

Christian Counseling Centers of Indiana, LLC
Treatment Plan/Progress

Name: _____

Monday, June 26, 2017

Issues to resolve	Date Resolved
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

Personality configuration

1. Date _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. Date _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. Date _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4. Date _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5. Date _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6. Date _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7. Date _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	1	2	3	4	5	6	7	8	9	10	11	12	13

Symptomology Score (50=normal)

1. Date _____	Score _____
2. Date _____	Score _____
3. Date _____	Score _____
4. Date _____	Score _____
5. Date _____	Score _____
6. Date _____	Score _____
7. Date _____	Score _____

Spirituality Score (60.4=average)

1. Date _____	Score _____
2. Date _____	Score _____
3. Date _____	Score _____
4. Date _____	Score _____
5. Date _____	Score _____
6. Date _____	Score _____
7. Date _____	Score _____

Medications

1. Date _____	Name _____	Dosage _____	Dr. _____
2. Date _____	Name _____	Dosage _____	Dr. _____
3. Date _____	Name _____	Dosage _____	Dr. _____
4. Date _____	Name _____	Dosage _____	Dr. _____
5. Date _____	Name _____	Dosage _____	Dr. _____
6. Date _____	Name _____	Dosage _____	Dr. _____
7. Date _____	Name _____	Dosage _____	Dr. _____

Counselor's/Psychologist's signature _____
Dan L. Boen, Ph.D., HSPP, Licensed Psychologist
Executive Director Christian Counseling Centers of Indiana, LLC
Helping Hearts Heal Since 1987

Christian Counseling Centers of Indiana, LLC
(Psychologist/Counselor's Copy)
Testing Request for

Name(S) _____
Monday, June 26, 2017

You have been asked to take one of the following tests prior to your next session. Some of the tests are free and some have a fee. Please check with your counselor or the business manager regarding any fees you might owe for your testing.

Tests with a Fee

1. ____ Symptom Checklist-90-Revised (available at office) \$15
2. ____ The Discipleship Inventory (on-line at www.cccoi.org under Personal or from office) \$10
3. ____ Parent's Discipleship Inventory (on-line under Parental or office) \$10
4. ____ Child's Discipleship Inventory (on-line under Parental or office) \$10
5. ____ God Image Inventory (on-line under Personal or office) \$10
6. ____ Gift Quest (on-line under Spiritual or office) \$10
7. ____ MMPI-2 for ages 18+ (must be taken at office) \$100
8. ____ MCMI-III for ages 19+ (must be taken at office) \$100
9. ____ MACI for ages 13-18 (must be taken at office) \$100
10. ____ M-PACI for ages 9-13 (must be taken at office) \$100
11. ____ Addiction and Dependency Scale (available from counselor) \$10
12. ____ Marriage Inventory (available from counselor) \$20 per couple
13. ____ Pre-Marital Inventory (available from counselor) \$20 per couple
14. ____ Home Safety Questionnaire (available from counselor) \$10
15. ____ Meditation CD (available from office) \$10

Questionnaires that are Free

16. ____ Identifying Information (on-line at www.cccoi.org under Personal or from office)
17. ____ To Maturity, In Maturity/ Personal Inventory (on-line under Personal or from office)
18. ____ Abuse Checklist (on-line under Personal or from office)
19. ____ Giving and Receiving Love (on-line under Relational or from office)
20. ____ Love Analysis (on-line under Relational or from office)
21. ____ Changing (on-line under Relational or from office)
22. ____ Characteristics of Love (on-line under Relational or from office)
23. ____ Marital Expectations (from counselor)

For Next Session

1. _____
2. _____
3. _____

Thank you for your willingness to complete the above checked tests/inventories/homework. This will help your counselor have a better understanding of how to help you.

Psychologist's signature _____
Dan L. Boen, Ph.D., HSPP, Licensed Psychologist 20041027A
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Christian Counseling Centers of Indiana, LLC

Four Factor Treatment Model

The Four Factor Treatment Model is our model for patient/client treatment. As a Christian counseling center we want to base our treatment both on Christ and good quality counseling treatment factors. Therefore we examine the following four factors and their interrelationships in our treatment process.

Issues and Concerns is the first factor we examine together. Why the patient/client is here and how they want us to help them are very important to us. We want to consider the patient/client's current issues and concerns as well as the crisis that brought them to us in the first place. As we work together we also want to consider if this is a present crisis that has recently developed due to the circumstances of life we all find ourselves in from time to time or whether it has also some roots in the past that might be playing a part in the present. We use the Identifying Information to obtain a brief history and Personal Inventory to look for current issues that need to be addressed. In addition, if there was abuse or neglect in the past we use the Abuse or Neglect Checklist to help us identify any issues or concerns in this area.

Personality is the second factor we consider. We know that everyone is unique and sees the world differently. While those differences make us interesting people and whom we are, they also sometimes make it difficult for us to deal with people who are different from us and may contribute to whatever else we are dealing with. Understanding our personality from a normal perspective allows us to both accept ourselves and better relate to others whom are different from us. We use the Discipleship Inventory to develop a normal understanding and acceptance of who our patient/clients are.

Symptomology is the third factor we consider. Our concern for our patient/clients is multifaceted. Are there symptoms that they have acquired or are demonstrating that could be affecting their ability to function or live satisfying lives? Currently we use the Symptom Checklist or SCL-90-R to help us determine this. If a patient/client indicates a number of symptoms or specific severity of symptoms we may ask them to consider taking additional tests or assessments to help us better determine symptom severity and type of symptoms that may need to be treated. If we find certain symptoms present we may recommend either further evaluation or a referral to another treatment provider such as the patient/client's physician for further consideration and treatment.

Spirituality is the fourth factor we look at. We believe we were created beings that are both physical and spiritual. In examining our spirituality we can have a better understanding of who we are as individuals and who we are in our relationship to God. As we understand and develop our spirituality we are better able to deal with life and its issues. We use the God Image Inventory to assess our patient/client's spirituality. From this we determine both who they see themselves to be and what their God Image is or their spirituality.

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