipate your therapy costs is to read your insurance plan's "Summary of Benefits" or call the customer service number on the back of your insurance card.

See page 8 of this guide for a worksheet you can use when calling your health insurance company.

If you have RISD's health insurance plan and you see an in-network therapist, you can generally expect to pay a \$20 co-pay per visit once you have met your \$50 annual in-network deductible.

Note: the healthcare each student receives is unique, and insurance benefits are subject to change - it is your responsibility to verify this information!

See page 9 of this guide for a glossary of common insurance terms, such as "co-pay" and "deductible."

2. What if I can't find any therapists in Providence who accept my health insurance?

Some insurance plans offer "out-of-network reimbursement." This means you can see a therapist who does not accept your insurance by paying the therapist up-front for their services and submitting a request for partial reimbursement to your insurance company. Call the customer service number on the back of your insurance card to ask if you have this option.

If your plan does not offer out-of-network reimbursement, or if this option is too expensive, search for therapists who offer a "sliding scale." This means that the therapist will see you for a reduced fee (usually based on your income).

You can also contact CAPS - we can recommend therapists with sliding scales and other low-cost resources. We can also meet with you to determine whether therapy at CAPS might meet your needs.

3. Will my parents know I'm seeing a therapist if I'm on their insurance plan?

While the content of what you share in therapy is legally protected, some basic information (including the dates and types of appointments you attend) may be included in correspondence sent to the person who pays for your insurance. For more details, call the customer service number on the back of your insurance card or talk to your therapist. If this is a barrier to you seeking therapy, contact CAPS. We can share information about alternatives and discuss whether therapy at CAPS would meet your needs (CAPS does not bill insurance).

4. Where can I learn about the different types of therapy, and how do I know which type is best for me?

These [two sites](#) include helpful information about different types of therapy.

You don't necessarily have to decide on a specific type of therapy when conducting your therapist search - most therapists are trained in a variety of approaches and can tailor their approaches to meet your needs. If your therapist feels you would be best served by a type of therapy they aren't trained in, they can help you find someone who is!

5. I've noticed that therapists hold varied titles and licenses – what are the differences between them, and which is the best choice for me?

Here are some common therapist credentials:

- **Licensed Mental Health Counselor (LMHC):** Has a master's degree in a counseling discipline. Trained in general counseling practices.
- **Licensed Independent Clinical Social Worker (LICSW):** Has a master's degree in social work. Trained in general counseling practices; their graduate programs often emphasize the relationship between individuals and broader systems.
- **Psychologist (PhD or PsyD):** Has a doctorate in psychology. May have completed significant research during their graduate program. Has training in specialized assessment tools.
- **Psychiatrist (MD or DO):** Has a medical degree and can prescribe psychiatric medication. Occasionally psychiatrists offer therapy, but most only provide medication.

Additional information about therapist credentials can be found [here](#).

Research shows that the therapist-client relationship is the number one factor in whether or not therapy is successful, so many students choose not to focus on degree type during their therapist search. However, other students feel most comfortable knowing that their therapist has a particular type of educational background. You get to decide what is most important to you!

Worksheet: Understanding Your Insurance

**This worksheet was adapted from a document shared by the University of Washington - thank you!*

Know that, although you have health insurance, your bill for any medical services (including mental health) is your responsibility. It's in your best interest to know and understand your benefits in order to prevent unwelcome billing surprises. Some insurance providers also have limitations for mental health services.

This worksheet is designed to help you ask questions to understand your insurance coverage benefits and limits so that you can make informed decisions and plans about your health care.

Questions to ask your insurance company or the person through whom you receive insurance coverage (see next page for glossary of bolded terms):

-Do I need to get a **prior authorization** for mental health services? YES ____ NO ____

-Do I need a **referral** from a physician for mental health services? YES ____ NO ____

-**How many visits** are covered per authorization or year? _____

-Is my therapist **in-network** for my insurance plan? YES ____ NO ____

-Do I have a **deductible**? YES ____ NO ____ If yes, how much is it? _____

-Do I have a **co-insurance**? YES ____ NO ____ If yes, how much is it? _____

-Do I have a **co-payment**? YES ____ NO ____ If yes, how much is it? _____

-What is my maximum **out-of-pocket expense**? _____

-Are there any **exclusions**? (e.g. pre-existing conditions, types of services)

-**Other notes:**

-**Website** where I can find an in-network provider directory for my area:

-**Name** of insurance representative with whom I spoke: _____

-**Telephone number** I called: _____

Glossary: Common Health Insurance Terms

**Glossary provided by the University of Washington - thank you!*

Benefit—the amount payable by the insurance company to a plan member for medical costs.

Benefit year—the 12-month period for which health insurance benefits are calculated, not necessarily coinciding with the calendar year. Health insurance companies may update plan benefits and rates at the beginning of the benefit year.

Claim—a request by a plan member, or a plan member's health care provider, for the insurance company to pay for medical services

Coinsurance—the amount you pay to share the cost of covered services after your deductible has been paid. The coinsurance rate is usually a percentage. For example, if the insurance company pays 80% of the claim, you pay 20%.

Copayment—one of the ways you share in your medical costs. You pay a flat fee for certain medical expenses (e.g., \$10 for every visit to the doctor), while your insurance company pays the rest.

Deductible—the amount of money you must pay each year to cover eligible medical expenses before your insurance policy starts paying.

Dependent—any individual, either spouse or child, that is covered by the primary insured member's plan

Exclusion or limitation—any specific situation, condition, or treatment that a health insurance plan does not cover.

Explanation of benefits—the health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs you are responsible for.

In-network provider—a health care professional, hospital, or pharmacy that is part of a health plan's network of preferred providers. You will generally pay less for services received from in-network providers because they have negotiated a discount for their services in exchange for the insurance company referring more patients to them.

Network—the group of doctors, hospitals, and other health care providers that insurance companies contract with to provide services at discounted rates. You will generally pay less for services received from providers in your network.

Out-of-network provider—a health care professional, hospital, or pharmacy that is not part of a health plan's network of preferred providers. You will generally pay more for services received from out-of-network providers.

Out-of-pocket maximum—the most money you will pay during a year for coverage. It includes deductibles, copayments, and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.

Pre-existing condition—a health problem that has been diagnosed, or for which you have been treated, before buying a health insurance plan.

Prior authorization (PA)-- a requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you. PA is a technique for minimizing costs, wherein benefits are only paid if the medical care has been pre-approved by the insurance company.

Referral-- a requirement that one of your primary healthcare providers obtain approval from your health insurance plan for you to see a specialist. If you carry insurance through RISD, your primary providers are Health Services and CAPS.