

WORD OF HOPE MINISTRIES

Biblical Counseling for Women and Their Families

"Therefore, if anyone is in Christ, he is a new creation; the old has gone, the new has come!" 2 Corinthians 5:17

Please return all completed and signed forms to your counselor prior to your first session.

THE CONCEPT OF BIBLICAL COUNSELING: Biblical counseling is committed to the position that Scripture provides the only authoritative guide for what we are to believe and how we are to live (2 Timothy 3:16,17). The Biblical Counselor is trained in the use of Scripture and the principles of biblical counseling. The counsel is not based on man's wisdom, opinions, experience, or concepts of behavior, (Isaiah 55:8-11) but seeks to bring the full range of Biblical Truth to focus on the counselee's need (Hebrews 4:12).

THE SCOPE OF BIBLICAL COUNSELING: Biblical counseling deals with the entire range of problems confronting mankind including but not limited to: broken marriages, parent child relationships, fear, depression, alcohol and substance abuse, stress, anxiety, worry, and any other problems that may result in mental and/or physical immobility. In short the Biblical Counselor is equipped to deal with any problem dealing with ourselves, our relationship to God or our fellow man (2 Peter 1:3).

MEDICAL NEEDS: Biblical Counselors believe in the total health needs of the counselee. Your counselor may recommend that you have a full or specified medical examination. If medical assistance is required, counseling will continue in conjunction with medical advice.

ELEMENTS OF BIBLICAL COUNSELING: Your counselors will use their skill in applying Biblical principles to enable you to glorify God in your life and to enable you to gain victory over the problems that are depriving you of the peace and joy that God has promised you in His Word. Your counselor will concentrate in three areas that are necessary for Biblical change to take place:

HOPE – In Jesus Christ we have a great High Priest who has suffered and been tempted in all things, yet He never sinned. Because of Christ, even though you may be facing every sin common to man, you can have victory. God has promised that He will not let you be tempted beyond your endurance and that He will provide a way for you to have victory in the midst of your temptation. (1 Cor. 10:13; Heb. 4:14-16).

CHANGE – In Christ we can learn how to lay aside the old selfish ways of living and put on the new ways of living in a manner worthy of the Lord Jesus Christ. We can learn to please God in every area of our lives. We can learn to live a godly life and to live in such a way that we will be increasing in our knowledge of God and our ability to relate to others. Biblical counseling will enable you to make practical changes (Eph. 4:10-13; Col. 1:10).

PRACTICE – We need to prove ourselves to be doers of God's Word and not merely hearers of the Word. Only in the actual practice of the Scriptures shall we be blessed in what we do, and only then will we please the Lord (James 1:22; Proverbs 28:13).

BIBLICAL COUNSELING Commitment, Consent and Disclaimer

Counseling (in person) is available by appointment for women, girls, (and couples upon request and review of circumstances). We can give referrals to a male counselor for men. Your session will last approximately 1-1.5 hours. Please see below for information about our fees.

* * * * *

PLEASE NOTE that this is not licensed counseling, and we are not trained medical professionals or therapists. This is 'pastoral counseling' or lay-counseling, and we do not claim to be offering licensed counseling or therapy. We are unable to accept insurance because we are not medical providers.

COST OF In-Person COUNSELING:

Please note that Word of Hope Ministries is dependent upon the income from our fees as well as from donations from those who support this work. Without these fees and donations, the ministry cannot exist. We believe in good stewardship, both for us at WOHM, and for you as well. With that in mind, we believe it is responsible to follow the principles of Scripture: Gal. 6:6 (“The one who is taught the Word is to share all good things with the one who teaches him.”) and also Rom. 15:27 (“if the Gentiles have shared in their spiritual things, they are indebted to minister to them also in material things”) and 1 Cor. 9:11 (“If we sowed spiritual things in you, is it too much if we reap material things from you”).

We have a rate of \$45.00 per counseling session.

We ask that all counselees make a financial commitment to their counseling process, so we ask that you respond in accordance to what your situation allows, as follows:

****If you truly cannot afford the fee, you have a the following options to prayerfully consider:***

...you can ask your church, friends, or family for assistance with the fee. Often when people know you are serious about getting help, they will help you financially.

...if you are unable to get assistance, you can arrange to make affordable payments over time (even if your counseling ends) in accordance with what you can afford without creating undue hardship on your finances, until the amount owed is paid off to us. Please ask us if you would like this option, and we will determine what your minimal payments should be, based on your financial situation.

LOCAL CHURCH INVOLVEMENT: In order to achieve lasting victory over the problems of life, it is vital that each person become established in a consistent Christian walk. The Lord has provided the local church as the discipleship center (Hebrews 10:24,25). Therefore, it is important that the counseling sessions be accompanied by church attendance and participation in other discipleship activities in your local church.

MATERIALS AND EXPECTATIONS:

You will need a notebook (3 ring is recommended with pockets for smaller items), and your Bible at all sessions, including the first session. Be sure to bring them each time, along with any completed homework from previous sessions. Come with high expectations. You will find hope and encouragement even during your first session. We are absolutely confident that the Word of God has solutions to all of life's problems (2Timothy 3:16, 17 2Peter 1:3) and that includes answers to the difficulty that prompted you to come.

We ask that all individuals read and sign this disclaimer/contract and the Consent to Counsel form. This form must be returned before you begin counseling sessions, as it enables the counselee to affirm that he understands that all of our counseling is entirely based on the Word of God.

CONFIDENTIALITY: Your counseling sessions are confidential with Word of Hope Ministries staff, and also between your counselor and your counselor's pastor and/or your pastor as deemed beneficial.

EXCEPTIONS TO CONFIDENTIALITY ARE NOTED BELOW.

CONFIDENTIALITY EXCEPTIONS:

"I understand that my counselors will respect my confidentiality with the following exceptions:

- a. If I am suicidal, and my counselor feels that I would harm myself or someone else, it is required by law that my counselor use crisis intervention.
- b. Where children are suspected to have been physically abused, neglected, or sexually abused, the proper authorities must be notified.
- c. If a court of law issues a legitimate subpoena and/or court order, especially those relating to a child abuse case, we are required by law to provide the information specifically described in the court order according to law.
- d. If an unreported life-threatening felony has been committed, we are required by law to report it to the police.

Before warning or notifying anyone, the counselor will first take all possible steps to share that intention with the undersigned parties." The counselor may also seek assistance in this matter from a pastor at her discretion.

PROFESSIONAL ADVICE:

In the process of Biblical counseling there are often times when there is a need for significant advice with regards to legal, medical, financial, or other technical areas. In those cases you will be encouraged to seek independent professional counsel. Our counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant scriptural principles.

RESOLUTION OF CONFLICTS:

On rare occasions a conflict may develop between a counselor and a counselee. In order to make sure that any such conflicts will be resolved in a biblically faithful manner, we require all of our counselees to agree that any dispute that arises with a counselor as a result of counseling will be settled by mediation under the authority of your church or your counselor's church.

CONSENT TO COUNSEL:

Having clarified the principles and policies of our counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk with your counselor. If these guidelines are acceptable to you, please sign below.

Counselee's Signature _____
(parent signature if counselee is a minor)

DISCLAIMER:

"I choose to participate in counseling sessions with the full understanding that it is Bible based counseling with counselors trained as lay-counselors only. We are not trained medical professionals, nor are we licensed as psychotherapists or mental health professionals, and we do not attempt to replace those professionals who give medical advice. I am free to seek medical advice as I choose in addition to obtaining Biblical Counsel."

Counselee's Signature _____
(parent signature if counselee is a minor)

CONTACT INFO:

Ellen Castillo, Certified Biblical Counselor
Ellen.wordofhope@gmail.com
www.word-of-hope-ministries.com
805-478-6892

COMMITMENT TO COUNSELING

The purpose of counseling and discipleship is to strengthen the counselee and their walk with the Lord for the purpose of godliness and abundant living. Using the Scriptures as the full counsel of God, we are to encourage, correct and counsel one another. As believers we are to set goals and standards toward holiness. Counseling and discipleship also provide accountability.

I will agree to these requirements in order to grow in The Lord:

1. I will be honest in order to receive the best guidance.
2. I will not counsel with anyone else unless I feel I have been given unbiblical Counsel. If I feel I need to validate the counsel, I will go to a Pastor or another counselor on the team.
3. I will do any assigned homework before each session. I understand that if I do not complete homework, counseling can be discontinued until I responsibly follow through.
4. I will be on time and will call well in advance if I cannot attend at the scheduled time. If I do not show up or I cancel without appropriate reason, counseling may be discontinued at the counselor's discretion.
5. I understand that I am entering in to Counseling with the Counseling team and not one particular person. Whatever is said in counseling can be discussed with others on the team if necessary.

I, the undersigned, understand and am fully aware that this counsel is neither legal, medical, or psychological, but purely based on the WORD OF GOD. I further understand that I can choose to receive or reject the information given to me.

With this understanding, I hereby release Word of Hope Ministries, the Harbor church, the ministerial staff and Biblical counseling team from any legal responsibility for any of my decisions or actions.

Signature Date
(parent signature if counselee is a minor)

Witness

WORD OF HOPE MINISTRIES

Personal Data Inventory (PDI)

IDENTIFICATION: sex M ___ F ___ Age ___ Date of Birth _____

Name _____ Phone _____ Date _____

Address _____ City _____ Zip Code _____

Occupation _____ work phone _____ cell _____ Do you text? ___

E-mail _____ Employer _____

Job Position _____ How Long? _____

Education (last year completed) _____ Other training? _____

Referred to the Counseling Ministry by _____

MARRIAGE AND FAMILY INFORMATION:

Marital Status: Married ___ Divorced ___ Separated ___ co-habiting ___ Single ___

Engaged ___ steady girlfriend/boyfriend ___ dating ___

Name of Spouse _____ Residing with you? Y ___ N ___

If different from yours: Address _____ phone _____

Spouse's Occupation _____ How Long? _____

Is spouse willing to come for counseling? No ___ Yes ___ Uncertain ___

Have you ever been separated? No ___ Yes ___ When? _____ for how long? _____

Has either of you ever filed for divorce? No ___ Yes ___ When? _____

Date of Marriage _____ Your ages when married: husband ___ wife ___

How long did you know your spouse before marriage? _____

Is this your first marriage? No ___ Yes ___ If no, explain: _____

Is this your spouse's first marriage? No ___ Yes ___ If no, explain: _____

Length of steady dating with current spouse _____ Length of engagement _____

Did you have premarital counseling? _____ Where and with whom? _____

On a scale from 1 to 10, how would you rate your marriage? _____

Please check any of the following problems you are having in your marriage:

- | | |
|---|--|
| <input type="checkbox"/> not resolving conflicts | <input type="checkbox"/> conflicts over decision making |
| <input type="checkbox"/> interference from in-laws | <input type="checkbox"/> drug or alcohol abuse |
| <input type="checkbox"/> depression | <input type="checkbox"/> adultery |
| <input type="checkbox"/> lack of communication | <input type="checkbox"/> credit or debt problems |
| <input type="checkbox"/> unrealistic expectations | <input type="checkbox"/> pornography |
| <input type="checkbox"/> gambling abuse | <input type="checkbox"/> unforgiveness |
| <input type="checkbox"/> problems with children | <input type="checkbox"/> struggling in your Christian walk |
| <input type="checkbox"/> selfishness | <input type="checkbox"/> possessiveness/jealousy |
| <input type="checkbox"/> sexual frustration | <input type="checkbox"/> anger |
| <input type="checkbox"/> over commitment outside the home | <input type="checkbox"/> other (please specify: _____) |

Have you ever had marriage counseling? Where/When? _____

Is your husband in favor of you coming to counseling? No ___ Yes ___ if no, explain:

INFORMATION ABOUT CHILDREN:

Name	Age	Sex	Living	Yr. Ed.	Biological child? If no, explain
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever had an abortion? Y ___ N ___ How many? ___ When? _____

FAMILY HISTORY:

If you were raised by anyone other than your birth parents, briefly explain: _____

Number of brothers ___ sisters ___

Are your parents living??? _____ Do they live locally? _____

Indicate which might have applied during your childhood/adolescence:

School Problems ___ Family Problems ___ Medical problems ___

Drug/alcohol problems ___ abuse ___ social problems ___ legal problems ___

Please elaborate: _____

Have there been any deaths in the family during the last year? No ___ Yes ___

Who and When? _____

HEALTH INFORMATION:

When was your last over all physical exam? _____ Pap/Mammo? _____

Rate your health(check): Very Good ___ Good ___ Average ___ Declining ___ Other _____

Weight changes recently: Lost _____ Gained _____

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

Do the above limit you in any way? No ___ Yes ___ Describe _____

Your regular physician's name and location _____

Are you presently taking medication of any kind? No ___ Yes ___

WHAT MEDICATION: _____ WHAT IS THE DOSAGE: _____ REASON: _____ HOW LONG: _____

Do you drink alcoholic beverages? No ___ Yes ___ How much _____ How often _____

Do you smoke? _____ Do you drink caffeine? _____

Are you willing to sign a release of information if your counselor deems it necessary to write for social, psychiatric, or medical report? No ___ Yes ___

Have you had any menstrual difficulties _____ Do you experience tension, tendencies to cry or other symptoms prior to your cycle? explain _____

PERSONALITY INFORMATION:

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

What and when? _____

Have you ever been arrested? No ___ Yes ___ explain circumstances _____

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

Have you ever had relationship problems at home, work, church? No ___ Yes ___

Explain: _____

Have you or others noticed any changes in your personality (anger, mood swings, withdrawal etc), thinking and memory, or work habits?? Explain: _____

Have you ever had any psychotherapy or counseling before? No ___ Yes ___ Explain:

Have you ever seen a Psychiatrist? No ___ Yes ___ What was the outcome? _____

Psychiatrist Name: Dates Seen (to/from): Medication given: Diagnosis:

Do you have any problems sleeping? Yes _____ No _____

How many hours of sleep do you average each night? _____

Do you follow a daily schedule/routine that is workable for you? No _____ Yes _____

RELIGIOUS BACKGROUND:

Current Church Attending: _____

Denominational preference: _____

Pastor's Name _____

May we contact your pastor for information and help? No ___ Yes ___ Uncertain ___

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

Church denomination attended in childhood _____

Have you been baptized? No ___ Yes ___ When? _____

Religious background of spouse _____

Do you believe in God? No ___ Yes ___

Do you consider yourself to be a Christian? No ___ Yes ___ Uncertain ___

Do you consider yourself to be 'saved'? No ___ Yes ___ Have you come to the point in your spiritual life where you can say that you know for certain that if you were to die you would go to heaven? No ___ Yes ___ Uncertain ___

What is your basis for answering the above 2 questions as you did? _____

Have you received Jesus Christ as your personal Lord and Savior?
Yes___ No___ Don't know what you mean___

How do you know that Jesus is your Savior?_____

If you have received Christ as Savior, what changes have taken place in your life?

How frequently do you read the Bible? Never___ Occasionally___ Often___

Do you have regular devotions? Never___ Occasionally___ Often___

Describe your devotions:_____

Explain any recent changes in your religious life, if any_____

Are you involved in some kind of ministry at your church or elsewhere?_____

PROBLEM CHECK LIST: check any problem areas that apply to you

<input type="checkbox"/> anger	<input type="checkbox"/> envy	<input type="checkbox"/> Appetite	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Fear	<input type="checkbox"/> temper	<input type="checkbox"/> Apathy	<input type="checkbox"/> Overweight
<input type="checkbox"/> Moodiness	<input type="checkbox"/> Bitterness	<input type="checkbox"/> Guilt	<input type="checkbox"/> Rebellion
<input type="checkbox"/> Change in lifestyle	<input type="checkbox"/> Health	<input type="checkbox"/> Sex	<input type="checkbox"/> family problems
<input type="checkbox"/> Homosexuality	<input type="checkbox"/> Sleep	<input type="checkbox"/> Depression	<input type="checkbox"/> grief
<input type="checkbox"/> Spousal abuse	<input type="checkbox"/> deception	<input type="checkbox"/> pornography	<input type="checkbox"/> a vice
<input type="checkbox"/> memory	<input type="checkbox"/> alcohol/drugs	<input type="checkbox"/> loneliness	<input type="checkbox"/> withdrawal
<input type="checkbox"/> self discipline	<input type="checkbox"/> confusion	<input type="checkbox"/> hallucinations	<input type="checkbox"/> paranoia
<input type="checkbox"/> distrust	<input type="checkbox"/> suicidal	<input type="checkbox"/> self-loathing	<input type="checkbox"/> insecurities
<input type="checkbox"/> self injury	<input type="checkbox"/> anorexia/bulimia	<input type="checkbox"/> impulsive	

BASIC REASONS YOU ARE SEEKING COUNSEL:

1. What is the main problem as you see it? (what brings you here?)

2. When did your problems begin? (specify a date if possible)

3. Please describe any significant events occurring at that time.

4. What have you done to try to resolve your problems?

5. What can we do for you? What kind of help do you want from us?

6. Is there any other information we should know about you?

BIBLICAL HOPE

Before you attend your first counseling session, please read through the following verses and thoughts about HOPE and consider how these verses apply to your situation.

There is only one real, true hope that anyone can have and that is through Jesus. All other hope offers temporary comfort and will eventually crumble.

False hope is based on human ideas and wishful thinking and is often a ritualistic way of conjuring up solutions to difficult situations. This is not the godly hope that the Bible speaks and teaches about.

True hope is based on the promises of God. This means that a believer puts his hope in the beliefs and expectancy of God fulfilling His promises, the promises of the living Almighty God. Hope begins with salvation; for Christ is our hope. Hope is based on an eternal picture, not the temporal circumstances.

True hope is also realistic. We will not be without suffering and hardship in this world, but we must not waver in unbelief and we must become stronger in the faith through it.

My brethren, count it all joy when you fall into various trials. James 1:2

And we know that all things work together for good to those who love God, to those who are the called according to His purpose. Romans 8:28

18Against all hope, Abraham in hope believed and so became the father of many nations, just as it had been said to him, "So shall your offspring be."^[b]
19Without weakening in his faith, he faced the fact that his body was as good as dead—since he was about a hundred years old—and that Sarah's womb was also dead. 20Yet he did not waver through unbelief regarding the promise of God, but was strengthened in his faith and gave glory to God, 21being fully persuaded that God had power to do what he had promised.
Romans 4:18-21

Our hope comes from God and His Word, but it is our choice to accept it. We can choose hope in Him or chose hopelessness and defeat in our flesh.

13Therefore, prepare your minds for action; be self-controlled; set your hope fully on the grace to be given you when Jesus Christ is revealed. 14As obedient children, do not conform to the evil desires you had when you lived

in ignorance. 15But just as he who called you is holy, so be holy in all you do; 16for it is written: "Be holy, because I am holy." 1 Peter 1:13–16

What scripture says about Hope: (look up the following verses)

Hope produces joy that remains even through the most difficult trials (Proverbs 10:28, Romans 5:2–3; 12:12, 1 Thess. 4:13).

Hope produces perseverance (Romans 8:24–25)

Hope produces confidence (2 Corinthians 3:12; Philippians 1:20)

Hope produces effective ministry (2 Corinthians 4:8–18)

Hope produces greater faith and love (Colossians 1:4–5)

Hope produces consistency (1 Thessalonians 1:3)

Hope produces increased energy and enthusiasm (1 Timothy 4:10)

Hope produces stability (Hebrews 6:19)

Hope produces a more intimate relationship with God (Hebrews 7:19)

Hope produces personal maturity (1 John 3:3)

THE ROLE OF HOPE IS CRITICAL IN SPIRITUAL GROWTH.

Our true hope is not based on feelings or circumstances. It is based on the TRUTH of the Word of God. You can come and receive counsel with confidence because of this hope!!