

Liberatory Care Collective: Chicago's Guide to Finding a Therapist

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This Guide Seeks to Pull Community Resources

You're likely here because you want to find an anti-carceral therapist or care worker that meets your needs specifically. Maybe you attempted to sign up for our program for assistance in finding support, but were informed that our waitlist was full and you would need to apply during the next opening, or that we do not currently serve your region. We understand that waiting can be frustrating, especially when the need for care is pressing. Due to our limited number of volunteers and capacity, we can only support so many folks at one time. We created this Guide to Finding a Therapist in the meantime. Our hope is that it will help you in the process of finding a therapist or care worker while you wait, and prepare you for navigating the mental healthcare industry while locating support that aligns with your needs.

If it feels like a good fit, therapy can be a safe haven to explore yourself, work through trauma, find resources, learn ways to regulate your emotions, create crisis plans, and more. We believe therapy can be beneficial for anyone who wants it, not only those in crisis or those who have experience with madness or so-called mental illness. Setting aside recurring time for self reflection and care can be very helpful and might improve certain aspects of one's life. At the same time, there are many barriers to finding a therapist or care worker, such as time, energy, insurance, and a lack of providers who are allies or accomplices to the queer, BIPOC, disability and mad communities. This guide exists to acknowledge both the issues and the benefits of therapy, and to offer tools on how to find a therapist, so that you can find a therapist who is the best match for you, who fits with your financial and therapeutic needs, and who holds space for your lived experiences. In this guide, you will find prompts to help you start your search, therapist databases and resource lists, information about how insurance works, guidance for finding care without insurance, scripts and templates to help you start a conversation with your potential therapist and more!

Systemic Harm in Mental Healthcare

Therapy can be very helpful, but it cannot reverse the symptoms and impacts of capitalism and oppression. It exists within these oppressive systems and is often shaped by individualistic approaches to care. While therapy is optimistically intended to help people get the resources and care they need, it is also a part of a larger socio-political-economic system that is designed to marginalize, categorize, and profit off of those who are suffering.

Recognizing these limitations can help you make more informed decisions about your care and help you find a therapist who is not only aware of these pitfalls but who also actively works to challenge the ways in which mental healthcare fails its patients/clients.

If you are utilizing insurance, your therapist will need to give you a diagnosis (no matter how much or how little time they have spent getting to know you), in order for your insurance to consider paying for your sessions. In order to make a diagnosis, therapists consult the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM, published by the American Psychiatric Association (APA), is widely used in clinical training and guides how many mental health professionals assign diagnoses and shape treatment. It's important to recognize the problems and limitations of the DSM and the broader mental healthcare system so you can better understand how diagnoses and treatment decisions are made, and support you in weighing the risks (and potential benefits) as you decide how you want to engage with that system.

Racism in the mental healthcare (CW: racism)

Since the founding of the APA, Black and Brown people have been subjected to abuse and experimentation in the name of “science.” Practitioners have created and reinforced racist theories through scientific racism, imposing racial hierarchies and promoting eugenics that continue to shape healthcare practices today. The DSM itself emerged from a psychiatric tradition that once framed an enslaved person’s desire to escape forced labor and abuse as a mental illness.

In [The Protest Psychosis](#), Johathan M. Metzle describes how diagnoses of schizophrenia by psychiatrists and psychologists shifted from primarily being applied to white women to Black men during the civil rights era, as diagnostic criteria were changed to include anger and violence— pathologizing and attempting to discredit and lock away an entire movement in asylums. Today these effects echo loudly and there are still [disparities in diagnoses](#) between white and Black patients when it comes to the diagnosis of schizophrenia and psychotic disorders.

When “sanity” as a label (and as a license) is only afforded to white, cis, straight, westerners who navigate capitalism with ease and without disrupting Reasonable life, a thinly veiled threat of compliance emerges. Ismatu Gwendolyn writes about the cruelty of “Reason” with a capital R in [There is No Revolution Without Madness](#): “Reason quite literally creates enforceable policy on what one can be allowed to think without the threat of psychiatric imprisonment, social ostracization, state violence, even justification for public lynching.”

Racism is embedded into the very structure of our mental healthcare system. Because therapists are not only trained and operating within this system, but their credibility and careers are also tangled up in state licensure, it is especially crucial to seek out those who are aware of these dynamics and committed to actively challenging and resisting them.

Queerphobia in mental healthcare (CW: homophobia and transphobia)

Earlier editions of the DSM in the 1970’s identified homosexuality as a psychological disorder. As recently as 2012, the DSM-IV included ‘gender identity disorder’ as a psychiatric disorder, framing the trans identity as a mental illness. Today, gender dysphoria is still listed as a psychological disorder in the DSM-V., defined by an incongruence between gender assigned at birth and expressed/experienced gender; a desire to transition; and distress surrounding gender in social situations, at work, or in other important areas of life.

Recent policies in carceral settings, including federal prison guidelines, have used the classification of gender dysphoria to justify detransitioning trans incarcerated folks and restrict access to gender-affirming care, such as hormones, surgeries, and social transition, while instead prioritizing psychotherapy and psychotropic medication to “alleviate symptoms.” These policies prohibit access to gender-affirming interventions, limiting autonomy and reinforcing the

treatment of trans identity as something to be managed, regulated, and controlled rather than affirmed (see policy here: [link](#)). In practice, these approaches can function in ways that resemble conversion efforts or tranquilization and the suppression of gender expression within carceral settings.

The diagnosis of gender dysphoria is also a mechanism to ensure that gender affirming care is covered by insurance (this is not always possible). Insurance requires individuals to procure a letter from a therapist or a psychiatrist to prove they experience enough distress about their body or social experience to access gender-affirming care, creating additional barriers in an already complex process. People deserve to be trusted about who they are and should have the bodily autonomy to make decisions about their own identity, body and gender affirming care (even if it happens to be a fluid or dynamic process), without being pathologized. This also speaks to the need for accessible, equitable healthcare for all.

Diagnosis can be useful to some – it can help one understand one's identity and communicate through shared language about internal experiences. However, when institutions determine what is acceptable for trans people's body-minds, it becomes clear that diagnosis is functioning as a tool used to categorize and control (and collect data on) people outside the margins of what is considered socially acceptable to a particular culture, place and time. This depletion of autonomy for trans and gender-nonconforming folks becomes compounded inside of state controlled (and private) institutions such as prisons and hospitals, where autonomy is already limited.

Mandated Reporting (CW: SA, involuntary confinement, assault and carceral violence)

Therapists are mandated reporters to the state, meaning that they are required through their licensure to report child or elder abuse, as well as if they believe that someone is a harm to themselves or others. Due to this licensure requirement, therapists may call the police on clients who experience suicidal ideation or other extreme states (instead of spending the time to de-escalate the situation). These interventions can be extremely traumatizing and, in some cases, life-threatening, particularly for marginalized communities. Suicidality and altered states can be ongoing or recurring experiences for some people and are not always indicative of a need for crisis responses, especially if that response is carceral. Responses to crises can be shaped by systemic bias, including racial bias, as well as concerns about licensure, which can influence how therapists choose to respond. Police involvement often fails to de-escalate a situation and can increase the risk of harm, especially for people of color, who are disproportionately impacted by policing, involuntary hospitalization, and state violence. More robust, non-carceral crisis response and de-escalation approaches are needed to navigate

nuanced situations like these, rather than introducing police into an already heightened situation.

Psychiatric inpatient hospitals can be traumatizing, harmful spaces. In addition to lack of autonomy, there have been extensive documented cases of assault and harm in these facilities, including forced medication, isolation rooms, restraints, neglect and sexual abuse of adults and minors. According to [SAMHSA](#), Black people are admitted to psychiatric hospitals at twice the rate of white people by percent of population. Conditions within these spaces depend on hospital funding, so the facilities lacking in funding and/or receiving mostly Medicaid funding may be more likely to be understaffed and lack adequate resources and support. Involuntary psychiatric holds begin with short-term evaluations of around 72 hours, but can extend to as long as years depending on legal involvement. Once admitted, a patient will not be able to leave until they are deemed fit for discharge, even if they initially sought care voluntarily.

Involuntary admission to psychiatric hospitals (forced hospitalization) can be extremely harmful and traumatic, particularly when it overrides autonomy and consent. Admission should always include fully informed consent of the individual, and it is the carceral aspect of these hospitals that make them harmful. We encourage therapists to work with their clients to make treatment plans and crisis plans that avoid carceral scenarios whenever possible.

What This Guide Offers

It might sound like we are saying that therapy is bad, but it doesn't have to be. While therapists operate within the structure outlined above, it is possible to find individual therapists who resist these harmful systems (even when they benefit from it) and who can provide a lot of support and knowledge. However, finding these therapists often requires a thoughtful vetting process. We created this guide in order to aid you along your journey of finding the right fit for you. The Liberatory Care Collective has built this resource based on our years of experience locating and vetting therapists who are actively resisting oppressive systems and that align with our values of:

- Mad liberation
- Harm reduction
- Police and prison abolitionist
- Anti-racist
- Anti-fascist
- Black lives matter
- Land back
- Migrant justice
- Free Palestine
- Trans and queer affirming
- Fat liberation
- Disability justice

- Transformative justice
- Intersectional feminism
- Sex positive
- Sex worker positive
- Housing for all
- Healthcare for all
- Anti capitalist
- No borders
- Intersectionality

Due to our experiences pairing therapists with clients, we understand many of the issues that can arise while doing this labor. Use this guide as a compass, but also feel free to pick and choose what feels useful. Everyone is different and you can create a process that works for you.

A Note on Language

This guide often uses the word “therapist” and focuses on navigating the mental healthcare system. At the same time, we recognize that care extends beyond licensed therapy. Many of the questions, considerations, and strategies shared here can also be applied when seeking other forms of support, such as peer support, somatic care, Indigenous or traditional forms of healing. We encourage you to adapt this guide in ways that feel most aligned with your needs!

Why Seek Out Therapy

Therapy isn’t a replacement for systemic change, but it can still be a meaningful form of support. Therapy might benefit you if you are looking for dedicated recurring time to do internal and external work and can offer space to explore your emotions, identities, and experiences, as well as develop tools for navigating stress, building coping strategies, or creating crisis plans. Therapists can be helpful people to reflect with, brainstorm alongside, provide feedback, and connect you to resources that you may not have known about otherwise. Over time, you might find yourself creating a meaningful bond with your therapist that allows you to feel safe enough to process trauma or open up about more difficult or vulnerable topics.

You can use the therapy space to talk about many things including (but not limited to):

- Personal or professional goals
- Political climate + oppression (internal and external)
- Activism
- Dreams
- Any of the -isms (racism, ableism, anti-semitism etc.)

- Your relationship with food/exercise/drugs/rest
- Anxiety or feeling on edge
- “Grind” culture
- Love or loneliness
- Feeling overwhelmed
- Your relationships with friends, family, co-workers
- Self-esteem or sense of self
- Work-life balance
- The last intense emotion you felt
- Progress (of any kind/magnitude)
- Relapse (of any kind/magnitude)
- Self care + community care
- Feeling “Off”
- Coping skills
- Sleeping patterns
- Body image + body dysmorphia
- Phobia (think: fat phobia, Islamophobia etc.)
- Pandemic
- Religion
- Grief

This list of things to talk about in therapy was created by [Oumou Sylla](#). Thank you Oumou for allowing us to use your work!

Types of Therapy

There are many different types of care workers, some of whom are licensed by the state and some who practice outside of licensure systems. Neither is inherently better; the right fit depends on your needs and what kind of support you are seeking. Licensed therapists are trained within formal systems and can provide things like diagnosis, documentation, and access to insurance, which may be important depending on your situation. However, they are also mandated reporters and their framework might not be beneficial to all as outlined in the section titled [Systemic Harm in Mental Healthcare](#). Care workers outside of licensure systems, such as peer supporters, somatic practitioners, and Indigenous healers, often operate with more flexibility and may offer approaches that feel less focused on diagnosis and more rooted in lived experience, culture, or collective care, though they may not be covered by insurance or able to provide formal documentation. Many people choose to work with one, the other, or a combination of both.

A few notes:

- Training varies by profession
- Titles may vary by state; for example, an LCSW might be called an LISW in another state

- Many mental health professionals start off as supervised, pre-licensed interns and offer therapy at a lower rate compared to fully licensed professionals who have completed their required supervised hours of training
- Licensed therapists can practice various modalities, but there are also coaches and healers who are not licensed therapists that practice certain modalities that may be very similar or very different from those practiced by therapists (ex. somatic therapy and somatic healers)
- This is a starting point to learn about the terms we use but please do your own research outside of this document if you are looking for something specific or more details

Types of **licensed therapists** might fall under these 3 umbrellas:

- 1) **Licensed Clinical Social Workers (LCSW)** are social workers (trained professionals) who support people in navigating emotional, relational, and life experiences. They are able to...
 - Provide therapy to individuals, groups, families, and couples
 - Help clients find community resources like housing or financial assistance
 - Conduct psychological testing (intelligence tests, personality tests, emotional intelligence tests, etc.)
- 2) **Licensed Professional Counselors (LPC), Licensed Mental Health Counselors (LMHC), and Licensed Clinical Professional Counselors (LCPC)** are counselors (trained professionals) who support people in navigating emotional, relational, and life experiences. They are able to...
 - Provide therapy to individuals, groups, families, and couples
 - Diagnose mental health conditions (in certain states)
 - Conduct psychological testing (intelligence tests, personality tests, emotional intelligence tests, etc.)
- 3) **Marriage and Family Therapists (MFT or LMFT)** are therapists who specialize in working with individuals or groups of people to improve relationship challenges. They are able to...
 - Provide therapy to individuals, groups, families, and couples
 - Diagnose mental health conditions
 - Conduct psychological testing (intelligence tests, personality tests, emotional intelligence tests, etc.)

Peer Support Specialists are people who have lived experience with mental health challenges or madness and may complete specific training/certification to help others deal with similar experiences. They are able to...

- Provide emotional support and practical guidance
- Utilize their own lived experience to offer understanding
- Facilitate support groups, assist with goal setting, and promote self-empowerment

Somatic Healers/Coaches are people who help others to foster awareness of the mind-body connection. They provide treatment through various practices that encourage clients to redirect their attention to their body. Somatic healers/coaches are not required to be licensed and typically acquire this position by completing a training program. They are able to...

- Help foster a deeper level of self-awareness
- Expand a client's understanding and experience of their emotions
- Assist clients in developing with physical ways of knowing

Indigenous Healers are spiritual leaders who work within specific Indigenous communities and tribal nations. To become a Indigenous healer, individuals learn about traditional healing methods and cultural rituals, and gain experience through ceremonies and apprenticeships.

They are able to...

- Provide culturally appropriate traditional health services
- Interpret symptoms, provide treatment, guidance and promote wellness
- Use herbs, ceremonies, energy healing, and prayer to complete these goals

When selecting a therapist, it might be important for you to find somebody who works with a specific modality that fits with the style of therapy you are looking for. Here is a brief explanation of a few different modalities that you might want to know more about:

- Psychoanalysis and psychodynamic therapies:
 - Focuses on changing behaviors, feelings, and thoughts by discovering their unconscious meanings and motivations.
 - These talk therapies originated from theories developed by Sigmund Freud who is currently criticized as being unscientific.
 - Full-blown psychoanalysis is 4-5 meetings a week with a psychoanalyst, while psychodynamic therapy is usually 1-2 times a week.
- Cognitive Behavioral Therapy (CBT):
 - Works to eliminate "problematic" cognitive distortions and check back in with reality.
 - Focuses on changing thoughts and behaviors through numerous coping skills taught and practiced within the therapeutic setting.
 - Though there are different approaches, CBT is criticized by some for being dismissive of clients' reality and focusing solely on internal solutions.
- Dialectical Behavioral Therapy (DBT):
 - Is a modified version of CBT created by Marsha Linehan, a psychologist who experiences Borderline Personality Disorder (BPD).
 - The principals are:
 - Mindfulness
 - Distress tolerance
 - Interpersonal effectiveness
 - Emotion regulation
 - Therapists teach tangible skills in each area.

- Initially was created for people with BPD who are suicidal and is also helpful for people who struggle to regulate or contain their emotions.
- Feminist therapy:
 - Acknowledges that the personal is political.
 - Focuses on gender identity, sexism and oppression.
 - Identifies skills and strengths to recognize/embrace one's personal power.
 - Seeks to empower those who feel silenced or oppressed in society.
- Somatic therapy:
 - Acknowledges that trauma is held in the body.
 - Looks at the body-mind connection.
 - Utilizes psychotherapy and movement for holistic healing.
 - Works with stress, anxiety, depression, addiction, trauma and other disorders.
- Internal Family Systems or Parts therapy:
 - Holds that personality is composed of various subconscious parts.
 - Parts-therapists are mediators to resolve inner conflicts.
 - Goal is to improve the relationships between the different parts so they can help alleviate internal conflicts and operate as a whole being.
 - Works with trauma, depression and other disorders.
- Eye Movement Desensitization and Reprocessing (EMDR):
 - Works to alleviate distress associated with trauma.
 - Processing traumatic memories while focusing on external stimuli such as eye movements.
 - Tends to be used in conjunction with talk therapy, since it can activate traumatic responses.

Group therapy is another option that can give you the space to process or learn coping skills amongst a group of peers. These groups can be led by licensed therapists, social workers, mental health professionals or even other peers within the community. Group therapy is often an affordable or free alternative that sometimes uses a “pay-what-you-can” donations based payment structure. You may be able to find group therapy that has a focus specific to your identity, experience, or situation where you can open up to others who may relate to what you are going through.

Insurance and Therapy Costs

Therapy can be expensive, often ranging from \$100-\$350 per hour at a full rate depending on location and specialties. This price point is completely inaccessible for many people. Insurance will generally significantly reduce that cost, often to a smaller copay (from \$0 to \$50 or more), but navigating insurance can also be really complicated and time-consuming. Not everyone has insurance, and the financial burden of care can be overwhelming and prevent people from accessing support altogether. Though less common, lower-cost or free options do exist.

If you are utilizing insurance, it will be helpful to have some information about how your insurance plan works before reaching out to therapists. You can log in to your insurance plan's

website or call your insurance company to ask them some questions about your coverage. Here are some questions you might want the answer to before starting your search for a therapist:

- Does my insurance plan cover therapy/mental health counseling?
- Do I need prior authorization before obtaining therapy? How do I obtain that?
- What is my copay (the amount of money I have to pay each session and my insurance doesn't cover) for therapy?
 - Note: ask yourself if this copay is something you can afford weekly or biweekly. If not, consider looking for a therapist that offers "sliding scale" sessions at a rate you can afford.
- Do I need a referral from my primary care physician before going to therapy?
- If I chose a therapist that is "out of network," (these providers are not initially covered by insurance), can I use a "super bill" (which is a list of services that have been provided to me by my healthcare provider) to be reimbursed? If so, how much will you reimburse me and what is that process like?
 - Note: using a superbill to be reimbursed can be helpful but it is a process that takes time, energy and you will have to be able to pay your therapist upfront only to be reimbursed later.
- Do I need to meet my deductible (the amount I pay for covered health care services before my insurance plan starts to pay) before my plan starts covering therapy?
- How much is my deductible? Once I do meet my deductible, how much will you cover?
- Can you offer me a list or database of "in network" therapists (these are providers who are known to be covered by the insurance plan)?

Finding out the answers to these questions might be stressful and the wording can be confusing, but it is important to take the time to learn what you are getting into financially before choosing a therapist.

If you do not have insurance, it is possible to find therapists who offer more affordable therapy called "sliding scale," but you will be more limited in your options. Some therapists who claim to offer sliding scale therapy will still charge very high fees, making it crucial to ask about the range they offer. Some therapists do sliding scale ranges dependent on income level so you may have to provide some documentation of your income. It is also possible to find sliding scale therapy at different local health centers and clinics. Go to the section in this document titled "For Those Without Insurance" for more information.

Step 1: Identify Your Needs

Knowing all of this, it's time to consider what you want out of therapy. Make a list of what you want, need, and are looking for in a therapist.

Here are some questions to help you get started:

- What would you like your therapist to **specialize** in? (examples: neurodivergence, C-PTSD, eating disorders, bipolar disorder)
- What would you like your therapist to be **competent** in? (examples: queerness, Blackness, anticarceral care, sex work, fatphobia)
- How would you prefer your therapist to **identify**? (examples: nonbinary, Native American, fem)
- Is there a specific **modality** you want your therapist to practice? (examples: somatic therapy, feminist therapy, DBT)
- Do you have any **access needs**? (examples: virtual sessions, dim lighting, wheelchair accessible office, scent-free office)
- Do you prefer **virtual or in person** therapy?
- **How often** would you like to attend therapy? (examples: weekly, biweekly, monthly)
- What is your weekly therapy **budget**?
- What kind of **insurance** plan do you have?
- Is there **anything else** you are specifically looking for?

Turn each of these wants and needs into questions to ask potential therapists. For example:

- It's really important to me that my therapist shares my identity. I am bisexual, is that how you identify?
- Do you have knowledge about family dynamics in Latinx culture?
- Are you anti-capitalist?
- Have you ever been or are you currently in therapy?
- What is the extent of your experience with non-binary clients?
- Do you offer sliding scale therapy? My budget is \$___ per week.

Here are some extra vetting questions that we always ask in order to get a feel for who they are as a therapist and what they are bringing into their sessions:

- How do you hold space for the experience of queer and transgender clients?
- How do you hold space for the experience of BIPOC clients?
- What ways do you respect and validate your client's autonomy? Some examples may be when making decisions around medication and diagnosis.
- How do you view your role as a mandated reporter when it comes to client safety, police involvement, harm reduction and involuntary hospitalization?

Another thing you might need in this process is support, as it can take a lot of time and energy to find the right therapist for yourself. Everybody has different skills and energy levels. You may want to ask a friend, community member, caretaker, or someone else you are in relationship with for support. They can take on some of the research load and send you therapist profiles to consider, or you can send them a list of questions and they can make phone calls on your behalf if you don't feel comfortable doing that yourself. Maybe what you need is an accountability buddy to help you stay focused on this task. You can even just ask for emotional support and have a dedicated person to complain to about this process. Whatever the ask is, try

to be clear in your communication with this person and stay cognizant of their boundaries as well. Consider sending this guide to a friend and ask if they would be willing to spend some time working on an aspect of this process with you.

Step 2: Do Your Research

Start a document where you can add each therapist and store information about them as you research. You don't want to lose this information, especially in cases that you want to follow up. We suggest creating a spreadsheet (consider Proton Sheets or Google Sheets because they are free and can be easily shared with others) and include columns for each question that you plan on asking the therapists as well as logistical things like contact info. You can also write it all down on a sheet of paper as you go if you prefer physical copies.

Begin your research by choosing your database. There are many and they all serve a different purpose, but generally they are very similar in that you can filter through therapists near you using different categories (such as location, specialties and insurance) and then read their bio before contacting them.

Here are some databases that we use:

- [Psychology Today](#) (a commonly used therapist database that has filters and a long list of therapists)
- [Open Path Collective](#) (this database is good if you don't have insurance because they offer \$30-\$70 therapy sessions but there is a \$65 one time fee)
- [National Queer and Trans Therapists of Color Network](#) (QTBIPOC mental health practitioners)
- [The Inclusive Therapist Directory](#) (for people with marginalized identities to find equitable access to radically affirming, culturally responsive mental health care)
- [World Professional Association of Transgender Health](#) (trans healthcare providers including therapists)
- [Therapy for Black Girls](#) (Black woman therapists)
- [Abolition Centered Care Provider Database](#) (abolitionist and non-carceral care providers, including therapists)
- [Therapy Den](#) (allows you to filter therapists by gender, sexuality, ethnicity and cost as well as more specific things like if they are sex worker positive, have wheelchair accessible bathrooms and what languages they speak)
- [American Association of Marriage and Family Therapy](#) (Marriage and Family Therapist locator)
- [The American Association of Sexuality Educators, Counselors and Therapists](#) (sexuality counselors and sex therapists)
- [Latinx Therapy](#) (Latinx therapists)
- [Latinx Therapist Action Network](#) (Latinx therapists)
- [LGBTQ+ Healthcare Directory](#) (LGBTQ+ friendly healthcare providers)

- [Libratory Wellness Network](#) (Anti-oppressive, anti-carceral, providers including alternative care workers)
- [Neurodivergent Therapists](#) (neurodivergent therapists)
- [Meet Monarch](#) (allows you to filter by things like approach and availability)
- [Black Emotional and Mental Health](#) (virtual Black therapists, doulas, yoga teachers, mediators and other virtual wellness practitioners)
- [Hello Alma](#) (allows you to filter by things like identity and specialty)
- [Gaylesta](#) (queer therapists)
- [Chicago Black Therapists](#) (Black therapists in Chicago)
- [South Asian Therapists](#) (South Asian therapists)
- [Manhattan Alternative](#) (Kink, Poly, Trans & LGBTQ Affirmative Providers mostly in NYC)
- [The Breathe Network](#) (Therapists and other types of providers for survivors of sexual assault)
- [International Society for Traumatic Stress Studies \(ISTSS\) Clinician Directory](#) (providers who focus on treating traumatic stress)
- [Black Female Therapists/Black Male Therapists](#) (includes a section for Black female therapists and another section for Black male therapists)

The filters are your friend and can help a lot, but you will have to do a lot of filtering yourself. Click on the profiles and read their bios. Do they speak about themselves in a way that resonates with you? You might be able to see if they meet some of your criteria by reading their profile. They may also talk about their identity or therapy style in their bio.

If you are having a hard time finding a therapist that accepts your insurance, you might have to check the insurance website or call your insurance's phone number and ask to see a database that lists covered therapists. These databases often have less filters and might not even have pictures or bios, but sometimes it is the only option. Reaching out to therapists directly from insurance databases might work, but it will just take a lot more trial and error.

If you are struggling to find a therapist in your area, consider utilizing virtual therapy and widening your search to other areas in your state. Therapists are licensed by state (sometimes multiple states), and it can be easier to find therapists in certain regions, so if you live in a small town or rural area, it might be easier to find a good fit in the largest city within your state.

For Those Without Insurance

If you don't have insurance, it is possible to use the above databases to look for more affordable "sliding scale" therapy options using the filters. If you are having trouble finding therapy in your budget, try doing research on cultural centers or health clinics that offer free or sliding scale therapy in the area. Is there a 2SLGBTQIA+ center nearby that offers therapy? Try using a search engine (like Google or Duck Duck Go) to search key words related to your needs and

location (example: “free therapy Chicago queer”). You can also use the [HRSA Data Warehouse](#) to search for local federally qualified health centers, some of which (not all) offer sliding scale mental health care.

Navigating these centers and clinics can be a little more difficult because you don’t normally have access to the individual therapists information (like their bio) and you will most likely be talking to an administrative team who might assign you a random therapist without asking your preferences, so try to be clear about what type of therapist you are looking for. If you are not able to ask the therapist questions before you are assigned to them, feel free to use your first session to vet them and decide if you want to work with them again. They may also put you on a waitlist because therapists can be in high demand.

Another option is to reach out to local universities or medical schools, because therapists in training often offer free or sliding scale therapy. You can also contact pre-licensed therapists who work as interns at therapy practices and need to fulfill a certain number of hours before getting their license. They also usually offer sliding scale therapy at low rates. One thing to consider is that you may have a time limit with these interns and therapists in training because they might eventually leave to start working as a licensed therapist elsewhere and will begin to charge higher rates.

If you are currently a student, you may be able to access therapy through your school. However, these therapists may also have session limits (ie. you can only see them for 8 sessions).

It is also possible to find grants or funds that help cover your therapy costs for a certain number of sessions. Here is a list of some organizations that offer grants to cover therapy costs:

- [The Mental Health Fund \(MHF\) for Queer and Trans Black, Indigenous and People of Color \(QTBIPOC\)](#)
- [Loveland Therapy Fund for Black women and girls](#)
- [Inclusive Therapists’ BIPOC Therapy Fund](#)
- [Lotus Therapy Fund from the Asian Mental Health Collective](#)

Step 3: Reach Out & Vet Potential Therapists

This is where you get to ask the questions you created earlier. You can either call them or email them. Here are pros and cons to both:

Emailing: You can make a template email to copy and paste and send to a lot of therapists, which eliminates playing phone tag. However, you won't be able to get a feel for who they are in conversation. It is also easier for a therapist to not reply to an email. If you have them on the phone, you have their attention.

Phone: When you call, you will be able to ask them your questions and find out what their unfiltered, automatic response is. You will hear their tone and be able to feel out how they like to

communicate and if it vibes with your communication style. However, phone calls are more time consuming and you will likely have a harder time reaching people, especially right away.

You can also email therapists to set up a time to talk on the phone, thereby avoiding phone tag and getting a human connection. Although, if you have phone call anxiety, make sure to listen to yourself and your comfort level.

Some databases only show either an email or a phone number so you might have to stick to whatever mode of communication the therapist made public. If you run into this problem, our tip is to search the therapist's name or practice on a search engine and try to find their website which might have more information about how to reach out.

Some therapeutic practices and clinics have an administrative team that you will have to communicate with before connecting with the therapist in question. They don't always allow you to talk with the therapist directly before your first appointment, so you can ask the team some of the logistical questions (about insurance, for example) and then either ask them to relay the other questions to the therapist or you can ask them to set up a meeting between the two of you in order to ask the questions that only the therapist can answer.

When reaching out, don't be afraid to be upfront about what you are looking for. Ask the questions that you pre-created and start a dialogue with your potential therapist. While asking the questions, it's ok to be clear about your needs and push back against things that they say, especially if they make you uncomfortable. You are essentially vetting them in order to decide if you want to hire them as your therapist, so you can try to treat it like a job interview, if that helps. This is about you and what will be most helpful for your well being. Stick to your questions, but let the conversation flow. You might learn some interesting stuff about them.

You likely will have to reach out to many therapists, and it may take some time. Therapists can take a while to get back to you and sometimes forget to respond, so don't be afraid to be persistent and send follow up emails or call multiple times. You may find it helpful to carve out a block of time to intensely focus on this one task of emailing and calling, or you may prefer to space them out so you don't exhaust yourself. Make sure to take care of yourself because having these vulnerable conversations can be really draining.

Don't forget to take notes about each therapist in the document you created! This will allow you to compare your options.

Email Template Example

Hi ____,

This is ____ and I am emailing because I think that you could potentially be a great fit for me as a therapist and I was hoping to ask you some questions before scheduling an intake with you.

(Add or remove as many questions as applicable and needed)

- Do you have upcoming availability?
- Do you specialize in ___?
- It's important for me to have a therapist who identifies as ____, is that how you identify?
- Do you accept ___ insurance?
- Do you offer sliding scale therapy? My budget is \$___ per week.
- How do you hold space for the experience of queer and trans clients?
- How do you hold space for the experience of Black, Brown and Indigenous clients?
- What ways do you respect and validate your client's autonomy in terms of medication, diagnosis, and institutionalization?

I appreciate your responses and the work that you are doing to make the world a more balanced and beautiful place.

Warmly,

—

Phone Call Script Example

Hi, this is ___ and I am calling because I think that you could potentially be a great fit for me as a therapist and I was hoping to ask you some questions before scheduling an intake with you.

(Add or remove as many questions as applicable and needed)

- Do you have upcoming availability?
- Do you specialize in ___?
- It's important for me to have a therapist who identifies as ____, is that how you identify?
- Do you accept ___ insurance?
- Do you offer sliding scale therapy? My budget is \$___ per week.
- How do you hold space for the experience of queer and trans clients?
- How do you hold space for the experience of Black, Brown and Indigenous clients?
- What ways do you respect and validate your client's autonomy in terms of medication, diagnosis, and institutionalization?

Step 4: Select Your Therapist

Now you have to make a choice. You have done all the hard work and it has hopefully paid off! Which therapist has a style that speaks to you? Who meets your criteria? Who did you get a good feeling from? Can you imagine yourself becoming comfortable and trusting of one of these therapists in the future? Did it feel like any of them either got you, or were beginning to get you and what you are going through? If you still haven't gotten a good sense of a therapist, it could

be beneficial to schedule a few sessions with them to explore and figure out if you connect. The main predictor of a positive outcome in therapy has been indicated to be the quality of the relationship between therapist and client.

Chances are you might not have too many options, especially if you don't have insurance or if you have very specific needs, but taking the time to do all this work will pay off when you have a therapist who truly understands you, someone you don't have to educate, and who won't violate the trust you've built together. Take the time to celebrate your hard work and for making the choice to take care of yourself!

Step 5: Communicating with Your Therapist

Because of the power imbalance that exists between client and therapist, some folks may feel like once they finally have found a therapist, that they should stick it out no matter what. However, therapists are people who have biases and make mistakes just like anyone else. While your therapist may have studied certain "disorders," experiences, or ways of being, you are the expert of your own mind. Feel free to push back on things that they say, especially if they don't sit right with you. The therapeutic relationship is just another type of relationship that requires communication and collaboration like any other. If you feel safe and comfortable, you can tell your therapist when they get something wrong.

If they:

- Misgender you
- Are not understanding of your perspective
- Say something racist, transphobic, ableist, classist, homophobic, etc.
- Assume something about you or the situation
- Diagnose you with something you don't feel comfortable with
- Project their own issues onto you

You can tell your therapist they made a mistake by:

- Using "I" statements to highlight what made you uncomfortable or upset.
 - "I felt ___ when you said ___."
- Asking if you interpreted their meaning correctly.
 - "When you said ___, I interpreted it as ___. Is that what you meant?"
- Setting boundaries.
 - "It made me feel ___ when you said ___. If this continues, I won't be able to work with you anymore."

While it is not your responsibility to educate your therapist, you can offer your perspective on how they should hold themselves accountable. This may allow you to work through the mistake as a team.

Your therapist can hold themselves accountable by:

- Acknowledging the rupture and validating your feelings.
- Apologize without shame spiraling or making it about themselves.
- Clarifying their perspective and discussing how and why it might differ from your own.
- Acknowledging your perspective and incorporating it into future sessions.
- Respecting your perspective, experiences, desires and needs.

If you decide the mistake was beyond mending by accountability, you should trust yourself and your ability to care for yourself and set boundaries. This could mean taking a break, ending therapy, or finding another therapist who might be a better fit.

Confidentiality in Therapy

Is everything you say in therapy confidential? Ideally! But therapy notes and records can be subpoenaed, and, if you utilize Medicaid, your therapist is submitting assessments full of information about you regularly to the state.

Any court can obtain therapy notes and clinical records through a subpoena or court order and mental health professionals can be asked to testify in court. [There are some protections](#) for your confidentiality in these cases: a therapist can file a motion to quash the subpoena or they can file a protective order to limit the amount of people who are able to see the confidential information or limit the information produced. Mental health professionals may refuse to respond to questioning however they may be penalized in court. Therapists and mental health professionals should operate as if their notes and records might be subpoenaed and need to have recording processes (including diagnosis) that will not harm their client if that becomes the case.

It is impossible to know how your therapist or psychiatrist may respond to being subpoenaed and what their note recording process is without talking to them first. Have a conversation with them about this process early on. Have a conversation in which you ask your therapist to keep their therapy notes general, vague, and leave out any details that could potentially get you in trouble if they found their way into the wrong hands.

If there is a specific risk area in your life, directly ask your therapist to not write down any notes on that topic or to leave out as many details as possible. For example, if you are undocumented, a sex worker, an organizer, or are at risk for another reason, it may be beneficial to specifically talk to your therapist about the notes they take on these topics. Ask your therapist to take risky notes on paper and consistently shred them, only submit notes to their practice that have risky information removed, and/or just don't take down any details!

Even a recorded diagnosis is information that can affect court cases, including immigration cases. If your therapist is open to it, consider asking them to record a diagnosis that aligns with your needs regardless of the diagnosis they assign to you internally, or the one you may feel most closely aligns with your experience. If you are looking to receive accommodations at school or SSDI, recording a diagnosis that is connected to your accommodation needs or considered more severe can be helpful in reaching those goals. If you are worried about a pending court case or fear the raising attitudes around certain diagnoses, consider working with your therapist to come to recording a diagnosis that best aligns with your needs.

Not all therapists will be open to these approaches, but your safety is worth an uncomfortable conversation or even switching therapists if there is a severe risk. Psychiatric diagnoses as we know them today were created for insurance coding by a group of white men who supported eugenics. Don't be afraid to attempt to use them as a tool when needed. They have already been used to control us since their inception.

Therapists that are being covered by Medicaid are required to regularly submit detailed assessments to the state to explain the "need" for the service. These assessments also provide a lot of information about your experiences, your symptoms, and since it is in the hands of the state, the protections are less clear. The name of these assessments and information required within them varies by state. [ICE has been given direct access to Medicaid data](#) which puts many at risk and creates fear around accessing necessary healthcare. This transfer of data illustrates how the confidential health and personal information we share with the state is at risk of being accessed federally and across departments.

If you utilize Medicaid, consider asking your therapist to walk you through the process of filling out these assessments as they do it, and choose which pieces of information to share with Medicaid based on your own personal risk and needs assessment.

Do a risk and needs assessment:

- Are you planning on applying for SSDI? In this case, it may be beneficial to have documentation of symptoms and disorders that the state would consider more severe.
- Are you concerned about the implications of the federal government obtaining documentation that could be used to paint you as untrustworthy or erratic? In this case, it could be beneficial to lean towards sharing as little information with them as possible while still providing explanation for the need of the therapy and any other treatment that you may be seeking.

Stay Connected

We hope this guide was helpful and that you can take care of yourself during this search process because we know how exhausting and time consuming it can be. With persistence and a little support, it is possible to find the care you need! If you have any questions feel free to

reach out to us via email at info@therapyaccessproject.org. Don't forget to check in with us frequently and follow us on social media (@therapyaccessproject on Instagram) to stay updated about our application openings and projects.

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