# MELISSA ALTMAN, MACC, LMHC

# **MY QUALIFICATIONS**

Crossroads Christian Counseling Center offers Christian counseling for vast degrees of issues and concerns. You should know that I, Melissa Altman, am a Licensed Mental Health Counselor (IN #39003900A). My master's degree is in Christian Counseling and was earned at Gordon Conwell Theological Seminary.

## **COUNSELING BACKGROUND AND APPROACH**

I have been happily married and in ministry for more than 30 years. I have counseled professionally for 6 years. I utilize an eclectic approach with concentrations in Cognitive-Behavioral and Person-Centered methodologies with individuals and the Gottman Method of Therapy with couples. I utilize Biblical principles with all my work. My interest is to offer a whole person approach to counseling, one that focuses on Spirit, Mind and Body.

Seeking counsel is an insightful step. It does not indicate that you cannot handle issues on your own. It shows that you realize that you need objective assistance to be a better you. Counseling is an effective form of directing long-term change and growth. Unfortunately, there are no "quick fixes," only hard work in the form of consistent sessions, talking, writing, and learning new life tools and techniques.

I work with adults and couples. I believe strongly in marriage and frequently see couples lost in simple, hurtful patterns of behavior that eat away at their relationship. Together we will work to re-create new patterns of behavior and re-build connection.

I have a no-secrets policy in my work with couples. This means that I will not withhold information that is relevant to the relationship from one spouse to another. The only exception to this is if there is abuse present. Most sessions will involve both spouses; however, there may be times when I meet individually with a spouse. This is always with the intent of building the marital relationship. What is discussed individually may or may not be brought out in further sessions, but if the conversation is relevant to the relationship, both spouses must be aware that it can be shared.

#### Payment is due at the time of service.

### CONFIDENTIALITY

What you share with me and any of my personal written records regarding your case will be kept confidential and are protected by state law, with a few exceptions, which are for your own protection: (1) when I believe that you intend to harm yourself or another person, (2) when I believe that a child, disabled or elderly person has been or will be abused or neglected. And, in rare circumstances, Professional Counselors can be ordered by a judge to release information.

Further, clients must be aware that I will not testify in court or release confidential notes for legal purposes. In addition, I will not participate in custody evaluations or hearings. Please initial here \_\_\_\_\_\_ to acknowledge this.

If there is someone with whom you would like me to include in confidentiality you may add their name(s) here: \_\_\_\_\_\_.

If there is a professional with whom you would like me to consult (physician, previous therapist, pastor, psychiatrist, etc.,) please list their name and contact information here.

\_\_\_\_\_. By including their name, you release permission for me to collaborate with them for your wellbeing.

Should I believe that you are at risk of dying by suicide, your confidentiality is waived so that I can notify your family or call the person you listed as your emergency contact to have them aid in preventing your death.

See Counseling Policies for detailed information.

## COMPLAINTS

If you are dissatisfied with my work, please let me know. I would really appreciate the chance to talk about it and work through it together. If we are unable to resolve an ethical concern, then you may file a complaint with the Indiana Professional Licensing Agency at: <u>https://www.in.gov/pla/file-a-complaint/</u>

We agree to these terms and will abide by these guidelines.

### **SIGNATURES**

Client:	Date:
Client:	Date:
Counselor:	Date:

Revised August, 2021