**Eliza McBride, MS, NCC, LPC-Associate**

**Next Generation Counseling PDX, LLC**

**6700 SW 105th Ave Suite 203, Beaverton, OR 97008**

Phone: 971-238-4121

Email: nextgenpdx@counselingmail.com

**Counseling Philosophy**

My counseling approach is person-centered with a focus on trauma-informed care and social-justice informed care. I draw from Humanistic/Existential, Emotion-Focused Therapy and Systems Based Theories, while also using Dialectical Behavioral Therapy and Cognitive Behavioral Therapy techniques as needed. I believe that counseling should be a collaborative relationship between counselor and client with an emphasis on safety, empathy, trust and non-judgment. I hope to collaborate with clients on how to best approach their own process of healing and self-awareness. I highlight client strengths and resilience to encourage self-empowerment, growth and positive change.

As a professional counselor registered associate, I will abide by the Code of Ethics for counselors and therapists adopted by the Oregon Board for Licensed Professional Counselors and Therapists (OBLPCT).

**Education and Training**

I completed a master’s degree in Clinical Mental Health Counseling with a certificate in Trauma-Informed Services from Portland State University in June 2018. Relevant coursework included counseling theories, diagnosis and treatment, multicultural counseling, grief and loss, motivational interviewing, counseling and spirituality, trauma-informed services across the lifespan and trauma interventions for diverse populations. I also completed a bachelor’s degree in Psychology with a minor in Women’s Studies in April 2013. I am trained in basic advocacy for survivors of domestic and intimate partner violence, suicide intervention and crisis management. I am certified with the National Board for Certified Counselors (NCC) and working towards full LPC licensure as a professional counselor registered associate in Oregon.

As a registered LPC Associate, I am under the supervision of Summer Brown, LMFT (T1497), Clinical Supervisor under mentorship. You may reach Summer Brown at 360-602-1477 or Summer@SummerBrownLMFT.com. I may share details of counseling sessions with my clinical supervisor, who is held by the same confidentiality laws. With your consent, I may record a counseling session to review with my clinical supervisor as part of a quarterly case presentation required for licensure. If you have questions or concerns, please let me know.

**Emergencies**

If there is an emergency, please contact me at 971-238-4121. I will do my best to respond within 48 hours. You may also call the lifeline at Lines for Life at 800-273-8255. If the situation requires immediate attention, please contact 911 or go to the nearest emergency room.

**Length of Sessions, Scheduling and Cancellation**

Sessions are by appointment only and will be approximately 50 minutes in length. Depending on need and availability, 90-minute sessions may be offered. In order for counseling to be effective, it is important that you attend all regularly scheduled appointments. If you are unable to attend an appointment, please contact me at least 24 hours in advance. If you are to not show without having given 24-hour notice for two or more appointments, you risk losing your appointment slot. Exceptions can be made for illness or personal/family emergencies. If an appointment must be cancelled, please notify me by email at nextgenpdx@counselingmail.com or by phone at 971-238-4121 (text or call.)

**Fees**

Rates are $110 per 50-minute session with weekly sliding scale spots available for individuals experiencing financial challenges. Rates are $150 per 90-minute session. The fee rate is waived for the first no-show, but each following no-show will be charged the session fee. Any changes in fees will be noted online and discussed with clients at least 30 days before changes occur.

**As a client of an Oregon registered associate, you have the following rights:**

* To expect that a licensee has met the qualifications of training and experience required by state law;
* To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
* To obtain a copy of the Code of Ethics (Oregon Administrative Rules 833-100);
* To report complaints to the Board;
* To be informed of the cost of professional services before receiving the services;
* To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the **following exceptions**: 1.) Reporting suspected child abuse; 2.) Reporting imminent danger to you or others; 3.) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4.) Providing information concerning licensee case consultation or supervision; and 5.) Defending claims brought by you against me;
* To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd SE, #120, Salem, OR 97302-6312, Telephone: 503-378-5499, Email: lpct.board@oregon.gov Website: www.oregon.gov/OBLPCT

**By signing below, I am indicating that: I have read the above disclosures and information carefully, I understand the policies listed in this document and agree to comply with them, I understand that therapy is voluntary and may be terminated at any time.**

Client name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_