

REVISED & UPDATED

# Lay Counseling

EQUIPPING  
CHRISTIANS  
FOR A  
HELPING  
MINISTRY

SIANG-YANG TAN &  
ERIC T. SCALISE

Foreword by Dr. Tim Clinton  
President, American Association of Christian Counselors

**A PDF COMPANION TO THE AUDIOBOOK**

ZONDERVAN

*Lay Counseling, Revised and Updated*

Copyright © 1991, 2016 by Siang-Yang Tan and Eric Scalise

This title is also available as a Zondervan ebook.

Requests for information should be addressed to:  
Zondervan, 3900 Sparks Dr. SE, Grand Rapids, Michigan 49546

---

Library of Congress Cataloging-in-Publication Data

Names: Tan, Siang-Yang, 1954- author. | Scalise, Eric T., author.

Title: Lay counseling: equipping Christians for a helping ministry / Siang-Yang Tan, Eric Scalise.

Description: Revised and updated edition. | Grand Rapids, Michigan: Zondervan, [2016] | Includes bibliographical references and indexes.

Identifiers: LCCN 2016035711 | ISBN 9780310524274 (softcover)

Subjects: LCSH: Peer counseling in the church.

Classification: LCC BV4409.T35 2016 | DDC 253.5—dc23 LC record available at <https://lcn.loc.gov/2016035711>

---

The information in Chapter 12 is from Dr. Scalise's caregiver training program and is used with permission.

The code information on pages 215–20 is used with the permission of the American Association of Christian Counselors.

Unless otherwise indicated, Scripture quotations are taken from The Holy Bible, New International Version®, NIV®. Copyright © 1973, 1978, 1984, 2011 by Biblica, Inc.® Used by permission of Zondervan. All rights reserved worldwide. [www.Zondervan.com](http://www.Zondervan.com). The “NIV” and “New International Version” are trademarks registered in the United States Patent and Trademark Office by Biblica, Inc.®

Scripture quotations marked NASB are taken from the *New American Standard Bible*®. Copyright © 1960, 1962, 1963, 1968, 1971, 1972, 1973, 1975, 1977, 1995 by The Lockman Foundation. Used by permission. ([www.Lockman.org](http://www.Lockman.org))

Any Internet addresses (websites, blogs, etc.) and telephone numbers in this book are offered as a resource. They are not intended in any way to be or imply an endorsement by Zondervan, nor does Zondervan vouch for the content of these sites and numbers for the life of this book.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means—electronic, mechanical, photocopy, recording, or any other—except for brief quotations in printed reviews, without the prior permission of the publisher.

Cover design: Christopher Tobias / [tobiasdesign.com](http://tobiasdesign.com)

Cover illustration: © Cloudmagic, Inc.

Interior design: Kait Lamphere

Printed in the United States of America

## CHAPTER 3

# A Biblical Model for Effective Lay Counseling

---

**Table 1: Summary of a Biblical Model  
for Effective Lay Counseling**

Basic View of Humanity	Basic View of Counseling	Basic Principles of Effective Lay Counseling
<ol style="list-style-type: none"><li>1. Basic psychological and spiritual needs include needs for security (love), significance (meaning/impact), and hope (forgiveness).</li><li>2. The basic problem is sin, but not all emotional suffering is due to personal sin.</li></ol>	Somewhat interchangeable with “psychotherapy”	<ol style="list-style-type: none"><li>1. The Holy Spirit’s ministry as counselor is crucial—depend on Him.</li><li>2. The Bible is a foundational and comprehensive (not exhaustive) guide for counseling.</li><li>3. Prayer is an integral part of biblical counseling.</li></ol>

Basic View of Humanity	Basic View of Counseling	Basic Principles of Effective Lay Counseling
<p>3. The ultimate goal of humanity is to know and enjoy God and spiritual health.</p> <p>4. Problem feelings are usually due to problem behavior and, more fundamentally, problem thinking—however, biological and demonic factors should also be considered.</p> <p>5. There is a holistic view of persons—with physical, mental/emotional, social, and spiritual dimensions.</p>		<p>4. The ultimate goal of counseling is maturity in Christ and fulfilling the Great Commission.</p> <p>5. Personal qualities of the counselor are important, especially spiritual ones.</p> <p>6. Client’s attitudes, motivations, and desire for help are important.</p> <p>7. The relationship between counselor and client is significant.</p> <p>8. Effective counseling is a process involving exploration, understanding, and action phases, with a focus on changing problem thinking.</p> <p>9. Style or approach in counseling should be flexible.</p> <p>10. Specific techniques or methods of counseling should be consistent with Scripture—cognitive-behavioral ones may be especially helpful, with qualifications.</p> <p>11. Cultural sensitivity and cross-cultural counseling skills are required.</p> <p>12. Outreach and prevention skills in the context of a caring community are important.</p> <p>13. Crisis counseling is important.</p> <p>14. Awareness of limitations and referral skills are also important.</p>

## CHAPTER 5

# Planning and Building a Dynamic Ministry of Lay Counseling

---

### An Introduction

#### **The Counseling Service at North Park Community Chapel**

The Counseling Service at North Park Community Chapel exists to meet the spiritual and emotional needs of people in our congregation and in the larger community of London. It functions on a voluntary basis and should not be considered as a professional counseling service. As such, no fees are charged. The service aims to provide

1. friendship and fellowship on a one-to-one basis for those who may need someone to talk to;
2. counseling and supportive help for those who may be facing some life crisis or emotional/spiritual problems;
3. guidance and growth experiences for those who may be searching for practical ways to grow spiritually and mature as a human person; and
4. referrals to professionals or appropriate agencies for those who may seek or need further help.

The Counseling Service operates within a biblical, Christian framework and exists to fulfill the scriptural injunctions to “carry each other’s burdens” (Gal. 6:2) and to “love one another” (John 13:34–35). We do care about you and your needs. Call us or speak to us about an appointment. The service is open on Tuesdays and Wednesdays from 7:00 to 10:00 p.m.

Our telephone number is 555-555-5555.

*Let us introduce ourselves:*

It is important to notice that many of us are not professional counselors, although we all have had some basic training in helping people with their needs or problems. We do care about you as a person and will spend time to talk and help as we are able to do so.

COUNSELING IS BY APPOINTMENT ONLY. To make an appointment, phone the chapel secretary Monday through Friday from 9:00 a.m. to 4:00 p.m. or phone the Counseling Service Tuesday or Wednesday from 7:00 to 10:00 p.m.

Telephone 555-500-5000

## **Lifeline—A Ministry of Crisis Care and Support**

### ***Don't Go through It Alone***

In our day-to-day world, the pressures of life are becoming increasingly overwhelming for many of us. As if present struggles aren't enough, unresolved issues from the past can keep us from living fully. The good news is that you don't have to go through it alone.

### ***How to Get Help***

To contact a Lifeline caregiver, please call 555-500-5555 x500 and leave a message with your name and phone number. Someone will contact you within 24 hours.

### ***What Lifeline Is***

Lifeline is a caregiving ministry of Blue Ridge Community Church. The purpose of this ministry is to provide spiritual care, support, encouragement, and referral services in a safe and confidential manner. Support is typically on a short-term basis during times of significant need or crisis. While in the midst of crisis, a Lifeline caregiver can help bring clarity to the issues involved and define the priorities of care. At the conclusion of the initial care, Lifeline will assist with any needed transition to ongoing support. Lifeline caregivers are trained volunteers under the direction and general supervision of assigned staff members at Blue Ridge Community Church.

### ***What Lifeline Is Not***

Regardless of their education, training, licensure, or expertise, Lifeline caregivers do not function in a professional role and do not provide clinically oriented mental health treatment or therapy.

### **Areas of Caregiving:**

Anxiousness/fear  
Broken relationships  
Abuse  
Death/dying  
Separation/divorce  
Addiction

Finances/job stress  
Marital/family conflict  
Crisis of faith  
Loneliness/discouragement  
Whenever you find yourself  
in crisis

*“Do not fear, for I have redeemed you; I have summoned you by name; you are mine. When you pass through the waters, I will be with you; and when you pass through the rivers, they will not sweep over you. When you walk through the fire, you will not be burned; the flames will not set you ablaze. For I am the Lord your God, the Holy One of Israel, your Savior . . . you are precious and honored in my sight, and . . . I love you” (Isa. 43:1–4).*

## CHAPTER 6

# Selection of Lay Counselors

---

### Selection Criteria from Cerling's Study

Number	Percentage	
26	17.4	Personal and spiritual maturity [printed response]
24	16.1	Interest in people [printed response]
22	14.8	Willingness to make a commitment to a counseling ministry [printed response]
17	11.4	Graduate level training in a professional field, MA or higher
11	7.4	Commitment to Christ as Savior and Lord [printed response]
8	5.4	Personal Integrity (i.e., dependability, reliability, standing in the community)
7	4.7	Certification by a professional organization, and/or state licensure
5	3.4	Counseling skills (i.e., empathy, acceptance, self-disclosure)
5	3.4	Value commitments (i.e., religious, moral, personal, social)
3	2.0	Ongoing supervision
3	2.0	Personal therapy
3	2.0	Training program within the counseling center
2	1.3	Clinical competence (directly stated; inferred in professional training and certification)
2	1.3	Continued personal growth

2	1.3	Continued personal growth
2	1.3	Recommendation by pastor and/or faith group
2	1.3	Stable marital relationship
1	0.7	Emotional and psychological stability as determined by MMPI and POI [Personal Orientation Inventory]
1	0.7	Interest in community and parish systems
1	0.7	Interview by executive director
1	0.7	Rich life experience and rewarding personal life
1	0.7	Transportation
1	0.7	Willingness to work for little, if any, financial compensation
1	0.7	Works well in group setting
149	100.1%	

## CHAPTER 7

# Training of Lay Counselors

---

### Required Readings

*Session 4:* Personal Growth of the Counselor and Prevention of Burnout (for sessions 1–4: Collins, 1980, chaps. 1–4; or Collins, 1988, chaps. 1–5; or Collins, 2007, chaps. 1–7).

*Session 5:* Depression (Collins, 1980, chap. 7; or Collins, 1988, chap. 8; or Collins, 2007, chap. 8).

*Session 6:* Anger (Collins, 1980, chap. 8; or Collins, 1988, chap. 9; or Collins, 2007, chap. 10).

*Session 7:* Anxiety (Collins, 1980, chap. 5; or Collins, 1988, chap. 6; or Collins, 2007, chap. 9).

*Session 8:* Sexuality (Collins, 1980, chaps. 20–22; or Collins, 1988, chaps. 17–19; or Collins, 2007, chaps. 19–21).

*Session 9:* Marital and Family Problems (Collins, 1980, chaps. 13–15; or Collins, 1988, chaps. 11, 27–30; or Collins, 2007, chaps. 28–32).

*Session 10:* Spiritual Problems (Collins, 1980, chap. 29; or Collins, 1988, chap. 36; or Collins, 2007, chap. 41).

*Session 11:* Referrals and Psychiatric Intervention.

*Session 12:* Using Your Counseling Skills; Setting Up a Counseling Service in a Local Church.

<b>Part 1:</b>	<b><i>Introductory and Personal Issues</i></b> (Total time: 12 weeks or 36 hours)
<i>Topics:</i>	A Biblical Model for Effective Counseling; Lay Counseling in the Local Church; Critical Issues in Christian Counseling (including ethical and legal issues and the need for referral); Basic Counseling Skills and Overview of the Counseling Process; Some Useful Counseling Methods; Inner Healing; Personal Growth of the Counselor; Anxiety; Loneliness; Depression; Anger; and Guilt.
<i>Required Reading:</i>	Collins, 1988, chapters 1–10; Worthington, 1982; or Baldwin, 1988.
<i>Recommended Reading:</i>	Jay Adams, <i>Ready to Restore: The Layman's Guide to Christian Counseling</i> (Baker, 1981), <i>The Christian Counselor's Manual</i> (Baker, 1973), <i>A Theology of Christian Counseling: More Than Redemption</i> (Zondervan, 1979); Samuel Southard, <i>Theology and Therapy: The Wisdom of God in a Context of Friendship</i> (Word, 1989); Ray Anderson, <i>Christians Who Counsel: The Vocation of Wholistic Therapy</i> (Zondervan, 1990); William Backus and Marie Chapien, <i>Telling Yourself the Truth</i> (Bethany House, 1980); William Backus, <i>Telling the Truth to Troubled People</i> (Bethany House, 1985); Lawrence Crabb, <i>Effective Biblical Counseling</i> (Zondervan, 1977), <i>Understanding People</i> (Zondervan, 1987), <i>Inside Out</i> (NavPress, 1988); and David Seamands, <i>Healing of Memories</i> (Victor, 1985).
<b>Part 2:</b>	<b><i>Singleness, Marriage, and Developmental Family Issues</i></b> (Total time: 12 weeks or 36 hours)
<i>Topics:</i>	Singleness, Choosing a Marriage Partner, Premarital Counseling, Marital Problems, Pregnancy Issues, Family Problems, Divorce and Remarriage, Child Rearing and Parental Guidance, Adolescence, Young Adulthood, Middle Age, and the Later Years.
<i>Required Reading:</i>	Collins, 1988, chaps. 11–15 and 24–30; Norman Wright, <i>Marital Counseling: A Biblical Behavioral, Cognitive Approach</i> (Harper & Row, 1981); or Everett Worthington, <i>Marriage Counseling: A Christian Approach to Counseling Couples</i> (InterVarsity, 1989); or Deloss Friesen and Ruby Friesen, <i>Counseling and Marriage</i> (Word, 1989); and G. A. Rekers, <i>Counseling Families</i> (Word, 1988).
<i>Recommended Reading:</i>	Lawrence Crabb, <i>The Marriage Builder: A Blueprint for Couples and Counselors</i> (Zondervan, 1982); Keith Olson, <i>Counseling Teenagers: The Complete Christian Guide to Understanding and Helping Adolescents</i> (Group, 1984); and Norman Wright, <i>Premarital Counseling: A Guidebook for the Counselor</i> (Moody, 1981).

<b>Part 3:</b>	<b><i>Sex and Interpersonal Issues and Other Issues</i></b> (Total time: 12 weeks or 36 hours)
<i>Topics:</i>	Interpersonal Relationships, Sex Apart from Marriage, Sex within Marriage, Homosexuality, Violence and Abuse, Inferiority and Self-Esteem, Physical Illness, Grief, Mental Disorders, Alcoholism, Addictions, Financial Counseling, Vocational Counseling, Spiritual Issues, Other Problems, Counseling the Counselor.
<i>Required Reading:</i>	Collins, 1988, chaps. 16–23, 31–38; and William Backus, <i>Telling the Truth to Troubled People</i> (Bethany House, 1985).
<i>Recommended Reading:</i>	William Backus and Marie Chapian, <i>Why Do I Do What I Don't Want to Do?</i> (Bethany House, 1984); Ed Wheat and Gaye Wheat, <i>Intended for Pleasure: Sex Technique and Sexual Fulfillment in Christian Marriage</i> , rev. ed. (Revell, 1981); Clifford and Joyce Penner, <i>The Gift of Sex: A Christian Guide to Sexual Fulfillment</i> (Word, 1981); and John White, <i>Eros Defiled: The Christian and Sexual Sin</i> (InterVarsity, 1977).



## CHAPTER 11

# Ethics, Liability, and Pitfalls

---

### ETHICAL STANDARDS

ES1-000: A Judeo-Christian Worldview—Practicing through Faith and Values

ES1-100: *Compassion* in Christian Counseling—A Call to *Servanthood*

ES1-200: *Competence* in Christian Counseling—A Call to *Excellence*

ES1-300: *Consent* in Christian Counseling—A Call to *Integrity*

ES1-400: *Confidentiality* in Christian Counseling—A Call to *Trustworthiness*

ES1-500: *Cultural Regard* in Christian Counseling—A Call to *Dignity*

ES1-600: *Case Management* in Christian Counseling—A Call to *Soundness*

ES1-700: *Collegiality* in Christian Counseling—A Call to *Relationship*

ES1-800: *Community Presence* in Christian Counseling—A Call to *Humility*

#### Use of Technology and Technology-related Applications

ES2-000: Additional Ethical Standards in the Use of Technology

ES2-100: Core Ethical Standards in the Use of Technology

#### Additional Ethical Standards for Licensed and Professional Christian Counselors

ES3-000: Fees, Client Billing, and Financial Relationships

ES3-100: Third-party Payers and Managed Care Entities

ES3-200: Testing, Assessment, and Clinical Evaluation

#### Additional Ethical Standards for Pastoral and Lay Christian Counselors

ES4-000: Definitions and Roles of Pastors and Pastoral Counselors

ES4-100: Definitions and Roles of Lay Caregivers and Non-ordained Ministers

## **Standards for Resolving Ethical-legal Conflicts**

ES5-000: Base Standards for Ethical Conflict Resolution

ES5-100: Resolving Conflicts with Employers and Colleagues

ES5-200: Resolving Professional and Organizational Conflicts

ES5-300: Resolving Conflicts with the State and Its Laws

To review and or download an electronic copy of the complete 2014 AACC Christian Counseling Code of Ethics, please go to <http://www.aacc.net/about-us/code-of-ethics/>.

APPENDIX A

# Lay Counselor Application Form

Thank you for your interest in pursuing training and volunteer caregiving with \_\_\_\_\_ Lay Counseling Ministry at \_\_\_\_\_ Church. Please complete and *print* all information that is requested in a legible manner or mark N/A if not applicable.

## I. DEMOGRAPHIC INFORMATION

---

Last Name

First Name

Middle Initial

---

Home Address

---

City State Zip

---

Cell Phone

Home Phone

---

Email Address

### *Current Status*

- Single     Married     Divorced     Widowed     Separated  
 Engaged

### *Occupation*

---

Present Employer

Position Title

---

Address

---

City

State

Zip

---

Work Phone

Supervisor

Full-Time       Part-Time

How long at current job: years \_\_\_\_\_ months \_\_\_\_\_

May we contact your current employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_,  
if no please explain:

---

---

## II. \_\_\_\_\_ CHURCH INVOLVEMENT

Do you attend?

Sunday Service    Yes    No   frequency \_\_\_\_\_

Sunday School    Yes    No   frequency \_\_\_\_\_

\_\_\_\_\_ Service    Yes    No   frequency \_\_\_\_\_

How are you connected at \_\_\_\_\_ Church, serving, and/or participating?

---

---

---

## III. BACKGROUND INFORMATION

**A. Do you speak any language(s) other than English (including sign language)?**

Yes    No   If Yes, please list \_\_\_\_\_

**B. Have you ever provided counseling/caregiving on a professional or ministry basis?**

Yes    No   If yes, how long \_\_\_\_\_, where \_\_\_\_\_, and in what capacity?

---



---

**C. Populations you have prior experience with (Please check all that apply):**

- Children   
  Adolescents   
  College-Age   
  Adults   
  Elderly  
 Couples   
  Families

**D. Formal and Informal Education and Training**

List the most recent academic/ministry training programs you have attended.

Year	Academic/Training Institution Degree/ Certification Area of Study	Completed

**E. Areas of Counseling/Ministry Experience**

Based on education, training, and ministry or clinical experience, *please check all that apply:*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD                | <input type="checkbox"/> Addictions           | <input type="checkbox"/> Adoption Issues       |
| <input type="checkbox"/> Alcoholism              | <input type="checkbox"/> Anger Management     | <input type="checkbox"/> Anxiety               |
| <input type="checkbox"/> Bipolar Disorder        | <input type="checkbox"/> Career Counseling    | <input type="checkbox"/> Child Abuse           |
| <input type="checkbox"/> Chronic Pain            | <input type="checkbox"/> Coaching             | <input type="checkbox"/> Codependency          |
| <input type="checkbox"/> Compassion Fatigue      | <input type="checkbox"/> Conflict Resolution  | <input type="checkbox"/> Crisis Intervention   |
| <input type="checkbox"/> Cutting/Self-Injury     | <input type="checkbox"/> Dementia/Alzheimer's | <input type="checkbox"/> Depression            |
| <input type="checkbox"/> Developmental Disorders | <input type="checkbox"/> Dissociation         | <input type="checkbox"/> Divorce Recovery      |
| <input type="checkbox"/> Domestic Violence       | <input type="checkbox"/> Eating Disorders     | <input type="checkbox"/> Financial Issues      |
| <input type="checkbox"/> Gender Identity Issues  | <input type="checkbox"/> Grief and Loss       | <input type="checkbox"/> Infidelity            |
| <input type="checkbox"/> Learning Disabilities   | <input type="checkbox"/> Marital Conflict     | <input type="checkbox"/> Mediation             |
| <input type="checkbox"/> Men's Issues            | <input type="checkbox"/> Missionary Issues    | <input type="checkbox"/> Obsessive/Compulsives |
| <input type="checkbox"/> Occult/Cults            | <input type="checkbox"/> Parenting Issues     | <input type="checkbox"/> Pastors/Ministers     |
| <input type="checkbox"/> Personality Disorders   | <input type="checkbox"/> Phobias              | <input type="checkbox"/> Physical Disabilities |

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Post-abortion Syndrome       | <input type="checkbox"/> Posttraumatic Stress     | <input type="checkbox"/> Pregnancy Issues   |
| <input type="checkbox"/> Premarital                   | <input type="checkbox"/> Psychological Assessment | <input type="checkbox"/> Rape Recovery      |
| <input type="checkbox"/> Sexual Abuse                 | <input type="checkbox"/> Sexual Addiction         | <input type="checkbox"/> Sexual Dysfunction |
| <input type="checkbox"/> Singles                      | <input type="checkbox"/> Spiritual Warfare        | <input type="checkbox"/> Stress and Burnout |
| <input type="checkbox"/> Suicide                      | <input type="checkbox"/> Women's Issues           |   |
| <input type="checkbox"/> Other (please specify) _____ |   |   |

**F. Availability**

- Daytime     Evenings     Weekends

Are you available a minimum of 2–3 hours per week for \_\_\_\_\_ ministry?

- Yes     No

## IV. SPIRITUAL ORIENTATION AND PRACTICE

Whether we are devoted believers or still seeking to understand God, we all have a spiritual story. Please take a few moments to briefly describe your spiritual beliefs and feelings on the following questions. Attach more pages if necessary. Please note that during the interview process you will have additional opportunity to discuss your spiritual journey and relationship with God.

**A. Who is Jesus Christ?**

---



---



---

**B. How does a person become a Christian?**

---



---



---

**C. Describe your beliefs about the Bible.**

---



---



---

**D. Describe your beliefs about the Holy Spirit.**

---

---

---

**E. How would you incorporate God's Word and spiritual practices and disciplines in your caregiving activities (e.g., prayer, Scripture reading, fasting, meditation, worship, solitude)?**

---

---

---

## V. PERSONAL REFERENCES

Please use the attached reference forms to provide three references. Completed forms should be placed in an envelope, sealed, and signed across the back flap by the person giving the reference. Attach the three envelopes to this application form. A minimum of two references should be from \_\_\_\_\_ Church, and all should meet the following criteria:

- Be at least 21 years of age.
- Has preferably known you for at least one year.
- Is not related to you.
- Has a definite knowledge of your character.

## VI. ATTESTATION

The following statements require your attestation (affirming each one to be true to the best of your knowledge). Please be sure to respond to each section that directly pertains to you. A Yes or No response will not necessarily disqualify you from training or ministry opportunities.

### *Christian Personal Testimony*

The foundation to all ministry and identity as a volunteer Christian lay counselor/caregiver, is a living, vibrant, and personal relationship with Jesus Christ. Please respond to the following items by checking the appropriate box:

I have read the \_\_\_\_\_ Church Doctrinal and Mission Statement and hereby attest that I am in full agreement with their tenets.

Yes    No    Unsure (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. I attest that I am a true believer in Jesus Christ; that I have accepted His atoning work of salvation on the cross for the forgiveness of my sins; that I have personally accepted Him as my Savior and Lord; and that as a result of my confession, I have been born again by His Holy Spirit to a new life in Christ.**

Yes    No    Unsure (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Have you ever been charged with or convicted of any misdemeanor or felony other than minor moving violations in a vehicle?**

Yes    No

If Yes, please explain briefly here and then *attach a separate paper* (no more than two pages) to describe in detail the case and its disposition.

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

I affirm and attest by my signature below that I have answered all the questions in the \_\_\_\_\_ application truthfully and with full disclosure, and I have attached all requested supporting documentation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

APPENDIX B

# Lay Counselor Application Reference Forms

**Name of Applicant** (please print clearly): \_\_\_\_\_

The above named applicant is applying for volunteer ministry with \_\_\_\_\_ at \_\_\_\_\_ Church. \_\_\_\_\_ is a network of lay Christian caregivers who are capable and trained, and with a strong and authentic Christian foundation to their ministerial service. The purpose of \_\_\_\_\_ is to identify and assist the hurting, as well as recognize Christ followers who can offer the highest quality of care to those they serve. As a *personal reference*, we are asking you to provide us your assessment of this applicant's qualifications.

**Name of Reference:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization/Church** (if applicable): \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
(Street) (City) (State) (Zip)

**Phone:** Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**How long and in what capacity have you known the applicant?**

Years \_\_\_\_\_ Months \_\_\_\_\_

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

**Please rate the applicant on the following characteristics using the descriptions provided below.** Please check only one box for each characteristic.

	Exceptional	Above Average	Average	Below Average	Unsure
1. Demonstrates a positive and authentic relationship with Jesus Christ.					
2. Reflects a commitment to ongoing growth in his/her personal and spiritual life.					
3. Demonstrates kindness and compassion, and takes initiative in showing care to others.					
4. Has a willingness to address his/her own mistakes and accepts accountability to others.					
5. Has a reputation for being a person of ethical integrity, moral character, and spiritual maturity.					
6. Demonstrates the ability to effectively guide and direct others when in a position of leadership.					
7. Has effective relational/“people” skills and is able to set appropriate boundaries.					

**I recommend** \_\_\_\_\_ (check one):  
 Highly     Moderately     With Reservation

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you would like to add any additional comments, feel free to write on the back of this page or attach a separate letter. Please put the completed reference form (and other comments) in a *sealed envelope* with your *signature across the back flap* and return to the applicant. Thank you for your participation.

APPENDIX C

# Post-counseling Questionnaire—Client Form

**Your name:** \_\_\_\_\_

The following ratings give you an opportunity to give us an honest appraisal of your counseling experience. We are interested in your perceptions regarding the results of your counseling. Please be open and honest in your assessment, as this is the only way we can improve our services. Thank you, once again, for your cooperation and assistance with the questionnaire.

The first three items should be rated on the following 6-point scale:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Extremely Poor	Poor	Adequate	Good	Very Good	Superb

- \_\_\_\_ 1. How would you rate the overall success of your counseling?
- \_\_\_\_ 2. How would you rate your overall satisfaction with the results of your counseling?
- \_\_\_\_ 3. How would you rate the overall amount of improvement that has occurred as a result of your counseling?

Please answer the following questions by marking *one* option for each question. (Circle the answer that best applies.)

- 4. To what extent have your complaints or symptoms that brought you to counseling changed as a result of the counseling provided?
  - (1) Completely disappeared      (2) Very greatly improved
  - (3) Considerably improved      (4) Somewhat improved
  - (5) Not at all      (6) Got worse

5. How much do you feel you have changed as a result of the counseling provided?

- (1) A great deal    (2) A fair amount    (3) Somewhat  
(4) Very little    (5) Not at all

6. How strongly would you recommend counseling with your counselor to a close friend with emotional problems?

- (1) Strongly recommend    (2) Mildly recommend  
(3) Recommend but with reservations    (4) Would not recommend  
(5) Advise against

7. On the whole, how do you feel you are getting along now?

- (1) Extremely well    (2) Very well    (3) Fairly well  
(4) Neither well nor poorly    (5) Fairly poorly    (6) Very poorly  
(7) Extremely poorly

8. How well do you feel you are dealing with any unresolved or new problems now?

- (1) Very adequately    (2) Fairly adequately  
(3) Neither adequately nor inadequately    (4) Somewhat inadequately  
(5) Very inadequately

9. How much in need of further counseling do you feel now?

- (1) No need at all    (2) Slight need    (3) Could use more  
(4) Considerable need    (5) Very great need

10. How helpful do you feel your counselor was to you?

- (1) Completely helpful    (2) Very helpful    (3) Pretty helpful  
(4) Somewhat helpful    (5) Slightly helpful    (6) Not at all helpful

11. How competent do you feel your counselor was?

- (1) Completely competent    (2) Very competent    (3) Pretty competent  
(4) Somewhat competent    (5) Slightly competent  
(6) Not at all competent

12. How sincere do you feel your counselor was?

- (1) Completely sincere      (2) Very sincere      (3) Pretty sincere  
(4) Somewhat sincere      (5) Slightly sincere      (6) Not at all sincere

13. How likable do you feel your counselor was?

- (1) Completely likable      (2) Very likable      (3) Pretty likable  
(4) Somewhat likable      (5) Slightly likable      (6) Not at all likable

14. How interested do you feel your counselor was?

- (1) Completely interested      (2) Very interested      (3) Pretty interested  
(4) Somewhat interested      (5) Slightly interested      (6) Not at all interested

**Your counselor:** \_\_\_\_\_

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

APPENDIX D

# Post-counseling Questionnaire— Counselor Form

**Your name:** \_\_\_\_\_

**Client's name:** \_\_\_\_\_

In filling out the following items, please feel free to use the full range of possible answers. If the outcome of the counseling has been excellent, indicate so. In the same manner, a poor or mediocre counseling outcome should also be rated as such. The first three items should be rated on the following six-point scale:

1	2	3	4	5	6
Extremely Poor	Poor	Adequate	Good	Very Good	Superb

- \_\_\_\_ 1. How would you rate the overall success of the counseling provided?  
\_\_\_\_ 2. How would you rate the client's overall satisfaction with the results of his/her counseling?  
\_\_\_\_ 3. How would you rate the overall amount of improvement the client has experienced as a result of the counseling provided?

Please answer the following questions by marking *one* option for each question. (Circle the answer that best applies.)

4. To what extent have the client's complaints or symptoms that brought him/her to counseling changed as a result of the counseling provided?
- (1) Completely disappeared    (2) Very greatly improved  
(3) Considerably improved    (4) Somewhat improved  
(5) Not at all    (6) Got worse

5. How much do you feel the client has changed as a result of the counseling provided?

- (1) A great deal      (2) A fair amount      (3) Somewhat  
(4) Very little      (5) Not at all

6. On the whole, how do you feel the client is getting along now?

- (1) Extremely well      (2) Very well      (3) Fairly well  
(4) Neither well nor poorly      (5) Fairly poorly  
(6) Very poorly      (7) Extremely poorly

7. How well do you feel the client is dealing with any unresolved or new problems now?

- (1) Very adequately      (2) Fairly adequately  
(3) Neither adequately nor inadequately      (4) Somewhat inadequately  
(5) Very inadequately

8. How much in need of further counseling do you feel the client is?

- (1) No need at all      (2) Slight need      (3) Could use more  
(4) Considerable need      (5) Very great need

Finally, please give two ratings for each of the following items. The first (Beginning) is for your sense of where the client stood at the beginning of counseling. The second (End) is for his/her standing at termination.

9. The degree of personal integration or psychological health of the client:

- 1      2      3      4      5      6      7      8      9  
Highly Disorganized      Optimally Integrated      Defensively Organized

Beginning \_\_\_\_\_ End \_\_\_\_\_

10. The life adjustment or social/vocational functioning of the client:

- 1      2      3      4      5      6      7      8      9  
Low      High

Beginning \_\_\_\_\_ End \_\_\_\_\_

## APPENDIX E

# Sample Lay Counseling Forms

## **SAMPLE FORM 1. CARE RECEIVER WELCOME LETTER**

Care Receiver Welcome Letter  
ABC Lay Counseling Ministry  
Address and Phone Number

Dear Care Receiver,

We are grateful you have contacted \_\_\_\_\_ Lay Counseling Ministry, and we look forward to helping you navigate through this crisis in your life. You will soon be contacted by the caregiver who has been prayerfully assigned to help support and work with you. We continually seek God's guidance in which caregivers to match with those who contact \_\_\_\_\_ for help. Your caregiver will schedule a first meeting with you on a day and time that is convenient for both of you.

We know God can use even this difficult time to help you grow spiritually and draw you closer to Him. This is very important to your recovery and healing, and your caregiver's desire is to guide you forward in that direction. However, the journey is often not an easy one and will require commitment on your part. So we thought it would be helpful to let you know a little more about what to expect from caregiving, including your role in the process.

1. Your caregiver may give you homework assignments to complete between your scheduled meetings. The completion of any homework assignments is vital to your recovery and healing and shows your investment in the process.
2. Your caregiver will schedule meeting times with you and make the appropriate reservations for a room at the church building or [location]. We ask that you keep all scheduled appointments, and if you are not able to attend, call your caregiver in advance to reschedule. Please respect

your caregiver's time that he/she has committed to you. Caregivers are volunteers who devote themselves to you and to this ministry.

3. If your caregiver feels that you are not following through with your part of the helping process, he or she may discontinue the caregiving. Our desire is to see caregiving through to a mutually agreed closure, but if you are not committed to the process, we may have to conclude the caregiving and make an appropriate referral.

We are confident that you can find healing, especially as you and your caregiver invite Christ into your time together. Our ministry team will continue to lift you up in our prayers.

With warm regards and God's blessings,  
Signature

## **SAMPLE FORM 2. INTAKE AND PERSONAL HISTORY FORM**

### **Personal History**

ABC Lay Counseling Ministry

Address and Phone Number

**Name of Client:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

### **I. PRESENTING PROBLEM(S)**

- A. Describe the reason(s) you are seeking lay counseling.

---

---

---

- B. What do you think your family/spouse or significant other feels is the reason lay counseling may be needed?

---

---

---

C. Have you had any previous treatment and/or counseling? If so, where? When? With whom? How long? Is there any history of suicidal thoughts or gestures?

---

---

---

D. Do you have any medical conditions for which you are taking medication or being treated? (List medications/attending physicians.)

---

---

---

## II. FAMILY HISTORY AND ENVIRONMENT (INCLUDING STEPFAMILIES)

A. Who do you currently live with? For how long? Describe these relationships if any.

---

---

---

---

---

B. Describe your relationship with your family of origin (the family you grew up with). Were either of your parents divorced? If so, how old were you at the time? What is/was the home environment like (e.g., calm, chaotic, abusive, etc.)?

---

---

---

---

---

C. How are/were disagreements resolved in your family of origin? How is/was anger or aggression displayed? Who handles(ed) discipline? What form of discipline is/was utilized?

---

---

---

---

---

D. What is the significant psychiatric, substance abuse, or medical history of your family of origin?

---

---

---

---

---





### III. DEVELOPMENT AND CHILDHOOD HISTORY

A. **Pregnancy/Birth.** Describe any problems or abnormal conditions during this period.

---

---

---

---

B. **Infancy through Elementary School.** Describe any developmental problems during this period (e.g., speech, walking, enuresis, etc.).

---

---

---

---

Describe any health problems, hospitalizations, or treatment during this period.

---

---

---

---

Did you have any of the normal childhood diseases? Were there any complications?

---

---

---

---

Describe any major/traumatic events or disruptions in the family during this period.

---

---

---

---

C. **Middle Years (Jr. High through High School).** Describe major physical, relational, and/or emotional problems or hospitalizations/treatments during this period (including abuse).

---

---

---

---

Describe any major/traumatic events or disruptions in the family during this period.

---

---

---

---

D. **Young Adulthood to Present.** Describe any major physical, emotional, and/or relational problems or life events that were traumatic or disruptive during this period (including abuse).

---

---

---

---

#### IV. DRUG AND ALCOHOL HISTORY

Have you used alcohol?     Yes     No

If Yes, describe your usage (i.e., type, amount, frequency, and for how long).

---

---

---

Have you ever used illicit drugs?     Yes     No

If Yes, describe your usage (i.e., drugs used, amount, frequency, and for how long).

---

---

---

Have you abused prescriptions/over-the-counter drugs?    \_\_\_ Yes    \_\_\_ No

Describe your usage (i.e., prescriptions/medications used, amount, frequency, and for how long).

---

---

---

What methods of use were most common (i.e., oral, injection, inhalation, etc.)?

---

---

---

How did ethnic origin, age, gender or sexual orientation interact with any drug/alcohol use?

---

---

---

What were the daily activity patterns that tended to support the drug/alcohol use?

---

---

---

## V. EDUCATION HISTORY

What is the highest level of education you completed? \_\_\_\_\_

What are/were your feelings about school, classes, and peer relationships?

---

---

---

---

Did you have any learning-related problems, learning-disabled classes, or traumatic events/stressors?

---

---

---

---

## VI. PEER, SOCIAL, AND LEISURE HISTORY

Do you have close/intimate friendships?   \_\_ None   \_\_ 1-5   \_\_ 6-10   \_\_ 10+

How often do you talk or spend time with your friends? Are they supportive?

---

---

---

Describe the history of your friendships, church groups, social/cultural groups, gangs, etc.

---

---

---

Are/were these relationships healthy, or do/did they contribute to the problems you have experienced?

---

---

---

What types of social, recreational, or hobby-related activities do you participate in?

---

---

---

Do/did any of the above activities/interests contribute or relate to problems you have?

---

---

---

VII. MARITAL/SIGNIFICANT OTHER AND SEXUAL HISTORY

Marital status: \_\_\_\_\_

If married, spouse's name: \_\_\_\_\_

Dates of marriage: \_\_\_\_\_

Previously married? \_\_\_\_\_ Spouse's name: \_\_\_\_\_

Dates of marriage: \_\_\_\_\_

Have you been married more than twice? \_\_\_\_\_ How many times? \_\_\_\_\_

If not married, are you currently in a serious relationship? \_\_\_\_ Yes \_\_\_\_ No

If Yes, with whom? \_\_\_\_\_ For how long? \_\_\_\_\_

What is your sexual orientation? \_\_\_\_\_

Do you use birth control? \_\_\_\_ Yes \_\_\_\_ No

Are you currently sexually active? \_\_\_\_ Yes \_\_\_\_ No

If Yes, with more than one partner? \_\_\_\_ Yes \_\_\_\_ No

What are your attitudes/beliefs about sexuality? What impact does this have in your life?

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

If married or in a serious relationship, describe your relationship with your spouse or significant other (i.e., emotional, sexual, social, conflicts, level of communication, spirituality, etc.).

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

VIII. RELIGIOUS AND SPIRITUAL INFLUENCE

Do you identify with a religion and/or spiritual group/church/community? Please describe.

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

What is your perception of God?

---

---

---

---

Describe any involvement with cults or the occult (including astrology, séances, tarot cards, palm reading, fantasy games, etc.).

---

---

---

---

Describe your religious upbringing (i.e., church membership, attendance, youth groups, etc.).

---

---

---

---

Describe any specific religious/spiritual values and beliefs you or your family adhere to.

---

---

---

---

How did all the above influences affect your feelings of self-identity and need for approval?

---

---

---

---

How do/did the above values contribute, if any, to you current situation or problems?

---

---

---

---

## IX. EMPLOYMENT HISTORY

Currently employed?    \_\_\_ Yes    \_\_\_ No    How long? \_\_\_\_\_

Place of employment: \_\_\_\_\_

Duties/responsibilities: \_\_\_\_\_

---

Describe any other relevant employment history.

---

---

---

How long unemployed (if applicable)? \_\_\_\_\_

Describe your activities during the period of unemployment.

---

---

Describe your job motivation/satisfaction.

---

---

---

Describe any job-related stressors or factors.

---

---

---

Describe your relationship with your supervisor(s) and coworkers.

---

---

---

What are your current vocational pursuits or aspirations?

---

---

---

Describe any financial stressors or factors. How do you manage your finances, budget, etc.?

---

---

---

---

## X. MILITARY HISTORY

Have you ever served in the armed forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

What branch? \_\_\_\_\_ How long did you serve? \_\_\_\_\_

Highest rank achieved: \_\_\_\_\_

Dates of service: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

## XI. LEGAL HISTORY

Any charges pending? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, nature of charges: \_\_\_\_\_

Next court date: \_\_\_\_\_ Where? \_\_\_\_\_

Currently on parole or probation? \_\_\_\_\_

Name of probation/parole officer? \_\_\_\_\_

Describe any legal involvement (past or present) including with Child or Adult Protective Services.

---

---

---

## XII. STRENGTHS AND WEAKNESSES

Describe what you perceive to be your strengths and assets.

---

---

---

Describe what you perceive to be your weaknesses or problem areas.

---

---

---

## XIII. GOALS AND EXPECTATIONS FOR LAY COUNSELING

What problem(s) do you want to focus on during lay counseling?

---

---

---

---

In what areas of your life do you feel like you want to see or need improvement?

---

---

---

---

What are your expectations regarding lay counseling and the outcome?

---

---

---

---

What expectations do your family members/significant other(s) have for lay counseling?

---

---

---

---

---

Client Signature

Date

---

Parent/Guardian Signature

Date

## **SAMPLE FORM 3. INFORMED CONSENT AND CARE AGREEMENT FORM**

Consent and Care Agreement Form

ABC Lay Counseling Ministry

Address and Phone Number

### **THE NATURE AND PURPOSE OF THE ABC LAY COUNSELING MINISTRY**

*ABC* is a caregiving ministry of \_\_\_\_\_ Church. The purpose of this ministry is to provide spiritual care, support, encouragement, and referral services in a safe and confidential manner. Support is typically on a short-term basis during times of significant need or crisis. While in the midst of crisis, an ABC caregiver can help bring clarity to the issues involved and define the priorities of care. At the conclusion of initial care, ABC will assist with any needed transition of ongoing support. ABC caregivers are trained volunteers under the direction and general supervision of assigned staff members at \_\_\_\_\_ Church. Regardless of their education, training, licensure or expertise, ABC caregivers do not function in a professional role and do not provide clinically oriented mental health treatment or therapy.

### **CONFIDENTIALITY POLICY**

All communications, records, and contacts with ABC caregivers will be held in strict confidence. Information may be released in accordance with the laws of [state] only when:

1. the care seeker and/or guardian (if care seeker is under 18 years of age) signs a written release of information indicating informed consent to such release; or
2. the care seeker expresses serious intent to harm himself/herself or someone else; or
3. there is evidence or reasonable suspicion of abuse against a minor child, elder person 65 years or older or a dependent adult; or
4. there is evidence demonstrating a gross distortion of reality or the ability to function in normal daily routines; or
5. the ABC caregiver feels that counsel, assistance, and/or supervision may be required from the ABC leadership team.

If any of the conditions exist in 2, 3, or 4 above, the ABC caregiver may additionally seek out counsel, assistance, and direction from the pastors and elders of \_\_\_\_\_ Church. In all such cases, information is still held in strict confidence other than the personnel identified in this policy.

## CONTACT INFORMATION

Please indicate the phone number(s) and/or email address(es) at which we have your consent to contact you:

Phone Number

Email Address

---

---

## SERVICE AGREEMENT

I/we, the undersigned care seeker(s) or guardian(s), have read, discussed as needed, and fully understand this ***Consent and Care Agreement Form*** and acknowledge that by signing below, I/we do agree with all consent and authorization statements that are given and confirm consent and authorization for use and/or disclosure of the confidential information described herein with the people and/or organizations named in this ***Consent and Care Agreement Form***.

---

Care Seeker Name (Please Print)

Date

---

Care Seeker Signature

Date

---

Guardian, If Client Is a Minor (Print)

Date

---

Guardian's Signature

Date

## **SAMPLE FORM 4. SESSION AND COMMUNICATION NOTES**

### **ABC Lay Counseling Session and Communication Notes**

Date you met/spoke with care receiver: \_\_\_\_\_

Give a brief summary of the time together/conversation:

---

---

---

---

---

Describe any significant concerns/issues that surfaced (i.e., medical, suicide, abuse, legal, violent behavior, etc.):

---

---

---

---

Describe any specific action steps you took based on the time together:

---

---

---

---

Date for next session, or indicate if this was the final caregiving session:

---

---

Signature of Caregiver

Date

# SAMPLE FORM 5. AFTERCARE PLAN

Aftercare Plan  
ABC Lay Counseling Ministry  
Address and Phone Number

Name of Care Receiver:

## LIVING ARRANGEMENTS OF CARE RECEIVER

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICATION FOLLOW-UP

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## MEDICAL/PHYSICAL FOLLOW-UP

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## PSYCHOTHERAPY/COUNSELING FOLLOW-UP

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Therapist: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## SUPPORT GROUP FOLLOW-UP

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Information: \_\_\_\_\_  
\_\_\_\_\_

## VOCATIONAL/EDUCATIONAL FOLLOW-UP

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Information: \_\_\_\_\_  
\_\_\_\_\_

## SPIRITUAL/PASTORAL RESOURCES AND FOLLOW-UP

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Information: \_\_\_\_\_  
\_\_\_\_\_

## OTHER (E.G., REHAB, LEGAL, FINANCIAL, ETC.)

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Information: \_\_\_\_\_  
\_\_\_\_\_

Miscellaneous Instructions/Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERRALS FOR ALTERNATIVE CARE

Please check if applicable:

Whether due to my own request, the unavailability of certain therapeutic services/ clinical expertise, incompatibility with my lay counselor, a conflict in values and beliefs, or any other stated reason, I am being given the following three referrals and their contact information for alternative care. I understand that it is my responsibility to follow up and make the initial contact with another counselor.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Reason for referral request: \_\_\_\_\_

## ATTESTATION AND SIGNATURE

The above aftercare plan and/or any referral(s) for follow-up have been thoroughly explained to me. I understand the recommendations, including any potential limitations, and have had the opportunity to discuss any questions or concerns I have with my lay counselor. I also understand that I have the right to refuse any and all recommendations for aftercare and follow-up.

Please check one of the following:

- I am terminating lay counseling *against the advice* of my lay counselor.
- I am terminating lay counseling *with the approval* of my lay counselor.

---

Care Receiver Signature

Date

---

Parent/Guardian Signature (if Minor)

Date

---

Lay Counselor

Date

## **SAMPLE FORM 6. CONSENT FOR RELEASE OF INFORMATION FORM**

### **Consent for Release of Information**

**ABC Lay Counseling Ministry**

**Address and Phone Number**

I, \_\_\_\_\_, do hereby consent and authorize **ABC Lay Counseling** to:

- Release all records** of my (or my dependent's) lay counseling or other work done by ABC Lay Counseling **to the following** or **discuss** my (or my dependent's) counseling or other work done by ABC Lay Counseling **with the following**:

1. \_\_\_\_\_  
(Name of Person or Organization)

\_\_\_\_\_  
(Except for the Following Information)

2. \_\_\_\_\_  
(Name of Person or Organization)

\_\_\_\_\_  
(Except for the Following Information)

- This consent is valid and is to be acted on regarding the records of:

---

(Name of Care Receiver)

- This consent will terminate **without** express written revocation by the care receiver (or guardian in the case of a minor) on the following date:

\_\_\_\_\_ or when: \_\_\_\_\_

I understand that I have no obligation whatsoever to disclose the requested information and that I may revoke this consent at any time by informing any of the noted individuals or organizations. I also waive, on behalf of myself (or dependent minor) and any persons who may have interest in this matter, all provisions of law relating to the disclosure of confidential information and release ABC Lay Counseling from all legal responsibility or liability that may arise from this authorization.

---

Client Name (Please Print)	Date	Client Signature	Date
----------------------------	------	------------------	------

---

Guardian If Client Under 18 (Please Print)	Date	Guardian Signature	Date
--	------	--------------------	------

---

ABC Lay Counseling Representative	Date
-----------------------------------	------