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# Frequently Asked Questions

Shorehaven Behavioral Health

Mental Health & Substance Abuse Treatment Clinic

*Comprehensive answers to your most common questions*

*Revised March 3, 2026*

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## *12 Categories in This FAQ*

***To find your specific question, use the Find function on your Browser.***

1. Getting Started & Access to Care — scheduling, first sessions, telehealth, crises, language access
2. Insurance & Finances — plans accepted, deductibles, copays, sliding scale, cancellations
3. Types of Therapy — CBT, DBT, ACT, EMDR, ERP, Gottman, psychodynamic, behavioral, and more
4. Conditions We Treat — depression, anxiety, PTSD, OCD, bipolar, ADHD, eating disorders, grief, and more
5. Substance Use & Addiction — treatment approaches, MAT, dual diagnosis, family involvement, confidentiality
6. Working with Children & Adolescents — ages 3–18, play therapy, TF-CBT, parent involvement, school coordination
7. Therapy for Older Adults & Seniors — common senior concerns, chronic illness, caregiver support
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## 1. Getting Started & Access to Care

### **Q: How do I make my first appointment?**

You can call our main office at 414-540-2170 and ask for the Referral Department. Or use the CONTACT US link above. Our intake coordinators are available Monday through Friday 9:00-5:00 to help match you with a therapist who fits your needs, availability, and insurance coverage. We do our best to schedule a first appointment within one to two weeks of your initial contact. Many clinics have wait lists, but we work to avoid wait lists and to start therapy rapidly. An early start often leads to a better outcome.

### **Q: What should I expect at my first appointment?**

Your first session, often called an "intake," "diagnostic assessment," or "evaluation" appointment, typically lasts 50 to 120 minutes. The goal is to learn so much about you and your problem(s) that we can understand the best way to treat you. Your therapist will ask about your current concerns, mental health history, family background, medical history, personal goals, and many other elements of your problem. This session helps the therapist understand your situation and recommend the best course of treatment. Please ask questions and share what kind of support you are hoping for. If you have any doubts at all, bring them up. The therapist needs to know if you have any questions or concerns.

### **Q: Do I need a referral from my doctor to start therapy?**

Not usually. In most cases, no referral is required. You can contact us directly to schedule an appointment. However, a very few insurance plans do require a prior authorization. We will contact the insurer and get the authorization. The one exception to that is if you are using Employee Assistance Program [EAP] sessions. Then you call and get the EAP authorization approval number and will be given a certain number of sessions. We will need that information.

### **Q: How long will I be in therapy?**

The length of treatment varies widely depending on your goals, the nature of your concerns, and the type of therapy being used. About 50% of people benefit from a brief course of 8 to 16 sessions, about 80% benefit in around 25 sessions over 4-12 months, while others with more complex or chronic conditions may be in therapy for a year or longer or even indefinitely. The complexity of your problems and life challenges will guide us. Your therapist will periodically review your progress and discuss the ongoing plan with you. **What is most important of all is that you make therapy a priority and make it to all the sessions.** For example, a series of sessions planned by the therapist will be more effective than the same number of sessions but when they are intermittent because the client was not coming as consistently. Just like rehabilitating your knee if you had surgery, where you would expect to go to every PT session, **rehabilitating your mental health requires continuity, consistency and effort.**

### **Q: What are your hours of operation?**

We offer appointments Monday through Friday from 8:00 AM to 7:00 PM. We do have limited availability later in the evening and on Saturday. Evening and weekend slots fill quickly, so we encourage you to request these in advance. *Telehealth appointments may offer additional scheduling flexibility.* For information or to make an appointment – we make it easy – just call 414-540-2170 and ask for our Referral Department. They have our schedules, can determine if we can help you, and can set up first appointments.

### **Q: Do you offer telehealth or online therapy?**

Yes. We offer secure, HIPAA-compliant video therapy sessions for most of our services. The legal principle behind telehealth is that the sessions must have the same quality of interaction as in-person office visits. If that cannot be approximated, the therapist will advise that in-person sessions are preferred.

**Confidentiality:** We subscribe to a confidential service that gives each client a unique telehealth meeting ID. Telehealth is available for individual therapy, couples counseling, and group therapy for people with disabilities. *For children and adolescents, telehealth is sometimes appropriate, but sometimes it is not adequate for providing high quality, effective services. In that case, we will schedule you to come into the office.* Further, Medicare may require an office visit to start therapy and annually thereafter.

**TO MAKE TELE THERAPY WORK:** You will need a private quiet space, a reliable internet connection, and a smart phone, tablet, or computer with a camera. To make teletherapy work best, the therapist may ask you to make adjustments to your setting so teletherapy works better.

**Telephone therapy** is covered by insurers and can be used when a person has no access to a confidential space with a camera set up or in a pinch when a client can't make it to the office.

### **Q: What if I need help urgently or am in crisis or suicidal or even thinking about suicide?**

**Suicidal Crises and Danger Situations:** This is very important. First, and most crucial, is a suicidal crisis or other danger situation. If you are already experiencing a psychiatric emergency or are in **immediate danger** of harming yourself or others, please call 911 or go to your nearest emergency room. You may also call or text the 988 Suicide and Crisis Lifeline by dialing 988.

If you have not tried to do harm to yourself, call the clinic and page your therapist. He or she will get back to you to help you through it. Our clinic provides urgent consultation appointments when available, but we are not an emergency or crisis facility. Our staff can help connect you to crisis resources and follow-up care.

**Emotional Crises:** Second, there are emotional crises – something has changed, like a break-up or job loss or other loss. You may want to let your therapist know and you might want extra

sessions. Email or voicemail your therapist and he or she will get back to you.

**Q: What languages do your therapists speak? What about Spanish?**

We have therapists who are fluent in Spanish (at Greenfield) and Urdu (at Brown Deer), and can arrange interpreter services for other languages when needed. Please let our intake coordinator know your language preference when scheduling so we can do our best to help. Sometimes, the arrangements are difficult and we may suggest a clinic that can better meet your needs.

**Q: Is your facility handicapped-accessible for people with physical disabilities?**

Yes. Our offices are wheelchair accessible, with accessible parking, ramps, elevators, and large restrooms. If you have specific accessibility needs, please let us know when scheduling and we will ensure your comfort and full access to our services.

**Q: Can I choose my own therapist?**

Absolutely. We welcome the opportunity to match you with a therapist based on your needs, preferences, preferred location, and preferred time. Also, each insurance has agreements with different therapists. So, we do our best to match you. You are free to request a specific therapist by name or to describe preferences such as gender, cultural background, therapeutic style, or area of specialization. We will do our best to honor your preferences based on availability. *We should add, however, all of our therapists are trained to work with a wide range of people and problems. So, most of the time all those parameters you may think important as not as important a therapist who understands your problems. Most of our staff can help you get started.* If a staff member believes someone else is a better choice, they will tell you.

**Q: Is Shorehaven certified or licensed?**

Absolutely. We licensed as a mental health clinic by the State of Wisconsin. Over the years, we also have been rated A+ by the Better Business Bureau. We have been recognized three times (the maximum allowed) by the Metropolitan Milwaukee Association of Commerce. By the way, we have held our state license for decades in good standing. By the way, Wisconsin sends auditors to all licensed clinics (not to private practices) every two years and we have passed these compliance audits for decades.

**Q: Are you clinician practitioner counselors and therapists licensed or certified?**

Like most clinics, our staff employee members are all licensed by the State of Wisconsin in these professions:

Clinical Social Work

Marriage and Family Therapy

Professional Counseling

Psychology

Substance Abuse Counseling

We do have a small group of interns who are working towards their qualifications for licensure. In Wisconsin, there are two levels of licensure – the training level and the full level. All interns and trainee licensees receive supervision and consultation. We use a team approach so that our clients receive quality services.

Understand that the trainee level means the person has completed 4 years of college, 2-3 years of graduate school, 700-900 hours of supervised training in graduate school. Then they work with a consulting clinical supervisor for 2-4 more years. We strive to provide quality services by people with all this intense education.

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## 2. Insurance & Finances

### **Q: What insurance plans and companies do you accept?**

**In Network:** We accept most major commercial insurance plans, including Aetna, Anthem, Blue Cross Blue Shield, Chorus, Cigna, Humana, Magellan, Molina, United Healthcare, WPS, and many others. United owns many other plans and we accept almost all of them. We also accept Medicare (and most Advantage plans) and Medicaid (and most Medicaid HMOs and programs). Because insurance networks change frequently, please call our billing department or check our website for the most current list of accepted plans. There are a small number of plans in Wisconsin that require you to go to very narrow networks and we may not be in those plans.

**Out of Network [OON]:** Many other insurance plans are PPO or POS plans. That means you can go to a therapist who is not in your network. Dean Care is an example that has an HMO plan with a network and a PPO plan that allows you to come to Shorehaven which is not a Dean Care provider. If you have OON benefits, we will check your coverage and probably can work with you.

### **Q: What is the difference between in-network and out-of-network benefits?**

In-network providers have a contract with your insurance company and typically result in lower out-of-pocket costs for you. Out-of-network providers do not have this contract, and your insurance may cover less or require you to pay more. Even if we are out-of-network for your plan, your insurer may still pay a portion of your costs. We bill your insurance for you and when the insurance pays us, we charge you the amounts the insurance tells us are your responsibility. We usually call and check the coverages in advance and we can let you know what to pay at

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each visit. However, remember when the company tells us the coverage on the phone, they always add that such information can change when the reimbursement, called an Explanation of Benefits or EOB, comes.

**Q: Can I pay for therapy directly and pay a cash fee?**

**Usually. There are exceptions. Let's explain.** If you do not have insurance or you do not wish to use your insurance or Medicare, you may be able to pay a fee.

If you have Medicaid, providers are not permitted to charge you a fee. If you have Medicare, you can pay directly IF the therapist is not a Medicare provider. If you have insurance with which Shorehaven has a contract, the contract may not permit us to bill you by bypassing the insurance. We believe financial barriers should not prevent someone from getting mental health care.

**Q: Do you offer a sliding scale fee or financial assistance?**

Yes. We believe financial barriers should not prevent someone from getting mental health care. We offer a sliding scale fee structure based on household income and family size for patients who qualify. The fee schedule was given to us by the National Health Service Corp of which we are member. Please speak with our billing team in confidence to discuss your situation and explore available options including payment plans. It is standard practice to set a lowest level of fee below which we cannot afford to provide a service.

**Q: Will I receive a Good Faith Estimate [GFE]?**

Yes. A GFE is a document that gives you an estimate of the cost of your sessions. GFE will be created for clients who are paying for therapy themselves. We accept cash, checks, or credit cards. We have an online form for paying by credit card:  
<https://shorehaven.securepayments.cardpointe.com/pay>

**Q: Do you accept Health Savings Accounts [HSA]?**

Yes, we do. If you have an HSA, please tell us when you call to make an appointment.

**Q: What is my deductible and why does it matter?**

Your deductible is the amount you pay out-of-pocket for covered services before your insurance begins to pay. For example, if your deductible is \$1,500, you will pay the full cost of sessions until you have spent that amount. After that, your insurance typically covers a set percentage. Deductibles usually reset on January 1 each year. Our billing team can help you understand your specific benefits. We see deductibles as low as \$500 and as high as \$7000 or more. Federal law

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requires us to charge and collect deductibles and copayments.

**Q: What is a copay and a coinsurance?**

A copay is a fixed dollar amount you pay per session, such as \$20 or \$30. Coinsurance is a percentage you pay after your deductible is met—for example, 20% of the allowed amount. Which one applies depends on your specific insurance plan. Some plans have both. We encourage you to call the member services number on the back of your insurance card to confirm your mental health benefits before your first appointment. We have a staff members whose job is to call insurance companies to verify coverage and get this information.

**Q: Will you verify my insurance benefits before my appointment?**

Yes. As a courtesy, we will contact your insurance company before your first appointment to verify your mental health benefits and provide you with an estimate of your out-of-pocket costs. Please bring your insurance card and a photo ID to your first appointment. Note that benefit verification is an estimate; final amounts may vary based on your insurer's processing. When payers give us the information over the phone, they always give a disclaimer that the information may not be accurate.

**Q: What if my insurance denies a claim?**

Claim denials can happen for several reasons, including lack of pre-authorization, out-of-network status, or a determination that the service was not medically necessary. Our billing team will work with you and your insurance company to appeal denials when appropriate. We will keep you informed throughout the process. Claims have to be meticulously detailed and sometimes a detail is mistaken; when the claim is denied, we find out why and send a new bill with the correction. Sometimes a claim is denied because a client did not report a change in insurance. **Always let us know if there is any change in your insurance.**

**Q: Do you accept Medicaid-Basgercare-Forward Health-State insurance or Medicare-Medicare Advantage?**

Yes. We do accept Medicaid and Medicare for eligible individuals. Medicaid coverage varies by your specific plan and state. Please contact our billing team with your plan details to determine coverage. We are in most Medicaid and Medicare HMO plans available in southeastern Wisconsin. There are some plans in other parts of the state and they have networks more local to their locations.

**Q: Can I pay out-of-pocket without using insurance?**

Sometimes. This is sometimes preferred by individuals who want to keep their mental health records entirely private. We will provide you with clear, upfront pricing for all services. Please

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contact our billing team for our current self-pay rates. The scheduling team – we call it the Referral Department – can determine if you are permitted by your payer to pay a fee yourself.

**Q: What is your cancellation policy? What about a ‘no-show’ policy if I do not call ahead?**

We ask that you provide at least 24-hours notice if you need to cancel or reschedule your appointment. Cancellations made with less than 24-hours notice, or ‘no-show’ appointments may be subject to a late cancellation fee. This fee is typically not covered by insurance. We understand that emergencies happen, and we handle these situations with care and flexibility.

The reason for these fees is that the therapist will have an open hour that could have been used to help someone in needs. If the therapist has enough notice, he or she can fill the hour.

A NO SHOW is an appointment in which you do not call or email ahead of time that you will not be at the session. All clinics have policies that after one or two of these appointments, **we will stop making appointments and we will suspend your services.** The therapist has some discretion to make exceptions – sometimes there are unexpected problems such as a car collision that prevent you from calling.

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### 3. Types of Therapy

**Q: What is psychotherapy - therapy?**

Psychotherapy is a large group of methods for using a therapeutic relationship and a number of evidence-based interventions to help change symptoms, emotional problems, behavioral problems, and psychiatric problems. We have a thorough explanation at the Psychotherapies tab at <https://www.shorehavenbhi.com/mental-health-programs.php>

**Q: What is Substance Abuse Counseling, also called SUD, AODA, or Addictions Counseling?**

SUD or AODA counseling is a set of methods to help someone attain abstinence from using one or more addictive chemicals – alcohol, opioids, cannabis, cocaine, meth, and others. We use a number of traditional techniques.

- Motivational Interviewing to increase commitment to change and measuring Readiness to Change
- Relapse Prevention methods to help prevent resumption of use
- Anticipation of temptation situations and coping with those without using
- Recovery-Focused Thinking

We may also work with you on your work in AA, NA, CA, Smart Recovery, or other groups.

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### **Q: What is Cognitive Behavioral Therapy (CBT)?**

Cognitive Behavioral Therapy is one of the most widely researched and practiced forms of psychotherapy. It focuses on identifying and changing unhelpful thought patterns and behaviors that contribute to emotional distress. CBT is structured, goal-oriented, and typically shorter-term than other approaches. It is highly effective for depression, anxiety disorders, OCD, PTSD, eating disorders, and many other conditions. For OCD, the type of therapy is called Exposure with Response Prevention [ERP]. CBT researchers have developed protocols for working on specific problems.

“Cognition” refers thinking and beliefs. What we think drives our emotions and responses. So, therapists work to help you realize your deeper thoughts – often thoughts of which you are not aware.

This form of therapy is often used in conjunction with other types of therapy.

### **Q: What is Dialectical Behavior Therapy (DBT)?**

Dialectical Behavior Therapy was originally developed for borderline personality disorder and suicidal clients. It is now used for a wide range of conditions involving intense emotions or self-destructive behaviors. DBT teaches four core skill sets: mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness. Treatment typically includes both individual therapy and skills training groups. DBT works to improve 4 sets of skills:

- Emotion Regulation
- Tolerance of Distress
- Interpersonal Effectiveness
- Mindfulness

To learn more, go to <https://www.shorehavenbhi.com/mental-health-programs.php> and select the Dialectical Behavior Therapy tab.

### **Q: What is Acceptance and Commitment Therapy (ACT)?**

ACT is a mindfulness-based behavioral therapy that helps people accept difficult thoughts and feelings rather than fighting them. ACT therapists help us committing to actions that align with our values. Rather than trying to eliminate distressing emotions, using a technique called *defusion*, ACT focuses on developing psychological flexibility. It is effective for anxiety, depression, chronic pain, and stress-related conditions.

### **Q: What is Psychodynamic or Psychoanalytic Therapy [PDT]?**

A: Psychodynamic therapy is our oldest therapy, going all the way back to Sigmund Freud. The evidence is that psychodynamic therapy today is as effective as CBT, being our two most effective general approaches to therapy. In PDT, we explore how unconscious processes, past

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experiences, and relationship patterns influence our current thoughts, feelings, and behaviors. It emphasizes the therapeutic relationship – the empathy from the therapist and the way client behaviors show up in the therapy – as a vehicle for insight and change. This approach tends to be longer-term and is particularly helpful for personality issues, relationship difficulties, depression, and gaining a deeper understanding of oneself. Over the past 125 years, this field has grown with new methods and enormous amount of research.

**Q: What is Eye Movement Desensitization and Reprocessing [EMDR] therapy?**

A: Eye Movement Desensitization and Reprocessing (EMDR) is an evidence-based therapy originally developed for trauma and post-traumatic stress disorder. More recent research has helped us apply EMDR to a wide range of problems. EMDR uses guided eye movements or other forms of bilateral stimulation (side to side tapping) while the patient focuses on a distressing memory. That helps the brain process and integrate the memory in a less distressing way. Many patients experience significant symptom relief in a relatively small number of sessions.

**Q: What is Exposure and Response Prevention (ERP)?**

A: ERP is the gold-standard treatment for Obsessive-Compulsive Disorder which does not seem to respond to talk therapy methods. ERP involves gradually and systematically exposing the patient to feared thoughts, objects, or situations while refraining from the compulsive behaviors used to reduce anxiety. Over time, this reduces the power of obsessional triggers. ERP requires courage and commitment, but it has a strong evidence base for producing lasting results.

**Q: What is Behavioral Activation therapy?**

A: Behavioral Activation is a structured, action-oriented approach primarily used for anxiety problems and depression. It helps patients identify and re-engage with activities that bring a sense of pleasure, accomplishment, or meaning — activities that depression often causes people to withdraw from. By increasing engagement with positive experiences, mood and motivation gradually improve.

**Q: What is Family Systems Therapy?**

Family Systems Therapy views the family as an interconnected system in which each member influences the others. Rather than focusing on one identified patient, this approach examines patterns of interaction, communication, and roles within the family. It is effective for addressing conflict, communication problems, parent-child difficulties, and family adjustment to major life events or mental health challenges.

**Q: What is the Gottman Method for couples?**

A: The Gottman Method is a research-based approach to couples therapy developed by Drs. John and Julie Gottman at the Gottman Institute. It focuses on building friendship, managing conflict constructively, and creating shared meaning in the relationship. Gottman therapists are

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trained to assess relationship strengths and areas for growth and use evidence-based techniques to help couples build healthier, more fulfilling partnerships.

**Q: What is Emotional Focused therapy [EFT]?**

EFT is a therapy that relies upon uncovering a client’s quality of attachment to others.

**Q: What is marriage counseling and when should we seek it?**

A: Marriage or couples counseling is therapy for two people in a committed relationship. It can help with communication difficulties, recurring conflicts, infidelity, sexual intimacy issues, parenting disagreements, life transitions, or simply a desire to strengthen the relationship. Many couples wait too long to seek help. Research suggests the sooner couples seek support, the better the outcomes. Counseling is beneficial even for relationships that are functioning well but want to improve.

**Q: What is Behavior Therapy?**

A: Behavior Therapy focuses on changing specific problematic behaviors through techniques grounded in learning theory, such as reinforcement, shaping, and extinction. It is highly effective for phobias, habits, anxiety disorders, and behavioral challenges in children. Unlike psychodynamic approaches, it focuses more on current behavior patterns than on exploring their historical origins.

**Q: How do I know which type of therapy is right for me?**

Your therapist will conduct a thorough assessment during your first one to two sessions and then recommend an approach based on your specific diagnosis, goals, and preferences. Many therapists integrate techniques from multiple modalities rather than strictly following a single approach. You should feel comfortable asking your therapist why they are recommending a particular approach and what you can expect.

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## 4. Conditions We Treat

**Q: What mental health conditions do you treat?**

We treat virtually all mental health conditions that respond to psychotherapy, including depression, anxiety disorders (generalized anxiety, social anxiety, panic disorder), OCD, PTSD and trauma-related disorders, bipolar disorder, borderline personality disorder, ADHD, phobias, eating disorders, grief and loss, adjustment disorders, relationship problems, life transitions, and stress. Our therapists work with both common and complex presentations.

**Q: Do you treat post-traumatic stress disorder (PTSD)?**

Yes. We offer several evidence-based therapies for PTSD including EMDR, Prolonged Exposure, and Trauma-Focused CBT. Our therapists have specialized training in trauma-informed care and understand the complex ways trauma affects the body, mind, and relationships. We provide a safe, non-judgmental environment for trauma survivors.

**Q: Do you treat eating disorders?**

Yes. We treat a range of eating disorders including anorexia nervosa, bulimia nervosa, binge eating disorder, and other specified feeding and eating disorders. Treatment typically involves individual therapy and may include coordination with your medical provider and a registered dietitian. We use evidence-based approaches including CBT for eating disorders, DBT, and Family-Based Treatment for adolescents.

**Q: Do you treat OCD?**

Yes. We specialize in the treatment of OCD using Exposure and Response Prevention (ERP), which is considered the most effective psychotherapeutic treatment for this condition. We also use ACT-based approaches as an adjunct. Our OCD-trained therapists work with both children and adults and address the full spectrum of OCD presentations including contamination fears, harm obsessions, religious scrupulosity, and more.

**Q: Do you treat bipolar disorder?**

Yes. Psychotherapy plays an important role in the treatment of bipolar disorder alongside medication management. We offer therapies shown to be effective for bipolar disorder, including CBT and Interpersonal and Social Rhythm Therapy (IPSRT), which helps stabilize mood by regulating daily routines and sleep. We work closely with your prescribing physician or psychiatrist to coordinate care.

**Q: Do you treat ADHD?**

Yes. We offer assessment and therapy for ADHD in both children and adults. Treatment typically includes behavioral therapy, skills coaching, and parent training for children. For adults, we focus on executive function skills, organizational strategies, and addressing co-occurring anxiety or depression. We work in coordination with prescribers when medication is part of the treatment plan.

**Q: Do you treat personality disorders?**

Yes. We have therapists with specialized training in the treatment of personality disorders including borderline personality disorder, narcissistic personality disorder, and avoidant personality disorder. DBT is particularly effective for BPD. These conditions benefit from longer-term, specialized treatment, and we are equipped to provide that level of care.

**Q: Do you treat grief and bereavement?**

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Yes. Grief therapy is available for those who have experienced the loss of a loved one, a relationship, a job, or any significant loss. We provide both short-term grief counseling and longer-term support for complicated grief. Grief can manifest in many ways, and our therapists offer a compassionate, individualized approach.

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## **5. Substance Use & Addiction**

### **Q: Do you treat substance use disorders?**

Yes. We provide comprehensive outpatient treatment for substance use disorders including alcohol use disorder, opioid use disorder, cannabis use disorder, stimulant use disorders, and more. Our therapists are trained in evidence-based addiction treatments and work alongside medical providers when medication-assisted treatment is appropriate.

### **Q: What types of therapy do you use for addiction treatment?**

We use several evidence-based approaches including Motivational Interviewing (MI), which helps clients explore and strengthen their motivation to change; Cognitive Behavioral Therapy for substance use, which addresses the thoughts and triggers driving use; Contingency Management; and 12-Step Facilitation for those who wish to incorporate peer support into their recovery. We tailor the approach to each individual's needs and stage of change.

### **Q: Do you offer medication-assisted treatment (MAT) for opioid or alcohol use disorder?**

Therapy at our clinic can be combined with medication-assisted treatment prescribed by your physician or psychiatrist. We work collaboratively with prescribing providers. If you need a prescriber for medications such as buprenorphine (Suboxone), naltrexone, or acamprosate, we can provide referrals to qualified providers in the community.

### **Q: Can you treat both a substance use disorder and a mental health condition at the same time?**

Absolutely—and this is often the ideal approach. Co-occurring disorders (sometimes called dual diagnosis) are extremely common. Many people use substances to cope with underlying anxiety, depression, trauma, or other mental health conditions. Treating both conditions simultaneously leads to significantly better outcomes than treating them separately or sequentially.

### **Q: Do you offer intensive outpatient programs (IOP) for substance use?**

Not at this time. Intensive Outpatient Programs for substance use disorders provides structured treatment for individuals who need more support than weekly therapy but do not require residential or inpatient care. IOP typically involves multiple group sessions and individual sessions per week, offering a step-down level of care from more intensive programs or a step-up for those who need more support.

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**Q: Can family members be involved in addiction treatment?**

Yes, and we strongly encourage family involvement when appropriate and consented to by the patient. Substance use disorders profoundly affect the whole family system. We offer family therapy sessions, education about addiction, and support for family members navigating their loved one's recovery. Al-Anon and Nar-Anon family support group referrals are also available.

**Q: Is addiction treatment confidential?**

Yes. Substance use disorder treatment records are protected by federal law (42 CFR Part 2), which provides even stricter confidentiality protections than standard HIPAA requirements. Your substance use treatment information cannot be shared without your written consent, with very limited legal exceptions. We take confidentiality very seriously and will explain your rights fully at intake.

**Q: What if someone I love is struggling with addiction but refuses help?**

This is one of the most painful and challenging situations a family can face. We offer individual therapy and support for family members of those with substance use disorders, even if your loved one is not in treatment. Techniques like CRAFT (Community Reinforcement and Family Training) have strong evidence for helping concerned significant others support their loved one toward treatment while taking care of themselves.

**Q: Do you have therapists who are in recovery themselves?**

Some of our therapists have personal lived experience with recovery, and many have professional training in addiction treatment. We recognize that both perspectives bring valuable understanding to the therapeutic relationship. If this is important to you, please mention it when scheduling and we will try to accommodate your preference.

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## **6. Working with Children & Adolescents**

**Q: What is the youngest age you treat?**

We provide therapy for children as young as 3 years old. Our therapists who work with young children are trained in developmentally appropriate approaches including play therapy, parent-child interaction therapy, and other child-focused methods that use play, art, and structured activities as the medium for therapy rather than verbal conversation alone.

**Q: What types of problems do you treat in children?**

We treat a wide range of childhood and adolescent concerns including anxiety and school refusal, depression and mood disorders, ADHD and behavior problems, autism spectrum disorder, OCD, trauma and abuse, selective mutism, separation anxiety, social difficulties,

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learning-related stress, grief and loss, family adjustment issues, eating disorders in adolescents, and self-harm or suicidal thoughts in teenagers.

**Q: How is therapy different for children than for adults?**

Children, especially young ones, do not yet have the verbal and abstract reasoning skills that adult therapy often relies on. Child therapists use developmentally appropriate approaches including play therapy, art therapy, sand tray therapy, and game-based interventions to help children express and process their experiences. Therapy for children also typically involves more collaboration with parents and schools than adult therapy.

**Q: What is play therapy?**

Play therapy is a therapeutic approach based on the principle that play is the natural language of children. In a specially equipped playroom, children use toys, art materials, and imaginative play to express their feelings, process experiences, and develop coping skills. The therapist creates a safe and accepting environment in which the child can explore difficult emotions and experiences in a nonthreatening way.

**Q: How involved will I be as a parent in my child's therapy?**

Parental involvement is a key part of effective child therapy. Depending on your child's age and clinical needs, this may involve parent-only sessions to discuss your concerns and strategies, joint sessions with you and your child, or brief check-ins after sessions. For younger children, much of the work happens through parent guidance and coaching. For adolescents, maintaining the therapeutic alliance with the teen requires balancing privacy with appropriate parental involvement.

**Q: Can you share information from my child's therapy sessions with me?**

For children under 12, parents are generally entitled to information from therapy, and your child's therapist will discuss this with you. For adolescents (13 and older), confidentiality becomes more nuanced. Adolescents are more likely to engage openly in therapy when they feel their privacy is respected. Your child's therapist will explain clearly what will and will not be shared, with the exception of safety concerns, which are always communicated to parents.

**Q: My teenager refuses to come to therapy. What can I do?**

Adolescent resistance to therapy is very common. Sometimes starting with just an introductory meeting rather than framing it as 'therapy' can help. You might also consider allowing your teen some say in choosing their therapist. It can also be valuable for you to meet with a therapist yourself for guidance on how to support your teen and navigate their resistance. Motivational approaches work well for reluctant adolescents once they do come in.

**Q: Do you provide therapy for children with autism spectrum disorder (ASD)?**

Yes. We work with children and adolescents on the autism spectrum who have co-occurring

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anxiety, depression, OCD, or behavioral challenges. Our therapists use adapted evidence-based approaches and work collaboratively with parents, schools, and other providers. We do not provide ABA therapy, but we can coordinate care with ABA providers when appropriate.

**Q: What is Parent-Child Interaction Therapy (PCIT)?**

Parent-Child Interaction Therapy is an evidence-based treatment for young children (ages 2 to 7) with behavioral or emotional problems. It involves coaching parents in real-time through an earpiece while they play with their child, teaching skills to strengthen the parent-child relationship and manage challenging behaviors effectively. PCIT has strong research support and typically produces significant improvements in 12 to 20 sessions.

**Q: Do you work with schools on behalf of my child?**

With your written consent, we are happy to collaborate with your child's school, including teachers, school counselors, and special education staff. This coordination can be very beneficial for children with ADHD, anxiety, learning differences, or social difficulties. We can provide letters, participate in IEP or 504 meetings, and share strategies with school personnel.

**Q: What is Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)?**

TF-CBT is the gold-standard evidence-based treatment for children and adolescents who have experienced trauma, including physical or sexual abuse, domestic violence, accidents, natural disasters, or the sudden loss of a loved one. It involves both the child and a supportive caregiver and works through trauma-related symptoms in a structured, gradual way. Research shows TF-CBT significantly reduces PTSD, depression, and behavioral problems in traumatized youth.

**Q: How do I know if my child needs therapy vs. just a phase?**

Most children go through difficult periods that are temporary and resolve on their own. However, consider seeking an evaluation if problems have persisted for more than a few weeks, are causing significant distress to your child, are interfering with school, friendships, or family life, or have emerged following a stressful event. A professional evaluation can clarify whether clinical intervention is needed or simply provide reassurance and guidance.

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## 7. Therapy for Older Adults & Seniors

**Q: Do you provide therapy specifically for older adults?**

Yes. We have therapists with experience and training in the psychological care of older adults. Mental health concerns are common and treatable in seniors, yet older adults often underutilize mental health services. We provide a respectful, patient, and culturally attuned approach to therapy for older adults.

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**Q: What mental health issues are common in older adults?**

Common mental health concerns in older adults include depression, anxiety, grief and bereavement, adjustment to health changes or disability, cognitive concerns, caregiver stress, loneliness and social isolation, sleep problems, and trauma. Many of these conditions are highly treatable with psychotherapy and are not a normal or inevitable part of aging.

**Q: Can therapy help with depression related to health problems or chronic pain?**

Absolutely. Depression is a common companion to chronic illness, chronic pain, and physical disability, but it is not inevitable or untreatable. Therapies such as CBT, Behavioral Activation, and mindfulness-based approaches are highly effective for depression and anxiety in the context of medical illness and can meaningfully improve quality of life even when physical conditions cannot be cured.

**Q: Do you offer therapy for caregivers?**

Yes. Caregiver burden is a significant and often overlooked mental health issue. Caring for a family member with dementia, serious illness, or disability is emotionally and physically exhausting. We provide individual therapy, support groups, and practical coping strategies for caregivers, and we firmly believe that taking care of yourself is essential to caring well for your loved one.

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## **8. Confidentiality & Privacy**

**Q: Is what I share in therapy confidential?**

Yes. Everything you discuss with your therapist is confidential and protected by law under HIPAA (the Health Insurance Portability and Accountability Act). Your therapist will explain the limits of confidentiality at your first session. These include situations where the law requires disclosure: if there is imminent risk of serious harm to yourself or another person, if child or elder abuse is disclosed or suspected, or if a court order requires disclosure.

**Q: Will my employer find out I'm in therapy?**

No. Your therapy records cannot be shared with your employer without your explicit written consent, except in very narrow circumstances required by law. If you pay through insurance, a diagnosis code will typically appear on your insurance record, but this is not accessible to your employer. If privacy from your insurer is also important to you, you may prefer to pay privately.

**Q: Can my therapist talk to my other doctors?**

Only with your written authorization. We often recommend coordinating with your primary care physician, psychiatrist, or other providers to ensure integrated care, but we will always ask for

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your consent before doing so. You control who receives information about your care.

**Q: What are your rights as a patient?**

You have the right to receive a Notice of Privacy Practices, access your medical records, request corrections, receive care without discrimination, know who will have access to your records, revoke authorizations you have given, and file a complaint if you believe your privacy rights have been violated. Our intake staff will provide you with a full copy of your rights at your first appointment.

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## 9. The Therapy Process

**Q: How often will I attend therapy sessions?**

Most clients begin therapy attending weekly sessions, which allows for consistent progress and a strong therapeutic relationship. As you make progress, sessions may shift to every other week and eventually monthly for maintenance. In some cases, particularly at the beginning of treatment or during a crisis, more frequent sessions may be recommended.

**Q: How long is a typical therapy session?**

Standard individual therapy sessions are 45 to 50 minutes. Initial evaluations and some specialized treatments such as EMDR or Prolonged Exposure may run 60 to 90 minutes. Couples and family sessions are typically 60 minutes. Session length will be discussed and agreed upon before treatment begins.

**Q: What if I don't feel a connection with my therapist?**

The therapeutic relationship is one of the most important factors in therapy outcomes, and it's essential that you feel comfortable with your therapist. If you do not feel a good fit after a few sessions, please let our clinic know. We will do our best to match you with a different therapist without judgment. It is never a problem to seek a different match—what matters most is that you get the help you need.

**Q: What should I do between therapy sessions?**

Many therapeutic approaches involve practice or exercises between sessions, sometimes called homework. This might include journaling, practicing a coping skill, completing a thought record, or trying a new behavior. Engaging actively between sessions significantly enhances the effectiveness of therapy. Your therapist will explain any between-session activities and check in on how they went.

**Q: How will I know if therapy is working?**

Progress in therapy often follows a non-linear path—some weeks you may feel great, others

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more difficult. Your therapist will regularly check in on your progress and may use standardized measures to track symptom change over time. Common signs of progress include feeling more able to cope with challenges, reduced symptom severity, improved relationships, and a greater sense of self-understanding. If after several sessions you are not seeing any progress, discuss this with your therapist.

**Q: What if I want to stop therapy?**

You are always free to end therapy at any time. If possible, we encourage you to discuss this with your therapist rather than simply stopping, as a planned ending—often called termination—can be a valuable part of the therapy process and helps ensure you leave with solid coping strategies. Your therapist can also provide referrals if you wish to continue care elsewhere.

**Q: Do you offer group therapy?**

Yes. We offer therapeutic groups for a range of concerns, including anxiety management, depression, DBT skills, addiction recovery, grief and loss, social skills for adolescents, and more. Group therapy provides the benefit of peer support, learning from others' experiences, and practicing interpersonal skills in a safe environment. Ask your therapist or our intake team about currently running groups.

**Q: What is the difference between a psychiatrist and a psychologist?**

A psychiatrist is a medical doctor (MD or DO) who specializes in mental health and is licensed to prescribe medications. Psychologists typically hold a doctoral degree (PhD, PsyD, or EdD) in psychology and are trained in psychological assessment and psychotherapy but generally do not prescribe medications. Other therapists at our practice, including licensed clinical social workers, professional counselors, and marriage and family therapists, hold master's or doctoral degrees and provide psychotherapy.

**Q: Can my therapist prescribe medication?**

In most cases, no. Therapists at our clinic provide psychotherapy but are not medical doctors and do not prescribe medication. If you might benefit from psychiatric medication, we can provide a referral to a psychiatrist or collaborate with your primary care physician. Therapy and medication together are often more effective than either alone for many conditions.

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## **10. Assessments & Psychological Evaluations**

**Q: Do you offer psychological testing and evaluation?**

Yes. We offer comprehensive psychological evaluations for adults, adolescents, and children. These may include assessments for learning disabilities, ADHD, autism spectrum disorder,

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intellectual functioning, personality disorders, neuropsychological functioning, and more. Evaluations include clinical interviews, standardized testing, review of records, and a detailed written report with findings and recommendations.

**Q: What is the difference between a screening and a full psychological evaluation?**

A screening is a brief assessment used to identify whether a more comprehensive evaluation may be needed. A full psychological evaluation involves multiple hours of testing and interviews, standardized instruments, collateral information, and a comprehensive report. Evaluations are used for diagnosis, treatment planning, school accommodations, disability determinations, custody cases, and other purposes.

**Q: How long does a psychological evaluation take?**

The length depends on the purpose of the evaluation. ADHD or learning disability evaluations for children typically take 4 to 8 hours of testing spread over one to two days, plus a feedback session. Comprehensive neuropsychological evaluations may be longer. Evaluations for adults are generally shorter. Your evaluator will give you a time estimate at the outset.

**Q: Will insurance cover a psychological evaluation?**

Coverage varies widely by insurance plan and the purpose of the evaluation. Many insurance plans cover evaluations for diagnostic purposes. Evaluations for educational purposes (such as IEP eligibility) or forensic/legal purposes are less commonly covered. Our billing team can verify your benefits before proceeding with any evaluation.

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## 11. Special Topics

**Q: Do you provide therapy for LGBTQ+ individuals?**

Yes. We are committed to providing affirming, respectful, and culturally competent care for LGBTQ+ individuals and their families. Our therapists are trained in LGBTQ+ affirmative therapy and understand the unique stressors faced by gender and sexual minority individuals, including coming out, gender dysphoria, family rejection, discrimination, and minority stress. We provide a safe and inclusive environment for all clients.

**Q: Do you offer therapy that is sensitive to cultural and religious backgrounds?**

Yes. We recognize that cultural background, ethnicity, faith, and values profoundly shape how people experience and express emotional distress, and what kind of help feels meaningful. Our therapists strive to understand and respect your cultural context and incorporate your values into your care. If you have specific preferences around cultural or religious sensitivity, please let us know when scheduling.

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**Q: Do you offer support for perinatal mental health (pregnancy and postpartum)?**

Yes. Perinatal mental health—including prenatal anxiety and depression, postpartum depression, postpartum anxiety, perinatal loss, and birth trauma—is a specialty area for several of our therapists. These conditions are common, serious, and highly treatable. If you are struggling during pregnancy or after the birth of a child, please do not hesitate to reach out.

**Q: Do you treat chronic pain or health-related psychological concerns?**

Yes. The relationship between physical health and psychological wellbeing is profound. We work with individuals dealing with chronic pain, chronic illness, medical trauma, and health anxiety using approaches such as ACT, mindfulness-based CBT, and biofeedback-informed techniques. We coordinate care with your medical team to provide integrated support.

**Q: Do you provide therapy for first responders, veterans, or military personnel?**

Yes. We recognize the unique stressors faced by first responders, veterans, and active duty military personnel, including occupational trauma, PTSD, moral injury, and difficulties transitioning to civilian life. We use trauma-focused, evidence-based therapies and are sensitive to the culture and norms of these communities. We also work with military families experiencing deployment-related stress.

**Q: Can therapy help with relationship problems even if my partner won't come?**

Yes. Individual therapy can be very helpful for relationship difficulties even when only one partner participates. You can explore your own patterns of relating, communication styles, and boundaries, and develop skills that improve your relationships. Sometimes individual work is the first step toward eventual couples work if your partner becomes open to it.

**Q: Do you offer therapy for anger management?**

Yes. Anger management therapy helps individuals understand the triggers and patterns of their anger, develop greater emotional regulation skills, and learn more constructive ways to express frustration and resolve conflict. We use CBT-based approaches, mindfulness, and skills training. Anger management may be pursued voluntarily or as part of a court-mandated referral, both of which we accommodate.

**Q: Do you provide letters or documentation for emotional support animals (ESAs)?**

An ESA letter can be provided by a licensed mental health professional when it is clinically appropriate and accurate—meaning the therapist genuinely believes an emotional support animal would benefit the patient's documented mental health condition. This requires an established therapeutic relationship and proper clinical assessment. We do not provide ESA letters after a single consultation or without ongoing treatment.

**Q: Can I record my therapy sessions?**

Recording therapy sessions without your therapist's knowledge and consent is not permitted

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and is contrary to the trust that is foundational to effective therapy. If you have a specific reason for wanting to record a session—such as a memory or learning disability—please discuss this openly with your therapist, who will consider the request thoughtfully.

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## 12. Telehealth & Online Therapy

### **Q: Is telehealth therapy as effective as in-person therapy?**

Research has consistently shown that telehealth therapy produces outcomes comparable to in-person therapy for most conditions, including depression, anxiety, PTSD, and substance use disorders. Some patients actually prefer telehealth because it is more convenient and feels less intimidating. A small number of clinical situations are better addressed in person, and your therapist will discuss this with you.

### **Q: What technology do I need for telehealth sessions?**

You need a smart phone, tablet, or computer with a working camera and microphone, and a stable internet connection. We use a HIPAA-compliant video platform. We recommend testing your setup before your first session. Most modern devices work well; specific instructions will be provided when your session is scheduled.

### **Q: Can I do telehealth from anywhere?**

In general, your therapist must be licensed in the state where you are physically located at the time of the session, not necessarily where you live. Most of our therapists are licensed in our home state. If you are temporarily in another state, please let us know in advance as this may affect your eligibility for telehealth in that session.

### **Q: Is telehealth covered by insurance?**

Since the COVID-19 pandemic, most insurance plans have significantly expanded telehealth coverage. Many plans now cover telehealth mental health services at the same rate as in-person visits. Some plans have specific requirements, such as audio-video sessions rather than audio-only. Our billing team can verify your telehealth benefits before your first session.

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## About Our Practice

### **Q: How many therapists do you have and what are their credentials?**

We have a team of 60 licensed mental health professionals including licensed psychologists (PhD and PsyD), licensed clinical social workers (LCSW), licensed professional counselors (LPC),

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and licensed marriage and family therapists (LMFT). All of our therapists are fully licensed and engage in ongoing continuing education and supervision to maintain the highest standards of care.

**Q: What is the difference between a licensed psychologist, LCSW, LPC, and LMFT?**

All four are licensed mental health professionals trained to provide psychotherapy. Licensed psychologists hold doctoral degrees and may also be trained in psychological testing. Licensed clinical social workers hold a master's degree in social work and are trained in both therapy and systems of care. Licensed professional counselors hold a master's degree in counseling. Licensed marriage and family therapists hold a master's or doctoral degree with specialized training in relational and systemic approaches. All are qualified to treat a broad range of mental health concerns.

**Q: Do your therapists receive supervision or ongoing training?**

Yes. We are committed to clinical excellence. All therapists at our practice engage in regular clinical supervision, peer consultation, and continuing education. We actively encourage training in evidence-based practices and specialty areas. Some of our therapists hold additional certifications in areas such as EMDR, DBT, the Gottman Method, and trauma-focused therapies.

**Q: How do you match me with a therapist?**

Our intake team gathers information about your concerns, preferences, schedule, and insurance during your initial call or intake form. We then review which therapists have relevant experience, availability, and a good match with your expressed preferences. We take matching seriously because the therapeutic relationship is one of the strongest predictors of outcome.

**Q: What if I am not satisfied with my care?**

Your satisfaction and wellbeing are our highest priority. If you have concerns about your care, we encourage you to speak first with your therapist. You may also contact our clinical director to discuss your concerns. We take all feedback seriously and will work to resolve any issues. You also have the right to file a formal complaint with your state licensing board if you believe professional standards have been violated.

**Q: Do you conduct research or participate in clinical trials?**

We are a practice-based clinic rather than a research institution, and we do not conduct clinical trials. However, we closely follow evidence-based research and translate current best practices into our clinical work. We routinely use measurement-based care—standardized symptom tracking tools—to monitor your progress and adjust treatment accordingly.

Shorehaven Behavioral Health is a major mental health clinic and training center with therapy offices in Brown Deer, Greenfield, and Mt. Pleasant, and also offering telehealth throughout Wisconsin. We specialize in evidence-based therapy, challenging cases, and rapid access to services. In addition to depression, anxiety, behavioral problems, and most other psychological problems, we work extensively with children & families and with substance use problems. We make referrals or starting therapy easy with one call to 414-540-2170.

Follow us on Facebook <https://www.facebook.com/shorehavenbhi>

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Is there something we can do to be helpful to you? You can call 414-540-2170 or use the Contact Us link at the top of our web pages.

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