



Education, Training and Experience

My name is Maddison VanderHoff (she/her); I am a white, cis-gendered woman, first generation college graduate, and grew up all over the country from rural Alaska to metropolitan Washington, D.C. I am a licensed clinical social worker (L8136) and a child mental health specialist in Portland, Oregon. I earned a B.A. in psychology at the University of South Florida in 2008, where I worked in a psychological research lab studying affective disorders. I went on to complete a Master of Social Work degree at Portland State University in 2013, specializing in clinical social work.

I have been working in mental health since 2008 and have experience providing individual and group therapy for clients across the lifespan, with an especial fondness for working with families, and young folks who are transitioning into adulthood. I have provided treatment in a variety of settings including outpatient community mental health, medical clinics, school-based services, intensive-outpatient/partial hospitalization programs, and inpatient treatment. I have specialized training and experience helping people heal from complex trauma including attachment traumas and abuse that occurred in childhood, managing symptoms of depression, anxiety, and ADHD, and developing healthy and secure relationships. I have dedicated much of my career to serving under-resourced communities, including providing treatment for youth who have been sexually abused and who have struggled with sexual behavior problems; I have worked to educate and advocate for this population with community partners including the Juvenile Justice System.

Philosophy and Approach

I believe that we all have the inherent strength, wisdom, and capacity to move through our challenges and find happiness, but that systemic barriers, traumas, losses, and unresolved emotional pain may be preventing us from reaching our goals and achieving life satisfaction. I provide a therapeutic environment filled with warmth, compassion, and transparency to collaboratively work through these barriers. I value the vulnerability and bravery it requires to begin therapy and utilize trauma-informed practices to help clients build trust and comfort in the therapeutic relationship; I recognize that it is an honor and privilege to join with my clients on their journey of healing and self-discovery. I provide integrative psychotherapy informed by interpersonal neurobiology, and attachment theory.

I utilize evidence-based interventions including Solution Focused Brief Therapy, Cognitive Behavioral therapy, Dialectical Behavioral Therapy, Internal Family Systems, mindfulness, and narrative therapies. I also incorporate creative therapies like art therapy, experiential therapy, and sensorimotor techniques. I work with adults 18+.



Fees Information and Cancellation Policy

Intake Session (53 minutes) \$200
Individual Session (53 minutes): \$180
Couples Session (53 minutes): \$200

A limited amount of sliding scale spots are available and agreed upon before our first session. Credit cards, cash, Venmo and personal checks made payable to "Healing Tides Counseling" are accepted.

When we schedule an appointment, I set aside that time exclusively for you. I would like a 24-hour advance notice if you must cancel or reschedule any appointment. It is my policy to charge a fee of \$100 for any missed appointments or one that is cancelled with less than 24-hour notice.

Insurance Reimbursement

If you have a health insurance policy, it will often offer some coverage for mental health treatment. We will provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you, and not your insurance company, are responsible for full payment of treatment fees.

Please note: submitting claims to your insurance company requires a mental health diagnosis and carries a certain amount of risk to confidentiality, privacy, and to future capability to obtain health or life insurance. Please connect with your insurance company to find out more information about how they use your information.



Emergencies

In the event of an emergency, you may leave a message with my voice mail. Every effort will be made to return your call as soon as possible. I usually return calls within 24 hours. If I am unable to return your call, or I am out of town, you can use the MULTNOMAH COUNTY CRISIS LINE (503-988-4888), WASHINGTON COUNTY CRISIS LINE (503-291-9111), CLACKAMAS COUNTY CRISIS LINE (503-655-8585), CLARK COUNTY CRISIS LINE (360- 696.9560), TRANS LIFELINE (877-565-8860), TEXT CRISIS LINE (TEXT HOME TO 741741) NATIONAL SUICIDE HOTLINE (1-800-273-8255) or go to your nearest hospital emergency room.

Client Rights

As a client of a Licensed therapist, you have the following rights:

1. To expect that a licensee has met the minimal qualifications of training and experience required by state law.
2. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee.
3. To obtain a copy of the Code of Ethics.
4. To report complaints to the Board.
5. To be informed of the cost of professional services before receiving the services.
6. To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
 - a. Reporting suspected child abuse
 - b. Reporting imminent danger to client or others
 - c. Reporting information required in court proceedings or by client's insurance company, or other relevant agencies
 - d. Providing information concerning licensee case consultation or supervision; and
 - e. Defending claims brought by client against licensee.
7. To be free from being the object of discrimination based on race, religion, gender, or other unlawful category while receiving services.

You may contact the Board of Licensed Social workers in Oregon at, 3218 Pringle Rd SE #240, Salem, OR 97302-6312. Telephone: (503) 378-5735



Client-Therapist Relationship

You and your therapist have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship. Gifts are not appropriate, nor is any sort of trade of services.

Social Media

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Telecommunication

By signing below, I understand that my therapist cannot guarantee my confidentiality when communicating with me via any electronic medium, such as email, voice mail, text, etc. However, in checking the boxes below I am indicating that my therapist may use these means to reach me regarding information about my appointment time, conduct a wellness call, send 'homework' assignments, confirm appointments, send insurance information, request renewals of consents and similar communications

Emails Texts Voicemails Faxes

Continuity of Care

I understand that, in the event of the death or incapacity of my therapist, it will be necessary to assign my case to another therapist and for that therapist to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, selected by the undersigned therapist, to take possession of my records and provide me copies at my request, and/or to deliver those records to another therapist of my choosing.



Consent to Treatment

I have read and understand all the information provided in this disclosure statement. I agree to act according to the points covered in this document. I hereby give my consent for treatment.

Signature: _____

Date: _____

I hereby authorize the release of necessary medical information for insurance reimbursement purposes.

Signature: _____

Date: _____

I, the therapist, will meet with this client for an intake and will inform them of the issues and points raised in this document. I will respond to all of their questions. I will not move forward with intake until I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I will document this in our intake note.

Therapist Signature: