

TRIUMPH COUNSELING MINISTRIES TRAINING MANUAL
POSSIBLE EVIDENCE OF SPIRITUAL OPPRESSION

NAME: _____

DATE: _____

I. COMPULSIVE THOUGHTS:

II. COMPULSIVE FEELINGS:

III. COMPULSIVE BEHAVIOR:

IV. CONSCIOUSNESS PROBLEMS:

V. ABNORMAL MEDICAL PROBLEMS:

VI. TRAUMATIC EXPERIENCES:

TRIUMPH COUNSELING MINISTRIES TRAINING MANUAL
EVALUATION OF SPIRITUAL OPPRESSION

NAME: _____

DATE: _____

VII. EMOTIONAL PROBLEMS:

VIII. DESTRUCTIVE HABITS:

IX. IMMORAL CONDITIONS:

X. OCCULT ACTIVITY:

XI. CULT CONNECTIONS:

XII. DRUGS:

XIII. CONDEMNATION/GUILT:

XIV. SPIRITUALISM:

XV. SUMMATION:
