



**Welcome to
VisionQuest Society's
Residence Program**

**We are here to Share
Our Experience, Strength & Hope**

**That you too can stay
Clean, Sober and Peaceful.**



MISSION STATEMENT

VisionQuest will bring substance-addicted clients into a comprehensive healing journey, involving mind, body, and spirit. We are dedicated to providing the most positive, affirming, life-altering experience possible in a safe, professional and reliable manner using a holistic approach.

VISION STATEMENT

VisionQuest Recovery Society Is A long- term treatment center for those with addictions.

People who are truly wanting to heal from the ravages of addiction, from all walks of life, and from all Nations will participate in a comprehensive program based on the Twelve Steps and complimented by an extensive and thorough program developed by VisionQuest staff.

We believe:

All people entering recovery need to be treated with dignity and respect

People thrive where there is beauty and where they can create beauty

People thrive in an atmosphere of acceptance

People feel safe when surrounded by good boundaries and guidelines

People have the right to play

People should, ideally, have the opportunity to reach their finest potential

VisionQuest believes that the individual, with a growing healthy support network, restored family ties, an educational/therapeutic healing program, and the belief in a 'Power Greater than self' can resolve addictive behavioral patterns that render one powerless and seemingly without choice regarding self-destructive behaviors.



Today's thought is:

Step One

We admitted we were powerless over our addiction and that our lives had become unmanageable.

There are many different versions of the First Step for recovering codependents. Some of us admit powerlessness over **addiction** or another's **addiction**. Some of us admit powerlessness over people; some over the impact of growing up in an **addiction** family lifestyle.

One of the most significant words in the First Step is the word we. We come together because of a common problem, and, in the coming together, we find a common solution.

Through the fellowship of Twelve Step programs, many of us discover that although we may have felt alone in our pain, others have experienced a similar suffering. And now many are joining hands in a similar recovery.

We. A significant part of recovery. A shared experience. A shared strength, stronger for the sharing. A shared hope - for better lives and relationships.

Today, I will be grateful for the many people across the world who call themselves "recovering codependents." Help me know that each time one of us takes a step forward, we pull the entire group forward.



I'm Your Disease

I hate meetings. Hate Higher Power.

I hate anyone who has a program.

To all who come into contact with me I wish you Death and Suffering.

Allow me to introduce myself. I'm the disease of addiction and alcoholism- cunning baffling and powerful. That's me. I have killed millions and I'm pleased.

I love to catch you with the element of surprise. I love pretending I'm your friend and lover. I have given you comfort have I not? Wasn't I there when you were lonely? When you wanted to die, didn't you call me? I was there. I love to make you hurt; I make you so numb you can neither hurt nor cry. You can't feel anything at all. This is true glory. I will give you instant gratification and all I ask of you is long-term suffering. I've been there for you always.

When things were going right in your life, you invited me. You said you didn't deserve these good things and I was the only one who would agree with you. Together we are able to destroy all good things in your life.

People don't take me seriously. They take strokes seriously, heart attacks seriously, even diabetes seriously. Fools that they are, they don't realize that without my help none of these things would be made possible.

I'm such a hated disease and yet I don't come uninvited. You choose to have me. So many of you have chosen me over reality and peace. More than you hate me; I hate all of you who have a 12-step program. Your program, your meetings, and your higher power all weaken me and I can't function in the manner I am accustomed to.

**Now I must lie there quietly. You don't see me but I am growing...bigger than ever.
When you only exist, I may live.**

When you live I only exist. But I am here.... and until we meet again, if we ever meet again, wish you death and suffering.

And Then I will Turn Around and do it to Your Children



The following guideline is the policy set by VisionQuest along with rules that must be adhered to by all VisionQuest house residents:

1. **Abstinence:**
 - Complete abstinence from all mood altering substances is mandatory.
 - Caffeine and Nicotine are allowed.
 - Expect random drug testing
2. **Smoking:**
 - There is no smoking allowed in the house. Smoking is allowed in designated areas only. Cigarettes butts must be put in a container. No cigarette butts on property or driveway.
3. **Restrictions:**
 - For the first 30 days of your stay with VisionQuest you are not permitted to leave the residence use the phone except for the purpose of medical emergency, legal matters or to attend activities approved by VisionQuest Society and then only with approved company (i.e. 3 other approved residents.)
4. **Work:**
 - Integration back to work is part of the program, and will be permitted after a complete assessment from the Drug and Alcohol Counsellor and House staff and with the approval of the Director only.
5. **Groups and Meetings:**
 - You are expected to attend all activities on time, unless previously excused by staff. Groups and AA/NA meetings are mandatory, not optional, for all residents.
6. **Medication & Prescriptions:**
 - All prescription drugs will be turned over to the House staff for dispensing. ALL future medications shall be prescribed by a doctor and delivered to VisionQuest by a staff member - no exceptions
7. **Emergency Procedures:**
 - Emergency drills are to be treated as real emergencies. Fire Alarm: when the fire alarm sounds, all residents are immediately to proceed to the designated meet up area. Under no circumstances is a resident to re-enter a building after gathering prior to getting the all-clear.
8. **Food and Meal Times:**
 - Meal times will be set daily. Meals will be served during those times only. If a meal time is messed, a “save” can be requested prior to the meal time.
 - Snacks: Toast and Juices are available for snacking. Pastries may also be eaten as a snack when available. Clients must clean up after themselves immediately after making a snack.
9. **Laundry:**
 - Laundry is a privilege. Maximum of 2 loads per week per client.
 - Use only the necessary setting, water level, temperature, and amount of detergent.
 - Remove your own laundry promptly from the laundry room and machines once completed. Show respect for other people’s belongings. Do not just throw other peoples laundry on the floor or the top the machine.
10. **Chores:**
 - Chores will be assigned by the House Manager and will be on a 2 week rotation.
 - Chores to be completed daily as suitable for the functioning of the house.
 - If you are unavailable to do your chore due to work, you must make arrangements to cover your chore. You will still be held responsible for the completion of your chore whether or not you do it.
11. **Coming and Going:**
 - It is important that the staff know where you are at all times, and any variation to the daily schedule must be approved by House Staff.
 - All residents are required to sign out when leaving premises, and sign in upon returning. (MANDATORY)
 - While out of the house, if there are any changes to plans, activities, or timeframes, clients are required to call and report to House Staff.



12. Visitors:

- Visiting hours are Sundays from 1:00pm until 5:00pm. Visitors are asked to come during visiting hours only.
- Please show courtesy to your fellow room mates by providing notice of when visitors are expected.
- Visitors are not permitted upstairs or in any clients rooms
- Visitors must follow all house rules including being clean and sober.

13. Conduct:

- Respect should be shown to all clients of the house as well as in the community. This includes outside meetings and on the house property. Please respect the rules and values of meeting facilities and other persons. Lets be a good example to the public and to our neighbors.
- Quiet time: For multi-client rooms, respect must be shown to room mates by ceasing all noise-making activities between 11:00 pm and 6:00 am. This includes TV's, audio, computers, and conversation unless by mutual agreement.
- Common areas: Respect should be shown for fellow room mates by keeping all common areas clean and tidy. Study materials, dishes, tobacco, newspapers, and other belongings in common areas unattended.
- TV and Audio to be kept at appropriate volume levels while in use. Turn off TV and Audio when not being watched and or listened to.
- Headphone use is prohibited during groups. Clients may be asked to remove headphones if it is determined by staff that they are being used to isolate.
- Do not touch any other clients' belongings without permission. This includes food.
- Do not enter any bedroom other than your own.

14. Personal Relationships Policy

- Clients may be asked to discontinue involvement with individuals that are deemed to be a negative influence on clients while at VisionQuest. Individuals include, but is not limited to: partners who use, individuals from recent incarceration, individuals from previous treatment facilities who have relapsed, family members who use, or other "friends" who use. This includes involvement through writing, talking on the phone or seeing on visitation. Visitors are not allowed on property if they are actively using. During visits, visitors and clients are expected to behave modestly in regards to touching. "Modest" kissing hello and good-bye is allowed.

15. Dress Code:

- The dress code is not meant to restrict nor dictate a client's choice of clothing, but it is meant to create a safe, comfortable, discrimination free, and recovery oriented environment for all clients. Appropriate dress as presented in the VisionQuest policy will be adhered to at all times.
- Clothes should be clean and laundered on a regular basis (once a week).
- Clients must be dressed when not in room: shirt and pants or shorts. This includes when walking to and from shower.
- Residents must wear appropriate sleeping garments while sleeping. Sleeping in the nude is not permitted.
- Tank tops are not allowed while prepping and serving food.
- Clothing exhibiting party scenes/profanity/alcohol or drug use/sexism/homophobia/sexual or implied sexual content are not allowed.
- Hoods on jackets must not be worn indoors and sunglasses must be removed when inside the house.
- If you are told by a staff that a certain article of clothing is inappropriate, you are to change clothes immediately. You are not to wear that article of clothing again while at VisionQuest. This can be reviewed by the director who has ultimate say on this subject.

16. Rooms:

- Resident accommodations are double occupancy for the majority. You are expected to share the area.



17. Bathroom and Showers:

- Cleanliness: Bathrooms and Showers to be kept neat and clean. No urinating on the floor. Sit down if you have to. Wipe sink and faucets after use. Generally clean up after yourself each time.
- Morning Showers: Morning bathroom use up to 6:30 am is to be kept to a maximum of 15 minutes per client. This includes your time in the shower and all other bathroom use.
- House Staff may assign specific bathroom use priorities.

18. Violence Policy:

- VisionQuest has a zero tolerance to violence. Violence will not be tolerated both physical and verbal. No horseplay, verbal teasing or jousting. No nicknames.

19. Discrimination:

- VisionQuest will not tolerate any discrimination with regards to race, religion, color, national origin, height, weight, marital status, or sexual orientation.

20. Pornographic Items:

- Sexually explicit pictures, magazines, reading materials, movies or internet sites are not allowed at VisionQuest. Staff will periodically complete room inspections and pornographic items will be discarded.

21. Gossip:

- No gossiping at any time. If there is a concern regarding another resident, talk to that resident or bring it up in group and/or to the house manager. Gossip destroys.

22. Notice to vacate:

- A written thirty (30) day notice of intention to move and vacate is requested from all residents.

23. Rent:

- All Room and Board cheques are to be made payable to VisionQuest Recovery Society.

24. Refunds:

- All unused portions of rent will be returned within 10 working days to origin of payer.

25. Unpaid Rent:

- Any outstanding amounts owed to VisionQuest for unpaid rent, will be deducted accordingly prior to any refund.

26. Eviction:

- The following infractions will result in immediate eviction:
(1) Stealing, (2) Using of any mood or mind altering substance, (3) Violence, (4) New criminal charges

27. Personal Property:

- Upon a client leaving, any and all property left behind will be packed, under the supervision of House staff, and taken offsite where it will be kept in a secure locker for 15 days. If not claimed, it will be disposed of on the 16th day.

28. Penalties:

- Consequences for non-compliance will be implemented by House Staff as follows:
(1) Performance Contract, (2) Relocation of room, OR (3) Termination of Residency.

29. Complaints:

- Any and all complaints can be addressed the House Manager, or directed to the Executive Director. If you are not satisfied with the end result, you can direct your concerns in writing to complaints@visionquestsociety.org which goes directly to the Society's board.



CLIENT SELF-ASSESSMENT FORM

Client Name: _____ **Date:** _____
Please Print

To assist you in your treatment at the VisionQuest Centre, please complete the following as honestly and thoughtfully as you can. This form is to be returned to us along with your financial and medical forms.

1. My biggest block to staying clean and sober right now is:

2. My personal strengths right now are:

3. My fears about treatment are:

4. Situations in my life that might interfere with treatment are:



5. The changes I would like to see in myself by the end of treatment are:

➤ In the area of substance misuse: _____

➤ In the area of physical health: _____

➤ In the area of emotional health: _____

➤ In the area of inner wisdom/spiritual growth: _____

➤ In the area of social/relationship growth: _____



Guidelines for Writing your Journal

Journal writing is a valuable tool for developing self-awareness. Each day, perhaps just before bed, take some time to write down your reflections of the day. Make sure to identify and record any of your feelings associated with events, relationships, individual or group process. As you become more familiar with your true feelings, you will begin to develop an honest relationship with yourself and the world around you.

Journal writing offers the opportunity and space to get curious about yourself which in turn allows for personal acceptance, growth and empowerment. By writing in your journal each day, you will develop an interesting and helpful profile that will direct your awareness to the kind of choices you are making and to the feelings you have about the way you are running your life. Some of you may already keep a daily journal or have done so in the past. For others, this may be the first time that you have ever kept a journal and you may feel confused. The most important thing to remember is to identify and explore the feelings you have had through the day. The following questions have been selected to help you begin, and develop your journal writing skills.

- How did you begin the tasks of the day?
- What were the thoughts that come unbidden to your mind?
- While you were going through your day, were you aware of feelings or fantasies moving through your mind without you wanting them to be there?
- Did you find hopes or wishes entering your mind without consciously putting them there or wanting them to be there?
- What kind of relationships came about in the course of the day?
- Were there experiences of love and affection?
- Did you experience anxiety, frustration or anger? Did you feel sad, alone, or afraid?
- How did you feel in the evening, as you grew weary emotionally or physically?
- What was the mood of your thoughts and feelings as you prepared for bed?
- What feelings do you find within you now that you have recorded these varied facts of your experience?
- How did you feel while you were writing them?

We encourage you to keep our journal as a confidential document of your own change process. Once you start writing for an audience, the depth of honesty you write can alter dramatically. You can be the only person who writes in, is the primary character in, and reads your journal. If you choose to share any portion of your journal with your counselor, this would be kept in strict confidence.

HAPPY WRITING!



Within the first two weeks and before you Start Step One you must complete the following:

- *A Good Bye Letter to your Addiction*
- *Say good bye to the lifestyle as well as negative outcome (I.e. Hep A B C, HIV, broken lives, ETC.)*
- *Last 90 Days – narrate it. Describe what happened that helped bring you to your bottom and finally VisionQuest.*



*All you need is deep within you
waiting to unfold and reveal itself.
All you have to do is be still and
take the time to seek what is within
and you will surely find it*



MON	TUES	WED	THUR	FRI	SAT	SUN
7:00AM Wake-up/ Personal Hygiene	7:00AM Wake-up/ Personal Hygiene	7:00AM Wake-up/ Personal Hygiene	7:00AM Wake-up/ Personal Hygiene	7:00AM Wake-up/ Personal Hygiene	9:00AM Wake-up/ Personal Hygiene	9:00AM Wake-up/ Personal Hygiene
7:30AM Breakfast	7:30AM Breakfast	7:30AM Breakfast	7:30AM Breakfast	7:30AM Breakfast	9:30AM Breakfast	9:30AM Breakfast
8:00AM Chores	8:00AM Chores	8:00AM Chores	8:00AM Chores	8:00AM Chores	11:00AM Chores	11:00AM Chores
9:00AM Big Book Study	9:00AM Big Book Study	9:00AM Big Book Study	9:00AM Big Book Study	9:00AM Big Book Study	Big Chore Day Group For Working Clients	CHURCH
10.00AM Relapse Prevention	10.00AM Relapse Prevention	10.00AM Relapse Prevention	10.00AM Relapse Prevention	10.00AM Relapse Prevention		
12:00PM Lunch	12:00PM Lunch	12:00PM Lunch	12:00PM Lunch	12:00PM Lunch		
12:30PM House Tidy-up	12:30PM House Tidy-up	12:30PM House Tidy-up	12:30PM House Tidy-up	12:30PM House Tidy-up	12:30PM House Tidy-up	1:30PM House Tidy-up
1:00PM Workshop	1:00PM Appointments (Dr's, P.O. etc.) OR Step Work	1:00PM Workshop	1:00PM Appointments (Dr's, P.O. etc.) OR Step Work	1:00PM Workshop	1:00PM FREE TIME	1:00PM VISIT/ FREE TIME
2:00PM Workshop	2:00PM Appointments (Dr's, P.O. etc.) OR Step Work	2:00PM Workshop	2:00PM Appointments (Dr's, P.O. etc.) OR Step Work	2:00PM Workshop	2:00PM FREE TIME	2:00PM VISIT/ FREE TIME
3:00PM Fitness	3:00PM Appointments (Dr's, P.O. etc.) OR Step Work	3:00PM Fitness	3:00PM Appointments (Dr's, P.O. etc.) OR Step Work	3:00PM Fitness	3:00PM FREE TIME	3:00PM VISIT/ FREE TIME
4:00PM Step Work	4:00PM Step Work	4:00PM Step Work	4:00PM Step Work	4:00PM Step Work	4:00PM FREE TIME	4:00PM VISIT/ FREE TIME
5:30PM Dinner	5:30PM Dinner	5:30PM Dinner	5:30PM Dinner	5:30PM Dinner	5:30PM Dinner	5:30PM Dinner
7:00PM Outside AA/NA Meeting	7:00PM Outside AA/NA Meeting	7:00PM Outside AA/NA Meeting	7:00PM House/Speaker AA/NA Meeting	7:00PM Outside AA/NA Meeting	7:00PM Outside AA/NA Meeting	7:00PM Outside AA/NA Meeting
10:30PM Curfew	10:30PM Curfew	10:30PM Curfew	10:30PM Curfew	12:00AM Curfew	12:00AM Curfew	10:30PM Curfew
11:00PM Lights Out	11:00PM Lights Out	11:00PM Lights Out	11:00PM Lights Out	2 :00AM Lights Out	2 :00AM Lights Out	11:00PM Lights Out



Weekend Plans START Friday AFTER 4:00PM – On Approval

NAME: _____

Friday

Meeting/Outing

Saturday

Meeting/Outing

Sunday

Meeting/Church/Outing

Client Signature _____ **Date** _____

Approved Y N

Approved/Signed by _____



Brief Denial Questionnaire:

What denial patterns do you use? (check as many as needed)

1. **Avoidance**: "I'll talk about anything but my real problems!"
2. **Absolute Denial**: "No Not Me, I Don't Have Problems!"
3. **Minimizing**: "My Problems Aren't That Bad!"
4. **Rationalizing**: "If I Can Find Good Enough Reasons For My Problems, I Won't Have To Deal With Them!"
5. **Blaming**: "If I Can Prove That My Problems Are not My Fault, I Won't Have To Deal With Them!"
6. **Comparing**: "Showing That Others Are Worse Than Me Proves That I Don't Have Serious Problems!"
7. **Compliance**: "I'll Pretend To Do What You Want If You'll Leave Me Alone!"
8. **Manipulating**: "I'll Only Admit That I Have Problems If You Agree To Solve Them For Me"
9. **Flight Into Health**: - "Feeling Better Means That I'm Cured!"
10. **Recovery By Fear**: "Being Scared Of My Problems Will Make Them Go Away!"
11. **Strategic Hopelessness**: "Since Nothing Works, I Don't Have To Try!"
12. **Democratic Disease State**: "I Have The Right To Destroy Myself & No One Has The Right To Stop Me!"

Denial Pattern Checklist

Read the list of common denial pattern below and check any that apply to you.

Denial Pattern #1. Avoidance: *I Say To Myself: "I'll talk about anything but my real problems!"*
Somewhere deep inside of me I am afraid that I might have a problem with alcohol or drugs that is hurting me and those that I care about. But when I don't think or talk about it I feel OK. So I think about other things and try to keep people from prying into my life where they don't belong. My drinking and drugging is private and no one has a right to know anything about it. If someone asks about it, I change the subject and start talking about other things that have nothing to do with my drinking and drugging. If nothing else works, I'll start an uproar by creating a bad crisis and making sure that they get sucked into it. If all else fails I'll play dumb and pretend that I don't know what they're talking about.

Denial Pattern #2. Absolute Denial: *I Say To Myself: "No, not me! I don't have a problem!"*
When others try to corner me, I tell "the big lie." I say that I don't have a problem with alcohol or



drugs. No! Not me! Absolutely not! I don't drink too much! I don't use drugs!; I'm not addicted! I never get sick or have problems because of drinking or drugging. I am so good at convincing other people that there is nothing wrong that sometimes I actually start believing it myself. When they believe my story a part of me feels really good because I beat them. Another small part of me feels disappointed. There is a small part that wants others to know what is really happening. There is small scared part inside of me that wants help.

Denial Pattern #3: Minimizing: I Say To Myself: "My problems aren't that bad!" Sometimes my alcohol and drug problems get so bad that I can't convince myself or others that I don't have a problem. When this happens I minimize. I make the problems seem smaller than they really are. Yes, I had a small problem with my drinking and drugging. But it only happened that once. It will never happen again. Besides, the problem just wasn't as bad as people think it is.

Denial Pattern #4. Rationalizing: I Say To Myself: "If I can find good enough reasons for my problems, I won't have to deal with them!" I try to explain away my alcohol and drug problems by making up good explanations for why I drink and what's "really" causing my problems. Sometimes I'll pretend to know a lot about alcoholism and addiction so other people will think that I know too much have a problem. The truth is that I rarely if ever apply what I know to myself or to my own problems.

Denial Pattern #5. Blaming: I Say To Myself: "If I can prove that my problems are not my fault, I won't have to deal with them!" When the problem gets so bad that I can't deny it, I find a scapegoat. I tell everyone that it's not my fault that I have these problems with alcohol and drugs. It's somebody else's fault. I only abuse alcohol and drugs because of my partner. If you were with a person like this, you'd abuse alcohol and drug too! If you had a job or a boss like mine, you'd drink and drug as much as I do. It seems that as long as I can blame someone else, I can keep drinking and drugging until that person changes. I don't have to be responsible for stopping.

Denial Pattern #6. Comparing: I Say To Myself: "Showing that others are worse than me, proves that I don't have serious problems!" I start to focus on other people instead of myself. I find others who have more serious alcohol and drug problems than I do and compare myself to them. I tell myself that I can't be addicted because I'm not as bad as they are. I know what an addict is! An addict is someone who drinks and drugs a lot more than I do! An addict is someone who has a lot more alcohol and drug-related problems than I do. An addict is someone who is not like me! I tell myself that I can't be addicted because there are other people who have worse problems with alcohol and drugs than I do.



Denial Pattern #7: Compliance: I Say To Myself: "I'll pretend to do what you want, if you'll leave me alone!" I start going through the motions of getting help. I do what I'm told, no more and no less. I become compliant and promise to do things just to get people off of my back. I find excuses for not following through. When I get caught, I tell people that I did the best that I could. I blame them for not giving me enough help. I tell people how sorry I am. I ask for another chance, make another half hearted commitment, and the cycle of compliance starts all over again.

Denial Pattern #8: Manipulating: I Say To Myself: "I'll only admit that I have problems, if you agree to solve them for me!" When I my alcohol and drug problems box me into a corner, I start to manipulate. I try to use the people who want to help me. I try to get them to handle all of my problems and then get them to leave me alone so I can keep drinking and drugging. I'll let them help me, but only if they do it for me. I want a quick effortless fix. If they can't fix me, I blame them for my failure and use them as an excuse to keep drinking and drugging. I won't let anyone make me do anything that I don't want to do. If they try, I'll get drunk at them, blame them, and make them feel guilty.

Denial Pattern #9. Flight into Health: I Say To Myself: "Feeling better means that I'm cured!" I manage to stay clean and sober for a while, and things start to get a little bit better. Instead of getting motivated to do more, I convince myself that I'm cured and don't need to do anything. I tell myself that I may have had a drinking and drug problem, but I got into recovery and put it behind me.

Denial Pattern #10: Recovery By Fear: I Say To Myself: "Being scared of my problems will make them go away!" I began to realize that alcohol and other drugs can destroy my life, hurt those that I love, and eventually kill me. The threat is so real that I convince myself that I can't ever use alcohol or drugs again. I start to believe that this fear of destroying my life and killing myself will scare me into permanent sobriety. Since I now know how awful my life will be if I continue to drink and drug, I just won't drink or drug anymore. If I just stop everything will be fine. Since everything will be fine, I won't need treatment or a recovery program. I'll just quite.

Denial Pattern #11: Strategic Hopelessness: I Say To Myself: "Since nothing works, I don't have to try" I start to feel that I'm hopeless. It seems like I've done it all and nothing works. I don't believe that I can change and big part of me just doesn't want to try anymore. It seems easier just to give up. When people try to help me, I brush them off by telling them that I'm hopeless and will never recover. When people do try to help me, I give them a hard time and make it impossible for them to help me. I don't understand why people want to help me. It would be easier if they just let me keep drinking and drugging.



Denial Pattern #12. The Democratic Disease State: I Say To Myself: "I have the right to destroy myself and no one has the right to stop me!" I convince myself that I have a right to continue to use alcohol and drugs even if it kills me. Yes, I'm addicted. Yes I'm destroying my life. Yes, I'm hurting those that I love. Yes I'm a burden to society. But so what? I have the right to drink and drug myself to death. No one has the right to make me stop. Since my addiction is killing me anyway, I might as well convince myself that I'm dying because I want to.

Personalizing The Denial Patterns

We can become better at recognizing and managing our own denial if we personalize the denial patterns we selected. This is done by writing a new title and description for each denial pattern we selected in our own words.

Here are some examples of personalized denial patterns.

1. (Avoidance) **Skating Off The Walls:** I know I'm using denial when I refuse to directly answer a question and keep trying to change the subject.
2. (Absolute Denial) **Saying It Isn't So:** I know I'm using denial when I tell people that I don't have a problem even though I know deep inside that I do.
3. (Minimizing) **Saying It Isn't That Bad:** I know I'm using denial when I admit that I have a problem, but try to tell people that it isn't as bad as they think it is.
4. (Rationalizing) **Giving Good Reasons:** I know I'm using denial when I try to convince people that there are good reasons for me to have the problem and that because there are good reasons I shouldn't be responsible for having to deal with it.
5. (Blaming) **Saying It's Not My Fault:** I know I'm using denial when I try to blame someone else for my problem and deny that I am responsible for dealing with it.
6. (Comparison) **Criticizing Others:** I know I'm using denial when I point out how bad other people's problems are and use that as a reason why my problems aren't so bad.
7. (Manipulating) **Getting Over On Others:** I know I'm using denial when I try to get other people to handle the problems for me.
8. (Recovery By Fear) **Scared Straight:** I know I'm using denial when I tell myself that I could never use alcohol or drugs again because I'm so afraid of what will happen if I start drinking and drugging.
9. (Compliance) **Being A Good Little Boy:** I know I'm using denial when I start telling people what they want to hear to get them off of my back.
10. (Flight Into Health) **Suddenly Cured:** I know I'm using denial when I believe that my problems have suddenly gone away without my doing anything to solve them.



11. (Strategic Hopelessness) **Why Bother:** I know I'm using denial when I tell myself that I can never solve my problems and that other people should just leave me alone.
12. (Democratic Disease State) **I Have My Rights:** I know I'm using denial when I tell other people that I have right to use alcohol and drugs regardless of what happens and that they have no right to try and stop me.

Select the denial patterns that apply to you and write each one down on a separate sheet of paper. Be sure to copy both the title and the description exactly as it is written on the checklist.

Personalizing The Denial Patterns

Write a personal title and description for each denial pattern. The title needs to be a word or short phrase that captures what that denial pattern means to you in your own words. It should be simple and easy to remember.

The description needs to be a single sentence that uses the following format: *I know I am using this denial pattern when I start thinking _____, start feeling _____, and start doing _____.*

It is important to be able to identify the exact words that go through your mind, the exact feelings you are experiencing, and exactly what you have an urge to do or start to do when you are using this warning sign. The more concrete and specific this statement is, the easier it will be to complete the following exercises.