

# Counseling Ministry of Mount Hermon Baptist Church

## COUNSELING MODEL

Please read the following before becoming a participant in counseling. If you agree with the Counseling Model, please complete this packet and submit it to the Counseling Ministry. You may drop it off or mail it to:

Attention: Counseling Ministry  
4385 Franklin Turnpike  
Danville, VA 24540

It may also be e-mailed to: [counseling@mhbchurch.com](mailto:counseling@mhbchurch.com)

**Our Goal:** Our goal in providing Christian counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and enable you to enjoy fully His love for you and His plans for your life.

**Biblical Basis:** We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, our counseling is based on scriptural principles rather than those of secular psychology or psychiatry. Neither the pastoral nor the lay counselors of this church are trained or licensed as psychotherapists or mental health professionals, nor should they be expected to follow the methods of such specialists.

**Not Professional Advice:** Some of our counselors work in professional fields outside the church. When serving as counselors within this church, however, they do not provide the same kind of professional advice and services that they do in their professional capacities. Therefore, if you have significant legal, financial, medical, or other technical questions, you should seek advice from an independent professional. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant scriptural principles.

**Resolution of Conflicts:** On rare occasions, a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner, we require all of our counselees to agree that any dispute that arises with a counselor or with this church as a result of counseling will be settled by mediation.

**Agreement:** By signing this consent, you agree that you will not attempt to subpoena or require any counselor to appear in any legal proceeding related to any matters discussed during counseling; nor will you attempt to subpoena any notes or records related to this counseling.

When an individual participates in this model of counseling, it is expected that his or her desire is to mature in Christ and to know Him more intimately. Our policy further maintains that the participant must request counseling themselves and must be committed to pursuing counseling without outside influences upon doing so.

A specific process is involved in this model of counseling for individuals and couples. It begins with: clarifying the problem, establishing goals for counseling, and getting a personal history, as well as a history of the problem. This information is utilized to identify false beliefs and defeat behaviors that have been brought into adult relationships. These patterns will be charted out for each individual.

Homework will be an integral part of the counseling process. Homework will include but not be limited to: reading, writing, listening, and viewing assignments. By attending your appointment, you are signifying you have completed such work in its entirety.

Those who decide to come for marriage counseling must understand that one spouse is not to participate as a result of an ultimatum given by the other spouse. Both must agree to our stated perspective. It must be understood that in marriage counseling, the solution will not include giving hope that the other spouse will change.

We do not accept court mandated counseling clients. Regarding children/family counseling, we will not participate in child custody issues or any issues that involve us as participants in court proceedings or may result in court proceedings in the future. In these circumstances, referrals will be given.

**Those who participate in counseling are required to:**

1. Attend all sessions.
2. Be punctual for appointments or notify the office in ample time for cancellations.
3. Know Christ and be willing to grow to maturity in Him. Our counseling model is based on this and does not involve teaching behavior changes, but rather, by being transformed by the renewing of one's mind through God's word.
4. Understand that behavioral changes such as communication skills, problem-solving techniques, and anger management strategies will not be considered the solutions to problems. Personal transformation in Christ is the only answer and hope for relational and personal issues.
5. Not expect personal healing and peace to depend on the circumstance, spouse or another person changing. Fulfillment and freedom from emotional pain is to be in relationship with Christ.
6. Participants with a substance abuse addiction are to be referred to a treatment program before counseling can begin. Once the participant has completed the treatment program, the counselor may proceed with counseling, assuming that the participant is faithful to his or her aftercare program.

7. Complete weekly homework. This may involve an hour + per week. Homework may include reading, writing, listening and/or viewing assignments, doing relational exercises, or all of the above.
8. Do not come to a session unless homework is completed as assigned. This is because in the counseling process, each session builds upon the previous session and upon the homework.
9. Agree to refrain from discussing with anyone else, outside of counseling sessions, problematic relationships and what takes place in counseling.
10. Do not participate in counseling because a spouse or another person is expecting it, but because the participant has a desire for personal change through knowing Christ.
11. Realize that the purpose of counseling will not be to change another person with whom there is a relationship.
12. Electronic devices such as cell phones, tablets, and laptops must be turned off during counseling sessions. In addition, the use of these devices is not permitted in the Counseling Ministry Reception Area. To respect the privacy and confidentiality of others, please use the area outside of the Counseling Ministry Office for these purposes.

I understand the conditions of participating in counseling, and I agree to the expectations listed above:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# Counseling Ministry of Mount Hermon Baptist Church

## APPLICATION FOR ADULTS

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse's Full Name (If Married): \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

What sort of work are you doing now?

\_\_\_\_\_  
\_\_\_\_\_

Does your present work satisfy you? YES NO

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

What kind of jobs have you held in the past?

\_\_\_\_\_  
\_\_\_\_\_

Education (High School): \_\_\_\_\_ College: \_\_\_\_\_

Religious Background: \_\_\_\_\_

Present Church Membership: \_\_\_\_\_

Please indicate ALL Marital Relationships (past and present):

Single	Dates: _____	Dates: _____
Married	Dates: _____	Dates: _____
Separated	Dates: _____	Dates: _____
Widow/er	Dates: _____	Dates: _____
Divorced	Dates: _____	Dates: _____

Names and Ages of Your Children:

1. \_\_\_\_\_ Age: \_\_\_\_\_ 4. \_\_\_\_\_ Age: \_\_\_\_\_  
2. \_\_\_\_\_ Age: \_\_\_\_\_ 5. \_\_\_\_\_ Age: \_\_\_\_\_  
3. \_\_\_\_\_ Age: \_\_\_\_\_ 6. \_\_\_\_\_ Age: \_\_\_\_\_

Designate any of above that are stepchildren by circling the number.

Number Of: Miscarriage(s) \_\_\_\_\_ Abortion(s) \_\_\_\_\_

### PERSONAL AND SOCIAL HISTORY

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Health: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Deceased Date/Cause: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Health: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Deceased Date/Cause: \_\_\_\_\_

Parents Separated or Divorced and Date: \_\_Yes\_\_ No Date: \_\_\_\_\_

How would you describe your parent's marriage: \_\_\_\_\_  
\_\_\_\_\_

If you were not raised by your parents, by whom were you raised and during what years:

\_\_\_\_\_  
\_\_\_\_\_

Give a brief description of your Father's personality and his attitude toward you (past and present): \_\_\_\_\_  
\_\_\_\_\_

Give a brief description of your Mother's personality and her attitude toward you (past and present): \_\_\_\_\_  
\_\_\_\_\_

Please list your brothers and sisters by age (include yourself, and any half brothers and sisters).

1. \_\_\_\_\_ Age: \_\_\_\_\_ 3. \_\_\_\_\_ Age: \_\_\_\_\_  
2. \_\_\_\_\_ Age: \_\_\_\_\_ 4. \_\_\_\_\_ Age: \_\_\_\_\_

Check any of the following that applied during your childhood/adolescence:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Happy childhood          | <input type="checkbox"/> Not enough friends           | <input type="checkbox"/> Verbal, physical, sexual abuse |
| <input type="checkbox"/> Unhappy childhood        | <input type="checkbox"/> School problems              | <input type="checkbox"/> Severely bullied or teased     |
| <input type="checkbox"/> Emotional problems       | <input type="checkbox"/> Financial problems           | <input type="checkbox"/> Eating disorder                |
| <input type="checkbox"/> Behavior problems        | <input type="checkbox"/> Strong religious convictions | <input type="checkbox"/> Abortion (s)                   |
| <input type="checkbox"/> Legal trouble            | <input type="checkbox"/> Drug use                     | <input type="checkbox"/> Exposed to pornography         |
| <input type="checkbox"/> Death in family          | <input type="checkbox"/> Used alcohol                 | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> Medical problems Ignored | <input type="checkbox"/> Severely punished            |   |

Emergency Contact – Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Have you reached the place in your spiritual life where you know for certain that if you were to die today that you would go to heaven? YES NO UNCERTAIN

If you circled yes, according to your beliefs, on what basis would God let you into his heaven?  
\_\_\_\_\_  
\_\_\_\_\_

Have you received counseling before? YES NO  
Date(s) of previous counseling: \_\_\_\_\_  
Names of counselor(s): \_\_\_\_\_

Are you under the care of a physician? YES NO Name: \_\_\_\_\_

Are you under the care of a psychiatrist? YES NO Name: \_\_\_\_\_

Name(s) of medication(s) you are taking:  
\_\_\_\_\_

Have you ever been hospitalized for psychological/psychiatric problems? YES NO  
If yes, when and where? \_\_\_\_\_

Has any relative of yours attempted or committed suicide? YES NO

Have you ever attempted suicide? YES NO

Do you or any member of your family suffer from an emotional, physical, or mental disorder, including the following (please identify the family member): YES NO

- |  |  |
|--|--|
| <input type="checkbox"/> Depression                    | <input type="checkbox"/> Anxiety                             |
| <input type="checkbox"/> Chronic Sadness               | <input type="checkbox"/> Bi-Polar Disorder                   |
| <input type="checkbox"/> Substance Abuse               | <input type="checkbox"/> Attention Deficit Disorder          |
| <input type="checkbox"/> Suicidal Thinking             | <input type="checkbox"/> Chronic Fatigue                     |
| <input type="checkbox"/> Obsessive/Compulsive Disorder | <input type="checkbox"/> Hypoglycemia                        |
| <input type="checkbox"/> Thyroid Disease Diabetes      | <input type="checkbox"/> Endometriosis                       |
| <input type="checkbox"/> Mitral Valve Prolapse         | <input type="checkbox"/> Multiple Sclerosis                  |
| <input type="checkbox"/> Schizophrenia                 | <input type="checkbox"/> Hormonal/Endocrine System Imbalance |
| <input type="checkbox"/> Menstrual Problems            |  |

What is the specific problem that has caused you to seek counseling?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you done about this problem up until this point?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the scale below, please estimate below the severity of your problem(s):

- |   |   |
|---|---|
| <input type="checkbox"/> Mildly upsetting     | <input type="checkbox"/> Extremely severe       |
| <input type="checkbox"/> Moderately upsetting | <input type="checkbox"/> Totally incapacitating |
| <input type="checkbox"/> Very severe          |   |

When did your problem(s) begin? \_\_\_\_\_

What seems to worsen your problem(s)? \_\_\_\_\_

What have you tried that has been helpful? \_\_\_\_\_

How satisfied are you with your life as a whole these days?

Not at all satisfied 1 2 3 4 5 6 7 Very Satisfied

How would you rate your overall level of tension during the past month?

Relaxed 1 2 3 4 5 6 7 Tense

In a few words, what do you expect your counselor to do to help you with your problem(s):

\_\_\_\_\_  
\_\_\_\_\_

What personal qualities do you think the ideal counselor should possess?

\_\_\_\_\_  
\_\_\_\_\_

Are you open to God's solution? \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **Information and Confidentiality Statement** **COUNSELING AGREEMENT**

Our counseling is Christian Counseling and is based on the truths we find in the Bible. Couselees are encouraged to raise any questions they may have concerning our counseling model. The average number of sessions for the counseling process is approximately from 8 to 15 sessions.

### **Staff Counseling Credentials**

The Staff Counselors credentials include a minimum of Masters Level training in counseling or related area. The staff may also possess professional and/or specialty licensure and/or membership in a professional Christian counseling association.

### **Missed Appointments**

If a participant is unable to keep an appointment, he or she must call the Church Office at 434-724-7118 to cancel. For weekday appointments, notification of cancellation is expected 24 hours in advance. Failure to do so may result in interruption and/or termination of counseling. We understand emergencies happen, please keep us informed. We appreciate your cooperation in this matter. Time is a gift from God; may we all be good stewards.

### **Confidentiality Statement**

Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. The communications between you and your counselor will be considered confidential except where disclosure is required by law, i.e., where there is a threat of serious harm to self or others, as in the case of child abuse, suicide, threatened violence, or homicide. In such instances, your communications will be disclosed to the appropriate state law enforcement authorities. It may also be necessary for us to share certain information with others when a counselor is uncertain how to address a particular problem and needs to seek advice from another pastor or elder in this church; when a counselee attends another church and it is necessary to talk with his or her pastor or elders; or when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation (see Proverbs 15:22; 24:11; Matthew 18:15-20). Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

### **Financial Policy**

We welcome you to the Counseling Ministry of the Mount Hermon Baptist Church. This ministry is designed primarily to serve our members and is funded through the church budget. The Counselee is expected to purchase any materials or books that will be used in the counseling session or homework. Because we are a ministry, we want to serve you in the best way possible by making counseling affordable to your family. We ask that you pay \$25 per session, with a minimum of one month (4 sessions) paid after your first session.

## AGREEMENT

By signing this document, I am, of my own free will, knowingly authorizing counselors of Mount Hermon Baptist Church to render counseling and/or referral services to me. Likewise, I have been informed of the nature and purposes of the Bible-based Counseling during the counseling session. If I am assigned to a Staff Counselor, the counselor has received training as a counselor or is a member of a professional Christian counseling association or both. I have read and fully understand my rights as a client and that my counselor will disclose my communications to law enforcement officials as required by law. I further understand and hereby give my permission for my counselor to disclose his/her written and taped records of my counseling sessions with his/her ministry supervisor or consultant for the purpose of receiving supervision regarding my care and his/her training.

I agree to notify the Counseling Ministry Office if I am unable to keep an appointment.

I agree that, in order to avoid the delay or interruption of my counseling, I will return my borrowed counseling materials by the deadline, or I will pay for the counseling materials I borrow but do not return by the deadline.

No guarantee or assurance of any kind has been made to me with respect to any of the results that may be obtained from these services.

COUNSELEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_