

Are you ready for your first group meeting?

_____ I have purchased Dan Allender's Wounded Heart book. (We have the book and workbook available for purchase in Crossroads' Office.)

_____ I have purchased Dan Allender's Wounded Heart workbook.

_____ I have made my initial payment of \$435 to CrossRoads Christian Counseling.

_____ I have read chapter 9 in the Wounded Heart book (Styles of Relating).



CrossRoads Counseling Centers

1023 Executive Parkway Drive Ste. 10

St. Louis, MO 63141

Phone: (314) 469-5522

Fax: (314) 469-5504

<http://www.stl-ccc.org>

Welcome To A Wounded Heart Group! We have seen God use these groups in dramatic ways in the lives of others over the years. We trust that you will find this to be a place to make new friends, and receive support emotionally and spiritually as you explore Dan Allender's book and workbook. The material is challenging, thought-provoking and, we believe, life changing.

It is reasonable that you ask, "What is required of me?" We have outlined a few things you'll want to consider to make an informed decision before committing to a group:

The group meets every week for an hour and a half. It is designed to be an adjunct to your regular therapy with a professional counselor and not a replacement.

Individual counseling is required at least twice per month. However, in the unlikely event that any member's ability to participate in a safe and healthy manner is in jeopardy, the group leader will consult with that member and may recommend more frequent individual therapy. At that point, the group member may choose to meet more frequently with his/her individual therapist, or end involvement with the group.

The fee for the group is \$30.00 per week (\$870 for 29 weeks). Payment in the amount of \$435 is required in advance and is non-refundable. CrossRoads will bill you for the balance (\$435) three months into the group. Participants may also choose to pay \$870 at the start of the group. (A discount of \$10 is given for payment in full.) Payments may be made by cash, check, Visa, MasterCard or Discover. The fee is kept minimal, as it cannot be submitted to insurance.

You are required to purchase a Wounded Heart book and Workbook before the group begins. We have the books available for purchase in our office for your convenience. These materials may also be obtained from any Christian bookstore, many online retailers including www.christianbooks.com, or from Lay Renewal at a 20% discount.

Where homework is involved, we ask that you **be respectful of others in the group and read the material and/or answer questions as best as you can.** All that is asked of you is that you try. **You will be required to bring a photocopy of your homework each week to be kept in a confidential file.** This enables the leader to understand how you are processing the material. Your homework will also serve as a record of your involvement, in keeping with sanctioned professional and ethical standards.

Because so much of the group work is designed to examine the way members relate to themselves, others, and God, we ask that you **familiarize yourself with the “Styles of Relating” chapter before beginning the group.**

We strongly encourage you to participate in discussions. The depth of conversation and trust within the group builds over time.

Each member is responsible for his/her emotional health. You may want to talk further about some aspect of the material/discussion with your professional counselor, a trusted friend, your pastor, a group member, or your group leader.

The principles of respect and confidentiality must be strictly observed, and you will be asked to sign a confidentiality agreement. When talking with someone other than your counselor, it is important to restrict your comments to your personal reactions, and to keep other members' identities completely confidential.

The circle of confidentiality is extended to the CrossRoads Group Coordinator, and you will be asked to sign a release enabling your group leader to speak with your individual counselor. This will enable your leader to provide you with the best possible experience.

Your participation is a keystone to the health of your group; therefore we ask that you make attendance a top priority. No refunds will be issued if a meeting is missed. It is generally understood that if a group member misses three meetings in a row, that member will be asked to end participation in the group.

It is not always the right time to be involved in the Wounded Heart Group. If in the unlikely event your therapist or your leader determines that you have not or cannot faithfully maintain your commitment to the good of the group, it is possible you could be asked to reconsider your involvement in the group.

We hope that this group will be a significant part of your life as you begin this exciting journey and that the weekly meetings are a highlight. If you have any other questions please feel free to contact CrossRoads' Group Coordinator, Heather Bauer, at (314) 469-5522, ext. 27.

CrossRoads Christian Counseling

Wounded Heart Groups

1023 Executive Parkway Suite 10
St. Louis, MO 63141
Phone: (314) 469-5522 Ext. 22 Fax: (314) 469-5504

Date: _____
Referred By: _____
Therapist: _____

PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____ Cell phone # _____
Address: _____ City _____ State _____ Zip _____
Education: ___ High School ___ College ___ Other _____
Occupation: _____ Employer: _____ Phone # _____
Church Home: _____ ___ Active ___ Moderate ___ Inactive

FAMILY INFORMATION

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed
Spouse's Name: _____ Phone # _____
Spouse's Occupation: _____ Employer _____ Phone # _____
Children: Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____
Previous Marriage (s): Name(s) _____ Duration _____

Did anyone in your family ever experience physical, sexual, or emotional abuse? Please explain.

Have you ever felt that you were abused? Please explain.

Was anyone in your family a substance abuser?

HEALTH INFORMATION

Your current health ___Very good ___Good ___Average ___Declining

Current medical problems and/or medications. _____

Are you currently in counseling? ___Yes ___No

If yes:

For how long? _____

Therapist's Name? _____

Aside from the information provided above, have you previously sought counseling? ___Yes ___No

Therapist _____ Profession _____ From _____ To _____

Therapist _____ Profession _____ From _____ To _____

How satisfactory was your experience(s)? _____

PERSONAL CONFIDENTIALITY INFORMATION

As a client of our office it is your right to have the content of your group sessions held in confidence with these exceptions in which we are mandated to report: 1) if you sign a release form for us to divulge any or all information, 2) if you intend suicide, 3) if you intend homicide, 4) in the case of child, older or handicapped abuse.

In some cases, the Missouri courts have held that if an individual intends to take harmful or dangerous action against another individual, it is the counselor's duty to warn the person and/or the family of the person who is likely to suffer the results of harmful behavior.

Every effort will be made to resolve these issues before such a violation of confidentiality takes place. Every effort will be made to prevent an attempted suicide or a dangerous action against another person.

I have read and agree to the above policy, procedure and statement.

Signature of Client

Printed Name of Client

Date

Signature of Counselor

Date

WAIVER

I _____, am aware of and understand that involvement in the Wounded Heart group may be a strenuous process, presenting stress and emotional difficulty. It is my choice to be involved and I do knowingly and informed assume the risks inherent in being involved in such a group.

In the event that I am experiencing emotional difficulty, instability or danger, I will immediately seek further help through a competent mental health professional.

I understand that the staff, board, sponsoring church, and the non-profit organization, known as CrossRoads Christian Counseling is not responsible for any accident, harm, mishap or psychological duress that may come from being involved in a Wounded Heart group.

Date _____ Signed _____

CONFIDENTIALITY STATEMENT

I _____, hereby commit myself to keep what is shared in the context of my Wounded Heart group in complete confidence. I do so in love and respect for my fellow group members. I understand that I am always free to share what I personally have said. I simply respect the confidentiality of others. I will maintain confidentiality should the group disband, should I discontinue my participation in the group for any reason, and after the group has ended.

I understand that the circle of confidentiality is extended to my individual counselor and the CrossRoads Group Coordinator, who are committed to the same standards of respect and privacy. I am free to discuss any aspect of the group with my counselor, and understand that my leader will be meeting with the Group Coordinator to receive support in the leadership of the group.

Date _____ Signed _____

CrossRoads Christian Counseling
Wounded Heart Groups
1023 Executive Parkway Dr. Suite 10
St. Louis, MO. 63141
(314) 468-5522 fax (314) 469-5504

PAYMENT POLICY AND MISSED APPOINTMENTS

Welcome to CrossRoads Christian Counseling's Wounded Heart Groups. Please take a few minutes to acquaint yourself with our policies.

Before any of us subscribe to a service, we must determine the costs and conditions of that service. As you come in for counseling, no doubt you have preliminary questions about costs, services, and billing. Those questions are appropriate, respectful, and reflect your good sense.

PAYMENT FOR SERVICES: Group sessions run approximately 1 hour 30 minutes. The fee for the group is \$30.00 per week. Our usual practice is to require payment in the amount of \$435.00 in advance, with the remaining \$435.00 to be paid in 3 months. Participants may pay \$870.00 in advance and receive a \$10.00 discount. Payment can be made either by cash, credit card (we accept all major cards except American Express) or personal check payable to CrossRoads Christian Counseling (C.C.C.). The fee is non-refundable and is kept minimal, as it cannot be submitted to insurance.

MISSED APPOINTMENTS: Your attendance and participation is a keystone to the health of your group. Therefore, we ask that you make the attendance at group a top priority. You will be charged for the missed groups.

If you have any questions at all, please feel free to ask CrossRoads' Group Coordinator, Heather Bauer, or your group leader.

I HAVE READ AND AGREE TO THE ABOVE POLICIES.

Signed _____ Date _____

COMMITMENT FORM:

In participating in the group, I understand:

That an essential part of my healing will come from individual work with a private therapist, and that I will participate in counseling for a minimum of one session per month while I am involved with the group.

That I will do the homework each week because I need the comfort, insight and confronting that it gives me as I seek God's will and His help in my recovery. If I do not complete the homework, out of respect to others in the group, I will not participate in the workbook discussion.

Meetings are important. They will begin promptly, and I will contact someone in the group (preferably not an answering machine) if I am unable to attend a meeting.

That if I am absent for more than three consecutive meetings, I will not be able to participate until the beginning of the next Wounded Heart Group.

It is everyone's responsibility to "Tune In." This includes listening to someone's words, being sensitive to the feelings they express verbally and non-verbally, and paying attention to my own reactions as the other person communicates. I will:

- Allow other members to express their feelings and finish talking
- Be sensitive to other members of the group and limit my answers to two to three minutes.
- Realize that crying and laughing are o.k. Being abusive to another group member is not.
- Resist the impulse or temptation to rescue other group members.
- Attend meetings to work on myself, not other people.

A code of anonymity will be followed. The group will suffer an instant death blow if anything said or done in the group is disclosed to someone outside the group. Keeping an atmosphere of trust is important.

I will:

- Not indicate to anyone outside the group the names of other members.
- Keep all conversations in the group confidential. Nothing said in the group by or about someone else will be repeated outside the group.

That the group interactions may stir up a variety of feelings. I know I can call anyone in the group for support. If I feel the need to process issues or feelings stirred up during the group meetings, I covenant to do this with another group member and/or my counselor who is professionally committed to the same code of confidentiality.

There will be no sexual interaction between group members.

I am making a commitment not to commit suicide while using this guide.

I am making a commitment to keep myself from being victimized by others and from self-mutilation (eating disorders, physical harm, addictions and compulsions, etc.).

I have the power to make choices for healing and to take responsibility for my life.

Recovery groups have no value unless the goal is maturing in LOVE. Honesty will be an empty trophy if it becomes the goal of the group, at the expense of one another's feelings.

Signed _____ Date _____



CrossRoads Christian Counseling
 1023 Executive Parkway, Ste. 10, St. Louis, MO 63141
 4229 S. Kingshighway, St. Louis, MO 63109
 314.469.5522

AUTHORIZATION FOR THE RELEASE OF INFORMATION

RE: Name _____ Date of Birth _____

Address _____

I hereby authorize the release of the following specific information:

Yes No

- ___ ___ 1) Medical history, examination, laboratory tests, and treatment reports
- ___ ___ 2) Psychological test reports
- ___ ___ 3) Psychiatric evaluation reports
- ___ ___ 4) Social history data, including family, education, employment, and other relevant materials
- ___ ___ 5) Summary of current and/or previous mental health treatment
- ___ ___ 6) Periodic reports of current treatment progress, including attendance and participation
- ___ ___ 7) Notification of referral source of initiation and termination
- ___ ___ 8) Specify: _____

From/To CrossRoads From/To _____
 (name of agency or individual)

 (address) (city) (state) (zip)

I understand this information will be used for the following specific purposes: (check all items)

Yes No

- ___ ___ 1) To develop a diagnosis, treatment, and rehabilitation plan
- ___ ___ 2) To coordinate medical, psychological, and social rehabilitation processes
- ___ ___ 3) To coordinate care between individual and group counseling

I understand no information may be released by either agency to any other agency or individual unless by my written consent. This authorization may be revoked at any time by my written statement, and it is **automatically revoked at the end of treatment unless otherwise specified.**

This consent for the release of information is given freely, voluntarily, and without coercion.

 signature of client

 signature of witness

 signature of responsible adult for minor

 relationship to minor

 date