



Otterbein

Biblical Counseling Ministry

Mrs. Jean Benchoff, Biblical Counseling Coordinator

Rev. Michael V. Newman, Senior Pastor

Dear Friend,

I am excited that you are considering Biblical Counseling at our church. I have watched the lives of many people change dramatically as they have submitted to the teachings of Scripture in their lives and as they have become faithful to carry out what God has intended for them. I believe that He can and will do the same for you.

There are two things which you need to do prior to coming for counseling at our church. First of all, you need to read carefully the attached "Fact Sheet" which explains about our counseling ministry. We want you to be fully aware of our method and expectations as we help you to work through the issues that are affecting your life.


Secondly, you need to fill out the "Personal History/Problem Evaluation" that is attached to this letter and send it to the church or drop it off at the church office. I realize that it will take some time to answer the various questions, but it is necessary so that we might effectively help you. Make sure you review and sign the Liability Waiver on page 5. Please return the "Personal History/Problem Evaluation" only; retain the other information for your records!

After we receive your completed "Personal History/Problem Evaluation" we will contact you to set up an appointment to begin your counseling.

As noted in the attached "Fact Sheet" we do not charge for our counseling at the church. However, you will be required to purchase a Self-Confrontation Manual which will be used to help in your counseling sessions. The cost of the manual is \$20 and is payable at the first session. If you cannot afford the manual, please discuss this with your counselor so that other arrangements may be made.

If you have any questions or concerns that you need answered, please contact Jean Benchoff or myself at 717-762-7147.

Sincerely,



Michael V. Newman
Senior Pastor

Otterbein Church & Ministry Center
Biblical Counseling Ministry
FACT SHEET

1. **BIBLICAL COUNSELING IS A MINISTRY:** Biblical counseling is a ministry that all committed believers within the body of Christ are to have toward all who have need (based on Matthew 28:19-10; Romans 15:14; Galatians 6:1-5). The range of problems with which Biblical counselors deal is very broad. It includes broken marriages, parent-child relationships, depressions, alcohol and drug abuse, tension, turmoil, anxiety, fear, worry, and any number of other problems resulting in mental and physical distress.
2. **PROFESSIONAL VS. LAY COUNSELING:** Otterbein Church's counseling ministry is done by lay persons from the Otterbein Church who are trained in the use of the Bible and the principles of Biblical counseling. Our counselors are committed to the belief that the Bible provides the only authoritative guide for a relationship with God and with other persons (2 Timothy 3:16-17). Our counselors do not base their counseling knowledge on their own opinion, experiences, or concepts, nor do they base them on the opinions, experiences, or concepts of others. Modern therapeutic techniques and principles of psychology are not used as a part of the counseling and our counselors in no way claim to be "professional" nor are they "professionally" trained. Otterbein's counselors are trained by the pastoral staff and lay leaders within the counseling ministry. Our counselors use only the Bible as the basis of their counseling and are trained in Biblical principles which apply to the full range of problems and issues men, women, and children face in a contemporary culture. Otterbein's counseling does not advocate any specific theological emphasis or any practice not specifically addressed in the Bible.
3. **THE FOCUS AND FEES OF THE BIBLICAL COUNSELOR:** Biblical counselors provide their time and energy as a service to God and as a ministry and expression of love to others (based on I Thessalonians 2:7-8; I Timothy 1:5). Therefore, each counselor serves without any charge or fee, or any financial requirement, actual or implied.
4. **TEAM COUNSELING:** At Otterbein, counseling through our counseling ministry is always done in teams. Team counseling has many practical benefits and is supported by Biblical teaching (Proverbs 11:14, 15:22, 18:17, 20:18, 24:5; Matthew 18:16). Normally, sessions are conducted by a team of counselors with one responsible for leading the team and one or two others assisting. There may also be times when a leader in the counseling ministry or one of the pastors may sit in on the session.

Counselees are also vital members of the team as they seek to solve the problems in their lives. The most important member of the team, however, is the Lord Himself, in the Person of the Holy Spirit. He is the One who will provide the hope, enabling, and the wisdom through God's Word to solve problems (John 14:26; Romans 5:3-5, 8:26-27; Ephesians 3:16).

5. **BIBLICAL COUNSELING IS DISCIPLESHIP:** Biblical counselors are committed not only to help you overcome the current problem in your life but also to train you to live all your life in a manner that leads to increasing growth and maturity in the Lord (Psalm 119:165; Proverbs 2:6-12a; Galatians 6:1-5; I Timothy 4:7-8; I John 5:1-5). Thus, in a scriptural sense, Biblical counseling is a ministry of discipleship that teaches you to walk in God's way in the midst of any problem (based on Matthew 28:19-20; I Timothy 1:5; II Timothy 2:2). During the counseling period, one of the counselors will talk with you on a weekly basis between the counseling sessions. Often, this same counselor will continue to contact you to be of further help and encouragement after counseling has been completed.

6. **CONFIDENTIALITY:** Trustworthiness is an important commitment and quality of our Biblical counselors. At the same time, it is important that you understand that your Biblical counselor may talk with the pastor, elders or other members of the church leadership team about your particular situation if they are in a position to give insight or guidance in helping address your situation. It should be clear that no information will be shared with others outside of the counseling team beyond what is necessary to help solve your problems and help you respond in a Biblical manner. Furthermore, if any member of the counseling team or leadership is called to testify in court, the counselor will not withhold information asked of them.

If you are suicidal, threaten to harm yourself or others, or reveal to the counselor that you have committed a crime, the information will not be considered confidential and may be communicated to anyone who can intervene to provide protection to you or others as determined by the counselor in consultation with the leader of the counseling ministry and the pastoral staff.

7. **MEDICAL NEEDS AND BIBLICAL COUNSELING:** Biblical counselors believe in considering the total health needs of the counselee. Your counselor may recommend that you have a full or specified medical examination at your expense. If medical assistance is required, counseling will continue at the same time, whenever possible. Biblical counselors are not members of the medical profession and do not give medical opinions on the use of medications or other medical issues.
8. **ELEMENTS OF BIBLICAL COUNSELING:** Your counselor will use all of his Biblical counseling training and skill to help you solve whatever problem is depriving you of the peace and joy that God has promised in His Word. Your counselor will concentrate on four essential elements from Scripture:

Understanding Your Problem – because of the need to apply Biblical principles to all of your difficulties, not just “fix your feelings” or change your circumstances. Your counselor, in a spirit of gentleness, will make Biblical inquiry into the various levels of your problems and help you gain God’s perspective on your difficulties (based on Proverbs 18:13; Isaiah 55:8-9; Mark 7:20-23; Romans 5:3-5, 8:28-29; Galatians 6:1-4; Hebrews 4:12; James 1:2-4, 19, 22-25, 4:17).

Your Hope – because in Jesus Christ you have a great High Priest who has been tempted in all things, yet without sin. Even though you may currently be going through a difficult test or even though every sin common to man may be tempting you, God has promised that he will not allow any trial in your life that is beyond your endurance. He has promised to provide a way of escape so that you may be able to endure it without sinning (Romans 6:11-13; I Corinthians 10:13; Hebrews 4:14-16). He will use trials for your benefit as you respond to them in a Biblical manner (Romans 8:28-29; James 1:2-4).

Your Change – because in Christ you can learn how to lay aside the old selfish ways of living and put on the new ways of living in a manner worthy of the Lord. In learning to change Biblically, you will begin to please the Lord in all respects, bearing fruit in every good work and increasing in the knowledge of God (Ephesians 4:20-24; Colossians 1:9-12).

Your Practice – because you need to prove yourself to be a doer of God’s Word and not merely a hearer, thus forgetting what kind of person you are and deluding yourself. Only in becoming an effectual doer of the Word will you be blessed in what you do, and only then will you please the Lord (Hebrews 13:20-22; James 1:22-25; I John 3:22).

9. **WAITING PERIOD:** If a counseling team is not immediately available to begin a continued counseling period with you, you will be counseled as soon as possible on a one-time basis. During this session, your counselors will provide a plan for you to follow while you are waiting for the regularly scheduled sessions. You may be encouraged to attend an ongoing Self-Confrontation course while you are awaiting counseling; in this way, you can work on solutions to problems immediately.
10. **LENGTH OF COUNSELING:** Normally, counseling sessions will last one to one-and-a-half hours each week and will continue for eight to ten weeks. If you respond quickly to Biblical counsel, the number of counseling sessions may be shortened. However, if the counselor does not observe definite change in the first few weeks, he will seek to identify the cause of the failure, discuss it with you, and help you to correct it.
11. **COUNSELING APPOINTMENTS:** Because the counseling period requires consistency and faithfulness in your applying God's principles, it is important that you reserve the designated counseling time for the entire counseling period, barring unforeseen circumstances (based on Luke 14:27-30; I Timothy 4:7). If you find that you are unable to come to a particular counseling session, please notify the counselor at least 24 hours before the sessions.

Please Note: The Otterbein Counseling Ministry generally has a waiting list for those who desire counseling. Hence, counselees who do not notify the counselor of an absence and who miss two consecutive weeks will be considered as no longer committed to Biblical counsel. The counselors will be reassigned and counselees will be placed at the end of the waiting list for future sessions.

12. **OTTERBEIN CHURCH INVOLVEMENT AND BIBLICAL COUNSELING:** In order to achieve lasting victory over the problems of life, it is vital that each person become established in a consistent Christian walk. The Lord has provided the church to help in this process (Hebrews 10:24-25). Therefore, it is important that Biblical counseling sessions be accompanied by church activities that encourage discipleship and fellowship. If you do not have a church home, you are welcome to join us in our church's fellowship. If you are part of another church family, the assistance of your church leadership may be requested so that you may even more fully receive the benefit of all the spiritual resources given to you by God. One of your pastors, elders, or deacons may even become part of the counseling team to provide the most effectual help for you. It is our commitment to do what will best help you walk in obedience to God's Word and thus experience victory over your problems.
13. **MATERIALS NEEDED AND EXPECTATIONS:** You will need a notebook, a Bible, and the Self-Confrontation Manual at all sessions, including the first session. Be sure to bring them each time. Come with high expectations. You will find hope and encouragement even during your first session. From then on, with your cooperation, we are confident that you will find trustworthy and Biblical answers for the difficulty that prompted you to contact us.

PERSONAL HISTORY/PROBLEM EVALUATION IDENTIFICATION DATA

Name: _____

Address: _____

Phone (daytime): _____ Phone (evening): _____

Phone (mobile): _____ Occupation: _____

Male Female Birth Date: _____ Age: _____

Marital Status: Single Engaged Married Separated Divorced Widowed

Education: Last grade completed prior to college _____ List other education (type and years) _____

Who referred you to Otterbein's Counseling Ministry? _____

MARRIAGE/FAMILY INFORMATION

Name of spouse: _____

Spouse address: _____

Spouse phone (daytime) : _____ Spouse phone (evening): _____

Spouse phone (mobile): _____ Occupation: _____

Birth date: _____ Age: _____ Is spouse willing to come for counseling? Yes No Uncertain

Have you ever been separated? Yes No If yes, when? From _____ To _____

Has either of you ever filed for divorce? Yes No When? _____ Who? _____

Date of marriage: _____ 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 previous marriages:

Husband _____

Wife _____

Children's Names	Ages	Gender	Living	Education In Years	Marital Status	Previous Marriage
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

Were you raised by someone other than your biological parents? Yes No If yes, who? _____

Parents are living deceased Number of: older brothers _____ sisters _____ younger brothers _____ sisters _____

PERSONAL EVALUATION

Have you had any psychotherapy or counseling before? Yes No

Counselor/Therapist Name	Dates	Medication Prescribed	Outcome/Diagnosis
	From: _____ To: _____		
	From: _____ To: _____		
	From: _____ To: _____		
	From: _____ To: _____		

What changes took place in your life as a result of this counseling? _____

Please check the appropriate response:

Have you ever had hallucinations? Yes No When? _____

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

Each night, what time do you go to bed? _____ fall asleep? _____ wake up? _____ get out of bed? _____

Describe any recent changes in sleep habits: _____

Do you have problems fulfilling your responsibilities? If so, list them _____

HEALTH INFORMATION

Rate your health: Very Good Good Average Declining Other

Your approximate weight: _____ lbs. Recent weight changes: _____

List all important present or past illnesses, injuries, or handicaps: _____

Do the above limit you in any way? Yes No If yes, please describe: _____

Date of last medical exam: _____ Report: _____

Your Physician: _____ Address: _____

Are you presently taking medication? Yes No What? _____ Dosage? _____

Have you used drugs for other than medical purposes? Yes No Please describe: _____

Do you drink alcoholic beverages? Yes No When? _____ How much? _____

Have you ever had a severe emotional upset? Yes No When? _____

If yes, please describe briefly: _____

Have you ever been arrested? Yes No Outcome: _____

BASIC PROBLEM IDENTIFICATION

Briefly Answer The Following

DESCRIBE THE PROBLEM THAT BRINGS YOU HERE

WHAT HAVE YOU DONE ABOUT IT?

WHAT DO YOU SEEK FROM THIS COUNSELING?

- 3 -

WHAT CIRCUMSTANCES HAVE LED TO YOUR COMING HERE NOW?

IS THERE ANY OTHER INFORMATION THAT YOU THINK WE SHOULD KNOW?

RELIGIOUS BACKGROUND

Denominational preference: _____

What church do you currently attend? _____

Church address: _____

Pastor's name: _____ Pastor's phone: _____

May we contact your pastor for information and help? Yes No Uncertain

Church attendance per month (circle one): 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood? _____

Have you been baptized? Yes No When? _____

If married, religious background of spouse: _____

Name of spouse's church: _____ Frequency of attendance (times per month) : _____

Do you consider yourself a religious person? Yes No Uncertain

- 4 -

Do you believe in God? Yes No Uncertain

Do you pray to God? Never Occasionally Often

Do you read the Bible? Never Occasionally Often

Do you have family devotions? Never Occasionally Regularly

Describe your family devotions: _____

Do you have personal devotions? Never Occasionally Regularly

Describe your personal devotions: _____

List any church or ministry activities: _____

Explain any recent changes in your spiritual life: _____

Have you received Jesus Christ personally as your Savior? Yes No Don't know what you mean

How do you know that Jesus is your Savior? _____

If you have received Jesus as Savior, what changes took place in your life after you made a decision to follow Jesus? _____

Have you come to the place in your spiritual life where you can say that you know for certain that if you were to die tonight you would go to heaven?

Yes No What is the basis for answering this question as you did? _____

LIABILITY WAIVER

I have read and understand the "FACT SHEET" which outlines the Otterbein Biblical Counseling Ministry and request that I be entered in the Otterbein Biblical Counseling Ministry for counseling. Furthermore, I release from liability Otterbein Church, its pastors and professional staff, lay leadership, and Biblical counselors from any claim or litigation whatsoever arising from my participation in the Otterbein Biblical Counseling Ministry.

Counselee Print Name: _____

Counselee Signature: _____

Date: _____

FOR MINISTRY USE ONLY: DATE PHPE RECEIVED: _____ CASE NO: _____ DATE CASE ASSIGNED: _____

DATE OF PRE-COUNSELING INTERVIEW: _____ LEAD COUNSELOR: _____

ASST. COUNSELOR 1: _____ ASST. COUNSELOR 2: _____