



# COUNSELING MINISTRY

*emphasizing biblical hope & restoration*

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## COUNSELING INTAKE FORMS (STANDARD EDITION)

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Dear Friend,

Welcome to the counseling ministry at The Summit Church. We are grateful that you have welcomed us into your life at this time. It is never easy to reach out for help. We admire the courage, faith, and humility this first step represents on your part. It is our prayer that God will bless this step and use our time together to build more hope and direction into your life.

**Our goal** in the counseling ministry is to provide the highest quality, Christ-centered counseling to individuals and families who are hurting and confused.

**Our vision** for counseling is larger than a few one-on-one meetings with a counselor. Rarely does lasting change happen in isolation. We will likely encourage you to be involved in the life of our church in a variety of ways as we meet together.

**Our team** for the counseling ministry consists of graduate-level counselors who offer free personal or marital counseling to our members and community. Our counseling interns are completing their masters or doctoral degrees in pastoral counseling and receive supervision from our Pastor of Counseling and the professors of their respective institutions as they serve you.

The next step in the counseling process is to complete the intake forms you are now reading. The counseling forms are designed to **(1)** help us to get to know you in a comprehensive, holistic, and efficient manner and **(2)** help you organize your thoughts about your counseling objectives. **You will need to allow approximately 45 minutes to complete these forms.**

- The following five pages provide your counselor with background on your situation (if you are married, then you and your spouse will both need to complete a set of these forms).
- The next three pages contain the policies of the Summit counseling ministry. Please read, initial, and sign these pages. If you have any questions, your counselor will be happy to answer them.
- The last two pages provide instruction on how to place yourself in the best position to benefit from counseling at each stage in the process. Please keep these two pages for your personal reference.
- Childcare is not provided, and children are not allowed to sit unattended in the waiting areas. If you are unable to make alternative plans for your child for the first appointment and subsequent parent consultations, then counseling should be postponed until arrangements can be made.
- If you are taking any prescription medication(s) please do not alter your dose on the day of your appointment. If have recently begun a new medication, please allow approximately two weeks before scheduling your appointment.

We ask that you complete these forms and submit them to the counseling ministry at The Summit Church. Once we receive the completed forms:

1. Our Counseling Pastor will review them carefully and our office will contact you with a recommended counselor, or (if we are not able to server your need well) a list of other services that would benefit you at this time.
2. When we contact you, we will schedule a first appointment with the counselor we have recommended.

We are grateful to be able to serve you at this time and to be a part of the journey God has for you. We look forward with a sober anticipation towards playing a role in your progress and hope.

In Christ,  
Brad Hambrick  
*Pastor of Counseling*

# COUNSELING INTAKE FORMS (STANDARD EDITION)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender:  Male  Female Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Numbers: \_\_\_\_\_ May we leave a message here:  Yes  No

Second Phone Numbers: \_\_\_\_\_ May we leave a message here:  Yes  No

Occupation / Employer: \_\_\_\_\_ Avg Hours/Week: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number (needed in case of emergency reporting): \_\_\_\_\_

Highest degree(s) earned: \_\_\_\_\_ School: \_\_\_\_\_

**With Whom Do You Currently Live:** (Please check all that apply)

Alone  Parent(s)  Spouse  Children  Boyfriend  Girlfriend  Other: \_\_\_\_\_

**Marriage & Family Information:** (Please complete if you are currently engaged or dating)

Name of Spouse: \_\_\_\_\_ Your Spouse's Age: \_\_\_\_\_

Address: ( same as above) \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation / Employer: \_\_\_\_\_ Avg Hours/Week: \_\_\_\_\_

Highest degree(s) earned: \_\_\_\_\_ School: \_\_\_\_\_

Is spouse willing to come for counseling? Yes  No  Uncertain

Have you ever been separated? Yes  No  Currently  When/How Long? \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Your ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_

How long did you know your spouse before marriage? \_\_\_\_\_

Length of steady dating: \_\_\_\_\_ Length of engagement: \_\_\_\_\_

Give **brief** information about any previous marriages:

| Ex-Spouse's Name | Year Married | Length of Marriage | Reason for Divorce | # Kids |
|------------------|--------------|--------------------|--------------------|--------|
|                  |              |                    |                    |        |
|                  |              |                    |                    |        |
|                  |              |                    |                    |        |

\* Other relevant information can be written on the back of this page.

| Child's Name | Age | Gender | Living | At Home | Married | Special Condition(s) | *PM/A/MC |
|--------------|-----|--------|--------|---------|---------|----------------------|----------|
|              |     | M / F  | Y / N  | Y / N   | Y / N   |                      |          |
|              |     | M / F  | Y / N  | Y / N   | Y / N   |                      |          |
|              |     | M / F  | Y / N  | Y / N   | Y / N   |                      |          |
|              |     | M / F  | Y / N  | Y / N   | Y / N   |                      |          |
|              |     | M / F  | Y / N  | Y / N   | Y / N   |                      |          |

\* Check this column if child is by previous marriage (PM), adoption (A), or lost to miscarriage (MC).

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# SPIRITUAL / RELIGIOUS INFORMATION

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Church Name: \_\_\_\_\_ Number of Years at Church: \_\_\_\_\_

If The Summit, which campus do you attend? \_\_\_\_\_

Church Attendance: \_\_\_\_\_ Times per month      Are you a part of a small group? Yes  No

If "Yes", who is your small group leader? \_\_\_\_\_

Please list any ministry involvement: \_\_\_\_\_

\_\_\_\_\_

Church attended in childhood: \_\_\_\_\_

HAVE YOU BEEN BAPTIZED? Yes  No  When? \_\_\_\_\_

If applicable, what is the religious background of your spouse: \_\_\_\_\_

Spouse's church attendance: \_\_\_\_\_ Times per month

Do you and your spouse openly discuss and encourage one another in your faith? Yes  No

DO YOU PRAY TO GOD? Yes  No  How often? \_\_\_\_\_

What do you pray about? \_\_\_\_\_

HAVE YOU RECEIVED JESUS CHRIST PERSONALLY AS YOUR SAVIOR?

Yes  No  Uncertain  Don't know what you mean

How would you define the Gospel and what it means to be a Christian? \_\_\_\_\_

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

Do you read the Bible? Yes  No  How often? \_\_\_\_\_

Do you have personal devotions? Yes  No  How often? \_\_\_\_\_

Describe your personal devotions: \_\_\_\_\_

Do you have family devotions? Yes  No  How often? \_\_\_\_\_

Describe your family devotions: \_\_\_\_\_

Favorite Christian Authors: \_\_\_\_\_

Please note any recent changes in your spiritual life: \_\_\_\_\_

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

# HEALTH INFORMATION

Have you had counseling before? Yes  No

Have you seen a psychiatrist before? Yes  No  Currently

| Age | Duration | Counselor/ Center | Issue(s) / Topics(s) / Diagnosis | * Your Evaluation of Counseling |
|-----|----------|-------------------|----------------------------------|---------------------------------|
|     |          |                   |                                  |                                 |
|     |          |                   |                                  |                                 |
|     |          |                   |                                  |                                 |

*\* Use back of this page if necessary or if you need more space*

Approximately how many hours of sleep do you get each night? \_\_\_\_\_

When do you normally: go to bed? \_\_\_\_\_ fall asleep? \_\_\_\_\_ wake up? \_\_\_\_\_ get out of bed? \_\_\_\_\_

What do you normally do between going to bed and falling asleep? \_\_\_\_\_

Describe any recent changes in sleep habits: \_\_\_\_\_

State of current health: Very good  Good  Average  Declining  Other: \_\_\_\_\_

Date of last medical examination: \_\_\_\_\_ Results: \_\_\_\_\_

Current illness, injury, or disability: \_\_\_\_\_

Are you presently taking any medication? Yes  No  Prescribing Doctor(s): \_\_\_\_\_

| Medication | Dosage | Frequency | Prescribed for... | Date began taking... |
|------------|--------|-----------|-------------------|----------------------|
|            |        |           |                   |                      |
|            |        |           |                   |                      |
|            |        |           |                   |                      |

*\* Use back of this page if necessary*

Have you used drugs for other than medical purposes? Yes  No  When? \_\_\_\_\_

What? \_\_\_\_\_ Amounts/Dosages: \_\_\_\_\_

Do you drink alcoholic beverages? Yes  No  When? \_\_\_\_\_ How much? \_\_\_\_\_

Describe your eating habits or changes in appetite: \_\_\_\_\_

Describe your exercise routine: \_\_\_\_\_

Current weight? \_\_\_\_\_ lbs Weight changes: **6 months** +/- \_\_\_\_\_ lbs **1 Year** +/- \_\_\_\_\_ lbs **5 Years** +/- \_\_\_\_\_ lbs

Number of non-working hours per week spent watching television \_\_\_\_\_ on computer \_\_\_\_\_ hobbies \_\_\_\_\_

Please check any of the following physiological symptoms that apply to you.

- |   |   |   |
|---|---|---|
| Headaches ..... <input type="checkbox"/> Past <input type="checkbox"/> Present    | Difficulty Breathing . <input type="checkbox"/> Past <input type="checkbox"/> Present | Rapid Heart Rate ..... <input type="checkbox"/> Past <input type="checkbox"/> Present |
| Visual Trouble ... <input type="checkbox"/> Past <input type="checkbox"/> Present | Tension ..... <input type="checkbox"/> Past <input type="checkbox"/> Present          | Dizziness ..... <input type="checkbox"/> Past <input type="checkbox"/> Present        |
| Weakness ..... <input type="checkbox"/> Past <input type="checkbox"/> Present     | Fatigue ..... <input type="checkbox"/> Past <input type="checkbox"/> Present          | Pain ..... <input type="checkbox"/> Past <input type="checkbox"/> Present             |
| Sleep Trouble .... <input type="checkbox"/> Past <input type="checkbox"/> Present | Change in Appetite . <input type="checkbox"/> Past <input type="checkbox"/> Present   | Other (on back) ..... <input type="checkbox"/> Past <input type="checkbox"/> Present  |

Indicate how distressed you are by placing an "x" on the scale below (1 = very little distress; 10 extreme distress):

\_\_\_\_\_

1            2            3            4            5            6            7            8            9            10

Check any of the following struggles you and/or your family are experiencing at this time:  
Please rate "blank" if none; "1" if mild; "2" if moderate; or "3" if severe.

| You | Family |                                | You | Family |                       | You | Family |                        |
|-----|--------|--------------------------------|-----|--------|-----------------------|-----|--------|------------------------|
|     |        | Abuse, Physical                |     |        | Fear                  |     |        | Perfectionism          |
|     |        | Abuse, Sexual                  |     |        | Financial Management  |     |        | Pornography            |
|     |        | Abuse, Verbal                  |     |        | Greed                 |     |        | Pre-Marital Sex        |
|     |        | Abuse in Past                  |     |        | Grief                 |     |        | Pride                  |
|     |        | Addiction                      |     |        | Guilt                 |     |        | Priorities             |
|     |        | Anger                          |     |        | Homosexuality         |     |        | Procrastination        |
|     |        | Anxiety                        |     |        | Humility              |     |        | Purpose, Lack of       |
|     |        | Apathy                         |     |        | Identity              |     |        | Rebellion              |
|     |        | Bad Memories                   |     |        | Impatience            |     |        | Rejection              |
|     |        | Bitterness                     |     |        | Infertility           |     |        | Relationships          |
|     |        | Caring for Parents             |     |        | Insecurity            |     |        | Respecting Authorities |
|     |        | Chronic Pain                   |     |        | In-Law Conflict       |     |        | Respecting Parents     |
|     |        | Codependency                   |     |        | Jealousy              |     |        | Respect Spouse         |
|     |        | Communication, affection       |     |        | Judgmental            |     |        | Same Sex Attraction    |
|     |        | Communication, day to day      |     |        | Leadership            |     |        | Self-Control           |
|     |        | Communication, emotions        |     |        | Lifestyle Change      |     |        | Self-Injury            |
|     |        | Communication, planning        |     |        | Loneliness            |     |        | Selfish                |
|     |        | Communication, problem solving |     |        | Lying                 |     |        | Shame                  |
|     |        | Compulsions                    |     |        | Manipulation          |     |        | Social Anxiety         |
|     |        | Depression                     |     |        | Marital Intimacy      |     |        | Spiritual Growth       |
|     |        | Debt                           |     |        | Moodiness             |     |        | Submission             |
|     |        | Discontentment                 |     |        | On-Line Sins          |     |        | Suicidal Thinking      |
|     |        | Divorce Recovery               |     |        | Panic Attacks         |     |        | Time Management        |
|     |        | Doubt Salvation                |     |        | Parenting             |     |        | Work Unfulfilling      |
|     |        | Eating Disorder                |     |        | Parenting Adult Child |     |        |                        |
|     |        | Empty Nest                     |     |        | Peer Pressure         |     |        |                        |
|     |        | Envy                           |     |        | People Pleasing       |     |        |                        |

If someone reared you other than your own parents, briefly explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of older brothers: \_\_\_\_\_ Older Sisters: \_\_\_\_\_ Younger brothers: \_\_\_\_\_ Younger Sisters: \_\_\_\_\_  
 Step/half: \_\_\_\_\_ Step/half: \_\_\_\_\_ Step/half: \_\_\_\_\_ Step/half: \_\_\_\_\_

The town I grew up in was  urban  suburban  small town  rural  changed frequently.  
 My family's financial situation was  poor  lower middle  middle class  upper middle class  wealthy.  
 Did you have any significant traumatic events as a child?  Yes (please describe on back)  No

Which of the following words best describe your home of origin (check all that apply):

- Traditional  Authoritarian  Unpredictable  Divorced  Lonely  
 Substance Abuse  Physical Abuse  Verbal Abuse  Perfectionist  Critical  
 Sexual Abuse  Affectionate  Affirming  Permissive  Safe

Give **brief** information about places you have lived (moves within same city or area not necessary to list):

| Location Lived | Ages Lived There | Reason for Move |
|----------------|------------------|-----------------|
|                |                  |                 |
|                |                  |                 |
|                |                  |                 |

\* Use back of this page if necessary

Please complete the following in one or two sentences:

In order to understand me \_\_\_\_\_  
My ambition in life is to \_\_\_\_\_  
What really hurts me \_\_\_\_\_  
I get nervous when \_\_\_\_\_  
I wish I could lose my fear of \_\_\_\_\_  
What I wish I could change about myself \_\_\_\_\_  
My best childhood memory \_\_\_\_\_  
My worst childhood memory \_\_\_\_\_  
My father is/was \_\_\_\_\_  
My mother is/was \_\_\_\_\_  
My biggest regret is \_\_\_\_\_  
My greatest achievement is \_\_\_\_\_  
My role in my current family is \_\_\_\_\_  
For refuge/rest I turn to \_\_\_\_\_  
When life gets too hard I \_\_\_\_\_  
To be happy I need \_\_\_\_\_  
I would do anything for \_\_\_\_\_  
I often wonder why \_\_\_\_\_  
It embarrasses me to \_\_\_\_\_  
I cannot decide \_\_\_\_\_

1. Please describe the current problem, as you understand it. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What have you done about it (most effective and least effective)? \_\_\_\_\_  
\_\_\_\_\_

3. Other than counseling, what help are you seeking? \_\_\_\_\_  
\_\_\_\_\_

4. Who referred you to The Summit for help? \_\_\_\_\_

5. Please describe any family history (the family that you grew up in), which might be pertinent to the concerns that you bring to counseling (your relationship with your parents, their relationship with each other, significant losses or events): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What are your expectations in coming here? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What, if any are your concerns about coming to counseling? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What do you believe you will have to change to see the progress you desire? \_\_\_\_\_  
\_\_\_\_\_

9. Is there any other information we should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for taking the time to complete these forms. The information you have provided will enable us to better serve you.*

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# The Summit Counseling Ministry Policy Review

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**Instructions for Policy Review:** After carefully reading each policy please *place your initials* (beside each checked box) in the space provided to indicate your understanding and agreement. If you have questions, please direct them to your counselor before your initial meeting begins. *If for any reason you are unable to sign these forms, we will be unable to serve you.*

**Your Rights as a Counselee:** As a counselee you have the right to discuss possible outcomes and challenges regarding counseling and receive an estimate of the predicted length, goals, and outcomes, as well as alternative options. You have the right to ask about and/or refuse any techniques used. You are encouraged to report to an elder/pastor at The Summit Church or Peacemakers Ministries as defined in "The Waiver of Liability" below, if you have any grievances regarding counseling. You may conclude counseling at any time, but we encourage you to consult with your counselor as to the best way and time to do so.

**Not Professional Advice:** If you have legal, financial, medical or other technical questions, you should seek advice from a professional with expertise in those fields.

## FINANCIAL POLICY

The counseling ministry at The Summit Church is part of our ministry to our members and community. We do not charge for the counseling services offered. The graciousness and generosity of our members allows us to offer these services free of charge. We would encourage you to make a contribution in response to the counseling you receive. However, your gift should be given to "The Summit Church" and not to your counselor, as a way of joining with our members to share the hope of Christ throughout Raleigh / Durham to the ends of the earth (Matt 28:18-20).

\*\*\* Initial here if you understand and agree with this Financial Policy: \_\_\_\_\_

## APPOINTMENT CANCELLATION POLICY

We want to be a good steward of the time and resources of the counseling ministry. Therefore, we request a 24 hour notice if you wish to cancel or are unable to keep an appointment. If you fail to give us a 24 hour notice you will be expected to pay a missed appointment fee made payable to "The Summit Church."

\$25.00 for appointments missed or cancelled with insufficient notice.

\*\*\* Initial here if you understand and agree with this Cancellation Policy: \_\_\_\_\_

## PHILOSOPHY OF CARE

We are committed to providing a balanced and Biblical approach to counseling. By biblical counseling we mean that your counselor is a Christian with special training and experience in applying the truths of the Bible to life. We believe that the Bible speaks to all of life and to all of its problems, but sometimes it takes careful thought and prayerful wisdom to know how to make those connections. We don't believe that the Bible is simply a how-to book or a recipe book for happiness.

We believe that the Bible ultimately points us to a person and a relationship - Jesus Christ as our Savior and Redeemer. We believe that real change comes when people learn to see themselves and their problems in the context of a living, vital relationship with Christ. This does not mean that you must be a Christian to profit from our counseling, although we believe that deep and lasting change is brought about only by God himself. However, the Bible is never brought to bear in an artificial or heavy-handed way.

\*\*\* Initial here if you understand and agree with this Philosophy of Care: \_\_\_\_\_

## CONFIDENTIALITY CLAUSE

Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. As a church-based counseling center we do not promise absolute confidentiality. Your counselor reserves the right to consult with other counselors at The Summit, the Pastor of Counseling, and his/her supervising professors for the purpose of providing the highest level of care within the ministries of the church. Counseling involving the persistent refusal to renounce a particular sin may require the disciplinary involvement of the church.

There are times when counseling information may be shared outside the church contest. Those exceptions would include, but are *not* limited to the following:

- known or suspected child or elderly abuse of any kind
- the intent to take criminal actions or violence against another person
- active suicidal thoughts or intentions

If you are suicidal during the course of your counseling, it is crucial that you talk with your counselor about these matters. By initialing this section you are indicating that you agree to share any suicidal thoughts or intentions with your counselor and that you would seek medical care if you actively consider suicide outside of counseling.

In the case of marriage or family counseling, there is limited confidentiality, meaning the confidentiality belongs to the relationship and not to the individual.

Confidentiality for counseling at The Summit is defined by pastor-parishioner privilege because we are a local church and, therefore, our counselors operate as agents of the church (pastors/ministers) not agents of the state (licensed counselors). This means counseling conversations are inadmissible in the court of law in the same way as conversations with a priest in a confessional booth. If your counseling subject requires professional representation in a court setting by a counselor, The Summit will likely *not* be the best-fit for your needs.

\*\*\* Initial here if you understand and agree with this Confidentiality Clause: \_\_\_\_\_



## WAIVER OF LIABILITY

In seeking counseling from The Summit Church, you must acknowledge your understanding of the following conditions and further release The Summit Church, its staff, elders, employees, and all organizational leadership, from any legal liability, claim, or litigation arising from your participation in this voluntary program:

1. Counseling will be provided by seminary trained counselors or graduate counseling interns. The counseling staff is *not* a licensed counselor as an LPC (Licensed Professional Counselor), LMFT (Licensed Marriage and Family Therapist), LCSW (Licensed Clinical Social Worker), or LFBPPC (Licensed Fee-Based Practicing Pastoral Counselor) through the state of North Carolina;
2. All counseling is provided in accordance with the biblical principles adhered to by The Summit Church and are not necessarily provided in adherence to any local or national psychological or psychiatric association for the evaluation and treatment of mental disorders and other conditions through the use of a combination of clinical mental health and human development principles, methods, diagnostic procedures, treatment plans, and other psychotherapeutic techniques;
3. No representation has been made, either expressly or implied, that the biblical counseling, as conducted by the above mentioned counselors, is accepted as customary psychological and/or psychiatric therapy within the definitional terms utilized by those professions;
4. **Arbitration Clause:** It is understood by the participant counselee(s) that all complaints and grievances relating to this policy, or the provision of counseling pursuant to this policy, will be heard by the elders of The Summit Church. If the goal of reconciliation cannot be achieved between the aforementioned parties, then the participant counselee(s) may elect to involve Peacemaker Ministries, Inc., at their expense, for the purpose of mediation or arbitration. **It is specifically agreed that any dispute arising out of or related to the provision of services agreed to herein shall be subject to final and binding resolution through private arbitration.**
5. This is a voluntary program in which I am choosing to participate.

\*\*\* Initial here if you understand and agree with this Waiver of Liability: \_\_\_\_\_





# CONSENT TO COUNSEL

Having read and understood The Summit's

Financial Policy

Appointment Cancellation Policy

Confidentiality Clause

Waiver of Liability

Philosophy of Care

I, \_\_\_\_\_ (print name)

grant permission for The Summit to render counseling services to me and the names listed below  
(please include the names of those who may be involved in the counseling process):

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I also understand that The Summit may terminate services for noncompliance with the plan of care and/or agreed upon administrative issues, failure to keep or cancel appointments, violent behavior, threats of violence, involvement in criminal behavior, or for other similar issues.

\* \* \* \* \*

### Please sign to indicate the following:

1. You have read the policies in this document;
2. You agree with and understand each of these policies; and,
3. You are enrolling yourself into counseling of your own will.

**SIGN HERE**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**SIGN HERE**

\_\_\_\_\_  
Client Signature (for spouse or second counselee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor of Counseling Signature

\_\_\_\_\_  
Date

# What Can I Do to Place Myself in the Best Position to Benefit from Counseling?

Counseling is a verb more than a noun; it is something you participate in more than something you receive. With this in mind, it is important to ask the question, “What do I need to do to set counseling up to succeed?” We’ll consider this question for three phases of the counseling relationship.

## Phase One: Before Your First Appointment

1. *Be Committed* – Some people come to counseling wondering “if it will work for them.” This reveals a mindset that is passive towards what will happen in the counseling relationship. Coming to counseling is like joining a gym; it is a great context for change but can’t produce the desired results without your participation.
  - When you think of expectations for counseling, think about what you’ll be doing between sessions.
2. *Paperwork* – Intake forms are more than an administrative necessity; they serve a vital function for you and your counselor. Intake forms are designed to help you intentionally overview your life in light of your struggle to begin solidifying the goals you have for counseling. Intake forms also allow your counselor to get to know you efficiently. Counseling often jumps into the “deep waters of life” quickly and intake forms are one way your counselor can be sure to have an overview of your life so that your struggles do not over-define who you are.
  - Spend a solid 30-45 minutes thoughtfully completing the counseling intake forms.
3. *Be Humbly Self-Aware* – Your counselor won’t get to know you better than you know you, and your counselor will only get to know you as you reveal yourself. This means the courage of transparency is required for counseling to be effective. Don’t be ashamed of the areas you need to grow. Prepare yourself to describe them clearly, humbly, and from the perspective of as many people as are affected by them.
  - Use more first person pronouns (I, me, my) than third person pronouns (he, she, them) in the first session.

## Phase Two: During Your Counseling Relationship

1. *Be Honest* – Don’t make your counselor ask the “right questions” to get the “needed information.” That is like taking your car to the mechanic, but being coy about what needs to be fixed. If you are not honest with your counselor, your counselor is not really counseling you, but a figment of your imagination. The advice you receive may be sound, but it will not be well-suited to you or your situation.
  - Before each session and whenever counsel may not feel well-suited to your situation, ask yourself, “What would my counselor need to know to advise me well?”
2. *Be Consistent* – This means (a) making your appointments, (b) being on time for your appointments, and (c) completing any homework between sessions. When the continuity of counseling is disrupted because of missed appointments, it is difficult for the counseling relationship to catch traction. The most profitable time in a counseling session is usually the last 10 minutes, and if you’re late, you cut

that time out of your session in the beginning. It is completing the homework between sessions or reflecting on the counseling conversation that ensures each session builds on the momentum of the previous one.

- For as long as you are in counseling, make counseling a high priority.
3. *Be Patient* – Most of this post has been about being pro-active, but that is not a synonym for being impatient or a perfectionist. Counseling involves prioritizing important goals; that is frustrating. Counseling also involves engaging change in a way that allows the changes to endure; that is often less efficient than we would like. This means the “how” of counseling (process / verb) is more important than the “what” of the counsel (content / noun). You are learning how to approach life when it’s messy more than a set of skills to address something in tidy way.
    - Realize this honors you. If there were quick solution to the struggle that brought you to counseling that would be demeaning to the time you invested in resolving the matter before counseling began.

### **Phase Three: As Counseling Concludes**

1. *Be Known* – The long-term effectiveness of counseling is largely predicated upon the quality of relationships you have outside of counseling. You want to pass the baton of trust and transparency from a counselor to trusted friends who can [provide ongoing accountability and support](#).
  - Be a part of a small group and seek opportunities to be more open about what you’re learning and how you’re growing through counseling in the small group setting.
2. *Grow Independently* – As counseling concludes you should begin growing more outside of counseling in areas that are distinct from your counseling agenda than you are inside of counseling in the areas of your counseling goals. Counseling begins because struggles were interfering with life. Counseling concludes when life can be meaningfully engaged despite the remaining struggles.
  - Don’t put life on hold because you are in counseling. Especially in the latter stages of counseling, set goals for things you want to pursue, not just overcome. Let your small group be the context where you share about and seek guidance on these matters.
3. *Be Joyously Imperfect* – Sanctification is a life-long journey; “graduating” counseling doesn’t mean we’re a finished product. Unless we are at peace with this reality, we will never feel like life is “good enough” to free us from counseling. However, when we are honest about our struggles in natural community and these struggles no longer impair our ability to engage our primary life roles, then the artificially-paired relationship of counseling is no longer needed.
  - Enjoy being “in process.” Allow it to bring a sense of adventure and purpose to life as you continue to discover areas that God wants to grow and shape your life.