

Emmaus Bible Church
Pastoral Counseling Policy and Personal Data Inventory (PDI)



Counseling Policy

If you are having trouble and are unsure about what to do or where to turn, the pastors of Emmaus Bible Church are available to offer biblical counsel. We will accept a limited number of counseling cases that are non-members but will always be ready to assist our members as a first priority. There are, however, several conditions upon which counseling will be initiated:

1. Emmaus' counselors are not psychologists, psychiatrists, or state licensed counselors. Therefore the counseling that we provide is strictly biblical counsel on the basis of Biblical authority. Our training and credentialing comes from institutions that use the Bible as the sole and final authority in the counseling room (IBCD and ACBC).
2. Biblical counseling consists of the giving of scriptural and practical counsel to each individual. The counselee is held fully responsible for how they implement that counsel.
3. All formal counseling will be overseen by the pastoral team. Counseling may be done by a pastor or another qualified individual within the church.
4. Other qualified individuals may be asked to participate in the counseling sessions. Trainees may be asked to participate in order to strictly observe the counseling session.
5. All individuals in the counseling room will be required to keep strict confidentiality unless otherwise stated by the individual leading the counseling.
6. For a nonmember whose pastor is not willing to participate in counseling or if you have no pastor, then attendance at Emmaus Bible Church will be required for the duration of your counseling.
7. At any time during the counseling, the counselor or counselee has the right to stop counseling.
8. If you are presently seeing another counselor, we ask that you work in unison with Emmaus' pastors alongside your other helpers. We recommend considering signing a Release of Information (ROI) in order for your counselor to talk to your other helpers.
9. A pastor will meet with a counselee for no longer than 12 meetings. After 12 meetings, the pastor may recommend the counselee continue meeting with another qualified individual on the counseling team. This will ensure that the pastor has the ability to care for the entire flock.
10. Our counselors will honestly tell you if they don't think they can help and will direct you to seek other Scriptural methods of finding help.

Policy Statement on 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



counselors 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) as we train other counselors we ask that you agree to allow the possibility of counselors in training to be present during your sessions; (2) when a counselor is uncertain of how to address a particular problem and needs to seek advice from another pastor or elder or supervisor (counseling Fellow who is helping the counselor pursue credentialing); (3) when a counselee attends another church and it is biblically necessary to talk with his/her pastor or elders; (4) if a person expresses intent to harm himself/herself or someone else; (5) if there is evidence or reasonable suspicion of abuse against a minor child, elder person, or dependent adult; (6) if/when one of our counselors must consult his supervisor; or (7) 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 Matt 18:15-20).

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.

Policy Statement Concerning Counseling & Psychotropic Drugs

Since Jesus Christ has given us all the resources we need for life and godliness through our knowledge of the Redeemer, mediated through his Word, we believe that the church has been entrusted with the ministry of counseling. However, we minister in a culture that believes many problems have a physical origin and that medication is the answer to those problems. In light of such belief, we have adopted the following policy.

1. Although psychotropic medication may provide symptomatic relief of problems, we affirm that it is not the answer to what we consider spiritual problems or “issues of the heart.”
2. When someone comes to us for counseling who is on such medication, we will not demand he/she quit taking medication as a condition for counseling.
3. We affirm that Scripture has the answers for the problems of life and that medication is not the answer for such problems, so in cases where there is no known pathological issue, we will continually encourage the counselee to find physicians who desire to help them toward wholeness and a medication free life.



Personal Data Inventory

Note: The purpose of this personal data inventory is to be as comprehensive as possible to be as helpful as possible to the counselee. Nevertheless, please fill in only as much information as you feel comfortable giving.

Identification Data

Full Name _____ Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Cell _____

Email _____

Occupation _____

Gender _____ Date of Birth _____ Age _____

Nationality or Ethnic Background _____

Marital Status: Single ____ Separated ____ Going Steady ____ Divorced ____

Married ____ Widowed ____

Education (circle last year completed):

Grade school 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6+

Other training (list type and years) _____

Referred here by (name and contact) _____

Health Information

Rate your physical health: Very Good ____ Good ____ Average ____ Declining ____

Other _____

Your approximate weight: _____ lbs.

Recent weight changes: Lost ____ Gained ____

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

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Date of last medical examination _____

Report: _____

Physician _____ Address _____

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

Are you presently taking medication? Yes _____ No _____ What? _____

Prescribing Physician: _____ Address _____

Have you ever had a severe emotional upset? Yes _____ No _____

Have you ever had any psychotherapy or counseling? Yes _____ No _____ if yes, list name(s) of counselor(s) and dates: _____

Are you willing to sign a release of information form so that your counselor may write for helpful social, psychiatric, or medical reports? Yes _____ No _____

Have you ever been arrested? Yes _____ No _____

Religious Background

Denominational preference: _____

Church attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Church attendance in childhood: _____

Have you ever been baptized? Yes _____ No _____

Religious background of spouse (if married): _____

Do you consider yourself a religious person? Yes _____ No _____ Uncertain _____

Do you believe in God? Yes _____ No _____ Uncertain _____

Do you pray to God? Never _____ Occasionally _____ Often _____

Are you saved? Yes _____ No _____ Not sure what you mean _____

How much do you read your Bible? Never _____ Occasionally _____ Often _____

Explain recent changes in your religious life, if any: _____

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Personality Information

Have you ever felt people were watching you? Yes _____ No _____



Do people's faces ever seem distorted? Yes _____ No _____

Do colors seem too bright? _____ Too dull? _____

Are you able to judge distance? Yes _____ No _____

Have you ever had hallucinations? Yes _____ No _____

Are you afraid of being in a car Yes _____ No _____

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

(continued on next page)

Marriage Information (*If never married, check here ___ and skip*)

Name of Spouse _____ Address _____

Phones: Home _____ Cell _____

Occupation _____

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

Have you ever been separated? Yes _____ No _____

Have either of you ever filed for divorce? Yes _____ No _____ If so, when? _____

Date of this marriage: _____

Your ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Length of steady dating with spouse? _____

Length of engagement? _____

Give brief information about any previous marriages: _____

_Broken by: Divorce _____ Death _____

Children Information

Are Children from a previous marriage? _____

Your spouse's age _____ Education (years) _____ Religion _____

Family of Origin Information



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

Answer this section describing your own parents or parent substitute:

Still living? (yes/no) Father _____ Mother _____

Religious affiliation: Father _____ Mother _____

Church attendance per month: Father 1 2 3 4 Mother 1 2 3 4

Occupation: Father _____ Mother _____

Are your parents still living together? Yes _____ No _____

If not, cause of separation: _____

When separated: _____

Rate your parents' marriage:

Unhappy _____ Average _____ Happy _____ Very Happy _____

As a child, did you feel closest to your: Father _____ Mother _____ Another _____

How many brothers and sisters do you have? _____

How many older brothers and sisters do you have? Brothers _____ Sisters _____

Name(s) _____

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is the main problem, as you see it? What brings you here? To the best of your ability, please give important moments and dates in chronological order.



2. What steps have you taken to move toward healing as you see it? Share significant moments, people, and scriptures.



3. What can we do? What would change in your life if you experienced healing in this area?
4. As you see yourself, what kind of person are you? Describe yourself.
5. Is there any other information we should know?
6. Please list previous counseling you have had and approximate dates, including hospitalizations.



7. Please list any medications/dosages you are presently taking and the purpose of each medication.

If you have read the conditions for counseling set forth in this brochure and agree to enter into counseling in accordance with them:

Sign _____ Date ____/____/____

Parental Signature (if under 19) _____ Date ____/____/____