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# COMPETENT TO COUNSEL

## Introduction to Nouthetic Counseling

JAY E. ADAMS

A PDF COMPANION TO THE AUDIOBOOK

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*Competent to Counsel*


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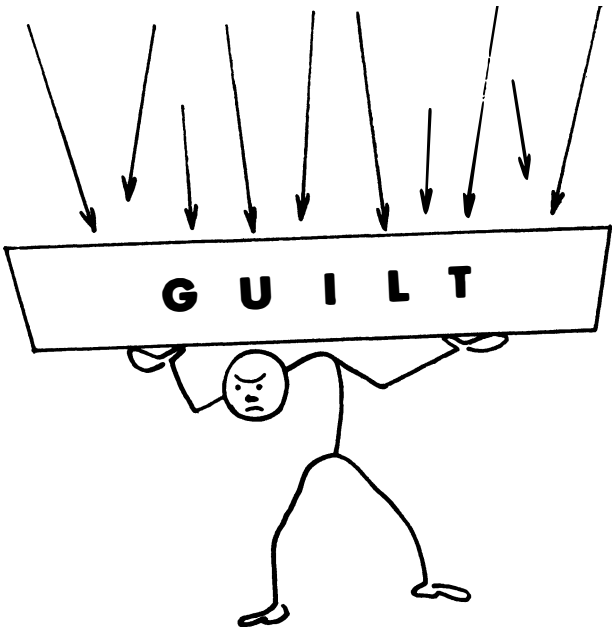
*Chapter VII*

# CONFESS YOUR SINS

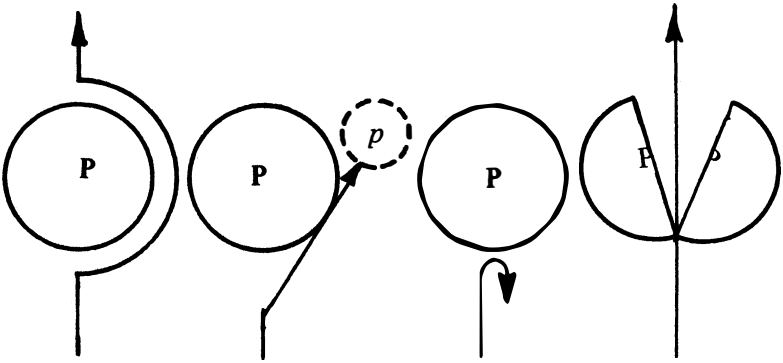
## DEPRESSION AND GUILT



*Chapter VIII*

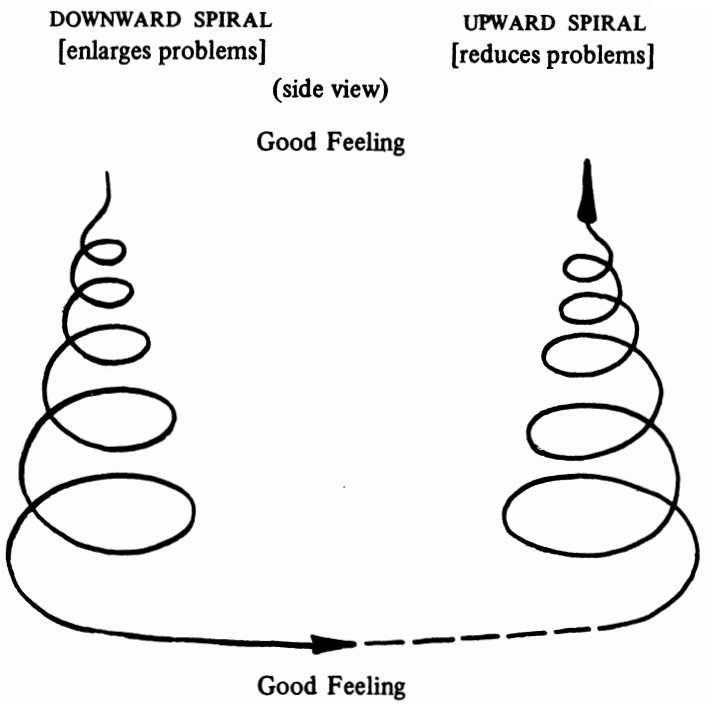
# SOLVING PROBLEMS NOUTHETICALLY

## FOUR METHODS OF PROBLEM SOLVING

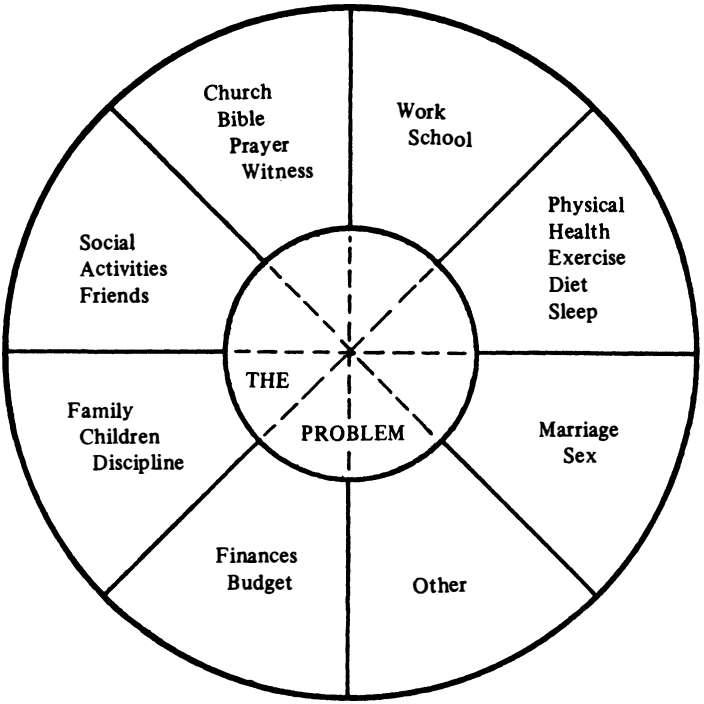



1 2 3 4

# CYCLES


DOWNWARD SPIRAL
[enlarges problems]
UPWARD SPIRAL
[reduces problems]
(side view)
Good Feeling
Good Feeling
(top view)
etc.
additional complicating problem
Problem
Sinful response
additional sinful response
additional complicating problem
Original Problem
Solved by biblical response
Solved by biblical response

## TOTAL STRUCTURING DIAGRAM




## CODE OF CONDUCT

| Crime | Punishment | By Whom | When |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*Chapter IX*

# SOME PRINCIPLES OF NOUTHETIC TECHNIQUE

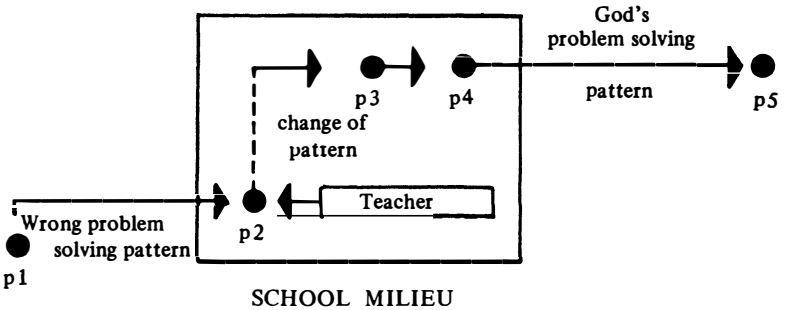
**PROBLEM - SOLUTION SHEET**

| What Happened | What I Did | What I Should Have Done | What I Now Must Do |
|---|---|---|---|
| Problem (describe) | My Response (describe) | Biblical Response (cite and explain references) | Describe the steps that must be taken to rectify matters. |
| Problem (describe) | My Response (describe) | Biblical Response (cite and explain references) | Describe the steps that must be taken to rectify matters. |
| Problem (describe) | My Response (describe) | Biblical Response (cite and explain references) | Describe the steps that must be taken to rectify matters. |

EVALUATION AND COMMENTS:

*Chapter XI*

# CHRISTIAN SCHOOL TEACHERS AS NOUTHETIC COUNSELORS




Explanation of diagram: Wrong problem solving pattern developed outside school milieu in confronting problems (p1). Student responds to problem arising out of school milieu (p2) according to previously developed pattern, but pattern is successfully countered by school teacher using resources of God so that a change is effected and new pattern established. New pattern applied not only to other problems within school milieu (p3, p4), but also carried over to problems without (p5).

# FORMS AND RESOURCES

PERSONAL DATA INVENTORY FOR USE OF
C. C. E. F. ONLY

Instructions to Administrator: Please explain to the client that this confidential information form is for the use of the counselor only. Ask him to help you to complete it as carefully as possible. If both husband and wife are coming for counseling, each should fill out a form. If the form pertains primarily to a minor, the parents may need to provide most of the answers.

IDENTIFICATION DATA:

Your Name _____ Address _____

City _____ State ____ Zip Code _____ Phone _____

Occupation _____ Business Phone _____

Sex ___ Birth Date _____ Age ___ Height _____ Nationality or Ethnic background _____

Marital Status: Single ___ Going Steady ___ Married ___ Separated ___ Divorced ___ Widowed ___

Education (circle last year completed):

Grade School 1 2 3 4 5 6 7 8 9 High School 10 11 12

College 1 2 3 4 5 6+

Other training (list type and years) _____

_____

Referred here by _____ Address _____

HEALTH INFORMATION

Rate your physical health (check): Very Good ___ Good ___ Average ___ Declining ___ Other ___

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

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

_____

Date of last medical examination _____ Report: _____

_____

Your Physician _____ Address _____

Have you used drugs for other than medical purposes? Yes___ No___
What? _____

Are you presently taking medication? Yes___ No___ What?_____
Prescribed by _____ Address_____
Have you ever had a severe emotional upset? Yes____ No____
Have you ever had any psychotherapy or counseling? Yes____ No____
If yes, list counselor or therapist and dates: _____

_____

Are you willing to sign a release of information form so that your counselor may write for helpful social, psychiatric, or medical reports?
Yes_____ No____
Have you ever been arrested? Yes____ No____

RELIGIOUS BACKGROUND

Denominational preference: _____
Church Attendance per Month (circle): 0 1 2 3 4 5 6 7 8 9 10+
Church attended in childhood_____
Baptized? Yes____ No____
Religious background of spouse (if married) _____
Do you consider yourself a religious person? Yes___ No___ Uncertain_
Do you believe in God? Yes____ No____ Uncertain____
Do you pray to God? Never____ Occasionally____ Often____
Are you saved? Yes____ No____ Not sure what you mean____
How much do you read the Bible? Never___ Occasionally___ Often____
Explain recent changes in your religious life, if any _____

_____

PERSONALITY INFORMATION

Circle any of the following words which best describe you now: active ambitious self-confident persistent nervous hardworking impatient impulsive moody often-blue excitable imaginative calm serious easy-going shy good-natured introvert extrovert likeable leader quiet hard-boiled submissive self-conscious lonely sensitive other_____

_____

Have you ever felt people were watching you? Yes____ No____
Do people's faces ever seem distorted? Yes____ No____

Do colors seem too bright? _____ Too dull? _____

Are you able to judge distance? Yes ____ No____

Have you ever had hallucinations? Yes____ No ____

Are you afraid of being in a car? Yes____ No ____

What difficulties do you have in hearing (if any)?_____

MARRIAGE INFORMATION: (if never married, check ___ and omit this section)

Name of spouse _____ Address _____

Phone _____ Occupation _____

Business Phone _____

Is spouse willing to come for counseling? Yes__ No__ Uncertain ____

Have you ever been separated? Yes__ No __

Have either of you ever filed for divorce? Yes__ No__ When?_____

Date of this marriage _____

Your ages when married: Husband_____ Wife _____

How long did you know your spouse before marriage? _____

Length of steady dating with spouse _____

Length of engagement_____

Give brief information about any previous marriages:_____

_____

Broken by divorce ____ Death ____

Information about children:

| PM* Name | Age | Sex | Living yes-no | Education in years | Marital Status |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Your spouse's age_____ Education (years) ____ Religion_____

_____

*Check this column if child is by previous marriage.

PARENTAL FAMILY HISTORY

If you were reared by anyone other than your own parents, briefly explain: _____

Answer this section describing your own parents or parent substitute:

Still living? (yes, no) Father_____ Mother_____

Religious affiliation Father _____ Mother _____

Church attendance per month 1 2 3 4 1 2 3 4

Occupation Father _____ Mother _____

Are your parents still living together? Yes ____ No____

If not, cause of separation _____

When separated _____

Rate your parents' marriage: Unhappy ___ Average ____ Happy____
Very Happy _____

As a child, did you feel closest to your father__mother__another__

Rate your childhood life: Very happy__Happy__ Average__
Unhappy ____

How many brothers and sisters do you have? _____

How many *older* brothers ____ sisters ____ do you have?

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

1. What is the main problem, as you see it? (Why are you here?)

2. What have you done about it?

3. What can we do?

4. Describe your spouse's personality in a few words (selfish, loving, etc.)

5. As you see yourself, what kind of person are you? describe yourself:

6. Is there any other information we should know?