

FaithCommunity

C O U N S E L I N G

What Is Biblical Counseling?

Biblical counseling at Faith Community Church (“FCC”) is a religious ministry of discipleship that includes four basic commitments: 1) the rendering of gracious care and hope, 2) the acquiring of personal information with a biblical interpretation, 3) encouraging and sharing biblical truth, and 4) making specific application to the counselee’s life. FCC’s counseling is intensely practical and relies heavily on the comprehensive gathering of information for understanding (Prov. 25:11, 13).

Biblical counseling at FCC is based on God's Word, the Holy Bible, as the ultimate source of truth and restoration for the believer in Christ. Our counselors operate from the perspective that God’s Word is relevant to all of life and can be practically applied to every heart and every difficulty. While this does not mean that Scripture is the only source of information in the counseling process, biblical counselors are consistent in their detailed biblical analysis of information and their focus on the Bible, which alone is infallible, authoritative and sufficient truth for matters of eternal life and godliness (2 Tim. 3:16; Heb. 4:12; 2 Pt. 1:3ff).

Biblical counseling at FCC does not set aside real-life issues, but instead works to understand their origin, impact, and involvement in the counselee’s life from a biblical perspective. It acknowledges that the counselee possesses both physical and spiritual components that interact and affect one another because, as the Bible teaches, the counselee is a whole spiritual person (2 Cor. 4:16-18). It seeks to listen to and understand the counselee and apply the truth of Scripture (e.g., gospel truths, who God is, and all the biblical elements of change) to the counselee's life, so that through Jesus Christ there can be restoration where there is brokenness (Rev. 21:5). The biblical counselor at FCC may sometimes refer the counselee to a medical professional so that the medical professional may investigate to see if there are physical complications involved in the issue at hand.

The biblical counselor at FCC attempts to relate the counselees not to themselves but to Jesus Christ and His Truth which sets men free (Heb. 4:14-16; Jn. 8:32). In doing so, biblical counseling at FCC is dependent on the collaborative, supernatural resources that God has provided for change, including the work of the Holy Spirit, the Word of God, the grace of Jesus Christ through the gospel, and the involvement of the local church. As the counselees contemplate and apply who God is and His truth to their hearts and lives, we pray and trust that, over time, they will be transformed further into God's own image by the Holy Spirit's power (2 Cor. 3:18; Phil. 2:12).

While behavioral change is important to this process of transformation, change within the counselee's heart (affections, thoughts, intentions, will) is essential as the counselor guides the counselee toward a right understanding of God, his/her situation, and how Christians can change. Through cultivating the counselee’s faith, gospel motivation, and desire for God’s glory with prayerful diligent work, real change from the inside out is possible.

This redemptive transformation we desire to see takes place as the counselee's heart interacts with the Word of God brings hope, encouragement, conviction, repentance, and lasting change. As individuals find Christ sufficient, put to death the things of the flesh, and strengthen the things of the Spirit, joy and peace become realities in their Christian walk (Eph. 4:24; Col. 3:10). The biblical counselor at FCC is humbly privileged to see God work and assist in this process of spiritual growth and freedom toward God’s glory.

Biblical Counseling and Medication

While FCC holds to the sufficiency and primacy of Scripture for counseling problems, we know that many who will come to us will have been prescribed medications by a physician. The biblical teaching on the importance of the body affirms the use of medication for physical problems. Though it is not our practice to offer advice on taking or withdrawing from medication, our care for counselees may, at times, lead us to inquire regarding the side-effects or effectiveness of medication. Nevertheless, we always encourage counselees to seek the advice of competent medical professionals for help in the use and management of their medication.

FaithCommunity

C O U N S E L I N G

CONSENT TO COUNSELING

The following outlines *certain conditions* upon which counseling cases will be initiated. While this is not meant to be exhaustive in scope, it does represent our basic philosophy of biblical counseling, a vital aspect of the total shepherding ministry of Faith Community Church.

Our Goal – Our goal in providing biblical counseling is to help the counselee meet the challenges of life in a way that will please and honor the Lord Jesus Christ (1 Cor. 10:31) and in a way that will bring the counselee the greatest joy and satisfaction (John 15:11).

Biblical Basis – We believe that the Bible provides thorough guidance and instruction for faith and life. Therefore, we base our counseling on Scriptural principles rather than those of secular psychology and psychiatry. **The pastoral and lay counselors of this church are not trained or licensed as psychotherapists, psychiatrists, psychologists, counselors, or as other mental health professionals, and they typically do not follow the methods of such specialists. By signing below, the counselee expressly represents and acknowledges his/her understanding and acceptance of such.**

Our purpose is to deal with issues within the scope of biblical parameters. We believe the Bible contains all necessary information for life and godliness (2 Peter 1:3). We believe there are no problems between persons that the Bible fails to address either in general or specific principles. While our counselors do not represent that they know all there is to know about biblical teaching and its application to life, nevertheless, they do know much, will counsel from their understanding of the Bible, and will use appropriate measures to help you. Moreover, when necessary, they will seek help, input, or advice from pastors, mentors, or colleagues. By entering into this agreement, you expressly authorize FCC and its counselors and personnel to seek such input.

Counseling at FCC will be biblical counseling in which the Scriptures are, in all cases, the final authority. If you are not sure you want to pursue biblically based counseling, you will be given the option of attending one or two sessions to evaluate our biblical counseling. If you choose not to use the Bible as the final authority in counseling or are unwilling to apply the biblical principles assigned, then the counseling sessions may be terminated by either the counselee or by FCC.

Not Professional Advice – If you should have any legal, financial, medical or other questions, you should seek advice from an appropriate independent professional. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider counsel in the light of relevant Scriptural principles. FCC counselors do not give professional advice but do provide biblically based spiritual advice and counsel.

Counseling Observers – Some of the counseling at Faith Community Church is provided as part of a counseling training program. To facilitate both counseling and training, the counselor may have one to two people assisting him/her in each counseling session.

Our Prerogative – At any time during the counseling process, FCC shall have the option of terminating counseling at its sole discretion.

Confidentiality – Confidentiality is an important aspect of the counseling process, and our counselors will take appropriate steps to guard the information you entrust to them within certain limits. **However, please note we believe and follow the principle that absolute confidentiality is not Scriptural.** There are situations in which the counselors may believe that it is wise or mandated (biblically or legally) for them to share certain information with others, and there are times when applicable law will require certain matters to be reported to other persons or agencies. The following list, which is not intended to be exhaustive, provides examples of when FCC may share information with others:

Initial indicating you have read this page _____

- When abuse or another crime or situation must be reported to the appropriate authorities.
- When there are instances of suspected abuse to children and other persons and/or potential harm to self or to others.
- When a counselor is uncertain how to address a problem and needs to seek advice from another pastor or counselor.
- When a person refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in his/her church to encourage repentance and reconciliation or to begin the process of church discipline (Proverbs 15:22; 24:11; Matthew 18:15-20).
- When observers sit in on counseling sessions to assist the counselor or for training purposes.
- When the counselee's pastor, staff and/or church leadership is needed to provide pastoral assistance.

NOTE: In summation, while FCC will make reasonable efforts to help find ways to resolve a problem privately, nevertheless, there will or may be instances when FCC will report certain matters to the appropriate authorities and/or to others. By entering into this agreement, the counselee acknowledges his/her understanding, agreement, and acceptance of these conditions.

Your Commitment to Confidentiality – You too agree not to discuss our communications with people who do not have a necessary interest in the counseling process. You agree that you 1) will not attempt to force any counselor to divulge any information acquired during the counseling process, and 2) will not attempt to compel any FCC counselor or other personnel to testify in any legal proceeding related to the issues discussed during the counseling process.

Communication – Our contact will typically be limited to our scheduled sessions and brief calls, texts, or emails. We believe it is best to share information in sessions where you can have our full attention. Please note that we discourage long texts, voicemails, and other forms of communication that are not face to face.

Our Fee – All counseling is done free of charge as a ministry of Faith Community Church. Part of the weekly homework assignments, however, may require the purchase of materials that correspond to the counseling.

Resolution of Conflicts – On rare occasions a conflict may develop between a counselor and a counselee. In order to make sure that any conflicts will be resolved in a biblically faithful manner, the counselee agrees that any dispute that arises with a counselor, FCC, or with Faith Community Church will be mediated, arbitrated, and resolved by the church's elder board. It is expressly agreed that the elder board's decision will be binding on all parties. In addition, all counseling notes and records are considered to be the property of the church.

Risks, Benefits, & No Guarantee – While counseling is often helpful to counselees, it is also possible that counselees will experience difficult emotional issues during the process. Additionally, while FCC prays and believes that its counseling will be helpful to the counselee, at the same time, FCC does not guarantee a particular outcome of its counseling efforts.

Release – On my behalf, and on behalf of my spouse, family, heirs, executors, administrators, assigns, and personal representatives, I hereby release, discharge, waive, and hold harmless, Faith Community Church and Faith Community Counseling, and their respective board members, administrators, officers, employees, independent contractors, volunteers, agents, servants, affiliates, successors, assigns, insurers, and representatives of and from any and all claims, liabilities, losses, damages, costs, expenses, and causes of action of any kind, known or unknown, arising out of or relating in any way to my being counseled by FCC. I understand that this release means I give up my right to bring any claims, lawsuits, or causes of action including claims for personal injuries, death, or any other loss, and also including but not limited to claims of breach of contract.

Initial indicating you have read this page _____

Conclusion and Signature – We welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity. If you have any questions about these guidelines, please feel free to call and speak with a member of the church staff.

The undersigned, sometimes referred to in this agreement as the counselee, acknowledges and represents that I have read and understood all of the foregoing information and conditions fully and completely, and by my signature below, I acknowledge and represent that I freely and voluntarily enter into this agreement and accept and agree to comply with its terms and provisions.

Print Name _____

Signature _____

Date ____ / ____ / ____

Parent/Guardian _____
(Only necessary if counselee is under 18 years of age)

Signature _____

Date ____ / ____ / ____

FAITH COMMUNITY COUNSELING

PERSONAL DATA INVENTORY

Please complete this Inventory carefully and thoroughly, and then mail this Inventory along with the Consent forms to:

Faith Community Counseling
1100 Woodstock Parkway
Woodstock, Georgia 30188

Today's Date ____ / ____ / ____

PERSONAL INFORMATION

Name _____ Birth Date ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

Age _____ Sex _____ Height _____ Referred for Counseling by _____

Marital Status (mark all that apply)

Never Married Single Going Steady Engaged Now Married ____ year(s)

Now Separated ____ month(s) Divorced ____ time(s) Widowed

Home Phone _____ Work Phone _____ Mobile _____

Email Address _____ Education (last level completed) _____

Other Training (list type and years) _____

Occupation _____ Employer _____ Position _____ Yrs _____

In case of an emergency, please contact: Name _____

Phone Number _____

MARRIAGE AND FAMILY

Information about Your Spouse (If never married, check here and omit this section)

Spouse's Name _____ Birth Date ____ / ____ / ____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile _____

Email Address _____ Education (last level completed) _____

Other Training (list type and years) _____

Occupation _____ Employer _____ Position _____ Yrs _____

Spouse's Religious Background _____

If you or your spouse have been previously married, please describe _____

Information about Your Marriage

Your ages when married: You _____ Spouse _____

Date of Marriage ___ / ___ / ___ Length of Steady Dating _____ Length of Engagement _____

Give a brief statement of circumstances of meeting and dating _____

Have you ever been separated? Yes No When? from _____ to _____

Is your spouse willing to come for counseling? Yes No Uncertain

Rate your marriage: Unhappy Average Happy Very Happy

Information about Your Children

Name	Age	Sex (M/F)	Living?	Education (in years)	Step-Child?	Married?	By Previous Marriage?
_____	___	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	___	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	___	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	___	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	___	___	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Information about Your Parents

If you were reared by anyone other than your own parents, briefly explain: _____

Is your father still living? Yes No Does he live nearby? Yes No

Where? _____

Father's Religious Affiliation _____ Father's Occupation _____

Describe your relationship with your father _____

Is your mother still living? Yes No Does she live nearby? Yes No

Where? _____

Mother's Religious Affiliation _____ Mother's Occupation _____

Describe your relationship with your mother _____

Have your parents divorced? Yes No

Rate your parent's marriage: Unhappy Average Happy Very Happy

Did you live with anyone other than your parents? _____

Information about Your Siblings

Number of *older* brothers ____ *older* sisters ____ *younger* brothers ____ *younger* sisters ____

Rate your childhood: Unhappy Average Happy Very Happy

Have there been any deaths in your family during the last year? Yes No (if yes, please describe) _____

LEGAL

If you have talked with an attorney about your situation, or intend to, please provide:

Attorney's Name _____ Firm _____

Address _____ Phone _____

Has a legal action been filed or is one likely to be filed in this situation? Yes No

If yes, give dates and describe action _____

If you have received advice or counsel from anyone else regarding your situation, please list their name(s) and their relationship to you _____

HEALTH HISTORY

Rate your health: Very Good Good Average Declining Other _____

Do you have any chronic conditions? Yes No What? _____

List significant illnesses, injuries or handicaps _____

Your approx. weight ____ lbs. Weight changes recently? Lost ____ lbs. Gained ____ lbs.

Date of last medical exam _____ Results of examination _____

Physician's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Are you currently taking any prescription or over-the-counter medications? Yes No

Have you stopped taking any medications in the last 3 months? Yes No

If yes to the last 2 questions, please list name(s) and dosage(s) _____

Have you ever used drugs for other than medical purposes? Yes No

If yes, please explain _____

Have you ever been arrested? Yes No If yes, please explain circumstances_____

Do you drink alcoholic beverages? Yes No If yes, how frequently and how much?

Do you drink coffee? Yes No How frequently and how much?_____

Other caffeinated drinks? Yes No How frequently and how much?_____

Do you use tobacco? Yes No What?_____ Frequency?_____

Have you ever had interpersonal problems on the job? Yes No If yes, please explain

Have you ever had a severe emotional upset? Yes No If yes, please explain_____

Have you ever seen a psychiatrist or counselor? Yes No If yes, please explain_____

List counselor/therapist and dates_____

What was the outcome?_____

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric or other medical records? Yes No

Have you ever had hallucinations? Yes No

Do you have problems sleeping? Yes No Average # of hours each night_____

WOMEN ONLY

Have you had any menstrual difficulties? Yes No If yes, please explain_____

Is your husband in favor of your coming for counseling? Yes No

If no, please explain_____

SPIRITUAL BACKGROUND

Religion: None Christian Jewish Muslim Agnostic Other_____

Denominational preference_____

Church attending_____ Member? Yes No

Church Address_____

Phone_____ Pastor's Name_____

Church attendance per month (circle) 0 1 2 3 4 5 6 7 8+

Please describe your religious upbringing _____

Do you believe in God? Yes No Uncertain Why? _____

How often do you pray to God? Daily Weekly Occasionally Never

How often do you read or study the Bible? Daily Weekly Occasionally Never

Would you say you are a Christian, not a Christian, or perhaps in the process of becoming a Christian? _____

Do you believe that when you die, you will be with God eternally? Yes No Uncertain
Why? _____

Have you been baptized? Yes No

Explain any recent significant changes in your religious life _____

What is your opinion of the Bible?

- I don't know enough about the Bible to have an opinion.
- It is a book that contains helpful principles that I am free to follow or disregard as I think best.
- It is a book that was inspired by God and that contains helpful principles and instructions I should follow unless I believe there is a good reason to do otherwise.
- It is a book that was inspired by God and that contains helpful principles, instructions, and commands that I should follow regardless of my feelings or preferences.
- Other: _____

Who, if anyone, has the most influence on your religious or spiritual life? (please list their names and their relationship to you) _____

As you see yourself, what kind of person are you? Describe yourself _____

AVAILABILITY

Please circle all the days and times you are available to meet for counseling.

Monday	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM
Tuesday	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM
Wednesday	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM
Thursday	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM
Friday	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM
Saturday	7AM	8	9	10	11	12PM	1	2	3	4	5	6	7	8	9PM

PROBLEM CHECK LIST

Please check all areas of concern or struggle.

- | | | |
|--|--|---|
| <input type="checkbox"/> Abortion | <input type="checkbox"/> Divorce | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Adultery | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Lust |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Drunkenness | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Anxiety (worry) | <input type="checkbox"/> Eating habits | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Apathy | <input type="checkbox"/> Envy (jealousy) | <input type="checkbox"/> Menopause |
| <input type="checkbox"/> Appetite | <input type="checkbox"/> Fear | <input type="checkbox"/> Moodiness |
| <input type="checkbox"/> Bitterness (resentment) | <input type="checkbox"/> Finances | <input type="checkbox"/> Past memories |
| <input type="checkbox"/> Change in lifestyle | <input type="checkbox"/> Grief | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Children | <input type="checkbox"/> Guilt | <input type="checkbox"/> Physical abuse |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Health | <input type="checkbox"/> Pornography |

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Conflict (fights) | <input type="checkbox"/> Homosexuality | <input type="checkbox"/> Rebellion |
| <input type="checkbox"/> Deception/lying | <input type="checkbox"/> Impotence | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Decision making | <input type="checkbox"/> Infertility | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Dating/courtship | <input type="checkbox"/> In-laws | <input type="checkbox"/> Singleness |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Laziness | <input type="checkbox"/> Sleep |
| | | <input type="checkbox"/> Suicide |
| | | <input type="checkbox"/> _____ |

YOUR “STOREE”

We are grateful to the LORD for the opportunity to meet with you and sincerely desire to understand what is happening in your life. Please now tell us your “**storee.**” Your answers can be as long as you like but please give us at least a few sentences for each letter of the acronym.

S – *Situation:* What are the circumstances? What’s going on in your life? What seems to be the main problem? How do you hope we can help you?

T – *Thinking:* What is your typical thinking about this situation (what goes through your mind regularly)? What do you think or wonder about yourself in relation to the situation? What do you think of others in relation to the situation? What do you like to think about in general? What tends to occupy your mind?

O – Others: How are others involved? How does this issue impact others? What have others done to compound or alleviate the problem?

R – Responses: What are you doing about this issue? What have you done to try to address this issue in the past? What are your typical actions or reactions to this problem (e.g. “I get angry and go for a drive”)? In general, when you are feeling pressure in life, how does it come out? What do you do?

E – Emotions: What do you fear? What makes you feel anxious? What makes you angry? What would make you happy, related to this situation? What would give you peace, related to this situation? What is the emotion you are struggling with the most?

E – Expectations: What do you desire related to the situation? What are you getting that you don’t want? What do you want that you aren’t getting? What do you think you need (e.g. “I need respect”)? What are you hoping will happen through counseling?

Is there anything else you think would be helpful for us to know?