# General Principles of Biblical Counseling, Part 1

## Eight I’s Counseling Model (1-4)

### #1 Involvement

**Definition:** Promote biblical change by establishing a change-facilitating relationship.

**Scriptural reference:** Prv 27:6, 9; Jn 13:34, 35; 15:13-15; Rom 12:10; 2 Cor 2:4; Gal 6:1, 2; Phil 1:8; 1 Thes 2:7, 8.

**A. Genuine compassion.** Mt 9:36; Col 3:12; Phil 1:8; 2:1, 2


**B. Show respect.** Mt 18:15-17; Rom 12:10; 1 Pt 2:17

**C. Genuineness and honesty.** 2 Cor 4:2; Eph 4:25; 1 Jn 1:6, 7

**D. Pray with and for the counselee.** Phil 1:3-5; 1 Thes 5:17

**E. The fruit of the Spirit in the counselor as an example at all times.** Gal 5:13, 14, 22, 23

**F. Some caution for the counselor on involvement.** 2 Chr 24:2; Prv 1:10; Gal 6:1; Phil 2:12; 1 Tm 2:12; Titus 2:3-5 See Jim Newheiser, “The Tenderness Trap” article at *The Journal of Biblical Counseling*, Vol. 13, No. 3, 1995, 44-47.

---

1 This information was obtained and adapted from the “Methods of Biblical Change” graduate course instructed by Dr. Wayne Mack at The Master's College.


The current source for this information can be found in a book co-authored by Wayne Mack: *Counseling: How to Counsel Biblically* (Nashville: Thomas Nelson, 2005), 101-200.
#2 Inspiration

**Definition:** Promote biblical change by inspiring or influencing the counselee to develop and sustain an attitude and feeling of hope.

**Scriptural reference:** Prv 10:28; 18:14; Rom 8:24, 25; 15:4, 13; 2 Cor 3:12; Col 1:4-5; 1 Thes 4:13; 1 Tm 1:1; Heb 6:17-20; 7:19.

A. **Jesus and the gospel are the basis of hope.** Mt 11:28-30; Jn 11:1-46; 1 Tm 1:1; 4:10; 1 Pt 1:3-5

B. **People are motivated to change with hope.** Rom 15:4, 13; 1 Cor 10:13

C. **True hope.** Ps 119:49; 1 Pt 1:3; Heb 11:1; 12:3

D. **Be careful not to over promise.** Mt 5:12; Rom 8:28, 29; Heb 11:6, 24-26; 2 Pt 1:4
#3 Inventory (also Investigate)

**Definition:** Promote biblical change by gathering enough of the right kinds of information to accurately understand the counselee and the problems.

**Scriptural reference:** Gn 12:10-20; Prv 18:13, 15, 17; 19:2; 20:5.

A. **Personal Data Inventory (PDI) form** (The Master’s College, Department of Biblical Counseling sample form, Personal Data Inventory form—see Attachment 1).

B. **Organizer form** (see Attachment 2).

C. **Determining if the counselee is a believer is most important.** Mt 7:20-23; Phil 3:7; 1 Jn 2:3, 4; 4:7, 8; 5:1, 2, 13

D. **Presenting problem of the counselee.** Prv 14:12; 20:5; Jam 4:1

E. **Ask effective and appropriate questions.** Prv 14:15; 18:13

F. **Common questions to be answered.**

1. What has happened or is happening in the person’s life?

2. How is the person responding to what has happened or is happening?

3. What are the person’s thoughts, beliefs, and presuppositions about what is happening?

4. What are the person’s thoughts about God, others, life in general, and self in relationship to what is happening?
G. **Draw out what is going on in the person's heart.** Prv 4:23; Mt 12:33-35; Mk 7:21, 22; Lk 6:43-45; 14:26, 27; Jn 15:1-11; Heb 4:12d

1. Examples of misplaced hope.
   a. Pleasure, comfort, ease, food, sex, pornography.
   b. Control, power, approval of man, money, success, recognition.
   c. Husband, wife, children, extended family.


H. **Halo (non-verbal) data.**

1. Facial expressions, body language, sitting close or apart, holding hands, physical appearance. Gn 4:6; Prv 6:13

2. Paralinguistic communication (*how* the counselee says things).

I. **P.R.E.A.C.H.D. acronym for the types of data to gather.**

1. Data is gathered about the whole person and is not just focused on the problem.
   a. Physical.
   b. Resources/Relationships.
   c. Emotional.
   d. Actions.
   e. Conceptual.
   f. Historical.
   g. Desire.


J. **Hear from other parties involved.** Prv 18:17

K. **Use homework to gather more data.**
#4 Interpretation

**Definition:** Promote biblical change by analyzing and organizing the information from the inventory phase to accurately identify the biblical nature and cause of the problem, and to convincingly explain this to the counselee.

**Scriptural reference:** Prv 3:5-7; Mk 7:14-23; 10:17-23; Lk 10:38-42; Rom 12:2; 2 Tm 3:16, 17.

A. **Replace secular language with biblical language to aid in finding the biblical answer.** Prv 3:5-7; Rom 12:2; Col 3:5
   1. Dysfunctional family.
   2. Low self-esteem, lacks self-confidence.
   3. Unmet needs.
   4. Workaholic.
   5. Perfectionism.
   6. Addiction to gambling, drugs, alcohol, sex.

B. **What biblical categories (spiritual condition) could be used to describe the person?**
   3. Unruly / Fainthearted (discouraged) / Weak. 1 Thes 5:14
   4. Loving / Selfish. Mt 22:36-40
   5. Foolish / Wise. Prv 1:7; 10:1, 8; 14:1

C. **What insights does the Bible give for the probable cause?** Jer 17:5-9; Mk 7:21-23; Jam 4:1

D. **Start to draw conclusions and finalize the interpretation (based on the information gathered).**

E. **Further research can be done.**
Personal Data Inventory
Please complete this inventory carefully

Personal Identification

Name: ________________________________________ Birth Date: ____________________
Address: __________________________________________________ Zip Code: ________
Age: ________ Sex: _____________ Referred By: ________________________________
Divorced: ______ Widowed: ______
Education (last year completed): ____________________
Home Phone: ____________________ Work Phone: _________________________________
Employer: _________________________________ Position: _________________________
Years: ______________

Marriage and Family

Spouse: ________________________________________ Birth Date: ____________________
Age: _________ Occupation: _____________________ How Long Employed: ______________
Home Phone: ____________________ Work Phone: _________________________________
Date of Marriage: ____________________________ Length of Dating: ______________________
Give a brief statement of circumstances of meeting and dating: ____________________________
______________________________________________________________________________
______________________________________________________________________________
Have either of you been previously married: _________ To Whom: _________________________
Have you ever been separated: ________________ Filed for divorce: ________________
Information about Children:
Name: ____________________________ Age: ___ Sex: ______ Living: _______ Year Ed.: ______
Step-Child: ______________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Describe relationship to your father: ________________________________________________

________________________________________________________________________

Describe relationship to your mother: _____________________________________________

________________________________________________________________________

Number of sibling(s): ________ Your sibling order: _________________________________

Did you live with anyone other than parents: _________________________________________

________________________________________________________________________

Are your parents living: __________ Do they live locally: ____________________________

**Health**

Describe your health:

________________________________________________________________________

Do you have any chronic conditions: ________ What: _______________________________

List important illnesses and injuries or handicaps: ______________________________________

________________________________________________________________________

Date of last medical exam: ________ Report: _________________________________________

Physician’s name and address: ___________________________________________________

Current medication(s) and dosage: ________________________________________________

________________________________________________________________________

Have you ever-used drugs for anything other than medical purposes: ___________________

If yes, please explain: ____________________________________________________________

________________________________________________________________________

Have you ever been arrested: ________________

Do you drink alcoholic beverages: ___________ If so, how frequently and how much: ______

________________________________________________________________________

Do you drink coffee: ___________ How much: ___________ Other caffeine drinks: ___________

________________________________________________________________________ How much:

Do you smoke: ________________ What: _____________________ Frequency: __________________}

Page 2
Have you ever had interpersonal problems on the job: __________________________________________
____________________________________________________________________________________

Have you ever had a severe emotional upset: ________ If yes, please explain: ____________________
____________________________________________________________________________________

Have you ever seen a psychiatrist or counselor: _______ If yes, please explain: _________________
____________________________________________________________________________________

Are you willing to sign a release of information form so that your counselor may write for social,
psychiatric, or other medical records: ______________________________________________________

**Spiritual**

Denominational preference: ________________________________________________________________

Church attending: ________________________________________________________ Member: ________

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

Do you believe in God: ________ Do you pray: ______ Would you say that you are a Christian: _______,
Or still in the process of becoming a Christian: _____________________________________________

Have you ever been baptized: __________________________

How often do you read the Bible: Never: ______ Occasionally: ______ Often: ______ Daily: ______

Explain any recent changes in your religious life: _____________________________________________
____________________________________________________________________________________

**Women Only**

Have you had any menstrual difficulties: ________ If you experience tension, tendency to cry, other
symptoms prior to your cycle, please explain: _________________________________________________

Is your husband willing to come for counseling: _____________________________________________

Is he in favor of your coming: ________ If no, please explain: _________________________________
____________________________________________________________________________________
**Problem Check List**

- ______ Anger
- ______ Anxiety
- ______ Apathy
- ______ Appetite
- ______ Bitterness
- ______ Change in lifestyle
- ______ Children
- ______ Communication
- ______ Conflict (fights)
- ______ Deception
- ______ Decision Making

- ______ Depression
- ______ Drunkenness
- ______ Envy
- ______ Fear
- ______ Finances
- ______ Gluttony
- ______ Guilt
- ______ Health
- ______ Homosexuality
- ______ Impotence
- ______ In-laws

- ______ Loneliness
- ______ Lust
- ______ Memory
- ______ Moodiness
- ______ Perfectionism
- ______ Rebellion
- ______ Sex
- ______ Sleep
- ______ Wife abuse
- ______ A Vice
- ______ Other

**Briefly Answer The Following Questions**

1. What is your problem (what brings you here)?

2. What have you done about the problem?

3. What are your expectations from counseling?

4. Is there any other information that we should know?
<table>
<thead>
<tr>
<th>Name _____________</th>
<th>Age ____</th>
<th>Name _____________</th>
<th>Age ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saved ________</td>
<td></td>
<td>Saved ____________</td>
<td></td>
</tr>
<tr>
<td>Married _______</td>
<td>Children ________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

----- Misplaced Hope-----


----- Sins -----


----- Counseling Plan -----

1. ___________________________  5. ___________________________

2. ___________________________  6. ___________________________

3. ___________________________  7. ___________________________

4. ___________________________  8. ___________________________

----- Reading / Audio -----


----- Passages / Miscellaneous -----


----- Accountability -----

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Porn/Accountability service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs</td>
<td>Accountability partner</td>
</tr>
<tr>
<td>Work</td>
<td>Associations</td>
</tr>
</tbody>
</table>

----- Church -----  

<table>
<thead>
<tr>
<th>Name ______________</th>
<th>City __________</th>
<th>Pastor ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service attendance</td>
<td>Small group</td>
<td>Membership (or classes)</td>
</tr>
</tbody>
</table>

----- Additional Christian Lifestyle -----  

| Christian friends | Hospitality |    |   |

Counseling: Organizer