

True Hope Counseling

COUNSELING PROCEDURES

❖ The standard session time will be 60 minutes.

❖ **Session fees are as follows:**

First Time Session.....\$20 / Session

Regular Session Fees.....\$45 / Session

NOTE: Please see attached billing sheet for additional information.

❖ **Counselors ask that clients:**

- Are honest in each session. Truth will greatly aid in the healing process.
- Be willing to work hard on the issues that are being dealt with. Healing cannot come without active participation.
- Respect for the counselor/s. Any behavior that threatens the safety and/or security of our counselor/s online, will not be tolerated.
- Sobriety in all sessions (i.e. alcohol/drug free).

❖ It must be realized that our counselor's families are our first priority (this includes Melissa's respite adolescents). If you are in serious crisis, please contact your closest support system, or go to your nearest Emergency Room.

❖ When and if our counselors meet a client in public, whether it is within a church service, a store, or a community event, they will not greet them as a client. *We are making the request that counseling matters only be talked about in the counseling office at your appointment time.*

❖ Client may email counselor/s during the week to give updates on situations, or ask questions that need immediate answers, per counselor discretion. For each online session that takes place, 4 email exchanges may take place between sessions. **(This does not apply to email session clients, as those session work on their own separate fee schedule)**

Should emails takes place between online sessions, clients must realize that due to client load, as well as being involved in individual church ministries, counselors may not be able to respond promptly. If we determine that the situation is a crisis or emergency, we will do our best to respond promptly. However, if it is a matter that can wait until session time, we may not respond to your email until that time.

❖ We ask that our clients recognize that cases will be discussed among counseling staff meetings *on an anonymous basis*. This is for purposes of learning, accountability, and feedback among our counseling staff, as well as graduate and licensure requirements. Names will be given only as releases are signed by clients. If a release is not signed, our counselor/s will share the case with the Director (and the Director with her immediate supervisor) without providing names and details that would identify the client/s.

- ❖ Counselors may give their office telephone, per each counselor discretion. We ask that you limit your phone calls to emergencies only, should this take place, and reserve all other counseling matters for your online session.

As a New Life Counseling Center client, you have the right to:

- ❖ Counselor credibility. Our New Life Counseling Director, Melissa Clark, is registered with the American Counseling Association (ACA), and the American Association of Christian Counselors (AACC). Our Marriage/Family Counselors, Chad and Nichole Post, are registered with the AACC. These registrations will be maintained yearly. Degrees held by True Hope Counselors, are as follows:
 - Melissa has a Bachelor of Religion from Davis College, and a Masters of Arts in Counseling from Liberty University.
 - Chad Post has a Bachelor of Religion from Davis College and is currently working on his Masters of Arts in Counseling.
 - Nichole Post has a Bachelor of Religion from Davis College and is currently working on her Masters of Arts in Counseling.

It must also be known and recognized by client (and/or parent/guardian), that our counselors are not yet nationally certified or licensed. However, *according to NY State law, a pastoral counselor may legally counsel without certification or licensing.*

- ❖ Ethical practice. Counselors will follow all ethical guidelines, as set forth in the ACA Code of Ethics (copies available upon request). If, at any time you feel that you have been treated inappropriately or unfairly, please address your grievance with the counselor/s.
- ❖ Referral support. If, after the initial session, client feels that the counselor is not able to help them, or the counselor feels that they will be unable to help the client, referrals will be made to other area professionals promptly. Our counselor/s will provide adequate help in setting up a session with a new counselor as soon as possible.
- ❖ Confidentiality. No personal information (this includes personal history, family history, legal matters, counseling session discussions, etc) will be given to anyone, without client's informed consent. If client is a minor, no information will be given without the consent of a parent or guardian.

***NOTE:** This confidentiality will be broken, as per ACA guidelines, if 1.) the client is a harm/or threat to him/herself, 2.) the client is a harm/threat to others, and/or, 3.) The client is in danger of harm from someone else. This includes—but is not limited to—abuse, teenage sexual activity, suicidal tendencies/threats, drug use, risk-taking behaviors, and self-injury.

- ❖ Christian counseling. Although respect will be given for other beliefs, client must be aware True Hope counselors believe that true hope and healing are only found in Jesus Christ and the truth of His Word. It must be understood that our counselors do all counseling from a Christ-centered, Biblically-based approach. This may include—but is not limited to—such things as prayer with client, using Biblical passages for counseling, and advising client’s participation in a local church.
- ❖ The right to terminate counseling at any time. Please inform counselor/s if you intend to do this.
NOTE: Our counselors also have the right to terminate counseling at any time, if it is deemed necessary to do so, i.e. safety has been threatened, scheduled sessions are *repeatedly* canceled/not kept, inappropriate behavior has been directed at counselor, etc.)

Additional Online Counseling Procedures and agreements:

- All online clients must be at least 18 years of age, and have authorized use of payment options being used, such as bank accounts and credit cards. If a client is under the age of 18, then a parent or legal guardian must authorize the counseling process and the payment process.
- Certain issues are not conducive to internet counseling. These include, but are not limited to schizophrenia, Schizoaffective Disorder, Behavioral Disorders with Adolescents, and Axis II diagnosis. True Hope Counseling reserves the right to decline establishing a counseling relationship with individuals who have these diagnoses.
- It must be understood by all online clients that online counseling does have limitations, due to lack of face-to-face interaction. Limitations are also due to the distance between counselor and client, in the case of emergency situations. Due to this fact, we expect all clients to create a support system of personal contacts within their area, to be contacted in case of an emergency.
- All downloadable forms must be fully signed, dated, and returned to the True Hope Counseling office. All addresses and telephone numbers, including support person contact, must be filled out, and verified by our office. Subsequent sessions will **not** take place, after the initial session, until all forms are received and information verified!
- Due to extenuating circumstances, sometimes we experience technical and online difficulties. In the event that this takes place on the counselors end, we will either have one of our other counselors email you, or contact you at your session time, to inform you that a counselor is offline. If this is not possible, we will contact you by phone.

In the even this happens on the client end, we will wait for 15 minutes, and then assume you are will not be available for your session. Please email as soon as possible, once you are back online, and we will reschedule. Sessions that have been paid for will be applied to the next session Clients will **not be billed, in the event the cancellation was due to a technical difficulty.**

**In the event, you choose not to fill out the confidential questionnaire, please answer the following:
(may be left blank if confidential questionnaire is filled out and returned)**

Are you currently seeing a counselor, therapist, or Dr, for any issues that bring you to counseling? _____
If so, who are you seeing? _____
How long have you been seeing this person? _____
Please list any diagnosis (medical and mental health) _____

Please list any medications that you are currently taking: _____

What do you hope to gain from counseling? _____

How did you hear about True Hope Counseling? _____

I have read and understand all of these guidelines. I also state that all information provided is truthful and factual information, as indicated by my signature.

Client _____
Parent/Guardian of Client _____
Counselor _____

Date _____
Date _____
Date _____

Client Contact Information:

Home Phone number: _____
Cell Phone number: _____
Work Phone number: _____
Client Date of Birth: _____
Email: _____
Address: _____

How may we contact you? (if servers are down, appointment changes, etc)

Do you prefer a detailed or general message to be left? _____

Emergency Contact: _____

Home Phone Number: _____ **Cell Number:** _____

I realize that by stating the above person as my emergency contact, that I release the right to my counselor to provide verbal/written information to this person, in the case of an emergency.

NOTE: We will not begin the counseling process until this part is filled out appropriately and verified!!!

Signed: _____

Date: _____

Please mail completed form to:

True Hope Counseling
C/o New Life Free Methodist
201 Hill Ave
Endicott, NY 13760

True Hope Counseling

Payment Arrangements

FEES:

Email sessions - 4 exchanges (2 client, 2 counselor)	\$25/4 exchanges
Group I - Pastoral Counselors, with a Bachelor Degree	\$20/session
Group II - Counselors with Bachelor and ½-way through A Master Degree in Counseling or Social Work	\$35/session
Group III - Counselors with a Master in Counseling or Social Work	\$50/session
Group IV - Counselors with a PhD <u>or</u> Licensure (LPC or LSW)	\$65/session
Group V - Counselors with a PhD <u>and</u> licensure	\$80/session
Group VI - True Hope Counseling college interns	\$10/session

(**supervised sessions, by Director of THC)

Please highlight the Group that your counselor falls into, when downloading and signing this form!

- *Session fees must be received before each Counseling Session.* All payments can be made through a PayPal account. Sessions will **not** take place until session fees have been appropriately received!

(For your information: A percentage of what is received per session, is immediately placed back into True Hope Counseling operating costs)

Your PayPal account will track your payments, and therefore, will serve as an invoice for all clients.

****There will be a regular session fee for appointments canceled with out 24 hr. notification. This also includes "no calls - no shows". (barring illness and emergencies)**

I have read the following payment arrangements, and agree to abide by them as a True Hope Counseling client.

Client: _____ **Date:** _____

Paypal Email Address: _____

True Hope Counseling

Confidential Questionnaire

Note: Although we do not require this form to be filled out for counseling to begin, it is a helpful tool for your counselor, when in the counseling process, to know you better, via the information on this form. Thank you for your time!

Client Name: _____ Date: _____

Parent/Guardian Name: _____

Address: _____

Phone numbers: Home _____ Cell: _____ Work: _____

Client Date of Birth: _____ Age: _____ School Grade: _____

School: _____

Home situation: (i.e. step-parent in the home, joint custody, foster home, history of abuse within home, siblings present, etc) _____

I. PRESENTING PROBLEM

What brings you to counseling? _____

When was the Onset of this problem? _____

Are you currently seeing, or have you seen, someone for this? _____

If so, who, and for how long? _____

On a scale of 1-10, with 1 being "able to function/hardly affected", and 10 being "completely unable to function/severely affected", how is this problem affecting your life? _____

What would you like to see as a result from counseling? _____

II. MEDICAL/MENTAL HEALTH HISTORY

Are you on any medication? yes no

If "yes", what meds are you on? Please list dosage and what symptoms they are for: _____

Have you ever been diagnosed with a mental illness? no yes

If "yes", please explain: _____

Have you ever been diagnosed with a learning or developmental disorder no yes

If "yes", please explain: _____

Please list any major illnesses, accident, or surgeries: _____

Please list any family history of major physical/mental illness (i.e. Depression, Diabetes, etc): _____

CHEMICAL HISTORY

Have you ever used any of the following in an **abusive or addictive** way? Please check all that apply:

- | | | | | | | |
|--|------------------------------------|---|---------------------------------------|--|--|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Heroin | <input type="checkbox"/> Klonopin | <input type="checkbox"/> Caffeine | <input type="checkbox"/> Ephedrine | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Methadone |
| <input type="checkbox"/> LDS | <input type="checkbox"/> Nicotine | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Pain Pills | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Steroids | <input type="checkbox"/> Crack |
| <input type="checkbox"/> Codeine | <input type="checkbox"/> PCP | <input type="checkbox"/> Sleeping Pills | <input type="checkbox"/> Speed | <input type="checkbox"/> Demerol | <input type="checkbox"/> Mescaline | <input type="checkbox"/> Antihistamines |
| <input type="checkbox"/> Amphetamines | | <input type="checkbox"/> Anesthetics | <input type="checkbox"/> Mushrooms | <input type="checkbox"/> Crank | <input type="checkbox"/> Muscle Relaxers | |
| <input type="checkbox"/> Valium | <input type="checkbox"/> Inhalants | <input type="checkbox"/> Flexeril | <input type="checkbox"/> Ice | <input type="checkbox"/> Xanax | <input type="checkbox"/> Glue | <input type="checkbox"/> Diet Pills |
| <input type="checkbox"/> Appetite Suppressants | | <input type="checkbox"/> Fat burners | <input type="checkbox"/> Fat Trappers | <input type="checkbox"/> Carb Trappers | <input type="checkbox"/> Atican | <input type="checkbox"/> Laxatives |
| <input type="checkbox"/> Diuretics | <input type="checkbox"/> Chocolate | <input type="checkbox"/> Poppers | <input type="checkbox"/> Sugar | <input type="checkbox"/> Percodan | <input type="checkbox"/> Percocet | <input type="checkbox"/> Vivodan |
| <input type="checkbox"/> Other _____ | | | | | | |

BEHAVIOR

Which of the following have you experienced in the past year? (please provide any additional explanations, if necessary)

- Depressed Mood
- Loss of interest or pleasure in usual activities
- Appetite disturbance (increase or decrease)
- Decreased energy
- Feelings of worthlessness or guilt
- Recurrent thoughts of death/suicide thoughts or attempts
- Self Injury
- Thoughts of hurting or killing someone else
- History of violence, fights, or destroying property
- Legal problems
- Recent institutionalizations (i.e. jail, psychiatric hospital, Children's home, half-way house)
- Social Discomfort or fear of groups
- Easily hurt by criticism or disapproval
- Easily angered
- Experiencing abnormal fears

Please check any that apply (double check those that are of special concern to you)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Home conditions are bad | <input type="checkbox"/> Can't make decisions | <input type="checkbox"/> Unable to have a good time | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Can't make friends | <input type="checkbox"/> Unable to keep a job | <input type="checkbox"/> Financial problems | <input type="checkbox"/> Often feel panicky |
| <input type="checkbox"/> Internal conflict | <input type="checkbox"/> Mind "won't stop" | <input type="checkbox"/> Suicidal ideas | <input type="checkbox"/> Sexual problems |
| <input type="checkbox"/> Health concerns | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Feel tense |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Unable to relax | <input type="checkbox"/> Anxious | <input type="checkbox"/> Don't like weekends/holidays |
| <input type="checkbox"/> Inferiority feelings | <input type="checkbox"/> Memory problems | <input type="checkbox"/> Lonely | <input type="checkbox"/> Easily angered/irritated |
| <input type="checkbox"/> Lack of energy | <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Other _____ | |

Circle any of the following words that apply to you:

Worthless, Useless, A "nobody", "life is empty", Intelligent, Considerate, Confident, Sympathetic, a Good Listener, Inadequate, Incompetent, Naïve, "Can't do anything right", Guilty, Evil, Morally wrong, Horrible thoughts, Hostile, Full of Hate, Anxious, Agitate, Cowardly, Unassertive, Panicky, Aggressive, Ugly, Deformed, Unattractive, Repulsive, Plain Looking, Beautiful, Smart, Rich, Spiritual, Depressed, Lonely, Unloved, Misunderstood, Bored, Restless, Confused, In conflict, Full of regrets, "Life is great!", Worthwhile.

Self-Description (please complete the following:

I am a person who _____
All my life _____
Ever since I was a child _____
One of the things I feel proud of is _____
It's hard for me to admit _____
One of the things I can't forgive is _____
One of the things I feel guilty about is _____
If I weren't afraid to be myself _____
One of the ways people hurt me is _____
My mother is (was) always _____
What I needed from my mother, but didn't get was _____
My father is (was) always _____
My worst fear (s) is (are) _____
What I needed from my father, but didn't get was _____
One of the things I'm angry about is _____
One of the ways I could help myself, but don't is _____
My goals and ambitions are _____

Please describe using five words:

Mother _____
Step-mother _____
Father _____
Step-father _____
Siblings _____
Spouse _____
Children _____
Grandparents _____
Cousins _____
Aunts _____
Uncles _____

How would you change your family, if you could?

SOCIAL LIFE

What do you do for fun? _____
Describe your friends: _____
What are your hobbies/interest? _____
What are your dislikes? _____
What are your weaknesses/faults? _____
What are you strengths/positive qualities? _____

SPIRITUAL LIFE

Do you believe in God? _____

Have you ever received Jesus as your Savior? _____

Have you ever had any mystical and/or satanical experiences? _____ Please explain: _____

Have you ever done something so bad, you believe you can't be forgiven? _____ Please explain: _____

What is your denominational preference? _____

How often to you attend church? _____

What church to you attend? _____

How often to you pray? _____

How often to you read the Bible? _____

Have you read any religious books, such as Book or Mormon, the Tao, etc? _____

Have you ever been involved in Mormonism, Christian Science, Eastern Religion, Jehovah's Witness, Scientology, etc? _____

Please explain your perception of God and your standing with Him right now _____

What support, if any, would you like concerning your relationship with God? _____