

Welcome to Psychotherapy Associates

version 10/15

The decision to begin psychotherapy is one which may have an important impact upon the rest of your life. Research has shown that patients who enter mental health treatment with a good understanding of how the psychotherapy process works are most likely to achieve favorable results.

This pamphlet contains information about how psychotherapy works. It will provide you with a written record of the practices and responsibilities of patient and therapist. Please read it and then ask your therapist any remaining questions you may have. No brief pamphlet can provide accurate information about all types of psychotherapy or all therapists, but we hope that this summary will help to focus a discussion with your therapist about his or her specific practices.

The Process of Psychotherapy

In psychotherapy, you and your therapist work out strategies for handling problems of daily living. Examples of problems which can be effectively addressed include depression, anxiety and panic, “flashbacks,” guilt, low self-esteem, eating disorders, alcohol and drug abuse, couple and family difficulties, and general interpersonal difficulties. Additionally, psychotherapy can lead to personal growth through clarification of your thoughts and feelings about yourself, others, and events in your life.

Techniques

Most of the time you spend in therapy sessions will consist of talking about the issues you bring up with your therapist. In addition to discussion, other therapy tools may be used. These include psychological testing, homework assignments, relaxation training, communication skill training, assertiveness training, desensitization practice, role playing practice, guided imagery, hypnosis, and eye movement desensitization and reprocessing (EMDR).

Format

Treatment can involve individual, family, couple, or group formats depending upon the nature of the problem addressed. If it appears that psychoactive medication may be a useful addition to your therapy, your therapist will refer you to a physician or other medical professional for consultation.

Therapeutic Orientation

The specific form of your therapy will depend upon your therapist’s specialty, theoretical orientation, and background. While some treatment approaches require examination of the impact of your childhood and past experiences, others emphasize the present. Some treatment approaches focus upon solving specific current day problems while others stress development of the insight needed to solve problems in the future. You may wish to discuss this topic with your therapist, so that you will know what to expect during treatment.

Length of Treatment

The length of treatment varies depending upon you, your therapist, and the nature of the presenting problem. For specific or situational problems, it is typical for psychotherapy to be conducted in 10 to 12 weekly treatment sessions. If your problems are severe, effect many areas of your life, or have persisted for a long period of time, therapy can last as long as several years. Usually, after your first few sessions of psychotherapy, your therapist will be able to give you some idea of the estimated length of treatment.

Frequency and Length of Sessions

Sessions are generally scheduled for once a week and last 50-minutes, giving your therapist the remainder of the hour to make notes which will aid in planning further treatment and assessing progress. Depending upon the problem and treatment format, your therapist may recommend a more or less intensive therapy schedule.

Effectiveness

The success of your treatment depends on a large variety of factors including the nature of your problems, the effort you put into the process, the type and length of treatment, and you therapist's skill. On the average, research has shown that two-thirds of all patients show improvement during psychotherapy.

Risks/Benefits

At times, psychotherapy will involve giving attention to painful and uncomfortable thoughts and feelings. Risks sometimes include experiencing feelings such as sadness, guilt, anxiety, anger and frustration, loneliness and helplessness.

Psychotherapy often requires discussing unpleasant aspects of your life. It may also lead indirectly to the end of important relationships, such as when a patient experiencing marital difficulties decides to seek a divorce.

Psychotherapy has also been shown to have benefits for people who undertake it. Therapy often leads to significant reduction in feelings of distress, better relationships, and resolution of specific problems.

Dissatisfaction

Psychotherapy can be a difficult process and it is not unusual to feel angry and upset at times about what happens in therapy. Questions or concerns about the treatment you receive should first be raised with your therapist. Exploring your thoughts and feelings, even when they are negative, is an important part of the treatment process. If, after discussing the issues with your therapist, you are still not satisfied, you have several options. You may seek a second opinion concerning your treatment. Another approach is to end treatment with your therapist and to switch to a new clinician. Competent therapists recognize and accept that they will be able to serve the needs of some patients better than others.

Ethical Issues

Psychotherapists are responsible for adhering to a code of ethical practice which includes the maintenance of high standards of professional skill and knowledge and the prohibition of practices which exploit the therapeutic relationship. Ethical standards specifically prohibit your therapist from using his or her relationship with you for personal advantage, accepting costly gifts from you, being involved in financial or business projects with you, developing a social friendship with you, and engaging in a sexual relationship with you.

Complaints

If you believe that your therapist's behavior is either unethical or does not adhere to professional standards, you have several alternatives. You may wish to bring your concerns to the attention of State of Nebraska Health and Human Services System Department of Regulation and Licensure, Division of Investigations, 301 Centennial Mall South, P.O. Box 95164, Lincoln, NE 68509-5164 (402) 471-0175. Another option you may choose is to contact the appropriate national professional organization, or its Nebraska chapter. Both the American Psychological Association and the National Association of Social Workers may be reached at 750 First Street NE, Washington, D.C., 20002-4242, (202) 336-5970 or (800) 638-8799. The American Counseling Association may be reached at 5999 Stevenson Avenue, Alexandria, VA 22304--3300, (703) 823-9800.

Your Rights as a Patient

Psychotherapy is a treatment relationship which works in part because of clearly defined rights and responsibilities held by both patient and therapist. This framework helps to create the safety to address difficult issues and the support to make difficult changes. As a patient, it is important that you are conscious of your rights because this is your treatment, the goal of which is your well-being. There are also certain legal limitations to those rights of which you should be aware.

Diagnosis

Diagnoses are technical terms which describe the nature and severity of your symptoms. In North America, the American Psychiatric Association's Diagnostic and Statistical Manual, Fourth Edition (DSM-IV) is generally used as a guide in determining diagnosis. If you are interested, your therapist will discuss your diagnosis with you and a copy of the DSM-IV will be made available for your review.

Decisions Regarding Your Treatment

Your active involvement in identifying goals, selecting approaches, and assessing effectiveness is essential to the success of your therapy.

You have the right to ask questions about anything that happens in therapy. Your therapist will be willing to discuss how and why he or she has decided to take a particular approach, and to look at alternatives which might be more effective.

You have the right to refuse the use of any therapy technique. If your therapist plans to use any unusual technique, its benefits and risks will be explained and discussed with you.

You have a right to ask about your therapist's training for work with your particular concerns, and to request a referral to another therapist if you decide that your therapist is not right for you. You are free to leave therapy at any time.

You have a right to discuss your therapy with anyone you choose, including seeking the second opinion of another therapist. You have a right to repeat anything your therapist says to you.

The Role of Managed Care Organizations

If your health insurance benefits are administered via a managed care organization, it is important for you to be aware that benefits cannot be used until the managed care organization approves their use. Managed care organizations set limits on choices available to both you and your therapist.

If you use your health insurance to pay for your treatment, you must allow your therapist to inform a managed care reviewer of your problem, the treatment he or she suggests, and how you are functioning in many areas of your life, as well as to provide regular updates. This information will likely be provided to the managed care organization by phone and in writing.

While all insurance companies claim to keep such information private, the laws and other rules that apply to therapist confidentiality are stricter than those which apply to managed care organizations. If you are concerned, you may wish to discuss these issues with your therapist fully before treatment is started and information must be sent to your managed care company.

Managed care reviewers decide how much treatment your therapist can provide to you, based upon the information provided. The managed care organization can refuse to allow the therapist to treat you. It can refuse to pay for any of your treatment, or may pay only a very small part of its cost. It can limit the kinds of treatment options your therapist may make available to you.

Your managed care organization may approve your treatment but limit the number of sessions you may have. While many insurance policies list a maximum number of appointments allowed for psychotherapy, the managed care organization does not have to allow you to use all of these appointments, even if you and your therapist believe that more treatment is needed. If you are dependent upon a managed care program for your health care, it is important that you be aware that you may need to consider treatment choices other than those which you and your therapist would prefer.

Many managed care organizations contract with local general hospitals to provide inpatient mental health services on a per diem--or flat fee per day--basis with the understanding that the hospital is financially responsible for then paying for all required inpatient services, including individual psychotherapy. As a result, local hospitals generally require that their own salaried staff provide all psychotherapy to you while you are hospitalized. Should you need hospitalization, your therapist may be able to offer recommendations to inpatient clinical staff but will not be able to provide direct care to you.

Your therapist will assist you to appeal a managed care organization's denial of necessary services but it is important for you to know that appeals are generally available only within the managed care organization itself. Nebraska does not yet have legislation which regulates managed care organizations, as it does with traditional health insurance.

Records of Your Treatment

Both the law and professional standards require your therapist to keep complete and accurate records of your treatment, including notes taken during and after therapy sessions.

Although the Health Insurance Portability and Accountability Act of 1996 specifies that you have the right to inspect and obtain copies of most health information, psychotherapy notes are specifically excluded. Also excluded are information gathered in anticipation of civil, criminal or administrative actions.

Psychotherapy Associates philosophy, however, is that you may obtain a copy of your chart at any time, at a reasonable fee for copying and handling, and with reasonable advance notice. You have the right to request that your therapist correct any errors in your chart. Because professional records can be misinterpreted or upsetting to lay readers, if you request a copy of your chart it is recommended that you review them in the presence of your therapist so that you may discuss the contents.

Treatment records are maintained in a secure location, for a minimum of ten years following completion of therapy.

Treatment of Minors

If you are under eighteen years of age, please be aware that the law may provide your parents with the right to examine your treatment records. Your therapist will request an agreement from parents that they consent to give up access to your records. If they agree, only general information regarding your treatment will be provided to them unless there is reason to believe that you will seriously harm yourself or another, in which case they will be notified.

Confidentiality

With the exception of certain specific situations described below, you have the absolute right to confidentiality in your psychotherapy. Your therapist cannot and will not tell anyone else what you have told him or her without your prior permission.

Under the provisions of federal legislation, your therapist may legally speak to another health care provider or a member of your family about you without your prior consent. It is Psychotherapy Associates policy, however, not to do so unless the situation is an emergency.

You may direct your therapist to share information with whomever you chose, and you can change your mind and revoke that permission at any time.

You may request anyone you wish to attend a therapy session with you.

Confidentiality Exceptions

The following are legal exceptions to your right to confidentiality.

If there is good reason to believe that you will harm another person, your therapist is required to warn that person of your intentions and to notify law enforcement officials to ask that your intended victim be protected.

If there is good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you provide information about someone else who is doing so, your therapist is required to inform law enforcement officials and/or child welfare officials.

If there is good reason to believe that you are in imminent danger of harming yourself, your therapist may inform law enforcement officials to ask that you be taken into protective custody for your own safety. Your therapist will explore all

other options with you prior to resorting to this step.

Privileged Communication

If you are involved in a court case or proceeding, you may prevent your therapist from testifying in court about what you have said in therapy sessions. Called “privilege,” this allows you to allow or prevent your therapist from giving testimony, as you see fit. However, there are some situations in which a judge or court may require your therapist to testify. The following are exceptions to privileged communication.

In a civil commitment hearing to decide if you present a danger to yourself or others.

If your fitness as a parent is questioned in a child custody or adoption proceeding.

To authorized federal officials for the purpose of conducting national security investigations.

During a malpractice case or an investigation of your or another therapist by a professional group.

If you are seeing your therapist for court-ordered evaluation or treatment.

If you were to file a complaint or are a plaintiff in a lawsuit in which your therapist or Psychotherapy Associates as a practice is named as a defendant.

If you were to file a complaint or are a plaintiff in a lawsuit in which you bring up the question of your mental health, you will have automatically waived your right to the confidentiality of these records in the context of the complaint or lawsuit. It is Psychotherapy Associates policy, however, to release such information only with your written consent or a court order.

If you were to default on payment of your account, your therapist may provide such basic identifying information to collection service representatives or officers of the court as is necessary to settle your debt.

Relative Confidentiality

While you can expect your therapist to guard your privacy carefully, there are some limits to confidentiality which are an expected part of treatment within a group office practice.

Psychotherapy Associates therapists share emergency after-office-hours duty. If your situation dictates, your therapist may provide the on-call clinician with advance briefing regarding your needs and difficulties as a means of providing you with the best possible care.

Your therapist may sometimes consult with another health care professional about particulars of your diagnosis or treatment plan, with the goal of ensuring that you receive the best possible care. In such cases, the professional who is consulted shares with your therapist the duty to maintain confidentiality.

Many aspects of practice management are delegated by Psychotherapy Associates therapists to office staff members and contracted service providers. Transcribing clinical records and correspondence, filing materials in patient charts, preparing insurance-mandated records, and relaying messages between patient and therapist are examples of delegated tasks. Support staff is trained to protect your confidentiality.

If your therapist is active in publishing for professional journals and texts, conducting clinical research, or educating mental health practitioners, he or she may wish to refer to some aspects of your treatment for professional purposes. In such cases, focus will be placed upon symptoms, treatment approach, and treatment outcome rather than individual details of your situation. All information which might identify you will be deleted or modified.

Confidentiality of Insurance Records

If you use health insurance to pay part of your therapy fees, or are a member of a managed care plan, your plan requires you to authorize release of all treatment records to plan representatives whenever you submit a claim for benefits.

Most insurance companies require information regarding diagnosis, session format, date of onset and duration of symptoms, and dates seen in therapy. Managed care organizations, however, ask for much more information about you and your symptoms, as well as a detailed treatment plan. It is common for managed care organizations, and some fee-for-service insurance plans, to require photocopies of individual session treatment records.

In order to protect patient privacy to the extent possible, Psychotherapy Associates policy is to respond to requests for chart photocopies by instead offering to send a brief summary of symptoms and treatment progress. If this is not acceptable to managed care reviewers, photocopies from your chart will be reviewed by your therapist prior to submission to the managed care organization. When information of a particularly sensitive nature is involved, you will be consulted before any information is released.

If you request, you will be provided with a copy of any report which your therapist submits to your insurance carrier.

Some managed care programs, including all Nebraska Medicaid programs, require the involvement of an overseeing psychiatrist or psychologist to approve treatment provided by our Licensed Mental Health Practitioner clinicians. Required supervision includes periodic review of your chart and consultation with you in person.

In most cases, you have the right to pay for services personally to avoid submission of information to your insurer. Medicare and some other insurers, however, do not allow clinicians who provide services to those they insure to treat their insureds privately.

Emergency Care

Since your therapist cannot be available to you on a 24-hour basis, Psychotherapy Associates operates an on-call rotation in which practice therapists alternate taking emergency evening and weekend telephone calls. This treatment service is available to currently active Psychotherapy Associates patients. Fees for on-call services are charged by the responding clinician.

What Constitutes an Emergency

You may feel free to contact the on-call clinician if the problem with which you are dealing cannot and should not wait until your next therapy session.

Examples of emergencies are things like needing help to figure out how to avoid harming yourself or somebody else (suicide, self-mutilation, overdosing, hitting your child, etc.).

Feeling miserably depressed or anxious, or being so upset that you are unable to meet your day-to-day responsibilities also meets the definition of an emergency, if you have already tried to solve the problem yourself via use of coping strategies such as journaling, practicing relaxation exercises, meditation, practicing calming self-talk and other approaches you and your therapist may have identified.

Examples of issues that are important to discuss in therapy, but which are not emergencies, are being worried about a problem, having insomnia, or wanting to talk further about a topic brought up in your therapy session.

Role of the On-Call Clinician

On-call services are limited to assistance with emergency problem-solving. On-call clinicians generally decline to conduct more extensive psychotherapy for a variety of reasons:

On-call therapists are generalists with their own different areas of expertise, and some on-call therapists may not be familiar with specialized techniques for treatment of your disorder.

Psychotherapy Associates therapists believe that telephone psychotherapy is generally of poor quality. This is especially true when therapy is unplanned and the therapist has been awakened or interrupted from some other activity.

Like the “too many cooks” principle, addressing the same distressing issue with more than one therapist can dilute the quality of work done with your primary therapist.

High On-Call Usage

Psychotherapy Associates therapists generally assume that frequent emergency contacts are indicators that some problem is not being addressed in regular therapy session (i.e., some therapy issue is being avoided, you are experiencing some distress which needs to be discussed, a list of techniques for comforting oneself needs to be developed, etc.). The on-call clinician will encourage you to address these issues with your therapist if your use on the after-hours emergency service is unusually high.

Patient Accounts

Professional Fees

Most charges are based upon your therapist's hourly fee, although some services, such as group psychotherapy or psychological testing, may be billed at a set fee.

The hourly fee is generally charged, on a prorated basis, for professional services other than the typical hour psychotherapy session. These may include extended sessions, report writing, telephone consultations, emergency on-call contacts, attendance at meetings or consultation with other professionals which you have authorized, preparation of records or treatment summaries, or the time required to perform any other professional service which you request.

You will be billed for unkept psychotherapy session appointments unless they are canceled 24 hours in advance, or unless you and your therapist are in agreement that you were unable to attend due to circumstances beyond your control.

If you become involved in litigation which requires the participation of your therapist, you will be expected to pay for professional time required even if your therapist is compelled to testify by another party. Because of the complexity and difficulty of legal involvement, per hour charge for preparation and attendance at any legal proceeding may be higher than your therapist's usual clinical fee.

In your circumstances require that your therapist travel away from the office to provide professional services, the hourly fee will include travel time and a mileage fee will also be assessed.

Service charges

Insufficient fund checks, authorization-refused bank cards, and balances older than 28 days are subject to service charges.

Overdue accounts

Payment in full at time services are rendered is preferred, unless you and your therapist have agreed otherwise or unless you have insurance coverage which requires another arrangement. At your request, our office staff will bill you monthly. Our accounting cycle ends on the last day of each month and payment in full is due by the 15th of the following month.

We recognize that temporary financial problems may effect timely payment of your account. If such problems do arise, you are encouraged to contact your therapist or our office staff promptly for assistance in development of a plan-of-payment contract.

If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, your therapist may provide you with notice of termination of care and refer you to alternative treatment resources.

If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, Psychotherapy Associates has the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim.

Insurance reimbursement

In order for your therapist and you to set realistic treatment goals and priorities, it is important to evaluate what resources are available to pay for your treatment.

If you have a health insurance policy, it may provide some coverage for mental health treatment. However, your health insurance is a contract between you and your insurance carrier -- a contract to which Psychotherapy Associates is not a party. While assistance in completion of insurance claim forms is a courtesy we extend to our patients, all charges are your responsibility from the date services are rendered.

Some insurance plans require prior authorization from their reviewers; some cover only services provided by clinicians with whom the plan has a contract; some select certain services for exclusion; some limit or exclude all mental health treatment; some require physician referral, supervision, or case review. It is your responsibility to be familiar with the requirements and limitations of your policy. If your policy requires special procedures, such as physician review of your treatment plan, we may be able to assist you in making required arrangements but must be informed of your special needs prior to the first visit.

You are encouraged to carefully read the section in your insurance coverage booklet which describes mental health services. If you have questions, please direct your inquiries to your plan administrator. Our office staff will do their best to try to assist you in deciphering the information you receive from your carrier.

Our office staff will be happy to submit insurance claims on your behalf. Any such request must be accompanied by a photocopy of your insurance identification card and all information required by your insurance carrier prior to your first visit. A Universal Health Insurance Claim form, accepted by all major insurance carriers, will be submitted on a monthly basis at the end of the accounting cycle. This service is provided at no charge, although requests for duplicate claims and statements are subject to an accounting service charge.

Managed care plans

The escalation of the cost of health care has resulted in an increasing level of complexity about insurance benefits which sometimes makes it difficult to determine exactly how much mental health coverage is available. Managed health care plans such as HMOs and PPOs often require advance authorization before they will provide reimbursement for mental health services. These plans are often oriented towards a short term treatment approach designed to resolve specific problems that are interfering with one's usual level of functioning. It may be necessary to seek additional approval after a certain number of sessions.

In our experience, while much can be accomplished in short term therapy, many patients feel that more services are necessary after insurance benefits expire. Some managed care plans will not allow your therapist to provide services to you after your benefits are no longer available. If this is the case, your therapist will refer you to another provider who will help you continue your treatment.

Provisions of the Health Insurance Portability and Accountability Act (HIPAA)

Passed in 1996, HIPAA standards became effective in April 2003. One of the purposes of this legislation was to adopt consistent standards for transmitting uniform electronic health care claims. In order to fulfill this purpose, Congress adopted related standards for securing the storage of that information and for protecting individual patient's privacy. HIPAA uses the term Protected Health information (PHI) to refer to confidential information.

In most cases, Psychotherapy Associates policy regarding management of confidential information is more stringent than standards set by HIPAA. We are required by law, however, to provide all patients with the following information regarding HIPAA-mandated standards regarding how your protected health information may be used:

Health information you provide to Psychotherapy Associates clinicians and staff will be recorded in your clinical records. Information regarding your treatment may be included in your records for the use of your therapist as well as any other Psychotherapy Associates clinician who might be called upon to provide care to you.

Information regarding your health and care may be used to obtain payment for your psychotherapy.

We may use or disclose your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These activities may include evaluating the performance of our clinicians, examining the effectiveness of the treatment provided to you when compared to patients in similar situations, and providing education to mental health professionals.

If relatives or significant others are helping care for you or helping you pay your psychotherapy bills, we may release important health information about you to them. The information released may include dates and types of treatment provided.

Persons or organizations that provide services for us under contract may have access to your health information. We might, for instance, contract with a medical records management company to convert your outdated clinical records to microfilm. Our business associates are required to protect all clinical information we provide to them.

We may use your health information to tell you about health-related benefits or services of interest. For example, we may contact you to provide information regarding an upcoming psychoeducational group or to remind you of an appointment.

We may use or disclose your health information when required to do so by local, state or federal law. An example is the mandatory reporting of child abuse.

We may disclose your health information to a health oversight agency for activities authorized by law such as audits and licensure investigations. These agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights law.

We may disclose your health information to coroners or medical examiners so that they can carry out their duties including identifying your body and determining cause of death.

We may provide health information for law enforcement purposes, including but not limited to crimes occurring on-site; and in emergency situations to report a crime, the location of the crime or victims involved.

We may disclose your health information to authorized federal officials for conducting national security activities.

We may disclose your health information in response to a court or administrative order and, in certain conditions, in response to a subpoena or other lawful process.

We may disclose your health information to comply with workers' compensation laws and similar programs that pay for your psychotherapy connected to a work-related illness or injury.

We may use and disclose your health information when needed to prevent a serious threat to your health and safety or the health and safety of other people. The information may be provided only to someone able to help prevent the threat.

HIPAA legislation specifies that you have these rights with regard to your protected health information:

You may ask for restrictions on how your health information is used or disclosed for treatment, payment, research and education. Your request must be in writing and must include (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply. HIPAA does not require us to agree with your requested restrictions.

You have the right to ask that we communicate your health information to you using alternative means or an alternative location. For example, you may wish to receive information through a written letter sent to a private address.

In some limited instances, you have the right to ask for a list of the disclosures we have made of your protected health information. All such requests must be made in writing. The disclosure must have been made after April 14, 2003 and no more than six years from the date of your request for an accounting. We are not required to list disclosures made for treatment, payment, research, education, national security, certain health oversight activities, or disclosures authorized by you or your legal guardian.

You may withdraw your authorization to release confidential information at any time, as long as your withdrawal is in writing. You may ask us to give you a paper copy of this listing at any time.

If you believe your privacy rights have been violated, you have a right to file a complaint with us and with the federal Department of Health and Human Services. We may not retaliate against you for filing such a complaint.

Psychotherapy Associates Clinicians

William Bonacker, MSW

A graduate of the University of Nebraska at Omaha Graduate School of Social Work, Bill has worked in public and private mental health settings for more than 25 years. He specializes in the treatment of trauma-related disorders, with special focus upon treatment of victims of violence, abuse, and stalking and upon individuals with complex personality disorders.

Bill has obtained specialized training in the treatment of PTSD, dissociative disorders, and borderline personality disorder and in threat assessment and management. He has extensive experience in evaluation of mentally ill dangerous persons and has been active in training law enforcement agencies, public and private business, and educational institutions in critical incident stress management. Prepared in clinical hypnosis by the American Society of Clinical Hypnosis, Bill holds certification in hypnosis by that body. He also holds Level II training in Eye Movement Desensitization and Reprocessing (EMDR) and is trained to provide Critical Incident Stress Debriefing. Bill is a Nebraska Licensed Independent Mental Health Practitioner, Clinical Social Worker, and Professional Counselor.

LauraLee Clinchard, MA

LauraLee completed a 1992 master's degree in counseling psychology from Alfred Adler Institute of Minnesota.

With extensive experience in emergency assessment and crisis intervention, she has specialized in treatment of abuse survivors and individuals with persistent mental illnesses.

She has obtained post-graduate training in treatment of trauma disorders and borderline personality disorder and has extensive experience working with LGB and transgender populations.

LauraLee is trained to provide Critical Incident Stress Debriefing and is an ARC certified instructor for disaster volunteers. She is a Nebraska Licensed Independent Mental Health Practitioner.

Sheralyn Cox, MSW, Ph.D.

Sherry began practice in 1973 after receiving a masters degree in clinical social work from the University of Nebraska. She earned a doctorate in Community and Human Resources from UNL in 1984. She specializes in the treatment of complex post-trauma disorders, including dissociative identity disorder and borderline personality disorder.

Sherry has obtained extensive post-graduate training in treatment of dissociative disorders. She is certified in clinical hypnosis and an approved teaching consultant of the American Society of Clinical Hypnosis. Board certified in clinical social work by the National Association of Social Workers and the American Board of Examiners in Clinical Social Work, she is a fellow of the American Orthopsychiatric Association. She has obtained Level II training in the use of Eye Movement Desensitization and Reprocessing (EMDR). She is a Nebraska Licensed Independent Mental Health Practitioner, Certified Master Social Worker, and Certified Professional Counselor.

Mark Hankla, M.A.

Mark completed his APA-approved internship at VA Eastern Kansas Health Care System in Topeka where he treated survivors of combat-related trauma. Experienced in work with children and families, Mark has worked previously at Lincoln Regional Center, Firth Rehabilitation and Treatment Center, and UNL's Psychological Consultation Center.

With a 1998 masters degree in clinical psychology from the University of Nebraska-Lincoln, Mark is a Nebraska Licensed Independent Mental Health Practitioner. Mark is a member of the American Psychological Association and the Association for the Advancement of Behavior Therapy.

Sharon Knaub, M.S.Ed.

Sharon received her master's degree in the clinical mental health counseling and school psychology program at the University of Nebraska at Kearney.

With over two decades of experience in the mental health field, she is a nationally certified professional counselor and Nebraska Licensed Independent Mental Health Practitioner. She has extensive training in the treatment of dissociative and other post-trauma disorders as well as complex personality disorders, emergency crisis evaluation and counseling, Critical Incident Stress Debriefing, and clinical hypnosis.

Sharon is a member of the American Counseling Association, International Society for the Study of Traumatic Stress and Association of Private Practice Therapists.

Laurie Patton, M.S.

Laurie obtained her masters degree in counseling from the University of Nebraska-Omaha in 1986. Before joining the Psychotherapy Associates staff, she maintained a private practice, treating adults and children in individual, group and family therapy. She has previously practiced at Child Guidance Center in Lincoln, where she directed the Community Services for Seriously Disturbed Youth program and developed the Extended Day Treatment Program for which she served as Director for many years.

A Nebraska Licensed Independent Mental Health Practitioner, Laurie has obtained specialized post-graduate training in treatment of dissociative and other disorders of traumatic stress. She has completed training in the use of Eye Movement Desensitization and Reprocessing (EMDR) and has extensive training in clinical hypnosis.