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.
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 Form

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!”

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 Form

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

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

<table>
<thead>
<tr>
<th>PM*</th>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Education (Grade)</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

*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:

<table>
<thead>
<tr>
<th>Active</th>
<th>Shy</th>
<th>Hardworking</th>
<th>Leader</th>
<th>Compulsive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervous</td>
<td>Likeable</td>
<td>Impulsive</td>
<td>Follower</td>
<td>Excitable</td>
</tr>
<tr>
<td>Impatient</td>
<td>Self-conscious</td>
<td>Often-blue</td>
<td>Sarcastic</td>
<td>Serious</td>
</tr>
<tr>
<td>Moody</td>
<td>Jealous</td>
<td>Calm</td>
<td>Self-confident</td>
<td>Easy-going</td>
</tr>
<tr>
<td>Imaginative</td>
<td>Ambitious</td>
<td>Good-natured</td>
<td>Persistent</td>
<td>Quiet</td>
</tr>
<tr>
<td>Introverted</td>
<td>Extroverted</td>
<td>Fearful</td>
<td>Loner</td>
<td>Stubborn</td>
</tr>
</tbody>
</table>

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

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

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

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

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 trialogued (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

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

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:
Developed from materials in *Spiritual Friends*, p. 67.

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

iii Developed from materials in *Spiritual Friends*, p. 68.

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

v Developed 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.

x Developed from materials in *Spiritual Friends*, p. 339