

Equipping Counselors for Your Church

Appendix 11.1

LEAD Biblical Counseling Ministry Policy and Procedure Manual

LEAD Biblical Counseling Ministry

L Life
E Encouragers
A And
D Disciplers

Policy and Procedure Manual

Changed People Changing Lives with Christ's Changeless Truth

"Speaking the truth in love" (Ephesians 4:15)

"Encourage one another daily" (Hebrews 3:13)

LEAD Biblical Counseling Ministry Intake Procedures

Preliminary Matters

1. The LEAD AA and Pastor Kellemen meet every Monday morning to review:
 - a. Pastor Kellemen's pastoral counseling schedule.
 - b. LEADers' biblical counseling schedules.
 - c. Biblical counseling intakes.
 - d. The biblical counseling waiting list.
2. We will determine on a weekly basis whether or not we can take new counselees. If Pastor Kellemen, other staff pastors, and all LEADers are "booked," then individuals will be referred to the appropriate outside resource persons.

Intake Procedures

1. When a call for biblical counseling is transferred to our office, the LEAD AA will complete the Biblical Counseling Initial Intake Form and:
 - a. Record all information.
 - b. Explain the type of ministry that we offer: lay biblical counseling through biblical encouragement and discipleship.
 - c. Gain a brief summary of the reason for the call. Some callers will prefer not to summarize the issue with an AA. Be gracious, but firm. Assure them of confidentiality (within the limits of our Confidentiality Policy).
 - d. Determine whether they desire ongoing meetings or one appointment.
 - e. If there appears to be a "crisis" need, immediately contact Pastor Kellemen or the on-call pastor.
2. The LEAD AA plays a vital role in assessing the nature and urgency of the call and caller. He or she must determine what help is needed and being requested. If there are any questions, the LEAD AA will contact Pastor Kellemen or the on-call pastor immediately.

Referral Procedures

1. For a caller from who wants one immediate (non-crisis) meeting:
 - a. Complete the Initial Intake Form.
 - b. Ask if there is a specific pastor they would like to speak to. If not, go to point c.
 - c. Select the next available pastor on the Pastoral Rotation schedule. Tell the caller that this pastor will call them within 24 hours.
 - d. Contact that pastor and give him a copy of the Initial Intake Form. Request that he contact the caller.
 - e. Within 24 hours, double-check with that pastor. Then give a copy of the Initial Intake Form to Pastor Kellemen.

LEAD Biblical Counseling Ministry Intake Procedures

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2. For a caller who wants ongoing biblical counseling:
 - a. Referral options include: Referral to Pastor Kellemen, referral to another pastor, referral to a LEADer, referral to an outside agency.
 - b. Therefore, do not promise that a certain person will see them. Pastor Kellemen will determine this.
 - c. After having completed the Initial Intake Form, explain to the caller that they will need to come in for an initial ninety-minute meeting, forty-five minutes of which will involve completing the necessary forms, and forty-minutes minutes of which will involve a preliminary meeting with Pastor Kellemen so he can appropriately assign the person.
 - d. The LEAD AA will arrange the appointment based upon Pastor Kellemen's schedule.
 - e. Inform Pastor Kellemen of the appointment.
 - f. When the person arrives, explain and have them complete the following forms:
 - 1.) LEAD Biblical Counseling Ministry Personal Information Form
 - 2.) LEAD Biblical Counseling Ministry Goals Form
 - 3.) LEAD Biblical Counseling Ministry Consent Form
 - 4.) LEAD Biblical Counseling Ministry Welcome Sheet
 - 5.) LEAD Biblical Counseling Ministry Permission to Record and Review Form
 - g. When the forms are complete, Pastor Kellemen will review them, then meet with the person to make an appropriate assignment.

LEAD Biblical Counseling Ministry Initial Intake Formⁱ

Personal Information

Name: _____ Date: _____ Time: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Age: _____ Gender: _____

Church Membership/Attending: _____

Work Schedule: _____ Work Phone: _____

Marital Status: _____ Referred by: _____

Open to Lay Encouragement and Discipleship with a Biblical Counselor: ___ Yes ___ No

Brief Summary of Why the Person Desires Biblical Counseling

Personnel Assignment

___ 1. Referred to _____ because/for: _____

___ 2. Scheduled with _____ for one immediate meeting on
_____.

___ 3. Appointment scheduled to complete forms and have initial meeting with
_____ on _____.

Homework Assignment

Use the back of this sheet to provide a brief description of the assignment given to the caller to complete before the first meeting.

LEAD Biblical Counseling Ministry Guidelines

1. LEAD biblical counselors are not permitted to accept assignments from anyone except Pastor Kellemen.
2. No meeting records (notes, test results, tapes, etc.) are to be taken out of the church building. All records are to be kept in locked files maintained by the LEAD Administrative Assistant (AA).
3. All biblical counseling meetings are to be conducted at the church in rooms reserved in advance through the LEAD AA.
4. Biblical counseling meetings should normally last no more than 50-to-60 minutes.
5. All people assigned to LEADers should complete the Personal Information Form and sign all release forms prior to the beginning of the first meeting. These should be kept in the person's files in the LEAD office.
6. Following each meeting, the LEADer should immediately complete the Biblical Counseling Record Sheet and include it in the file before leaving the office.
7. When an assignment is made, the LEAD Biblical Counseling Ministry Department is responsible for contacting the person and arranging the first appointment. If the person fails to make an appointment, fails to reschedule, or decides to terminate, the LEADer should attempt to initiate at least one follow-up session with the person to clarify the reasons for the decision.
8. A LEADer may or may not give out his/her home phone number to the disciplee. If in doubt, discuss this with Pastor Kellemen.
9. The LEADer is to, under no circumstances, discuss biblical counseling meetings with anyone except Pastor Kellemen.
10. The LEADer should plan to audio record all meetings. Tapes are to be listened to only by the LEADer and the supervisor. They are to be protected with the utmost confidentiality. They are to be kept in the LEAD office files.
11. During the Commencement Meeting, the person should complete the LEAD Biblical Counseling Evaluation Form and discuss it with the LEADer during the meeting. The LEADer should complete the Biblical Counseling Commencement Summary.
12. In case of a crisis situation, immediately contact Pastor Kellemen or the on-call pastor.

LEAD Biblical Counseling Ministry “Welcome!”ⁱⁱ

We welcome you to the *LEAD Biblical Counseling Ministry* of _____ Church. We desire to be used by God to “speak His truth in love.” We know that the path to maturity is often steep and rough and at times filled with pain and confusion. However, there are answers. We believe that the Bible is *God’s all-sufficient guide for relational living*. There is a route to life. Our Lord is that *way*. Christ is the *truth* who frees us to love. He is the *life* who satisfies the deepest thirsts of our soul.

Ministries Offered

As a *ministry* of _____ Church, our services are *free*. As a discipleship ministry of a *local church*, we offer to you:

- Individual biblical counseling regarding spiritual and personal issues.
- Pre-marital biblical counseling.
- Marital biblical counseling.
- Family/parental biblical counseling: with children under the age of thirteen we work primarily with the parents and/or with the parents and children.
- Adolescent biblical counseling: with parental consent and involvement.
- Small group discipleship: see our brochure on our various groups.
- A referral network.

Confidentiality

Confidentiality is an important aspect of the biblical counseling relationship, and we will carefully guard the information you entrust to us. All communications between you and our LEAD Biblical Counseling Ministry offices will be held in strict confidence, unless you (or a parent in the case of a minor) give authorization to release this information. The exceptions to this would be: 1.) if a person expresses intent to harm himself/herself or someone else; 2.) if there is evidence or reasonable suspicion of abuse against a minor child, elder person, or dependent adult; 3.) if a subpoena or other court order is received directing the disclosure of information; 4.) if/when LEAD Biblical Counselors consult with their supervision; or 5.) if a person persistently refuses to renounce a particular sin (habitual unrepentant rebellion against the Word of God) and it becomes necessary to seek the assistance of others in the church to encourage repentance, restoration, and reconciliation (see Matthew 18:15-20 and our *Church Discipline Policy*). Please be assured that our counselors strongly prefer not to disclose personal information to others, and that they will make every effort to help you find ways to resolve a problem as privately as possible.

Appointments

Our biblical counselors work by scheduled appointments. Of course, in emergencies, exceptions are made. We need your prompt and consistent participation in your scheduled meetings. Please contact our office 24 hours in advance if you must cancel an appointment. This will allow us to schedule another individual during this time.

If you will arrive forty-five minutes early for your first appointment, you will then be able to complete all necessary forms. During your initial meeting, you will determine the goals you would like to work toward. After five sessions, you and your biblical counselor will evaluate your progress toward those goals and together determine what further action needs to be taken.

Our Commitments to You in Biblical Counseling

You have read our term “biblical counseling.” We would like to explain what we mean by it. Biblical counselors are spiritual friends who commit to the historic roles of *soul care* and *spiritual direction* through:

- *Sustaining*: Empathizing with your suffering, helping you to understand that “*It’s normal to hurt.*”
- *Healing*: Encouraging you to see life from a biblical perspective, helping you to know that “*It’s possible to hope.*”
- *Reconciling*: Examining and exposing your current responses to life and suggesting new ways of handling problems, helping you to see that “*It’s horrible to sin, but wonderful to be forgiven.*”
- *Guiding*: Exploring how and empowering you to mature through Christ, helping you to grasp that “*It’s supernatural to mature.*”

Because we care about *you*, our desire is for you to be drawn closer to Christ and to become more like Christ, which we see as *your inner life increasingly reflecting the inner life of Christ*:

- *Relational Maturity*: Loving God wholeheartedly and loving others sacrificially.
- *Rational Maturity*: Wisely living according to the truth of Christ’s Gospel of grace.
- *Volitional Maturity*: Courageously choosing to pursue God’s purposes in your life through the Spirit’s power.
- *Emotional Maturity*: Deeply and honestly experiencing life with integrity, fully open to God while managing your moods for God’s glory and with a ministry focus.

Your Commitments to Christ, to Yourself, and to Us in Biblical Counseling

We ask that you commit to:

- Honestly and openly sharing your hurts and struggles.
- Evaluating your own emotions, actions, motivations, beliefs, and relationships.
- Actively participating in the growth of renewed emotions, actions, convictions, and affections.
- Coming to each meeting prepared to review your progress throughout the last week (including the completion of personalized “homework” assignments) and prepared to share your goals for the present meeting.

Because the Scriptures teach that growth in Christ requires all the resources of the Body of Christ (not only biblical counseling, but also discipleship, worship, fellowship, stewardship, and ambassadorship), we believe that it is essential that those seeking biblical counseling at our church commit themselves to the following:

- Regular church attendance (at your church or our church).
- Active participation in Adult Bible Fellowship/Sunday School.
- Participation in at least one small groups (we’ll discuss the appropriate group for you).

We ask that you sign below to indicate your understanding of, agreement with, and commitment to our *Biblical Counseling Ministry* focus as described on these two pages.

Your Name

Parent if Minor

Date

Lead Biblical Counseling Ministry Consent Form

I have been informed that the spiritual care I will be receiving from

_____ at _____ is Christian and
(Name of Biblical Counselor) (Name of Church)

biblical in nature. I have also been informed that _____ is an
(Name of Biblical Counselor)

encourager and discipler trained at _____ as a biblical counselor
(Name of Church)

and spiritual friend in the church's LEAD (Life Encourager And Discipler) Biblical

Counseling Ministry. Under supervision from one of the LEAD trainers,

_____ offers to provide biblical encouragement and discipleship on
(Name of Biblical Counselor)

personal and relational matters from a spiritual perspective guided by biblical principles.

He/she is *not* trained, authorized, or licensed to provide professional counseling,

psychological treatment, or psychological diagnosis. I understand that if and when I desire

and request professional counseling, then I will be encouraged to seek such outside

assistance. I give my consent to _____ discuss any and all of the
(Name of Biblical Counselor)

information that I talk about in our meetings with his/her supervisor(s) in the LEAD

Biblical Counseling Ministry.

(Signature)

(Date)

Lead Biblical Counseling Ministry Consent to Minister to a Minor Child

I have been informed that the spiritual care that my child _____
(Name of Child)

will be receiving from _____ at _____ is
(Name of Biblical Counselor) (Name of Church)

Christian and biblical in nature. I have also been informed that

_____ is an encourager and discipler trained at
(Name of Biblical Counselor)

_____ as a biblical counselor and spiritual friend in the church's
(Name of Church)

LEAD (Life Encourager And Discipler) Biblical Counseling Ministry. Under supervision from one of the LEAD trainers, _____ offers to provide biblical
(Name of Biblical Counselor)

encouragement and discipleship on personal and relational matters from a spiritual perspective guided by biblical principles. He/she is *not* trained, authorized, or licensed to provide professional counseling, psychological treatment, or psychological diagnosis. I understand that if and when I desire and request professional counseling for my child, then

I will be encouraged to seek such outside assistance for my child. I give my consent to _____ discuss any and all of the information that my child talks
(Name of Biblical Counselor)

about in his/her meetings with his/her supervisor(s) in the LEAD Biblical Counseling Ministry.

(Name of Child)

(Age of Child)

(Signature)

(Date)

LEAD Biblical Counseling Ministry Goals Formⁱⁱⁱ

Name: _____ Date: _____

1. How did you get the idea of coming for biblical counseling meetings? When did you get the idea? Why now?
2. How will you know that your biblical counseling meetings have been helpful? How will you know that you no longer need to meet?
3. Suppose that one night while you were asleep, this problem was solved. How would you know?
4. What will be different in your life when your biblical counseling meetings are successful?
5. Have you had other situations similar to this? What have you learned from these situations that might be helpful to you now?
6. What are things like when you are not having this problem? What are you doing differently when you do not have this problem?
7. How will you and God keep these times of victory going?

LEAD Biblical Counseling Ministry Personal Information Form^{iv}

Identification Information

Name: _____ Home Phone: _____ Cell: _____

Address: _____

E-mail: _____ Birth Date: _____ Gender: _____

Education in Years: _____ Occupation: _____ Work Phone: _____

Marital Status: Single: _____ Married: _____ Separated: _____

 Divorced: _____ Widowed: _____ Engaged: _____

Referred Here By: _____

Reason for Seeking Biblical Counseling

Why do you desire to meet with a biblical counselor? _____

How long has this issue existed? _____

Were there any significant events occurring in your life/family's life when this issue began?

What have you done about this issue? _____

How would things be different for you if the issue were remedied? _____

What results are you expecting in coming here for biblical counseling? _____

Marriage and Family Information

Spouse's Name: _____ Home Phone: _____ Cell: _____

Spouse's Address: _____

Spouse's E-mail: _____ Birth Date: _____ Gender: _____

Spouse's Education in Years: _____ Occupation: _____ Work Phone: _____

Date of Marriage: _____ Age When Married: Husband: _____ Wife: _____

Is your spouse willing to come for counseling? Yes: _____ No: _____ Uncertain: _____

Give brief information about any previous marriages: _____

Information About Children

PM*	Name	Age	Sex	Education (Grade)	Marital Status
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*Check this column if child is by previous marriage.

What type of instruction in Christian living is given in your home and by whom? _____

Who does the disciplining in your home? _____

For what behaviors are your children disciplined? _____

What methods of discipline are currently being used? _____

How do you and your family members communicate that you love each other? _____

How much time do you spend with your family members each week?

Spouse: _____

Children: _____

Personality Data

Circle any of the following words that best describe you now:

Active	Shy	Hardworking	Leader	Compulsive
Nervous	Likeable	Impulsive	Follower	Excitable
Impatient	Self-conscious	Often-blue	Sarcastic	Serious
Moody	Jealous	Calm	Self-confident	Easy-going
Imaginative	Ambitious	Good-natured	Persistent	Quiet
Introverted	Extroverted	Fearful	Loner	Stubborn

Others: _____

Complete the following sentences:

People that know me think that I am: _____

If they knew the "real me" they would know that I am: _____

What I desire more than anything else in life is: _____

What I fear most in life is: _____

The person I admire most in life is: _____

Because: _____

Is there any other information that you would like us to know? _____

Health Information

Rate your health: Very Good: ____ Good: ____ Average: ____ Poor: ____

Weight changes recently: None: ____ Lost: ____ Gained: ____

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

Date of last medical exam: _____ Report: _____

Physician's name: _____ Address: _____

Are you presently taking medication? Yes: ____ No: ____ Type: _____

Have you used drugs for other than medical purposes? Yes: _____ No: _____

If yes, explain: _____

Have you ever had any counseling before? Yes: ____ No: ____ When: _____

For: _____

Are you willing to sign a release so that your counselor may write for medical or counseling reports?

Yes: ____ No: ____

Religious Background

What church do you attend? _____

How often do you attend church? _____

Are you saved? Yes: ____ No: ____ Not sure what you mean: ____

What ministries/activities are you involved in at church? _____

How often do you read the Bible? _____

Describe your prayer life: _____

Describe your relationship with Christ: _____

**LEAD Biblical Counseling Ministry
Permission to Record and Review Form**

I give my permission for _____ to audio/video record any and
(Name of Lay Biblical Counselor)

all of our biblical counseling meetings and to review these recordings with his/her supervisor and fellow trainees in the LEAD Biblical Counseling Ministry. I understand that these recordings will be used only for evaluation and training purposes. I understand that they will be destroyed when they are no longer needed for these purposes or when I cease meeting with my biblical counselor (whichever comes first).

(Signature)

(Date)

Authorization for Release of Information^v

To:

Pastor Robert W. Kellemen, Ph.D., LCPC

_____ Church

Address: _____

Church Phone: _____

Cell Phone: _____

Email: _____

From:

Name/Address of Facility/Counselor:

Counselee's Address at Time of Service:

Re:

Name: _____

DOB: _____

SS #: _____

This signed release authorizes you to furnish Pastor Robert W. Kellemen the following:

Please forward the requested information to Pastor Kellemen at the address listed above. It is understood that this is confidential information and that it will not be released without the written permission of the counselee or guardian.

I understand that I may revoke this authorization, except for the action already taken, at any time. Expiration date, event, or condition after which consent is no longer valid:

(Signature of Counselee or Guardian)

(Date)

(Witness)

Authorization to Release Information^{vi}

From:

Pastor Robert W. Kellemen, Ph.D., LCPC

_____ Church

Address: _____

Church Phone: _____

Cell Phone: _____

Email: _____

To:

Name/Address of Facility/Counselor:

Counselee's Address at Time of Service:

Re:

Name: _____

DOB: _____

SS #: _____

This signed release authorizes Pastor Robert W. Kellemen to furnish the following:

The requested information will be forwarded to the address listed above. It is understood that this is confidential information and that it will not be released without the written permission of the counselee or guardian.

I understand that I may revoke this authorization, except for the action already taken, at any time. Expiration date, event, or condition after which consent is no longer valid:

(Signature of Counselee or Guardian)

(Date)

(Witness)

LEAD Biblical Counseling Record Sheet^{vii}

Counselee's Name: _____

Session Number: _____

Date: _____

Pre-Meeting Information

Counselee's Review/Update/Report:

Your Review/Summary:

Counselee's Goals:

Your Goals/Focus:

Biblical Counseling Meeting Notes

Biblical Counseling Post-Session Homework Assignment(s)

Next Meeting Date and Time: _____

Continue on the Backside with Post-Meeting Assessment and Planning

Biblical Counseling Post-Meeting Assessment and Planning

- **Sustaining: “It’s Normal to Hurt.”**
 - ◆ Biblical Assessment: I discerned . . .
 - ◆ Biblical Planning: We need to work on . . .
- **Healing: “It’s Possible to Hope.”**
 - ◆ Biblical Assessment: I discerned . . .
 - ◆ Biblical Planning: We need to work on . . .
- **Reconciling: “It’s Horrible to Sin, but Wonderful to Be Forgiven.”**
 - ◆ Biblical Assessment: I discerned . . .
 - ◆ Biblical Planning: We need to work on . . .
- **Guiding: “It’s Supernatural to Mature.”**
 - ◆ Biblical Assessment I discerned . . .
 - ◆ Biblical Planning: We need to work on . . .
- **Relationally: Affections—Spiritual, Social, Self-Aware**
 - ◆ Biblical Assessment: I discerned . . .
 - ◆ Biblical Planning: We need to work on . . .
- **Rationally: Mindsets—Images, Beliefs**
 - ◆ Biblical Assessment: I discerned . . .
 - ◆ Biblical Planning: We need to work on . . .
- **Volitionally: Purposes/Pathways—Goals, Motivations, Actions**
 - ◆ Biblical Assessment: I discerned . . .
 - ◆ Biblical Planning: We need to work on . . .
- **Emotionally: Singers, Mood States—Awareness, Management**
 - ◆ Biblical Assessment: I discerned . . .
 - ◆ Biblical Planning: We need to work on . . .

LEAD Biblical Counseling Tape Self-Evaluation^{viii}

LEAD Tape Self-Evaluation Part I: Interaction Log

1. Record the number of times your interactions focused upon:
 - a. Sustaining: *"It's normal to hurt."* _____
 - b. Healing: *"It's possible to hope."* _____
 - c. Reconciling:
 - 1.) Part A: *"It's horrible to sin."* _____
 - 2.) Part B: *"It's wonderful to be forgiven."* _____
 - d. Guiding: *"It's supernatural to mature."* _____
2. Record the number of times your interactions focused upon:
 - a. Creation: God's Design _____
 - b. Fall: Person's Depravity _____
 - c. Redemption: Renewed Dignity _____
3. Record the number of times your interactions focused upon:
 - a. Relational Longings (Affections):
 - 1.) Spiritual _____
 - 2.) Social _____
 - 3.) Self-Aware _____
 - b. Rational Concepts (Mindsets):
 - 1.) Images _____
 - 2.) Beliefs _____
 - c. Volitional Choices (Purposes/Pathways):
 - 1.) Goals _____
 - 2.) Actions _____
 - d. Emotional Responses (Mood States): _____
 - e. Physical Issues (Habituated Tendencies): _____

Tape Self-Evaluation Part II: Personal Assessment

Using the scale below, evaluate yourself in the following biblical counseling areas:

1. I disagree strongly
2. I disagree
3. I'm not sure
4. I agree
5. I agree strongly

- ___ 1. Sustaining: I listened to and sensed my spiritual friend's hurts.
- ___ 2. Sustaining: I climbed in the casket with my spiritual friend, empathizing with and embracing my spiritual friend's pain.
- ___ 3. Healing: I encouraged my spiritual friend to embrace God.
- ___ 4. Healing: I dialogued (spiritual conversations and scriptural explorations) with my spiritual friend encouraging him/her to see God's perspective on his/her suffering.
- ___ 5. Reconciling: I exposed the horrors of my spiritual friend's sin.
- ___ 6. Reconciling: I shared God's grace, showing how wonderful it is to be forgiven.
- ___ 7. Guiding: I enlightened my spiritual friend to God's supernatural work of maturity.
- ___ 8. Guiding: I equipped and empowered my spiritual friend to grow in grace.
- ___ 9. Relational: I effectively used the concept of "affections" to assess and expose the relational motivations in my spiritual friend's soul.
- ___ 10. Rational: I effectively used the concept of "mindsets" to assess and expose the rational direction (images and beliefs) in my spiritual friend's heart.
- ___ 11. Volitional: I effectively used the concept of "purposes/pathways" to assess and expose the volitional interactions (styles of relating, goals, purposeful behaviors) in my spiritual friend's will.
- ___ 12. Emotional: I effectively used the concept of "mood states" to assess and expose the emotional reactions in my spiritual friend's moods.
- ___ 13. Truth/Discernment: I used theological insight to understand the spiritual dynamics and root causes related to my spiritual friend.
- ___ 14. Love/Compassion: I compassionately identified with my spiritual friend—I was engaged, involved, and related from my soul.
- ___ 15. Overall: I would go to myself for biblical counseling/spiritual friendship.

LEAD Individual Biblical Counseling Evaluation^{ix}

As biblical counselors, we desire to grow in our ability to speak God's truth in love. Your honest feedback is very helpful to us. Please evaluate your biblical counselor based upon the following scale:

1. I disagree strongly
2. I disagree
3. I'm not sure
4. I agree
5. I agree strongly

- ___ 1. My biblical counselor listened to and sensed my hurts.
- ___ 2. My biblical counselor empathized with and embraced my pain.
- ___ 3. My biblical counselor encouraged me to embrace God in my pain.
- ___ 4. My biblical counselor encouraged me to see God's perspective on my suffering.
- ___ 5. My biblical counselor lovingly, courageously, and humbly exposed areas of sin in my heart.
- ___ 6. My biblical counselor helped me to see the wonders of God's grace so I could experience God's forgiveness.
- ___ 7. My biblical counselor helped me to see that I can mature only through Christ's resurrection power.
- ___ 8. My biblical counselor equipped and empowered me to love like Christ.
- ___ 9. My biblical counselor helped me to assess the longings of my soul exposing the false idols of my heart as well as my soul's thirst for Christ.
- ___ 10. My biblical counselor helped me to assess beliefs exposing foolish beliefs and helping me to renew my mind in Christ.
- ___ 11. My biblical counselor helped me to assess the motivations behind my behaviors and helped me to put off the old self and to put on new person in Christ.
- ___ 12. My biblical counselor helped me to assess my moods assisting me to become more emotionally self-aware and better able to manage my moods.
- ___ 13. My biblical counselor used biblical principles to understand the spiritual dynamics and root causes at work in my life.
- ___ 14. My biblical counselor compassionately identified with me engaging me with deep personal involvement and relating to me with Christ-like love.
- ___ 15. The goals that we set for biblical counseling were successfully met.
- ___ 16. Because of our biblical counseling relationship, I love Christ more.
- ___ 17. Because of our biblical counseling relationship, I love other people more.
- ___ 18. Because of our biblical counseling relationship, I more readily accept my acceptance in Christ.
- ___ 19. I would go to my biblical counselor again for biblical counseling.
- ___ 20. I would recommend my biblical counselor to others for biblical counseling.

Please use the back to share any additional suggestions, thoughts, questions, or comments.

Your Name: _____ Biblical Counselor's Name: _____

LEAD Marital Biblical Counseling Evaluation

As biblical counselors, we desire to grow in our ability to speak God's truth in love. Your honest feedback is very helpful to us. Please evaluate your biblical counselor based upon the following scale:

1. Poor
2. Fair
3. Good
4. Superior
5. Excellent

- ___ 1. Our biblical counselor helped us to clarify the key issues that we needed to face and work on in our marriage.
- ___ 2. The goals that we set for biblical marriage counseling were successfully met.
- ___ 3. Our biblical counselor spoke the truth (God's Word) in love (in a caring manner).
- ___ 4. Our biblical counselor empathized (related to, accepted) with our hurt and pain.
- ___ 5. Our biblical counselor encouraged us to see our relationship from God's perspective—giving us hope.
- ___ 6. Our biblical counselor helped us to see where sinful/selfish issues in our heart were leading to issues in our relationship.
- ___ 7. Our biblical counselor helped us to grant forgiveness to each other and to reconcile with each other.
- ___ 8. Our biblical counselor helped us to examine our marital relationship and apply biblical principles for facing problems in our marriage.
- ___ 9. Our biblical counselor helped us to understand better and meet each other's God-created desires and biblical marital expectations.
- ___ 10. Our biblical counselor helped us to understand better and implement the biblical roles of husband and wife.
- ___ 11. Our biblical counselor helped us to see how our deepest thirsts are quenched in Christ (and not in each other).
- ___ 12. As a result of our biblical counseling relationship, we love our Lord more.
- ___ 13. As a result of our biblical counseling relationship, we love each other more.
- ___ 14. As a result of our biblical counseling relationship, we love others more.
- ___ 15. We would recommend our biblical counselor to others.

Please share any additional suggestions, thoughts, questions, or comments.

Your Names: _____ Biblical Counselor's Name: _____

LEAD Family Biblical Counseling Evaluation

As biblical counselors, we desire to grow in our ability to speak God's truth in love. Your honest feedback is very helpful to us. Please evaluate your biblical counselor based upon the following scale:

1. Poor
2. Fair
3. Good
4. Superior
5. Excellent

- ___ 1. Our biblical counselor helped us to clarify the key issues that we needed to face and work on in our family.
- ___ 2. The goals that we set for biblical family counseling were successfully met.
- ___ 3. Our biblical counselor spoke the truth (God's Word) in love (in a caring manner).
- ___ 4. Our biblical counselor empathized (related to, accepted) with our hurt and pain.
- ___ 5. Our biblical counselor encouraged us to see our family relationship from God's perspective—giving us hope.
- ___ 6. Our biblical counselor helped us to see where sinful/selfish issues in our heart were leading to issues in our family relationship.
- ___ 7. Our biblical counselor helped us to grant forgiveness to each other and to reconcile with each other.
- ___ 8. Our biblical counselor helped us to examine our family relationship and apply biblical principles for facing problems in our family.
- ___ 9. Our biblical counselor helped us to understand better and meet each other's God-created longings and biblical family expectations.
- ___ 10. Our biblical counselor helped us to understand better and implement the biblical roles of parents and children.
- ___ 11. Our biblical counselor helped us to understand how our deepest thirsts are quenched in Christ (and not in each other).
- ___ 12. As a result of our biblical counseling relationship, we love God more.
- ___ 13. As a result of our biblical counseling relationship, we love each other more.
- ___ 14. As a result of our biblical counseling relationship, our family loves others more.
- ___ 15. We would recommend our biblical counselor to others.

Please share any additional suggestions, thoughts, questions, or comments.

Your Names: _____ Biblical Counselor's Name: _____

LEAD Biblical Counseling Commencement Summary^x

Counselee's Name: _____

Date First Seen: _____ **Date Last Seen:** _____

Today's Date: _____ **Your Name:** _____

Summary of Initial Issue(s), Major Goal(s), Biblical Assessment, and Biblical Plans

Summary of Growth/Maturity Resulting from Biblical Counseling Meetings

Insight Concerning Any Unresolved Areas and Suggestions for Growth

Reason(s) for Commencement:

ⁱDeveloped from materials in *Spiritual Friends*, p. 67.

ⁱⁱDeveloped from materials in *Spiritual Friends*, pp. 174-175.

ⁱⁱⁱDeveloped from materials in *Spiritual Friends*, p. 68.

^{iv}Developed from materials in *Spiritual Friends*, pp. 69-72.

^vDeveloped from materials in *Spiritual Friends*, p. 73.

^{vi}Developed from materials in *Spiritual Friends*, p. 74.

^{vii}Developed from materials in *Spiritual Friends*, pp. 176-177.

^{viii}Developed from materials in *Spiritual Friends*, pp. 178-179.

^{ix}Developed from materials in *Spiritual Friends*, p. 180.

^xDeveloped from materials in *Spiritual Friends*, p. 339