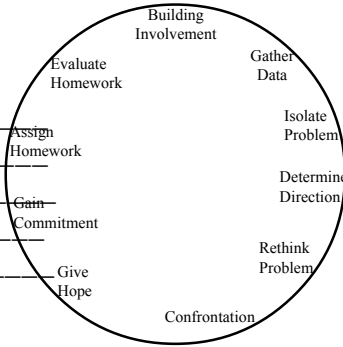


Appendix 1

WEEKLY COUNSELING RECORD

Name _____
 Date _____
 Session # _____
 Counselor _____
 Next Session _____



1) Review Last Week's Homework

AGENDA

To Be Explored Later

2) Gather Further Data

Hope

Problem List

3) Discern What Counseee is Doing/ Not Doing Biblically

Homework



Appendix 1 (Alternative)

| | | |
|---|--|---|
| WEEKLY COUNSELING RECORD | | |
| Name _____ Date _____ Session # _____ Counselor _____ Next Session _____ | | AGENDA: To Be Explored Later: |
| Review Last Week's Homework: | | |
| Gather Further Data: | | Hope: |
| Discern What Counselee is Doing/ Not Doing Biblically: | | Problem List: (isolated problem): |
| | | Homework: |



Appendix 2⁴¹

PERSONAL DATA INFORMATION FORM

This form must be completed in full before the first counseling session. All information is confidential.

PERSONAL DATA INFORMATION FORM

This form must be completed in full before the first counseling session.
All information is confidential.

IDENTIFICATION DATA

Name _____
Phone _____
Address _____ City _____ Zip _____
Occupation _____
Phone (H) _____ (W) _____
Sex: (M) _____ (F) _____ Birthdate _____ Age _____
Referred here by _____



HEALTH INFORMATION

Rate your health (check): Very Good _____ Good _____ Average _____
Declining _____ Other _____
Height _____ Your approximate weight _____ lbs.
Weight changes recently (+/--) _____
List all important present or past illnesses or injuries or handicaps:

Date of last medical examination _____
Report: _____
Your physician _____
Address _____

⁴¹ 1. This document was inspired by Jay Adams (see Christian Counselor's Manual), but has been expanded over the years out of our experience and from the suggestions of students.
2. The authors take no legal responsibility for the use of this document. It is strongly recommended that any prospective user check with his/her attorney for liability issues in the state of residence.



CURING THE HEART

Are you presently taking medication: Yes___ No___

What?_____

Have you used drugs for other than medical purposes? Yes__ No___

What?_____

Have you ever been arrested? Yes _____ No _____

Are you willing to sign a release or information form so that your counselor may write for social, psychiatric, or medical reports?

Yes ___No___

Have you recently suffered the loss of someone who was close to you?

Yes____ No____ last

Explain:

EDUCATION

Education (last year you completed) _____(grade)

Other training (list type and years)

(Include any degrees)

MARRIAGE AND FAMILY INFORMATION

Marital Status: Single___ Going Steady ___ Engaged ___ Married ___

Separated___ Divorced___ Widowed _____

Name of Spouse_____

Address_____

Occupation_____

Phone (H)_____ (W) _____

Your spouse's age_____ Education (in years) _____

Religion_____

spouse willing to come for counseling? Yes ___ No___ Uncertain_____

Have you ever been separated? Yes__ No__ When?

from _____to_____

Have either of you ever filed for divorce? Yes___ No___

When _____



APPENDIX 2

Date of marriage _____
 Your ages when married: Husband ____ Wife ____
 How long did you know your spouse before marriage? _____
 Length of steady dating with spouse _____
 Length of engagement _____
 Give brief information about any previous marriages:

Information about children:

| PM* | Name | Age | Sex | Living? | Years/ | Education | Marital Status |
|-----|------|-----|-----|---------|--------|-----------|----------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*Check column if child is by previous marriage)

RELIGIOUS BACKGROUND

Denominational preference: _____
 Member of _____ (church)
 How often do you attend per month? (circle) 0 1 2 3 4 5 6 7 8 9 10+
 What church did you attend as a child? _____
 Baptized? _____
 Religious background of spouse (if married) _____
 Baptized? _____
 Do you consider yourself a religious person? Yes ___ No ___ Uncertain ___
 Do you believe in God? Yes ___ No ___ Uncertain ___
 Do you believe Satan exists? Yes ___ No ___ Uncertain ___
 Have you ever “dabble” with the “Occult”? Yes ___ No ___ Uncertain ___
 (Seances, devil worship, witchcraft, etc.)
 Do you pray to God? Yes ___ No ___ Never ___ Occasionally ___ Often ___
 Would you say you are a Christian? Yes ___ No ___; or would you say
 you are still in the process of becoming a Christian? _____
 How often do you read the Bible? Never ___ Occasionally ___ Often ___
 Do you have regular devotions? Yes ___ No ___ Not sure what you
 mean ___ Explain recent changes in your religious life, if any



CURING THE HEART

PERSONALITY INFORMATION:

Have you ever had any psychotherapy or counseling before?

Yes____No_____

If yes, list counselor or therapists and dates:

What was the outcome?

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

What, if anything, do you fear?

Is there any other information that would help us to help you? Have you recently suffered a loss from serious social, business, or other reversals, etc.?

Yes____ No___ Explain:

Circle any of the following words which best describe you now:

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive
Irresponsible Cruel Uneducated Proud Embarrassing Active
Ambitious Self-confident Persistent Nervous Hardworking Impatient
Impulsive Moody Often-blue Excitable Imaginative Calm Serious
Easy-going Shy Good-natured Introvert Extrovert Likable Leader
Quietboiled Hard-boiled Submissive Lonely Selfconscious Sensitive
Humorous Sloppy Well-groomed Selfdisciplined Whiner Selfish
Lots of Friends Failure Success Other_____



APPENDIX 2

FAMILY AND CHILDHOOD INFORMATION:

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

How many older brothers _____ sisters _____ do you have?

How many younger brothers _____ sisters _____ do you have?

Are you on good terms with your Mother ___

Father ___ Brother ___ Sisters _____?

List the people that you hate or are extremely angry with, and the reasons:

What kind of home did you grow up in? (Check all that apply)

___ Traditional (Father, Mother, Kids)

___ Authoritarian (Father or Mother made all the rules without discussion.

Would not allow for other opinions.

___ Divorced (Who did you live with? ___ Mom ___ Dad

Other _____)

___ Alcoholic (___ Skid row ___ Functional, but affected ___ Dysfunctional effect on family)

___ Drug Affected (___ Cocaine ___ Heroin ___ Marijuana ___ Other _____)

___ Perfectionist (Everything had to be done just right to please ___ Mom

___ Dad ___ Both

___ Critical (One or both parents could only remark about the negatives.

Little praise for good things).

___ Affectionate (___ Demonstrative with hugs, kisses, etc. ___ Affection there, but not openly shown).

___ Emotional (___ Crying allowed, but controlled. ___ Anger, screaming freely allowed).

___ Repressed (___ Emotions not allowed to show. ___ Parents showed emotion, but kids not allowed to do so).

___ Religious (___ In name only ___ Strict, negative ___ Hypocritical

___ Genuine Happy Experience).

___ Step-family (___ Which of parents remarried? _____ ___ Had to live with step-brothers or step-sisters)

___ Abusive (In what way? ___ Sexual ___ Physical Beatings ___ Emotional

___ Other: _____)



CURING THE HEART

FAMILY AND CHILDHOOD INFORMATION CONTINUED:

What kind of home did your Father grow up in? Traditional (Father, Mother, Kids)

Authoritarian (Father or Mother made all the rules without discussion.

Would not allow for other opinions.

Divorced (Who did you live with? Mom Dad

Other _____)

Alcoholic (Skid row Functional, but affected Dysfunctional effect on family)

Drug Affected (Cocaine Heroin Marijuana

Other _____)

Perfectionist (Everything had to be done just right to please Mom Dad Both

Critical (One or both parents could only remark about the negatives. Little praise for good things).

Affectionate (Demonstrative with hugs, kisses, etc. Affection there, but not openly shown).

Emotional (Crying allowed, but controlled. Anger, screaming freely allowed).

Repressed (Emotions not allowed to show. Parents showed emotion, but kids not allowed to do so).

Religious (In name only Strict, negative Hypocritical Genuine Happy Experience).

Step-family (Which of parents remarried? _____ Had to live with step-brothers or step-sisters)

Abusive (In what way? Sexual Physical Beatings Emotional

Other: _____)

What kind of home did your Mother grow up in? Traditional (Father, Mother, Kids) Authoritarian (Father or Mother made all the rules without discussion. Would not allow for other opinions.

Divorced (Who did you live with? Mom Dad

Other _____)

Alcoholic (Skid row Functional, but affected





APPENDIX 2

___Dysfunctional effect on family)
 ___ Drug Affected (___Cocaine ___Heroin ___Marijuana ___
 Other_____)
 ___ Perfectionist (Everything had to be done just right to please ___Mom
 ___Dad___Both
 ___ Critical (One or both parents could only remark about the negatives.
 Little praise for good things).
 ___ Affectionate (___Demonstrative with hugs, kisses, etc. ___Affection
 there, but not openly shown).
 ___ Emotional (___Crying allowed, but controlled. ___Anger, screaming
 freely allowed).
 ___ Repressed (___Emotions not allowed to show. ___Parents showed
 emotion, but kids not allowed to do so).
 ___ Religious (___In name only ___Strict, negative ___ Hypocritical
 ___Genuine Happy Experience).
 ___ Step-family (___Which of parents remarried? _____
 ___ Had to live with step-brothers or step-sisters)
 ___ Abusive (In what way? ___ Sexual ___Physical Beatings ___Emotional
 ___ Other: _____)



FAMILY AND CHILDHOOD INFORMATION CONTINUED

Would you characterize your Father as: (Circle the appropriate words)
 Godly Ethical Hypocritical Strict Angry Unreasonable Abusive
 Irresponsible Cruel Uneducated Proud Embarrassing Active
 Ambitious Self-confident Persistent Nervous Hardworking
 Impatient Impulsive Moody Often-blue Excitable Imaginative
 Calm Serious Easy-going Shy Good-natured Introvert Extrovert
 Likable Leader Quietboiled Hard-boiled Submissive Lonely
 Selfconscious Sensitive Humorous Sloppy Well-groomed
 Selfdisciplined Whiner Selfish Lots of Friends Failure Success
 Other_____





CURING THE HEART

Would you characterize your Mother as:

Godly Ethical Hypocritical Strict Angry Unreasonable Abusive
 Irresponsible Cruel Uneducated Proud Embarrassing Active
 Ambitious Self-confident Persistent Nervous Hardworking
 Impatient Impulsive Moody Often-blue Excitable Imaginative
 Calm Serious Easy-going Shy Good-natured Introvert Extrovert
 Likable Leader Quietboiled Hard-boiled Submissive Lonely
 Selfconscious Sensitive Humorous Sloppy Well-groomed
 Selfdisciplined Whiner Selfish Lots of Friends Failure Success
 Other_____

Where did you grow up? ___Urban Area ___Suburban Area ___ Small
 Town ___Rural ___Farm City, State _____
 Population_____

What was your family's economic situation when you were a child?
 ___ Extremely poor ___Poor ___Lower Middle Income ___ Middle
 Income ___ Higher Middle Income ___Wealthy ___ Extremely wealthy
 Where you ever sexually abused by anyone? ___No ___Yes
 (Please detail: ___Were you abused by a relative? ___Were you abused
 by a stranger? ___A neighbor? How old were you at the time?_____
 Was the person who abused you ever prosecuted?_____
 What was your happiest memory as a child?_____

What was your unhappiest memory as a child?

Did you experience a major trauma when you were a child? Detail:
 ___ At Home

 ___ At School





APPENDIX 2

___ At Neighbor's Home _____
___ At Relative's Home _____
___ Other: _____

TELEVISION & ENTERTAINMENT

How much television do you watch each day? _____ hrs.

List your favorite programs: _____

What is your favorite type of music? _____

List your favorite entertainers:

BIO-PSYCHOLOGICAL INFORMATION

Have you ever felt people were watching you? Yes _____ No _____

Do people's faces ever seem distorted? Yes _____ No _____

Do you ever have difficulty distinguishing faces? Yes _____ No _____

Do colors ever seem too bright? Yes _____ No _____

Are you sometimes unable to judge distance? Yes _____ No _____

Have you ever had hallucinations? Yes _____ No _____

Are you afraid of being in a car? Yes _____ No _____

Is your hearing exceptionally good? Yes _____ No _____

Do you have problems sleeping? Yes _____ No _____

PERSONAL BEHAVIORAL HABITS

1. Do you drink coffee or other caffeinated drinks? Yes ___ No ___ How much per day? _____.

2. Do you smoke? Yes _____ No _____ How much? _____.

3. Do you explode when you get angry? Yes _____ No _____.

4. Do you withdraw when you get angry or hurt? Yes _____ No _____.

5. Do you frequently argue with significant other people? Yes ___ No ___

WOMEN ONLY

Have you had any menstrual difficulties? _____

Do you experience tension, tendency to cry, other symptoms prior to your cycle? Please explain:



CURING THE HEART

Is your husband willing to come for counseling?

Is he in favor of your coming ? _____ If no, explain

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What is your problem?

2. What have you done about it?

3. What can we do? (What are your expectations in coming here?)

4. Is there any other information we should know?



PROBLEM CHECK LIST: (Check those which are current)

- ___ Anger ___ Envy ___ Appetite
- ___ Anxiety ___ Fear ___ Memory
- ___ Apathy ___ Gluttony ___ Moodiness
- ___ Bitterness ___ Guilt ___ Rebellion
- ___ Change in Lifestyle ___ Health ___ Sex
- ___ Children ___ Homosexuality ___ Sleep
- ___ Depression ___ Impotence ___ Wife Abuse
- ___ Deception ___ In-laws ___ A Vice





COUNSELING INFORMATION AND CONTRACT

1. Diagnostic Tools: We use helpful counseling forms such as this Personal Data Information form, the Problem Pattern Analysis form, and other aids to gain an understanding of the central problems a person is experiencing.

2. Intent Listening: We encourage the counselee to speak his mind in an appropriate fashion and to discuss his thoughts, anxieties, resentments, and fears so that the counselor will have a clear understanding of the central problems.

3. Team Counseling: There are times when a counseling situation may call for a team approach. In this event, we may have more than one counselor involved in a session. The counselors share insights and opinions with one another which pertain to the case. Team Counseling can be especially helpful in marital counseling; a husband and wife team can help put both counsees at ease.

4. Assignments: Counsees make more rapid progress when they are required to study or to perform specific informational or behavioral assignments which pertain to the problem. We tailor these assignments to the individual counselee and the circumstances.

5. Accountability: We are not interested in wasting the time of the counselors or the counsees. We are interested in believers learning how to experience the peace and joy that result from a walk of obedience to God's Word, and we hold the counsees accountable for doing the assignments on schedule.

How long does biblical counseling take?

Counseling will vary in the amount of time required according to the individual, his motivation, and the particular problem. On the average, however, biblical counseling requires far less time than conventional secular counseling. One reason is that biblical counselors are not interested in prolonging the number of sessions in order to increase their income. Simple problems

are often solved in one session. Severe problems may require a longer period. Marital counseling may require as many as 12 to 18 sessions. Substance abuse problems may require many more sessions, with intensive accountability and follow-up.

How much does it cost?

The counselor will discuss this with the counselee.

About confidentiality

We are careful to protect each counselee’s confidentiality. There are times, however, when a counselor must consult with other counselors for advice. If information is revealed in counseling which indicates a genuine potential for harm to a counselee or others, the counselor may be required by law or biblical mandate to share that information with the appropriate authorities or family members.

COUNSELING CONTRACT

I, (name) _____, affirm the accuracy of the personal information provided herein, and have read the information above and agree to the conditions set forth therein. I hereby agree to the following conditions:

1. I am committed to changing my life by coming into obedience to the Word of God.
2. I will keep the appointment time, or will call to cancel in advance with a legitimate reason.
3. I will fulfill the weekly assignments.
4. I will attend church each Sunday while I am in counseling.
5. I understand that confidentiality cannot be guaranteed in the case of information as indicated above.

(Signed) _____ (Date) _____



Appendix 3

Four Levels of Problems and their Solutions



Downward Spiral

Upward Spiral

Perception Level: Where the Problem Begins

Mind-set, belief, established attitude
interpretation of reality, idols of the heart

Preconditioning Level

Learn patterns, chronic anger, avoidance
of conflict, lying, self-pity, deceit,
immorality, self-orientated fulfillment.

Performance Level

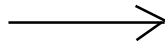
This is the “doing level.” Ask what,
when, how and who questions to discover
“why” this behavior is characteristic of the
counselee.

Performance includes: brooding, slander,
perversion, short-tempered, overeating,
slamming doors, holding grudges, critical,
clamming up, etc.

Presences level

What is felt: This includes what a person
projects – constant frown, rigid muscle tone
– and what he feels and talks about feeling.
Severely depressed, listless, confused, fearful,
drug dependent, poor interpersonal
relationships, unable to control anger, suicidal.

Developing Spiritual Dimensions



Grateful acknowledgement is made to Jay E. Adams for the basic
ideas presented here. Some information has been added by the
authors.