



GUIDELINES FOR SHARING

LIST:

If you are able to attend Family Sessions, please use the information below to prepare a list which you will share with your resident. Please bring your prepared list with you.

LETTER/LIST:

If you are unable to attend Family Sessions, please use the information below to write a letter. This letter will be presented to the person in treatment during their Family Sessions. This letter is to speak specifically about their behavior and/or drugging and how you felt about it.

Please type or print your letter as though you are speaking directly to the person. Please describe incidents that have happened due to the person's drinking and drugging and how you have felt about those incidents. For example, "When you did not come home on time I was worried and angry." Below are listed feeling and behaviors that *you* might have experienced. Please write about those that apply to you. You may also add any that are not on the lists below.

Your FEELINGS as a loved one

Worried	hurt	physically ill	guilty
Frightened	angry	hopeless	lost
Distressed	sympathetic	hatred	rage
Jealous	frustrated	isolated	despair
Loved	unimportant	neglected	needed
Resentful	embarrassed	terrified	ashamed
Confident	rejected	trusted	hope
Happy	comfortable	doubtful	sad
Unloved	trapped	exhausted	lost
Stupid	cornered	horror	lonely
Satisfied	unhappy		

Your BEHAVIORS as a loved one

Experienced broken promises.
Experienced late/unpleasant meals.
Needed to call the police.
Refused social invitations.
Was physically or verbally abused.
Went out searching for the person.
Took on financial responsibilities.
Was taken advantage of by the person.
Threatened to leave him/her.
Picked up his/her mess.
Was preoccupied with work.
Threw out alcohol or drugs.

Told lies to cover up problems.
Experienced ruined holidays.
Feared for my safety.
Was lied to.
Bailed the person out of jail.
Walked on eggshells.
Pretended everything was OK.
Went to court with him/her.
Was blamed for the drinking
Threatened to throw him/her out.
Was unable to concentrate.

Please answer these last questions directly:

- 1. How would you feel if you resident quits the program and/or drinks or drugs again?**
- 2. What would you need to do for yourself?**

If you are unable to attend and are sending your list instead, please:

- post by addressing letter to:
Family Department
St. Joseph's Addiction Treatment and Recovery Centers
159 Glenwood Drive
Saranac Lake, New York 12983
or
- FAX to 518-891-7614
or
- Email to family@stjoestreatment.org

Thank you for your participation. We're confident that you and your resident will find it helpful.