



# MyCounselor<sup>+</sup>Online

---



## CAREERS

Working together to increase access  
to excellent Christian counseling.

Creating dream jobs for Christian counselors!



## HAVE A HUGE IMPACT ON THE KINGDOM OF GOD, NOW AND FOR ETERNITY!

At MyCounselor.Online we are on a mission to provide access to excellent Christian counseling for every American Evangelical Minister and Missionary family in the world (approximately 400,000 people), from now until the return of King Jesus! That's our Big Hairy Audacious Goal and we are stoked about it!

When our King returns, we will get to witness the positive ripple effect we have been privileged to be a part of in the Kingdom. We get to share in blessing every life touched by the families we serve. That's rewarding work that REALLY makes a difference in the world!

## THE NEED IS SO GREAT AND THE WORKERS SO FEW, WE'VE BEEN PRAYING FOR YOU!!!

As a counselor at MyCounselor Online you get to serve the Kingdom through the ministry of counseling alongside passionate colleagues all the while receiving extensive on the job training and earning a rewarding salary, with lots of advancement opportunity. It's a dream job for Christian counselors who want to serve the body of Christ with excellent clinically informed faith-based counseling.

In the next few pages I'll introduce you to our practice. As you read, I hope you get excited with the feeling "This is exactly what I've been praying for!"

If so, get started today at: [MyCounselor.Online/apply](https://MyCounselor.Online/apply)

Cheering you on!



**Josh Spurlock, MA, LPC, CST**  
Founder / CEO MyCounselor.Online





# WHY MYCOUNSELOR.ONLINE?

God is at work through the body of Christ to accomplish His purposes and establish His Kingdom. He chooses to work through people. Each person, a part of the body, contributing their talents. Some are called to the secular marketplace, others to vocational ministry. Some are called to specific communities to plant churches, others to people groups yet to hear the Gospel. Each of us are called to apply the gifts the Lord has given us to address a specific need in the Kingdom.

Josh and Cassie Spurlock, founders of MyCounselor.Online, were called to address a specific problem in the Kingdom: insufficient access to consistently high-quality mental health care for the body of Christ as a whole, and for pastors, missionaries, and orphan care workers especially. The solution God laid on their hearts: MyCounselor.Online.

MCO is not the only organization God is using to meet this need in the Kingdom. There are many Christian counselors in the body of Christ and organizations seeking to marshal their efforts for the benefit of the body, each in their own way.

The unique way we do things at MCO was birthed as a result of observing a specific pain point given over and over again when we talked to large organizations about their counseling needs.

Because most counseling organizations come at the problem from an approach that utilizes independent counselors each practicing in the manner they prefer, there is no consistency in approach one to the next, nor accountability for the effectiveness of the counselor's work. This causes results to vary greatly and makes it difficult for organizations in the body, like churches, missionary sending organizations, orphan care ministries, etc. to know whom they can trust for the thousands of referrals they need to make each year.

The challenge for organizations is significant. They have the task of vetting individual clinicians one at a time. The process is tedious, and it really doesn't enable them to know what happens behind the closed door of the counseling session. They have no way of knowing whether their people are experiencing healing in their nervous systems. When they find a counselor that gets a "good report" they quickly run into the hard reality that great counselors generally have limited availability.

## MYCOUNSELOR.ONLINE EXISTS TO ADDRESS THIS EXACT PROBLEM. HERE'S HOW WE DO IT:



1. We vet applicants thoroughly for gifting, capacity, calling, and love for Jesus in addition to academic education in mental health.
2. We hire all counselors as employees so we can train them and hold them accountable in their work.
3. We developed our own proprietary approach to care built on the very best evidence-based practices in mental health care and the teachings of the Bible, Neuroscience Informed Christian Counseling® (NICC).
4. We built a two-year post-graduate residency where counselors are trained in a proven approach, their counseling session videos are reviewed, coaching is provided by experienced counselors, and they are held accountable for clinical and theological excellence.
5. We deliver services online so people can access excellent care world-wide.

This is how we certify counselors. It's how we keep our promise to provide consistently excellent care for those referred to us. It's how we produce a steady stream of high-quality counselors to meet the needs of the body.

Our process creates a high level of accountability and quality control, for consistent outcomes. This in turn enables us to pursue research to develop truly Christian evidence-based practices in mental health care and counseling services the body of Christ can trust.

It comes down to a system that works: a support team passionate about helping people, the labor of love our clinical supervisors put in, and our residents' dedication to excellence.

Together we are making an impact far larger than any of us could on our own. We are meeting a critical need in the Kingdom and bringing joy to our King's heart as we serve Him faithfully. AND, we're having fun doing it with other passionate Kingdom workers.





# VISION

## STANDING IN THE GAP

"There is an enormous gap between the need for treatment of mental disorders and the resources available. In developed countries [like the USA] with well organized health care systems, between 44% and 70% of patients with mental disorders do not receive treatment. In developing countries the figures are even more startling, with the treatment gap being close to 90%."

- World Health Organization [WHO], Investing in Mental Health, pg. 5

About 1 person in every 10 worldwide is suffering from a mental health disorder. 1 in 4 families has a member with a mental health disorder. Nearly 1 million people complete suicide each year. These figures only capture "clinically significant" levels of distress. Suffering from emotional and relational distress that doesn't meet the threshold of clinical significance (diagnosable disorder criteria) are not included. The actual need and mental healthcare gap (mhGAP) is even larger.

### **FAITH-BASED MENTAL HEALTH DELIVERED THROUGH THE LOCAL CHURCH IS A PART OF THE SOLUTION.**

The local, community based, Church globally has been a leading source for healthcare since the first hospitals were established by the Church in 4th century. Practices of compassion, such as described by Jesus in the parable of the good Samaritan, illustrate the ethos of God and His people documented as far back as Isaiah (58:6-7) and Deuteronomy (15:7-8).

### **MYCOUNSELOR.ONLINE IS DOING FOUNDATIONAL WORK TO HELP THE LOCAL CHURCH STAND IN THE MENTAL HEALTHCARE GAP (MHGAP):**

- Developing a faith-based, neuroscience informed model of care [Neuroscience Informed Christian Counseling (NICC)].
- Scaling up the training of faith-based mental health care workers through a two (2) year residency.
- Developing lower-cost groups-based mental healthcare programming.
- Developing best practices for the delivery of mental health services via web-based technologies.
- Scaling up faith-based mental healthcare capacity by increasing inventory of available counseling sessions.
- Developing low-cost self-directed mental health resources: online courses, videos, articles, books, workbooks, etc.
- Creating a training institute for the local Church and mental health professionals (NICC Institute).
- Raising funds to scholarship church leaders to engage their own mental healthcare.
- Forming partnerships with ministries seeking to increase access to mental health care within their organizations.
- Developing a framework and process for outcome studies and program improvement.
- Developing quality assurance standards and accountability practices.

# PHILOSOPHY



We are a Christian counseling practice. To us that means we are Christians by faith and our faith is an integral part of our therapy.

Some practitioners see their faith and their clinical practice as separate issues. They are Christians who are also clinicians. They essentially practice secular therapy. This is not us.

We believe that God is at work through the therapeutic process to bring about His purposes in our client's lives. We are His workman, following His direction, and integrating a theologically accurate understanding of the Scriptures to the specifics of the client's situation through clinically sound therapy.

## TO DO THIS WELL WE BELIEVE A CLINICIAN MUST:

1. Personally pursue a deep relationship with Christ.
2. Study the Scriptures at least as much as psychology to be able to apply the principles of both in session.

A Sunday school education in the Bible and a masters or doctorate in psychology won't get it done. While this doesn't require a formal academic study of theology (though this is helpful), it does require a disciplined study of Bible and biblical teaching.

We adhere to [Focus on the Family's Statement of Faith](#) and the [American Association of Christian Counselors Code of Ethics](#).

# CORE VALUES

## KINGDOM 1ST

"Kingdom 1st" culture means we love God and one another. Above all, we are committed to King Jesus and His Kingdom. We serve the King and His Kingdom without regard for denominational or traditional lines. We fly one banner, Christ and His Kingdom. We own the mission He has given us in His Kingdom, to inspire and empower thriving by increasing access to excellent Christian counseling for mental health and personal development.

We relentlessly work together, empowered by the Holy Spirit, to advance our mission. We are not in competition with any organization that is honoring our King in their work. Supporting Kingdom workers, ministers, missionaries (Love M&Ms), and orphan care workers, is at the heart of our mission. It also means we genuinely love our teammates and the clients we serve. We give ourselves (our hearts, time, resources) to support and care for each other, personally and professionally. We are loyal, gracious, and generous with each other.



We embody an ethos of vulnerable authenticity. We are honest with ourselves and one another about our strengths, weaknesses, wounds, struggles, hopes, and dreams. We allow ourselves to be seen, neither puffing up nor shrinking back. We foster non-judgmental acceptance, holding a safe space for the good and the bad, embracing loveliness that is not based on performance, and accepting the gifts of imperfection. Through vulnerability, we position ourselves for mismatching experiences that are transformative and we build deep bonds with each other. We are a team that feels like a family.

## 5-STAR EXPERIENCE

“5-Star Experience” culture means we are committed to creating transformative experiences for our members that exceed their expectations, creating raving fans. We give careful thought and passionate execution to our members’ experience from their first contact with us through our website or resources to the counseling they receive and everything between. It is our aspiration to set the bar, to be the gold standard for excellence in Christian counseling.

## FAITHFUL OWNERSHIP

“Faithful Ownership” culture means we individually and collectively take ownership for the ‘corner of the Kingdom’ Jesus has entrusted us with. Our members, their families, and our role in their life is a sacred trust. We can be counted on by them and by our team mates to deliver on our commitments. We faithfully own keeping our promises to those we serve and each other by showing up to meetings, responding promptly to messages, diligently developing our skills, completing our work.

We are humble, hungry, loyal, disciplined, determined, and focused on our goal. We are coachable. We lovingly give and humbly receive candid feedback because we earnestly want to get better. We measure our performance and stretch ourselves to new levels. We know we are better together. We put our members and their needs ahead of individual ego, achievement, or reward.

## ALWAYS INNOVATING

“Always Innovating” culture means the only constant is change. We embrace it. We lean into finding new ways to improve the services we deliver and care for the people Jesus entrusts to us. We are more committed to improvement than we our own comfort. We each take responsibility for our own growth, our teammates development, and helping the company keep getting better year after year. We are continuously on the lookout for the next advancement in technology, clinical research, and process improvement that can help us better serve our members.



## MAKE IT FUN!

"Make It Fun!" culture means we like to have FUN! Laugh Out Loud, make you smile even on the hard days, roll your eyes, make your ribs hurt, vulnerable, joyful, celebrating life FUN! We are considerate of others, and we choose to laugh rather than take offense. We appreciate and respect the vulnerability of joy, making it safe for others to be silly, weird, dorky, nerdy, and odd. Play is an essential aspect of image of God reflected in people – we invite it, embrace it, and look for ways to engage it in all we do.

## NEUROSCIENCE INFORMED CHRISTIAN COUNSELING® (NICC)

The aim of NICC is to help people experience mental health wellness, using methods developed from the study of neuroscience and theology, doing so with accountability to high standards of excellence in practice.

NICC is largely a translational and integrative model. Building on and emerging from well-developed and researched models of therapy and Biblical soul care wisdom practiced for millennia. The result is a distinctly Christian clinical model articulated precisely for training, supervision, and research.

### **The Theology Behind NICC**

The following list represents a brief bibliography of theological writings that influence NICC. The list is not exhaustive and does not represent an embrace or endorsement of every perspective taken by the authors.

- Systematic Theology, Second Edition: An Introduction to Biblical Doctrine by Wayne Grudem
- Introduction to Biblical Interpretation: 3rd Edition by William W. Klein, Craig L. Blomberg, Robert L. Hubbard, Jr.
- Grasping God's Word, Fourth Edition: A Hands-On Approach to Reading, Interpreting, and Applying the Bible by J. Scott Duvall, J. Daniel Hays
- The Other Half of Church: Christian Community, Brain Science, and Overcoming Spiritual Stagnation by Jim Wilder, Michel Hendricks





## **The Neuroscience Behind NICC**

NICC theory and practice is grounded in the scientific research of mental health over the past one hundred years and the study of God over the preceding six plus millennia. The NICC Provider Manual covers in detail the neuroscience and theology of NICC. In this overview of the neuroscience behind NICC we will simply name the various theories and models that NICC draws on, with limited discussion of their influence on the model. We'll organize the material in reverse chronological order, starting with the state-of-the-art evidenced based models and trace back to their earlier anecdotal theorist.

### **Accelerated Experiential Dynamic Psychotherapy (AEDP)**

The leading developer for AEDP is Diana Fosha. From AEDP we draw our focus on the phenomenology of affective experience, the primacy of affect in creating change, the operationalization of our therapeutic stance, understanding of anxiety, defense, and core affective experience, the mechanics of processing emotion to completion, meta-therapeutic processing, and a model of supervision based on direct observation of video, to name a few. In many ways NICC is a translation and expansion of AEDP and is primary in NICC's application with individuals.

### **Emotionally Focused Therapy (EFT)**

The leading developer for EFT is Susan Johnson. From EFT we draw our understanding of attachment driven interpersonal cycles of interaction, organization of therapeutic work into stages and steps, and restructuring bonds through restructured interpersonal enactments. EFT is primary source for NICC's application with couples and families.

### **Attachment Focused Eye Movement Desensitization and Reprocessing (AF-EMDR)**

The leading developer for Attachment Focused Eye Movement Desensitization and Reprocessing (AF-EMDR) is Laurel Parnell. From AF-EMDR we draw structuring of therapeutic work, use of imagery in processing traumatic memory, targeting and following of memory networks, verifying completion of processing, understanding of Adaptive Information Processing (AIP), and resource development through imagery work.

### **Internal Family Systems (IFS)**

The leading developer for IFS is Richard Schwartz. From IFS we draw our understanding of parts work and ego states.

### **Schema Therapy**

The leading developer for Schema Therapy is Jeffery Young. From Schema Therapy we draw limited reparenting and early maladaptive schemas.



### **Interpersonal Neurobiology (IPNB)**

The leading developer for IPNB is Daniel Siegel. From IPNB we draw our understanding of nervous system anatomy and function, mental health as whole brain integration, theory of mind, self-reflective capacity, and intersubjectivity.

### **Polyvagal Theory**

The leading developer in Polyvagal Theory is Stephen Porges. From Polyvagal theory we draw our understanding of vagal nervous system states and window of tolerance.

### **Right Brain Psychotherapy**

The leading developer in Right Brain Psychotherapy is Allan Schore. From Right Brain Psychotherapy we draw our understanding of limbic resonance, regulation, and revision.

### **Memory Reconsolidation**

The leading developer for Memory Reconsolidation is Bruce Ecker. From Memory Reconsolidation we draw our understanding of the therapeutic reconsolidation process, transformation sequence, and the role of mismatching experiences.

### **Trauma Informed Practice**

The leading developer in Trauma Informed Practice is Bessel van der Kolk. From Trauma Informed Practice we draw our understanding of trauma's effect on the nervous system and trauma symptomology as protective features of the body.

### **Legacy Theories**

The above-mentioned modern theories and models in neuroscience build and expand on the work of earlier theorist who lacked the scientific measuring tools to ground their findings in direct observation of the nervous system or to conduct widespread controlled studies. Still their keen observation and experiments in treatment have made meaningful contribution to our understanding. While NICC strongly disagrees with some of the conclusion these theorists drew from their observations, we find value in their observations when understood through the lens of the Bible.

### **THESE INCLUDE THE WORKS OF:**

- Sigmund Freud in Psychoanalysis
- Harry Stack Sullivan, Melanie Klein, Donald Winnicott, Margaret Mahler, and Otto Rank in Object Relations Theory
- John Bowlby and Mary Ainsworth in Attachment Theory
- Carl Rogers in Person Centered Therapy
- Abraham Maslow and his Hierarchy of Needs
- Erik Erikson and his contributions in Developmental Psychology



# MCO RESIDENCY IN NICC

MCO Residency in Neuroscience Informed Christian Counseling®

The MyCounselor.Online residency has as its aim to be the gold standard in post-graduate faith-based mental health professional development. Applicants to the program are required to have undergraduate studies in theology, practical ministry, or psychology and have completed a graduate (masters) degree in mental health (professional counseling, clinical social work, marriage & family therapy, etc.).

The residency is expected to be completed over a two-year period, though advanced standing may be accepted for comparable training and experience completed. For advanced standing to be accepted, competency must be demonstrated in clinical practice, and approved by the Clinical Training Director.

During residency MyCounselor.Online residents complete multiple rotations of clinical training and experience with specific populations, including individuals, couples, families, and teens. Specifically, residents are trained in the MyCounselor.Online proprietary model of care: NICC as applied in practice with various presenting issues.

## THE MOST COMPREHENSIVE POST-GRADUATE COUNSELOR TRAINING PROGRAM IN THE WORLD.\*

(And the ONLY Faith-Based Mental Health Post-Graduate training program in the world!)

### 1,200 Hours of Training + 2,800 Direct Clinical Care Experience

6 Hours	Personal Therapy
24 Hours	Clinical Supervisor 1:1 Supervision
48 Hours	Facilitated Process Group Experience
104 Hours	Coursework Discussion
104 Hours	Squad Supervision
104 Hours	Self-Supervision (Video Annotation)
104 Hours	Guide 1:1 Supervision
775 Hours	Online Coursework & Reading
2,800 Hours	Direct Client Care (DCC)
<b>4,000 Hours</b>	<b>Training &amp; Experience</b>

*\*With a starting salary of \$60,000 a year, it's also the highest paying!*

# RESIDENCY STRUCTURE



The MCO Residency is structured into eight (8) rotations intended for completion in 18-24 months/100weeks. During that time Residents will engage around 1,200 hours of training 2,800 direct client care (DCC) hours for a total of approximately 4,000 hours of experience. Direct client care hours that are not scheduled with clients are used towards training, which accelerates progress towards certification. It's important to note that Certification is based on competency as demonstrated in clinical practice, not hours completed. It is possible to reach the level of competency necessary for certification faster than the allotted time. It's also possible for it to take longer. Requirements for certification in each rotation are organized into four (4) categories: **Personal Growth, Coursework, Supervision, and Competencies.**

Your training time as a Resident will be roughly divided between four (4) hours a week of structured meetings and eight (8) hours of coursework, case consult, and case review. See the chart below for the breakdown.

<b>Resident</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Annual</b>	<b>Total</b>
Clinical Supervisor 1:1	1		12	24
Process Group	2		24	48
Guide 1:1	4		52	104
Squad Supervision	4		52	104
Self-Supervision (Video Annotation)	4		52	104
Didactic/Course Discussion	4		52	104
Structured Meetings	19	4	232	464
Coursework-Consult-Case Review-Prep	32	8	387	775
<b>Paid Professional Development</b>	<b>52</b>	<b>12</b>	<b>619</b>	<b>1238</b>

(4) hours a week of structured meetings and eight (8) hours of coursework, case consult, and case review. See the chart below for the breakdown.

Weekly you will: Meet with your Guide, attend group supervision with your Squad, attend Team Meeting which will consist of either Didactic/Course Discussion or Process Group, and you will use Raenotes to annotate one of your sessions. Monthly you will: Meet with your Unit's Clinical Supervisor. The remainder of your Professional Development time and DCC hours not scheduled with clients will be used engaging coursework, including online university courses, observation videos of AP clinicians, training videos, required reading, case reviews, and case consults as needed.



## JUNIOR RESIDENTS (1ST YEAR)

Rotation	Presenting Issues
Individual: Trauma Informed Care	Trauma, anxiety, depression, stress & burnout, grief, aloneness, shame, insecurity, self-esteem, addictions, friendships, work dissatisfaction, eating disorders, self-harm, suicidal ideation, childhood sexual abuse, spiritual abuse, spiritual stagnation
Couples: De-escalation & Attachment Bond Restructuring	Communication, trust, parenting, money, in-laws, expectations, roles
Couples: Sex Therapy	Sexless marriages, pain disorders, arousal disorders, desire differences

## SENIOR RESIDENTS (2ND YEAR)

Rotation	Presenting Issues
Couples: Sexual Addiction & Infidelity Recovery	Porn & sex addiction, sexual affairs, emotional affairs
Couples: Dating & Premarital	Premarital, family of origin concerns, relational expectations, commitment difficulties, compatibility questions, conflict resolution, wedding stressors, friend group conflicts
Family & Teen Issues	Divorced & blended family dynamics, teen development issues
Group Therapy Dynamics	Group work across a variety of focus areas
Personal Development Coaching	Coaching for personal and professional development

## CERTIFICATION = COMPETENCY

Certification represents a demonstrated understanding of the neuroscience, theory, and interventions of change necessary to transform trauma into Thriving. Certified counselors consistently lead clients with a variety of presenting issues on a journey of healing that enables them to reach their goals.

Competency is verified by three witnesses:

1. Session video approved by your Clinical Supervisor affirms your applied learning.
2. Your self-supervision demonstrates an understanding of NICC and awareness of your own growing edges in the model.
3. Client retention and feedback validates competency as perceived by clients.

# TRAINING ACTIVITIES



## Personal Growth

- Online Coursework & Reading – Reading and course work related to personal spiritual growth, such as devotionals and daily Bible reading.
- AEDP Therapy – Personal therapy sessions with an AEDP therapist from outside the practice to engage your personal therapeutic growth.
- Facilitated Process Group – Monthly therapy groups participated in with your small group and facilitated by facilitators from outside the practice.

## Coursework

- Online Coursework & Reading - Online courses delivered through our learning platform and associated reading.
- Coursework Discussion – Discussion times with other counselors in the same rotation as you conducted during clinical team meeting facilitated by a supervisor and focused on the learning objectives of coursework.

## Supervision

- Squad Supervision – Group supervision with you, the four other residents in your squad, and a Clinical Supervisor where you take turns sharing session video.
- Self-Supervision – Watching you own session video and annotating NICC markers, protocols, and supervisor questions using the software Raenotes.
- Guide Supervision – Meeting with your Guide 1:1 to review progress and receive support in your certification journey.
- Group Case Consult – Meeting together with other counselors as needed, either peer lead or supervisor lead, to consult on challenging cases.
- Clinical Supervisor Supervision – Monthly meetings with your Clinical Supervisor to review tape submitted for certification and discuss current growing edges.

## Competencies

- Demonstration – Sharing your annotated session video with you Clinical Supervisor for the purpose of certification.
- Oral Examination – Meeting with your Clinical Supervisor for the purpose of testing your comprehension of clinical theory and theology.

# ADVANCED PRACTICE = PROFICIENCY



What sets Advanced Practice counselors apart from certified counselors is **proficiency**. Counseling is elevated to an artform as thousands of hours of deliberate practice hone skills beyond simply getting the job done to a thing of beauty. The primary benefit for clients working with Advanced Practice counselors is efficiency. The speed and grace in which goals can be reached is enhanced when working with an AP counselor. Experience develops intuition that allows an AP counselor to “thin-slice” situations in therapy, leading to breakthroughs faster. Markers of Advanced Practice proficiency include:

- Efficient use of session time – Less time in content, more in process. Quickly moves from content to process.
- Parallel Process – Self-awareness and attunement to counselor’s own nervous system allows it to be a powerful tool.
- Self-Disclosure – flowing from parallel/complementary process, the counselor’s judicious self-disclosure is a powerful intervention.
- Ratio of Words – The ratio of client’s words to counselor’s words in session are significantly weighted, 70%+, to client.
- Silence, pacing, nonverbals – Counselor uses fewer words and makes every word, sound, and look count. Skillful use of verbal timing, pace, tone, volume, silence, facial expression, body positioning.
- Polished Word Pictures/Teach – Through repetition and iteration, AP counselors have polished their illustrations, psychoeducation, and teachings to brief, clear, powerful statements. What previously took paragraphs to explain are now conveyed with a few words.
- Humor – AP counselors tend to have a knack for the use of humor as a therapeutic intervention.
- Self-Supervision – Counselor’s self-supervision demonstrates advanced understanding of theory, counselor’s parallel process, and the nuances of professional growth he or she is currently focused on and seeking supervision for.

## ADVANCED STANDING

- The purpose of the MyCounselor.Online residency is to equip counselors to do excellent work in the field of faith-based mental health, with consistent results because of a proven therapeutic process. Developing a certified level of competency should be achievable within a two-year time frame. However, some counselors may have training, experience, or gifting that enables them to achieve a certified level of competency faster. Certification is based on demonstrated competency; there is no minimum time requirement for applying for certification. Counselors may apply for certification in a rotation as soon as they complete the competency requirements for the rotation.



# PRACTICE LOCATIONS

We see clients Online, in the comfort of their own homes from the comfort of our counselors' home offices.

We we see clients across the United States and around the world with a specialization in working with minister and missionary families who have limited access to counseling services.

## CHRISTIAN COUNSELING & STATE-LICENSURE

At MyCounselor.Online, we provide faith-based counseling, specifically Christian, online to clients regardless of their location, with counselors who may or may not hold mental health license(s) in one or more states.

As providers of religious based counseling the services we provide require no government licensure at the state or federal level. Religious based counseling is not regulated by the government by virtue of the free exercise clause of the first amendment to the U.S. Constitution.

Although not required for providing religious-based counseling, MyCounselor.Online believes the education and experience standards for professional licensure are valuable benchmarks for the training of counselors. Thus, our internal certification process is built to meet or exceed the mental health state-licensure requirements in all 50 states. We also encourage and facilitate our counselors in pursuit of licensure in the states they physically reside.



# COMPENSATION & BENEFITS



## Our Vision

"Those who work deserve their pay!"  
– 1 Timothy 5:18

"Do you see any truly competent workers? They will serve kings rather than working for ordinary people."  
– Proverbs 22:29

It's always been my vision for our practice to be a place where Christian counselors can engage the work they have been called to do while earning a strong income for their family. So many helping professionals leave the field due to financial pressures in their life. Our ability to sustainably serve the Kingdom depends on our counselors being able to earn a sufficient income doing the work to support their families.

## Our Strategy

Providing a strong income for our counselors requires:

1. A quality of product (i.e. therapy) that customers (clients) are willing to pay a strong fee for.
2. Healthy business structures (fiscal policy, procedure, management) that allow the company to be financially strong.

Our philosophy has always been to pay our counselors as much as we can while also assuring the company can pay the bills, develop its support team, and plan for the future.

	US Median Annual Wage	MCO Certified Wage
Mental Health Counselor	\$47,660	\$60,000-\$90,000
Marriage & Family Therapist	\$51,340	\$60,000-\$90,000
School & Career Counselor	\$58,120	\$60,000-\$90,000

	US Median Annual Wage	MCO Advanced Practice Wage
Psychologist	\$82,280	\$90,000-\$125,000

- <https://www.bls.gov/oes/current/oes211019.htm#nat>
- <https://www.bls.gov/ooh/community-and-social-service/substance-abuse-behavioral-disorder-and-mental-health-counselors.htm#tab-5>
- <https://www.bls.gov/ooh/community-and-social-service/marriage-and-family-therapists.htm#tab-5>
- <https://www.bls.gov/ooh/community-and-social-service/school-and-career-counselors.htm#tab-5>
- <https://www.bls.gov/ooh/life-physical-and-social-science/psychologists.htm#tab-5>



# Substance Abuse, Behavioral Disorder, and Mental Health Counselors

Median annual wages, May 2020



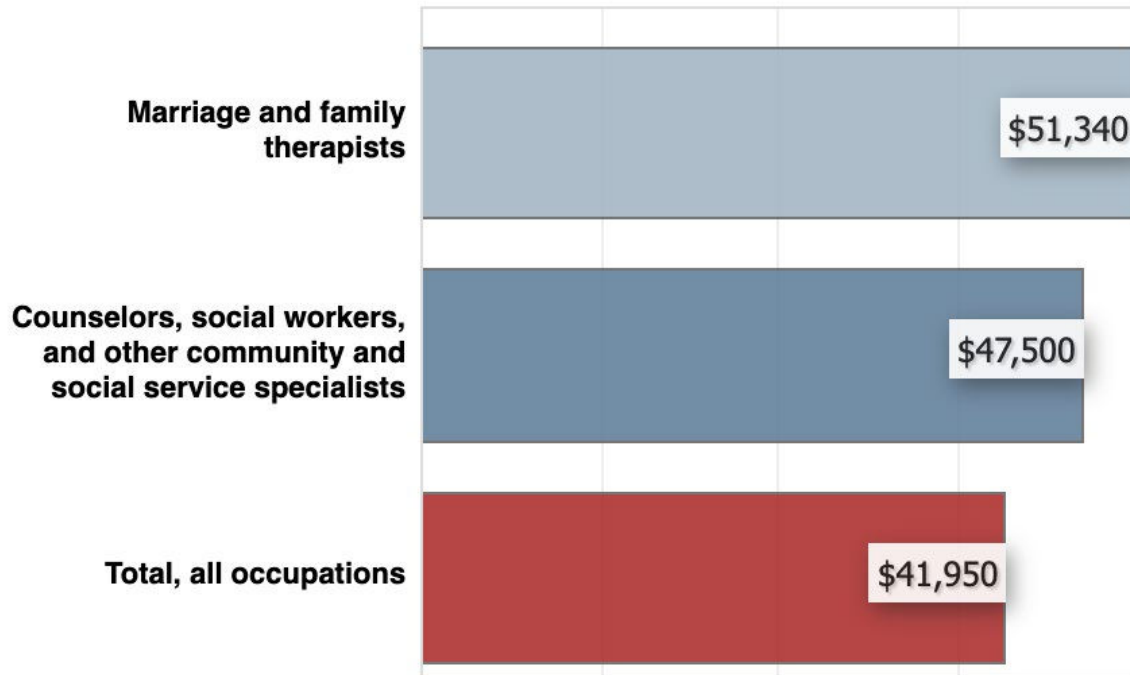
Note: All Occupations includes all occupations in the U.S. Economy.

Source: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics



## Marriage and Family Therapists

Median annual wages, May 2020



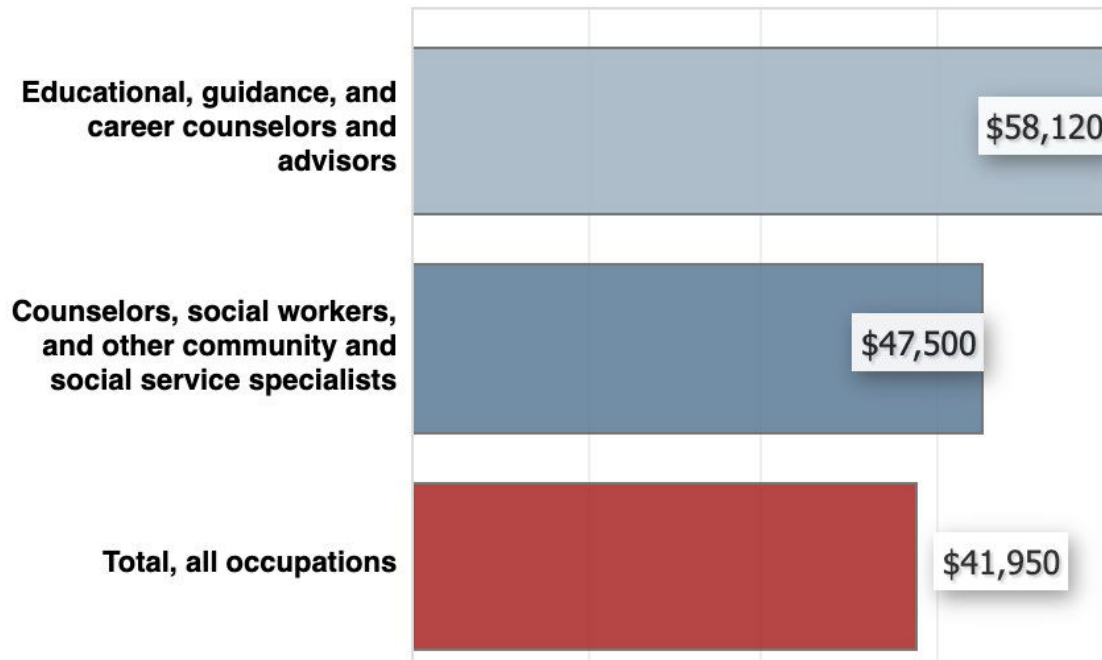
Note: All Occupations includes all occupations in the U.S. Economy.

Source: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics



## School and Career Counselors and Advisors

Median annual wages, May 2020



Note: All Occupations includes all occupations in the U.S. Economy.

Source: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics



# Psychologists

Median annual wages, May 2020



Note: All Occupations includes all occupations in the U.S. Economy.

Source: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics

# APPLES-TO-APPLES



When comparing compensation across career options there are a few considerations to keep in mind for an apples-to-apples comparison.

## 1. Employee vs Independent Contractor

As an independent contractor you are responsible for your own employment taxes, typically most of your operating expenses, do not receive pay for training time and are not eligible for benefits. As an employee at MCO we pay the taxes, cover all operating expenses, pay you for development/training time, and provide a growing list of benefits, including medical options.

## 2. Hidden Costs in Solo Practice

When considering practice settings a common conception is "If I was in practice for myself I could take home more of the revenue I produce." In one sense this is true. Somebody, has to do the marketing, someone has to answer the phones, someone has to do the accounting, someone has to troubleshoot tech issues when they arise. This is true at every practice. If you do these tasks personally, you can take home the pay that you would otherwise pay someone else to do them. The hidden cost, however, is: this also means you can't be seeing clients during the time you are doing these other tasks. Since these tasks don't generate revenue, you are either losing revenue to do these tasks or you are trading out your personal life to do them. So you either, pay someone else to do them, lose revenue to do them yourself, or trade your personal life to accomplish them. One way or another you pay. Experts in mental health accounting (like the firm we work with) will tell you, one way or another, you're going to spend about 45% of what you generate or could generate on operating your practice, and another 5% on taxes, plus the headache and hassle. As an employee of MCO, you get to spend your time on what you love doing - helping people!

## 3. Salary + Benefits

At MCO you receive a base salary and benefits. As an independent contractor you typically get paid a percentage of the revenue you generate. Some months that can be very good, others that can be not so good. No benefits, no paid on the job training. It can be difficult to predict what you will actually take home, making it difficult to budget and to get home loans. As an employee at MCO you get paid a salary ranging from \$60k-\$120k a year, depending on your training, experience, and availability. Plus, you get traditional benefits like paid holidays, paid vacation, medical, dental, vision, short-term disability, life insurance, professional liability insurance, annual cost of living raises, and training reimbursement. You also get \$30k in on-the-job paid training in your first 24 months on the team, plus ongoing continuing education. Not to mention you get the convenience of working remotely from the comfort of your home office and the flexibility to relocate anywhere in the world without disrupting your career. At MCO you get more, a lot more and peace of mind.

## 4. Christian Counseling

Because you are reading this, I'm assuming the integration of your faith into your professional work as a counselor is important to you - if not, you can stop reading now and need not apply - One of the key advantages in working at MCO is that all our clients are requesting and consenting to explicitly Christian counseling. Unlike when working with clients from insurance panels, hospital systems, school-based settings, or community mental health - You don't have to check your faith at the door, it's always welcome to join you in the therapy room. If having the freedom to integrate your faith into all your work is important to you - MCO is THE place for you!



## 5. Quality of Life

Mental health has a notoriously high burn out rate. Most people with a masters in mental health or counseling are not working within their field. The work can be difficult and often the work environments are not the most supportive. In private practice counselors struggle to have consistent referrals that produce the income they need to support their family and it is very isolating. In community mental health you are not able to bring your faith into the work and many of the clients are mandated to come and thus are neither engaged nor appreciative of the help you are offering. In school counseling you don't actually get to do very much 'counseling', it's mostly administrative work. At MCO we put a lot of focus on counselor quality of life. Every counselor on the team is apart of a small group that meets regularly to support each other personally as well as professionally. We meet weekly in a team meeting to provide encouragement and support to one another. Through chat and video conference we interact with each other daily. During your first 24 months you'll meet regularly with a MCO Guide who will help you navigate all the new things and the training process. Plus, once a year, at the annual retreat, you and your spouse will get together with your team in person to hang out and have fun in some beautiful place (like a cruise to the Bahamas ;-)

# MCO COUNSELOR COMPENSATION

All new hires to the MCO clinical team begin their journey as Residents. Resident positions are 40 hour-a-week full-time and come with a \$60,000 annual salary plus benefits, including 401k, paid vacation, paid holidays, medical, dental, vision, life, and professional liability insurance.

The advancement journey to Certified takes approximately 24 months to complete. Upon Certification counselors are eligible for part-time (24 hours-a-week – 16 DCC/8 Professional Development) and full-time (36 hours-a-week – 28 DCC/8 Professional Development) arrangements with salaries of \$50,000 and \$90,000 respectively.

The next advancement step for MCO counselors is Advanced Practice and generally takes 3-5 years post certification to achieve. AP counselors also have part-time and full-time arrangements available with salaries of \$75,000 and \$120,000 respectively.

New hires who apply themselves can advance their pay from a starting salary of \$60,000 to \$120,000+ in under five (5) years.

# FLEXIBLE SCHEDULE

Subject to peak hour requirements and mandatory meetings, counselors have the freedom set their own schedules based on what works best for their families.

At MyCounselor.Online we strive to manage the tension between counselor schedule flexibility and client scheduling requirements. As most of our clients have jobs, daytime availability to see a counselor can be limited, making our evening hours our highest demand time for sessions. We call these hours 'Peak Hours'. Peak Sessions begin at or after 5pm Mon-Fri in the counselor's time zone and all-day Saturday and Sunday.

All new hires to the MCO clinical team are hired into full-time (40 hour-a-week) Resident positions. Resident schedules consist of 28 hours of Direct Client Care (DCC) and 12 hours of paid professional development. Eight (8) of the 28 DCC hours each week are required to be during 'Peak Hours'.





## **INNOVATIVE THERAPY PLATFORMS**

As a MyCounselor clinician, you'll have an innovative, cutting edge practice without having to be super tech-savvy. We provide the tech, the training, and the support – so you can focus on serving your clients.

## **MARKETING SUPPORT**

As a trusted brand, MyCounselor will keep your caseload full. We run local and national advertising campaigns to help clients find us, and our proven client on-boarding process makes it easy for new clients to begin working with you.

## **PROFESSIONAL DEVELOPMENT**

Friends make you a better, happier professional. At MyCounselor you'll have friends to work with who share your values, obsession with excellence, and passion for helping people. We provide supervision to help you succeed including continuing education to help you meet licensing requirements and grow your skills, and case consult to help you troubleshoot difficult clients.

## **BILLING SUPPORT**

MyCounselor takes the stress out of the "money part" with policies that protect you and ensure that you get paid. We take care of collections, payment processing and support, reconciling accounts, and insurance reimbursement submission for clients.

## **ADMINISTRATIVE SUPPORT**

You get to focus on what you love, helping people, while we handle the administrative part of your practice.

We have a receptionist to answer phone calls, assist with client intake, and handle cancellations and rescheduling of appointments.

## **BIBLICAL & PROFESSIONAL PRACTICE**

Practice the way you know God has called you to. All MyCounselor clients consent to Christian counseling because that is what they want. That way, you know you're free to integrate as the Spirit leads. We abide by the AACCC Code of Ethics and Focus on the Family Statement of Faith, so you know you and your team agree on the fundamentals of healthy spiritual practice.

## **CANDIDATE REQUIREMENTS**

To be considered for the MCO team you must:

Be a professing Christian. Have obtained, or be currently pursuing, a Masters in Counseling suitable for state licensure as a Licensed Professional Counselor (LPC), Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW), or Psychologist.

Submit an Application at [MyCounselorOnline.com/apply](https://MyCounselorOnline.com/apply).



# APPLICATION PROCESS

We do our best to hire only the best for our team. So, we take our time in the interview process to make sure we are a good fit for each other. Our acceptance rate is around 3%, which is less than Harvard (5%), Yale (6.5%), or Stanford (5.2%).

## 1. Inquiry

You've already completed this step when you completed the inquiry form on our website to receive this PDF.

## 2. Application

After reading through this document we hope you'll submit an application through our website here: [MyCounselor.Online/apply](https://MyCounselor.Online/apply)

You'll need to have ready to submit:

- A letter of introduction including brief description of your calling.
- Unofficial Graduate/Post-Graduate transcripts
- Professional Vita with References
- Current Photograph
- Short video answering the question:  
\*What interest you in joining the MCO team?

## 3. First Interview

If selected, our HR department will contact you to schedule the first interview by video conference. This short initial interview lasts about 15 minutes.

## 4. Mock Session

If advanced to the next stage of the interview process you will be invited to a "mock-session" where you will meet via video with a member of the MyCounselor support team and conduct a model first session. You will receive instructions for the mock-session ahead of time.

## 5. Contract Review

If you advance from the mock-session you will be sent a sample contract prior to your interview with the Clinical Director.

## 6. Team Meeting

You will be invited to attend a Wednesday morning (11:00 AM - 12:45 PM CST) MCO team meeting to meet your prospective new colleagues and observe our weekly gathering.

## 7. Third Interview

The third interview is an interview between you and your spouse (if married) with our Clinical Director.

## 8. Offer

If at this point it feels like a great fit to you and the hiring team, we'll extend to you an offer to execute your contract and officially join the team.

## 9. Onboarding

MCO post-graduate Residency is an approximately 18-24 month training program required for all new hires. The first module of the program takes 4 weeks to complete and is completed before you begin seeing clients.

\*Advanced Standing for previous training and experience may be granted shortening the length of the training program.



Phone: 855.593.4357 • [www.MyCounselor.Online](http://www.MyCounselor.Online)

"Biblically **CHRISTIAN**, Clinically **PROVEN**, Professional **COUNSELING**"

Version 2.5 - September 2021