

LifeGuards808

Professional Disclosure Statement

Ross Gunn III

This Professional Disclosure Statement is supplied for your information and protection. It provides information concerning my approach to counseling, education, and training, your rights as a client, and any fees involved in counseling. (*Current as of 08/2014; LG808*)

Approach to Counseling

I believe that both men and women are essentially made up of three primary elements: the *Spirit*, the *Soul* (the mind, emotions, and the will) and the *Body*. Each of these areas has the potential for growth and maturity or the potential for difficulties. I believe that men and women are *relational* beings designed to develop healthy relationships with God, our loved ones and the world. My basic approach to counseling is a modified version of Cognitive/ Behavioral Therapy called "Heart Therapy".

I believe that the overall purpose of counseling (whether individual, family or group) is to offer the client(s) a safe place to work through their issues and thereby grow as a whole person and hopefully learn how to develop healthy relationships.

I believe that the process of counseling is a mutual endeavor between the counselor and the client(s). In this process we may explore a variety of topics, such as: heart/core issues, thoughts, feelings, choices, behaviors, relationship styles, past history, plans of action, future hopes and goals. Biblical truth, principles and insights will also be presented as a major factor to help the client change and grow as a whole person. I will attempt to utilize the theories and techniques that I know best in order to address the client's needs and circumstances.

Counselor's Education

Master Degree in Counseling. Western Conservative Baptist Seminary, Portland, OR.

Master of Arts Degree in Student Ministries / C.E. Talbot Seminary, La Mirada, CA.

Bachelor of Arts Degree. Bible & Psychology. Azusa Pacific University, Azusa, CA.

Experience & Special Training

- 1) I have worked as a Pastor of Student Ministries for almost 25 years. During those years I have counseled students, parents, premarital couples, families and men with a variety of issues.
- 2) I have specialized in the area of counseling men and couples struggling with Sexual Addiction.
- 3) I have led numerous men's groups dealing with sexual addiction, some as large as 80 men.
- 4) I studied under Dr. Norm Wright, a leader in Premarital & Marital Counseling.
- 5) In 1998 I received my second Master's Degree, in Counseling. While working on my Masters in Counseling I interned and counseled at a number of churches and counseling offices including: Good Shepherd Church, New Heights Church, Warner Pacific College, Salvation Army Men's Rehabilitation Center and Imago Dei Community in Portland OR.
- 6) I am a member of ACA (American Counseling Association); SASH (Society of the Advancement of Sexual Health) and the American Professional Agency.
- 7) I seek to stay informed of the latest techniques and information concerning counseling by reading various texts, journals and attending relevant counseling seminars and conferences.
- 8) I have been professionally counseling individual men, couples, students, families and premarital couples since 1998.

The Client's Rights & Issues

As a client you need to be informed of the following information...

- 1) Since Skyview Counseling LLC has moved from Washington State to the State of Hawaii I have discovered that the laws concerning counselors in these states are different. Although I have counseled in Washington for about 12 years, the State of Hawaii has some additional requirements in order for me to be licensed in Hawaii. Currently, I am allowed to counsel in Hawaii and can charge clients but **I can not call myself a "Licensed Mental Health Counselor"** until I meet all of their requirements. Because of this most insurance companies will not allow me to bill them for my services. However, clients may want to check with their insurance company. Some insurance companies have unique policies and procedures that allow billing when a counselor can provide a service that is currently not offered locally. It is the client's responsibility to check with their insurance.
- 2) In the process of working toward becoming a licensed mental health counselor in Hawaii, I may need to be supervised by another professional counselor. Any information shared, concerning your counseling, is considered confidential, unless it violates the guidelines and laws concerning confidentiality.
- 3) You, the client, have the right to be free from being the object of discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.
- 4) **All conversations and communication within LifeGuards808 are considered confidential. However, there are Federal, Hawaii State, Skyview Counseling and LifeGuards808 exceptions to confidentiality. They are...**
 - a) Reporting suspected child abuse.
 - b) Reporting behavior that is illegal or violates the laws of the land.
 - c) Reporting information that is required in court proceedings or by other relevant agencies.
 - d) Reporting imminent danger to the client or to others. In such a situation, **if** there is any indication that the client is in the process of hurting themselves and/or others or could potentially harm themselves, an individual, or a group of people (such as a family or church) **then** the client will immediately forfeit their rights to confidentiality. In such a situation, the counselor reserves the right to protect the client and/or the individual(s) and may communicate with those endangered, the key leaders of the group and/or the police.
 - e) The use of one or more counseling Supervisors, lawyers and/or their staffs.
 - f) Defending claims brought by client against Skyview Counseling LLC, Ross Gunn III, "Lifeguards808", any local church or business, Christian Ministries, supervisor(s) and/or staff.
 - g) Other exceptions ... If the client desires the counselor to discuss confidential issues with another person the client must fill out and sign the "Release of Confidential Information" form.
(Note: Laws are constantly changing. It is by the current State and Federal laws the client is legally held accountable.)
- 5) If a situation arises that is beyond the scope of my training or experience I will attempt to refer the client to another counselor, person or agency that is better equipped to help the client. The client always reserves the right to choose a counselor who best meets their needs.
- 6) If the client has a serious problem or issue with the therapist that needs to be resolved, Ross will make himself available to meet and resolve the problem. If the problem cannot be resolved, Ross has submitted himself to Pastor Craig Mauck at Hope Chapel to act as an arbitrator to help resolve the problem. The client is free to contact Pastor Craig Mauck, who will then contact Ross Gunn III to set up a meeting to seek to resolve the problem. 808-879-3853
- 7) In case of an emergency or crisis that involves imminent danger to yourself or others, you should **call "911" for immediate help.** Clients should create a support list of friends and family that can be contacted at times of depression, anxiety or frustration. The counselor should be contacted for additional support after imminent danger has been addressed.

LifeGuards808 Session Length & Length of Therapy

LifeGuards808 meets on a weekly basis for approximately two hours for each session. If the therapist is unable to meet, the clients will be contacted as soon as possible and a financial adjustment will be made to their bill. The experts in the field of sexual addiction say that it takes approximately 5 years to fully address the issues that drive this addiction. This is under the conditions that the client takes recovery seriously, does their homework and addresses their heart/core issues. This does not mean that a person is necessarily in therapy for five years but rather it has been observed that clients often have dramatic changes in their life when they hit the five year mark. With LifeGuards808 it is suggested that the client seek to be part of the therapy group until they worked through their "4th Step". The timing of when to conclude therapy is a choice that client will need to determine for themselves. Some clients also benefit from marriage counseling as they work through their issues.

LifeGuards808 Client Responsibilities

- 1) The client is responsible to purchase material needed for their homework.
- 2) The client is responsible to keep up with the homework on a weekly basis.
- 3) The client is responsible for their own heart, thoughts, feelings, choices, behavior, relationships, recovery and worldview. The focus of therapy is for personal development and health rather than the recovery, manipulation and control of others. The client must be in therapy because they recognize that they have a problem and need help. Therapy is not for those trying to rescue a relationship.
- 4) The client is responsible to tell the whole truth, without hiding information or protecting their sources of addiction or conflict.
- 5) The client should also consider the benefits of developing their relationship with the Living God of the Bible.

LifeGuards808 Cost and Payment

- 1) The cost of LifeGuards808 therapy group is *\$175 per month* (whether it is a 4 or 5 week month). LifeGuards808 meets each week for two hours. Payment is due at the beginning of the first session of each month by cash, check or by credit card using "Square" card reader. Those using credit cards will be charged an additional \$10 service fee to cover credit card charges. There is no sliding scale. Insurance payments are not accepted at this time. The cost remains the same even if a client is unable to meet. Payments are best made a check written to **Skyview Counseling, LLC**.
- 2) Any time the client intentionally and consistently does not do their homework or if a client is consistently late to a session an additional **\$25** will be charged. This amount will double each session the client intentionally does not do their homework.
- 3) If the client is unable to meet, they should call the therapist at least three hours prior to the session. All of the numbers below have voice mail box to leave your message with your name, message and phone number.

Contacting Skyview Counseling, LLC, LifeGuards808 and/or Ross Gunn III

- 1) **Phone Number:** (360) 991-7700
 - * Please use the above number if at any time you cannot attend LifeGuards808.
 - * Please do not use Mail, Email or Text Message for canceling appointments.
- 2) **Mailing address:** Skyview Counseling LLC P.O. Box 532605 Kihei HI 96753-9998
- 3) **Web site:** www.LifeGuards808.com
- 4) **E-Mail:** Help@LifeGuards808.com

Note: The following Professional Disclosure Statement Acknowledgement & Acceptance form must be filled out and signed by the client(s) prior to any counseling taking place.

Professional Disclosure Statement

Acknowledgement of Understanding and Acceptance

I, _____ (Print Name), **have personally read the Professional Disclosure Statement and have been given the opportunity to ask questions concerning its contents. I have a good understanding of this document, my rights and the limits of confidentiality. I understand that...**

- 1) Ross Gunn III is a Counselor in Hawaii. Ross Gunn III is currently **NOT** a "Licensed Mental Health Counselor" but is in the process working towards that goal.
- 2) Skyview Counseling LLC, LifeGuards808 & Ross Gunn III are counseling from a Christian / Biblical worldview.
- 3) I agree that, if needed, my individual case may be discussed with a counseling supervisor or lawyer without my actual identity being shared.
- 4) I agree to the limits of confidentiality stated in this Professional Disclosure Statement. However, I realize that State and Federal are constantly changing. I understand that it is under those laws by which I am legally being held accountable. The laws that pertain to breaking confidentiality that Skyview Counseling LLC, LifeGuards808 and Ross Gunn III are aware of and hold to are....
 - a) Reporting suspected child abuse.
 - b) Reporting behavior that is illegal or violates the laws of the land.
 - c) Reporting information that is required in court proceedings, by the client's insurance company, or by other relevant agencies.
 - d) Reporting imminent danger to the client or to others. In such a situation, if there is any indication that the client is in the process of hurting themselves and/or others or could potentially harm himself or herself, an individual, or a group of people (such as a family or church) then the client will immediately forfeit their rights to confidentiality. In such a situation, the counselor reserves the right to protect the client and/or the individual(s) and may communicate with those endangered, the key leaders of the group and/or the police.
 - e) The use of one or more counseling Supervisors and their staff.
 - f) Defending claims brought by client against Skyview Counseling LLC, Ross Gunn III, Lifeguards808, any local church or business, Christian Ministries, supervisor(s) and/or staff.
 - g) Other exceptions ... If the client desires the counselor to discuss confidential issues with another person the client must fill out and sign the "Release of Confidential Information" form.
- 5) I understand that I am responsible to do the homework. I agree to be charged \$25 if I intentionally do not do my work or I am consistently late for therapy.
- 6) Each month includes a minimum of 8 hours of therapy. Each weekly session is about two hours.
- 7) The cost for LifeGuards808 group therapy is \$175 per month, whether it is a 4 or 5 week month. Payments are made on the 1st session of each month. If a client needs to pay by credit card there will be a \$10 fee added to cover the credit card fees.
- 8) If the client plans to miss a session the cost remains the same. If the therapist is unable to meet then the fee will be adjusted by \$22 if the client is getting less than four sessions per month. Payments are best paid with cash or with a check written to **Skyview Counseling, LLC**

Signature: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ Date: ____ / ____ / 201__

Emergency Contact: _____ Cell Phone: (____) _____

LifeGuards808

Basic Information

Your Name: _____ **Today's Date:** ___/___/201__

Any nicknames or alias you go by: _____

Home Phone: () _____ Cell Phone/Beeper: () _____

Email: _____

Address: _____ State: _____ Zip: _____

(Please Check ✓) Is this ...Your home____, apartment____, parent's home____, friend's home____.

Your Age: _____ Birth Date: ___/___/19 ___ Place of Birth: _____

Your Occupation: _____

Employer: _____

How long employed there: _____ Mo. / ___ Yrs. Number of employers in 3 last years: _____

How long do you plan to be at your current place of work? _____ Mo / ___ Yrs.

Level of Education: _____

Are you currently going to school? ___ Yes / ___ No Where?: _____

When will you finish your education? _____

Military Service? Branch: _____ Combat? _____

Your Marriage Status (Please Check ✓) ___ Single, ___ Engaged, ___ Married... ___ times.

___ Separated, ___ Divorced, ___ In the process of Divorce, ___ Remarried, ___ Widow

Any outstanding legal issues? What? _____

Spouse / Partner's Name: _____

Their Home Phone: () _____ Their Cell Phone: () _____

Email: _____

Their Age: _____ Birth Date: ___/___/19 ___ Place of Birth: _____

Their Occupation: _____

Employer: _____

How long employed there: _____ Mo. / ___ Yrs. Number of employers in 3 last years: _____

How long do they plan to be at their current place of work? _____ Mo / ___ Yrs.

Their Level of Education: _____

Are they currently going to school? ___ Yes / ___ No Where?: _____

When will they finish their education? _____

Military Service? Branch: _____ Combat? _____

Why are you coming to LifeGuards808? What do you want to accomplish?

1) Self Knowledge / Relationship

Please describe some of your **Positive** personal attributes / traits: _____

Describe the **Best** thing that has ever happened to you: _____

What people, other than your Spouse, have had the greatest **Positive Influence** on your life?
Who are they? _____

Please describe your **Negative** personal attributes / traits: _____

What people have had the greatest **Negative Influence** on your life? Who are they? _____

Describe the **Worst** thing that has ever happened to you: _____

Date of Birth? ____ / ____ / 19____. **How old are you Physically** _____?

Now please give yourself an **approximate** "age" that best describes your maturity in each area.

A) **Relationally**- Having healthy, close friendships with people other than family? Age: _____

B) **Behaviors**- What does your life reflect? How do you act? Age: _____

C) **Volitionally**- (How mature have your past choices been? Age: _____

D) **Emotionally**- Maturity / Age of expressing your feelings and emotions Age: _____

E) **Mentally**- Maturity / Age of how you internally think, dream and fantasize. Age: _____

F) **Spiritually**- Relationship with GOD; Integrity: living/being what you know & believe. Age: _____

G) **Heart**- In your "heart" - how old would you say you are? Age: _____

What does your Identity, Purpose, Significance, Sense of Belonging, Values, and Security say about your age?. Age: _____

What age best reflects how you handle Pain and Reward? Age: _____

What area in your life needs **the most work** and why? _____

2) Relationship with your Girl Friend / Fiancée / Partner / Spouse

What are their **Best Attributes**? _____

If you could change anything about your **relationship**, what would it be?

What is **your relationship** with them most like ... (✓ only what applies)

_____ You are the Child _____ They are the Child _____ Both of you are Children
_____ You are the Parent _____ They are the Parent _____ Both of you are Parents
_____ You are a Slave _____ They are a Slave _____ Both of you are Slaves
_____ You are Master of the Universe _____ They are Master of the Universe _____ Both MoU
_____ You are an Adult _____ They are an Adult (Definition of an Adult: Being responsible for your own heart, thoughts, feelings, choices, behaviors and relationships – while letting other people be responsible for themselves.)

3) Pre-Marriage / Marriage Information

How long have you know each other? _____
How long were you dating before getting engaged? _____
How long were you engaged? _____
When did you get married? ___/ ___/ _____ How long have you been married? _____
When / Where did you meet? _____

Did your parents approve of the relationship / wedding? **Dad:** ___Yes / ___No. **Mom:** ___Yes / ___No
Did the Spouse's parents approve of the wedding? **Dad:** ___Yes / ___No **Mom:** ___Yes / ___No
Did anyone have concerns? (___Yes / ___No) What were they? _____

Did the pre-engagement / premarital counseling identify any key problems at that time? What were they? _____

If you could start all over again - **what would you change?** _____

Why do you want to marry your Fiancée or **why** did you marry your Spouse? (Top 5 reasons)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

(*****Please answer as many of the following questions as possible - even if not married**)

From your point of view, what is **the significance of marriage vows and the ceremony?**

Describe what you believe should be the **husband's role in marriage?** Be as specific as possible.

Describe what you believe should be the **wife's role in marriage?** Be as specific as possible.

What did / do you expect to **get** from marriage? _____

What did / do you expect to **give** to your marriage? _____

Define the purpose, significance and value of sex. Sex is ... _____

What is your view of **sex and marriage?** _____

Can you give any reason why **sex** might be OK outside of marriage or in addition to marriage?

What would make your relationship better? _____

Please list the people you **dated** from the past to the present.

	First Name (Only)	Approx. Year	Length of Time	Sexual Involvement
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____
8)	_____	_____	_____	_____
9)	_____	_____	_____	_____
10)	_____	_____	_____	_____

Please list the people you were **engaged** to from the past to the present.

First Name (Only)	Approx. Year	Length of Time	Sexual Involvement
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Have you been previously married? Yes / No Number of Times _____ To whom?
 Name of your Spouse / Lover Years Married/Involved Year Divorced Number of Children

1) _____
 2) _____
 3) _____

Has your spouse been previously married? Yes / No Number of Times _____ To whom?
 Name of their Spouse / Lover Year Married/Involved Year Divorced Number of Children

1) _____
 2) _____
 3) _____

4) Parent / Step Parent / Primary Care Giver Information

Male Figure's Name: Mr. _____

Age: _____. Health: Good / Fair / Poor. Illnesses _____

If deceased: Cause of death _____ Date: _____ Age: _____

His Occupation: _____ Level of Education: _____

Date of Biological Parents Wedding: ____/____/19____ Number of Years Married: _____

Married for ____ Yrs.; Separated? ____/____; Divorced? ____/____; Remarried? ____/____

Previously married? To _____ When: ____/____/____

Remarried? To _____ When: ____/____/____

What words best describe **your relationship with your Father/ Male Figure?** _____

Describe **any medical, mental, or addictive problems** that he had or that was present on his side of the family tree: _____

Female Figure's Name: Mrs. _____

Age: _____. Health: Good / Fair / Poor. Illnesses _____

If deceased: Cause of death _____ Date: _____ Age: _____

Her Occupation: _____ Level of Education: _____

Married for ____ Yrs.; Separated? ____/____; Divorced? ____/____; Remarried? ____/____

Previously married? To _____ When: ____/____/____

Remarried? To _____ When: ____/____/____

What words best describe **your relationship with your Mother / Female Figure?** _____

Describe **any medical, mental, or addictive problems** that she had or that was present on her side of the family tree: _____

Describe your **parent's overall relationship**: _____

Describe their **religious training** in the home: (Who trained & how?) _____

Describe any major crises / problems (trauma, abuse, abandonment, addictions) that you had with your parents: _____

Please name your Biological and Non-Biological Brothers and Sisters

Please identify **Oldest to Youngest** ***** Please Include Yourself in the List! *****

Name #	Bio /Step	Month/Year	Sex	Their Marital Status	Deceased Year
Example: Billy Bob	B / S	/ 19__	M / F	S / M / D / Sep / W	_____
1) _____ (Oldest)	_____	____/____	_____	_____	_____
2) _____	_____	____/____	_____	_____	_____
3) _____	_____	____/____	_____	_____	_____
4) _____	_____	____/____	_____	_____	_____
5) _____	_____	____/____	_____	_____	_____
6) _____	_____	____/____	_____	_____	_____
7) _____	_____	____/____	_____	_____	_____
8) _____	_____	____/____	_____	_____	_____
9) _____	_____	____/____	_____	_____	_____
10) _____	_____	____/____	_____	_____	_____
11) _____	_____	____/____	_____	_____	_____
12) _____ (Youngest)	_____	____/____	_____	_____	_____

Please put an "X" next to the word that best describes the kind of **Boundaries** you had in your family while you were growing up. Put an "S" by the word that describes your Fiancée / Spouse's family.

- | | |
|------------------------|-----------------------|
| _____ Extremely Strict | _____ Appropriate |
| _____ Very Strict | _____ Flexible |
| _____ Inflexible | _____ Flaky, On / Off |
| _____ Clear & Balanced | _____ Non-Existent |

5) Friendships

Who are your top **five closest friends**? What was the last thing you did with them and when?

Who	What	When
1) _____	_____	____/____/20__
2) _____	_____	____/____/20__
3) _____	_____	____/____/20__
4) _____	_____	____/____/20__
1) _____	_____	____/____/20__

What are some of the **key elements** to a healthy friendship? _____

Relational Concerns

Please Check (✓) Any Items That Are **Relational Concerns In Your Life:**

Adultery___	Friendships___	Recreation___
Affection___	Forgiveness___	Relationship with God ___
Agreeing on chores___	Having fun with others___	Relatives___
Bitterness___	Holding others back___	Separation From Home___
Boundaries___	Housing___	Sexual Issues___
Children ___	Infidelity___	Showing Appreciation___
Church Issues ___	In-laws___	Solving Problems___
Closeness___	Incest___	Spiritual Gifts___
Common Goals___	Jealousy___	Spiritual Growth ___
Common Interests___	Parents___	Trusting Others___
Communication___	Past Relationships___	Time Management ___
Codependency___	Physical Fighting___	Verbal Fighting___
Divorce___	Premarital Issues___	Unhealthy Relationships___
Empty Nest ___	Premarital Sex ___	Work Related Relationships___
Finances___	Problems w/ Roommates___	Difficulty Communicating Feelings ___

Other: _____

Physical Well Being, Health, Behaviors

1) Your Overall Health & Well Being (Please give yourself a score as to your current condition. Excellent = 5, Good = 4, Average = 3, Fair = 2, Poor = 1, None = 0)

Your current **relationships with other people?** (Score: _____)

Your current **physical condition?** (Score: _____)

Your current **ability to make healthy / positive choices?** (Score: _____)

Your current **emotional condition?** (Score: _____)

Your current **mental / cognitive / thinking condition?** (Score: _____)

Your current **Spiritual condition?** (Score: _____)

Your current **level of stress?**

Unbearable= 5, Too Much= 4, A Lot = 3, Some= 2, Little = 1, None= 0 (Score: _____)

2) Medical and Physical Health Information

Primary Physician: Dr. _____

Date Your of Last Physical Exam: ____ / ____ / 201__ Phone: () _____

Reason for Exam: _____

List any **Major Medical Problems** that you have had in the last 20 years:

Medical Problem	Action taken	Resolved? (Yes / No)
-----------------	--------------	----------------------

1) _____

2) _____

3) _____

4) _____

List any **Medications** you are currently taking that are prescribed by a doctor.

Medication Name	Prescribing Doctor	Reason for Medication
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1) _____

2) _____

3) _____

4) _____

Do you have problems **sleeping** __Y / __N, **snoring** __Y / __N and/or with **sleep apnea** __Y / __N?

Does your spouse struggle with **sleeping** __Y / __N, **snoring** __Y / __N, **sleep apnea** __Y / __N?

Do you have any **consistent or on going trouble** with the following areas? (Check ✓ any)

Afraid, Angry, Anxious, Aroused, Bored, Compulsive, Day Dreaming,
 Depressed, Emotionally Flat, Excited, Exhausted, Fantasy, Frustrated,
 Hungry, In Pain, Lonely, Obsessed, Ritual Behaviors, Tired, Stressed,
 Thirsty Please explain _____

3) Sex Life

How is your **sex life** with your Spouse? _____

Is there anything that is **stopping you** from having a healthy sex life with your spouse? _____

How often do you have sex? _____ **times** a ... (Check ✓) ____ day, ____ week, ____ month, ____ year,

____ Very Rarely, ____ Never. How often would you like to have sex? _____

How often would they like to have sex? _____

What would make your sex life with your spouse better? _____

>> _____

Sexually are you (X), or your spouse (S) or both (B = Both) involved in or struggling with ...

- ___ Compulsive masturbation ___ Internet / TV / Magazine / DVD Pornography: (✓ : M / F)
 - ___ Sex novels/stories ___ Emotional Affair ___ Sex chat rooms ___ Phone sex / cybersex
 - ___ Sex sounds/recordings ___ Fetish(s) ___ Sex with another person outside your marriage
 - ___ Spouse swapping ___ Threesome ___ Lingerie / Strip Clubs ___ Prostitution /Escort Services
 - ___ Multiple relationships ___ Voyeurism ___ Exhibitionism ___ Nude / Naturist camps/ beaches
 - ___ Taking / wearing peoples clothes ___ Masturbation in public areas ___ Sexual phone calls
 - ___ Grooming of potential sexual victims ___ Rape ___ Dangerous STD sex ___ Hot Johns
 - ___ Multiple sexual experiences needed daily ___ Homosexual / lesbian behaviors ___ LGBT
 - ___ Anal obsession ___ Torturing or sex w/ animals ___ Sex w/ family members or relatives
 - Sex with... ___ infants, ___ minors, ___ Boi ___ Sadoomasochism ___ BDSM (✓ : top / bottom)
 - ___ Sex w/ death things /people ___ Sex involving religious or occultic practices
 - ___ Other sexual behaviors _____
-
-

Please list any Sexually Transmitted Diseases (**STD**) that you or your spouse might have:

You: _____

Spouse: _____

Within the last 6 months have you believed or felt that...

- > You were unhealthy, damaged and/or bad because of your sexual behaviors? ✓ : Yes / No
- > You were entitled to express your sexual desires and behaviors no matter what? ✓ : Yes / No
- > If others knew about your sexual behaviors that you would not be liked or loved? ✓ : Yes / No
- > Your moods or feelings seem to swing (+,-) when potential sex is involved? ✓ : Yes / No
- > You tend to control or dominate those with whom you have an relationship? ✓ : Yes / No
- > You tend to use fear, obligation, guilt, shame, anger or various kinds of abuse to manipulate, control or dominate others? ✓ : Yes / No
- > At times you were self-sufficient or without the need or want others in your life? ✓ : Yes / No
- > Sex was your greatest need, obsession or desire during the last 5 years? ✓ : Yes / No

Choices

Before we do any action or behavior (except reflexes) we make choices. This means we are fully responsible for our choices and behaviors. Based on your behaviors over the last five years what would you say are **some of the key themes in the choices you have made?** _____

What types of choices do you (X), or your spouse (S) or both (B) tend to make ...

- ___ None, ___ Non-existent, ___ Postponed, ___ Stuck/Frozen, ___ Apathetic, ___ Cynical,
- ___ Defeated, ___ Doubtful, ___ Fearful, ___ Careless, ___ Impulsive, ___ Impatient,
- ___ Thoughtless, ___ Childish, ___ Self Centered, ___ Self Absorbed, ___ Overwhelmed,
- ___ Thoughtful, ___ Flexible, ___ Careful, ___ Discerning, ___ Clear Thinking, ___ Deliberate,
- ___ Determined, ___ Forceful, ___ Head Strong, ___ Inflexible, ___ Black/White / Fixed,
- ___ Legalistic, ___ Controlling, ___ Dictator, ___ Narcissistic, ___ "Master of the Universe"

Who in your biological or stepfamily do you most reflect their **style or methods of making choices**? _____

Are these people known for making wise and healthy choices? ___ Yes, ___ No. What do they base their choices upon? Are they known for any addictions, inappropriate emotions/ feelings and faulty thinking errors? _____

What role, if any, does **God and His Word** play in helping you make decisions? _____

If you could **re-do** some of your **key life choices**, which ones would you change? _____

Feeling / Emotions

What **emotions were most noticeable** in your biological / step family as you grew up? _____

What was the **Volume / Style** of the **communication** that was normal in your bio / step family home?
___ Yelling, ___ Very Loud, ___ Over-Bearing, ___ Shaming, ___ Critical, ___ Sarcastic, ___ Loud,
___ Balanced, ___ Appropriate, ___ Withdrawn, ___ Fearful, ___ Cruel, ___ Silence (Check ✓)

What were the **spoken and/or unspoken rules** about feelings and emotions in your family? _____

How do you determine whether an emotion / feeling is **appropriate or not appropriate**? _____

What would **your spouse say about your emotions / feelings**? _____

Do you have any history or current experience involving **anger problems, depression or mood swings**? Has a doctor prescribed any medications, if so what are they? _____

What feelings or emotions do you tend to **express** the most? _____

What feeling or emotion would you like to **experience more of**? _____

What are the feelings you **(X)**, and your spouse **(S)** are experiencing in your relationship?

<input type="checkbox"/> Abandoned	<input type="checkbox"/> Courageous	<input type="checkbox"/> Inadequate	<input type="checkbox"/> Repentant
<input type="checkbox"/> Accepted	<input type="checkbox"/> Crushed	<input type="checkbox"/> Inferior	<input type="checkbox"/> Repulsed
<input type="checkbox"/> Accused	<input type="checkbox"/> Dead	<input type="checkbox"/> Influential	<input type="checkbox"/> Respected
<input type="checkbox"/> Adventurous	<input type="checkbox"/> Defensive	<input type="checkbox"/> Insecure	<input type="checkbox"/> Restless
<input type="checkbox"/> Affectionate	<input type="checkbox"/> Defeated	<input type="checkbox"/> Insincere	<input type="checkbox"/> Restricted
<input type="checkbox"/> Afraid	<input type="checkbox"/> Delighted	<input type="checkbox"/> Interested	<input type="checkbox"/> Romantic
<input type="checkbox"/> Aimless	<input type="checkbox"/> Dejected	<input type="checkbox"/> Intimate	<input type="checkbox"/> Sad
<input type="checkbox"/> Alarmed	<input type="checkbox"/> Depressed	<input type="checkbox"/> Intimidated	<input type="checkbox"/> Satisfied
<input type="checkbox"/> Alienated	<input type="checkbox"/> Detached	<input type="checkbox"/> Irritated	<input type="checkbox"/> Scared
<input type="checkbox"/> Alive	<input type="checkbox"/> Dignity	<input type="checkbox"/> Jealous	<input type="checkbox"/> Secure
<input type="checkbox"/> Amazed	<input type="checkbox"/> Disappointed	<input type="checkbox"/> Joyful	<input type="checkbox"/> Seductive
<input type="checkbox"/> Angry	<input type="checkbox"/> Discouraged	<input type="checkbox"/> Judgmental	<input type="checkbox"/> Self-conscious
<input type="checkbox"/> Annoyed	<input type="checkbox"/> Disgraced	<input type="checkbox"/> Liberated	<input type="checkbox"/> Sensuous
<input type="checkbox"/> Anxious	<input type="checkbox"/> Disgusted	<input type="checkbox"/> Lonely	<input type="checkbox"/> Sexy
<input type="checkbox"/> Apathetic	<input type="checkbox"/> Distressed	<input type="checkbox"/> Lost	<input type="checkbox"/> Shy
<input type="checkbox"/> Appreciative	<input type="checkbox"/> Eager	<input type="checkbox"/> Loved	<input type="checkbox"/> Singing (like...)
<input type="checkbox"/> Apprehensive	<input type="checkbox"/> Embarrassed	<input type="checkbox"/> Loving	<input type="checkbox"/> Skeptical
<input type="checkbox"/> Acquitted	<input type="checkbox"/> Encouraged	<input type="checkbox"/> Lustful	<input type="checkbox"/> Sorrowful
<input type="checkbox"/> Arrogant	<input type="checkbox"/> Energetic	<input type="checkbox"/> Mad	<input type="checkbox"/> Sorry
<input type="checkbox"/> Aroused	<input type="checkbox"/> Excited	<input type="checkbox"/> Mixed Up	<input type="checkbox"/> Special
<input type="checkbox"/> Ashamed	<input type="checkbox"/> Exasperated	<input type="checkbox"/> Mortified	<input type="checkbox"/> Strong
<input type="checkbox"/> Assured	<input type="checkbox"/> Exhausted	<input type="checkbox"/> Nervous	<input type="checkbox"/> Superior
<input type="checkbox"/> Attracted	<input type="checkbox"/> Flirtatious	<input type="checkbox"/> Noble	<input type="checkbox"/> Supported
<input type="checkbox"/> Befuddled	<input type="checkbox"/> Forgiving	<input type="checkbox"/> Numb	<input type="checkbox"/> Surprised
<input type="checkbox"/> Belittled	<input type="checkbox"/> Free	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Suspicious
<input type="checkbox"/> Belonging	<input type="checkbox"/> Frightened	<input type="checkbox"/> Out of Control	<input type="checkbox"/> Tender
<input type="checkbox"/> Bewildered	<input type="checkbox"/> Frustrated	<input type="checkbox"/> Outraged	<input type="checkbox"/> Terrified
<input type="checkbox"/> Bored	<input type="checkbox"/> Furious	<input type="checkbox"/> Overwhelmed	<input type="checkbox"/> Thankful
<input type="checkbox"/> Burdened	<input type="checkbox"/> Generous	<input type="checkbox"/> Panicky	<input type="checkbox"/> Threatened
<input type="checkbox"/> Burnt Out	<input type="checkbox"/> Grateful	<input type="checkbox"/> Passionate	<input type="checkbox"/> Tired
<input type="checkbox"/> Burnt Up	<input type="checkbox"/> Grouchy	<input type="checkbox"/> Patient	<input type="checkbox"/> Torn
<input type="checkbox"/> Calm	<input type="checkbox"/> Guilty	<input type="checkbox"/> Peaceful	<input type="checkbox"/> Trapped
<input type="checkbox"/> Cherished	<input type="checkbox"/> Happy	<input type="checkbox"/> Pleased	<input type="checkbox"/> Trusting
<input type="checkbox"/> Charged Up	<input type="checkbox"/> Heavyhearted	<input type="checkbox"/> Protective	<input type="checkbox"/> Understood
<input type="checkbox"/> Cheated	<input type="checkbox"/> Helpless	<input type="checkbox"/> Proud	<input type="checkbox"/> Unhappy
<input type="checkbox"/> Cheerful	<input type="checkbox"/> Hopeful	<input type="checkbox"/> Powerless	<input type="checkbox"/> Unique
<input type="checkbox"/> Closed Up	<input type="checkbox"/> Horny	<input type="checkbox"/> Powerful	<input type="checkbox"/> Uplifted
<input type="checkbox"/> Competitive	<input type="checkbox"/> Horrified	<input type="checkbox"/> Rage	<input type="checkbox"/> Valued
<input type="checkbox"/> Concerned	<input type="checkbox"/> Humbled	<input type="checkbox"/> Rebellious	<input type="checkbox"/> Virtuous
<input type="checkbox"/> Condemned	<input type="checkbox"/> Humiliated	<input type="checkbox"/> Refreshed	<input type="checkbox"/> Vulnerable
<input type="checkbox"/> Confident	<input type="checkbox"/> Hurt	<input type="checkbox"/> Regretful	<input type="checkbox"/> Warm
<input type="checkbox"/> Confused	<input type="checkbox"/> Impatient	<input type="checkbox"/> Rejected	<input type="checkbox"/> Wonderful
<input type="checkbox"/> Committed	<input type="checkbox"/> Important	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Worried

Do you feel **honored or loved / cherished** by your Fiancée / Spouse? ___ Yes / ___ No.

Do you feel **honored or valued** at your place of employment / work? ___ Yes / ___ No.

Mental / Thinking

In regards to **knowledge and understanding**, how do you view yourself (Check ✓)

_____ Genius, _____ Brilliant, _____ Very Smart, _____ Smart, _____ Above Average,
_____ Average, _____ Below Average, _____ Ignorant, _____ Stupid, _____ Idiot

In regards to **discernment and wisdom**, how do you view yourself (Check ✓)

_____ Genius, _____ Brilliant, _____ Very Smart, _____ Smart, _____ Above Average,
_____ Average, _____ Below Average, _____ Ignorant, _____ Stupid, _____ Idiot

Is there a **field of knowledge** that you feel that you are an expert? _____ Yes / _____ No

What field? _____

What **percentage of a day** do you spend in fantasy or daydreaming? _____ % , What are your fantasies primarily about? _____

What **percentage of a day** do you spend playing Video/Computer Games _____%,
Watching TV / Movies / DVDs / videos etc _____%, Surfing the Internet _____% ?

Which of the following **patterns of thinking** to you tend to use in your relationships? (Check ✓)

- | | | |
|---|---|---|
| <input type="checkbox"/> Black / White Thinking | <input type="checkbox"/> Minimizing | <input type="checkbox"/> Justifying |
| <input type="checkbox"/> On / Off Thinking | <input type="checkbox"/> Emotional Reasoning | <input type="checkbox"/> Redefining |
| <input type="checkbox"/> Concrete Thinking | <input type="checkbox"/> "Should" Statements | <input type="checkbox"/> Playing the Victim |
| <input type="checkbox"/> Overgeneralization | <input type="checkbox"/> "Must" Statements | <input type="checkbox"/> Power Plays |
| <input type="checkbox"/> Mental Filters | <input type="checkbox"/> Labeling or Mislabeled | <input type="checkbox"/> Super Optimism |
| <input type="checkbox"/> Disqualifying the Positive | <input type="checkbox"/> Personalization | <input type="checkbox"/> I am Unique |
| <input type="checkbox"/> Jumping to Conclusions | <input type="checkbox"/> Entitlements | <input type="checkbox"/> Lying by ... |
| <input type="checkbox"/> Mind Reading | <input type="checkbox"/> Selective Thinking | <input type="checkbox"/> Commission, Omission, Assent |
| <input type="checkbox"/> Fortune Telling | <input type="checkbox"/> Magical Thinking | <input type="checkbox"/> Self Righteous |
| <input type="checkbox"/> Magnification | <input type="checkbox"/> Denial | <input type="checkbox"/> Vague |
| <input type="checkbox"/> Catastrophizing | <input type="checkbox"/> Blaming | <input type="checkbox"/> Fragmented |

Is there any mental illness or addictive or codependent patterns of thinking **in your family tree**? If so, who and what were present? _____

Please indicate **any addictions** that you (**X**), your spouse (**S**) or both (**B**) have struggled with...

_____ Alcohol _____ Prescription Drug Abuse _____ Illegal Drugs _____ Pornography
_____ Gambling _____ Compulsive Spending _____ Compulsive Eating _____ Sexual Addiction
_____ Gaming (TV/Computer) _____ Smoking/Nicotine _____ Other: _____

Heart / Spirit

Spiritual Information

Please check (✓) your basic worldview on Spiritual matters: ___ atheist ___ agnostic
___ polytheistic ___ dualistic ___ pantheistic ___ deistic ___ secular humanist
___ Buddhist ___ Hindu ___ Islam ___ satanism ___ wicca ___ Baha'i ___ Mormon
___ Jehovah Witness ___ Jewish ___ Catholic ___ Christian ___ Still Searching

What was the **Spiritual condition of your home** as you were growing up? _____

While growing up who was your **spiritual mentor/leader**? _____

Briefly describe your **Relationship to God and/or your Spiritual Life**: _____

If GOD were to ask you “**Why should I let you into heaven?**”, how would you answer?

Briefly describe your understanding of who is **Jesus Christ** : _____

Describe when, where and how your **Spiritual Birth** took place. (Only if this applies to you.)

Which term best describes your **current stage of Spiritual growth**? (✓) ...

___ None; ___ Pre Birth; ___ Birth; ___ Infant; ___ Toddler; ___ Child; ___ Youth; ___ YA; ___ Adult

Why does this describe your stage of growth? _____

Briefly describe any **spiritual disciplines** that you **consistently** do to strengthen your walk with God. (Bible Study, prayer, fasting, memorizing Scripture, tithing, ministry, worship etc.)

Do you understand the **Spiritual Gifts** described in the New Testament? ___ Yes / ___ No

My primary Spiritual Gifts are ... _____

My Spouse's Spiritual Gifts are ... _____

(**The 22 Spiritual Gifts described in the Bible are ...** Apostle (missionary), Prophet, Evangelist, Pastor-teacher, prophecy, teaching, exhortation, word of wisdom, word of knowledge, serving, helps, leadership, administration, giving, showing mercy, discerning of spirits, faith, hospitality, tongues, interpretation of tongues, miracles, and healing.)

I see (✓) _____ **Myself** / _____ **my Spouse** as the **Spiritual Leader of our family**.

The way I model, demonstrate and communicate my love for God is by... _____

Integrity: How well does your life (Actions, words/language, thoughts, emotions, relationships etc) reflect what you believe spiritually about GOD? How/Why/Why Not? _____

The Heart is a place where we put things that we treasure and value. Most of the things we treasure and value are positive and good. However, sometimes we have “accounts” against others, against ourself, or even against GOD that are damaging or harmful to our view of life. These “accounts” sometime involve unhealthy people or trauma, abuse, abandonment or a lie. Often we can't let go or don't want to let go of those “accounts” because they have meaning and purpose to us. Sometimes they are like a bad song that we can't seem to stop singing or thinking about. Sometimes they evoke strong feelings and/or emotions. Sometimes they involve a lot of guilt, shame and/or personal pain.

What “accounts” are you aware of that you are holding on to? Who or what has harmed you or the things that you treasure? How long have you been holding on to them?

Is there anything else that you feel that the therapist should be aware of prior to starting LifeGuards808? Is there any piece of information that could better help the therapist get to know you better and perhaps better address your specific issues or the issues in your marriage, family or other relationships?

When completely done...

- 1) Make and keep one copy of this "Information Form" for your records.
- 2) **Contact Ross Gunn III and find out how he wants you to deliver this document. If he wishes it to be mailed then please send it to ...**

LifeGuards808 *c/o* Ross Gunn III
P.O. Box 532605 Kihei HI 96753-9998

Office / Cell Phone: (360) 991-7700
Email: Help@LifeGuards808.com
Web Site: www.LifeGuards808.com

3) Ross will be referring to this material periodically to help you in your therapy. This material is kept in a secure location for a period of five years and may be used in the future if you desire further counseling. After five years the material will be shredded.