

# FASTER SCALE

Adapted with permission from the *Genesis Process* by Michael Dye.

## PART ONE

Check the behaviors on the **FASTER** Scale that you identify with in each section.

**R**estoration: Accepting life on God's terms, with trust, grace, mercy, vulnerability, and gratitude.

- No current secrets
- Working to resolve problems
- Identifying fears and feelings
- Keeping commitments to meetings, prayer, family, church, people, goals, and self
- Being open and honest
- Making eye contact
- Increasing in relationships with God and others
- True accountability

**F**orgetting Priorities: Start believing the present circumstances and moving away from trusting God.

- Denial
- Flight
- A change in what's important (how you spend your time, energy, & thoughts)
- Secrets
- Less time/energy for God, meetings, church
- Avoiding support and accountability people
- Superficial conversations
- Sarcasm
- Isolating
- Changes in goals
- Obsessed with relationships
- Breaking promises & commitments
- Neglecting family
- Preoccupation with material things, TV, computers, entertainment
- Procrastination
- Lying
- Overconfidence
- Bored
- Hiding money
- Image management
- Seeking to control situations and other people

*Forgetting priorities will lead to the inclusion of:*

**A** **nxiety:** A growing background noise of undefined fear; getting energy from emotions.

- Worry
- Using profanity
- Being fearful
- Being resentful
- Replaying old, negative thoughts
- Perfectionism
- Judging other's motives
- Making goals/lists you can't complete
- Mind reading
- Fantasy
- Codependent rescuing
- Sleep problems
- Trouble concentrating
- Seeking/creating drama
- Gossip
- Using over-the-counter medication for pain, sleep or weight control
- Flirting

*Anxiety then leads to the inclusion of:*

**S** **peeding Up:** Trying to outrun the anxiety which is usually the first sign of depression.

- Super busy and always in a hurry (finding good reason to justify the work)
- Workaholic
- Can't relax
- Avoiding slowing down
- Feeling driven
- Can't turn off thoughts
- Skipping meals
- Binge eating (usually at night)
- Overspending
- Can't identify own feelings/needs
- Repetitive negative thoughts
- Irritable
- Dramatic mood swings
- Too much caffeine
- Over-exercising
- Nervousness
- Difficulty being alone/with people
- Difficulty listening to others
- Making excuses for having to "do it all"

*Speeding Up then leads to the inclusion of:*

**T** **icked Off:** Getting adrenaline high on anger and aggression.

- Procrastination causing crisis in money, work, and relationships
- Increased sarcasm
- Black and white (all or nothing) thinking
- Arguing
- Irrational thinking
- Can't take criticism
- Defensive

- |   |   |
|---|---|
| <input type="checkbox"/> Feeling alone        | <input type="checkbox"/> People avoiding you        |
| <input type="checkbox"/> Nobody understands   | <input type="checkbox"/> Needing to be right        |
| <input type="checkbox"/> Overreacting         | <input type="checkbox"/> Digestive problems         |
| <input type="checkbox"/> Road rage            | <input type="checkbox"/> Headaches                  |
| <input type="checkbox"/> Constant resentments | <input type="checkbox"/> Obsessive (stuck) thoughts |
| <input type="checkbox"/> Pushing others away  | <input type="checkbox"/> Can't forgive              |
| <input type="checkbox"/> Increasing isolation | <input type="checkbox"/> Feeling superior           |
| <input type="checkbox"/> Blaming              | <input type="checkbox"/> Using intimidation         |

*Ticked Off then leads to the inclusion of:*

**E** **xhausted:** Loss of physical and emotional energy; coming off the adrenaline high, and the onset of depression.

- |  |   |
|--|---|
| <input type="checkbox"/> Depressed                       | <input type="checkbox"/> Wanting to run                             |
| <input type="checkbox"/> Panicked                        | <input type="checkbox"/> Constant cravings for old coping behaviors |
| <input type="checkbox"/> Confused                        | <input type="checkbox"/> Thinking of using sex, drugs, or alcohol   |
| <input type="checkbox"/> Hopelessness                    | <input type="checkbox"/> Seeking old unhealthy people & places      |
| <input type="checkbox"/> Sleeping too much or too little | <input type="checkbox"/> Really isolating                           |
| <input type="checkbox"/> Can't cope                      | <input type="checkbox"/> People angry with you                      |
| <input type="checkbox"/> Overwhelmed                     | <input type="checkbox"/> Self-abuse                                 |
| <input type="checkbox"/> Crying for "no reason"          | <input type="checkbox"/> Suicidal thoughts                          |
| <input type="checkbox"/> Can't think                     | <input type="checkbox"/> Spontaneous crying                         |
| <input type="checkbox"/> Forgetful                       | <input type="checkbox"/> No goals                                   |
| <input type="checkbox"/> Pessimistic                     | <input type="checkbox"/> Survival mode                              |
| <input type="checkbox"/> Helpless                        | <input type="checkbox"/> Not returning phone calls                  |
| <input type="checkbox"/> Tired                           | <input type="checkbox"/> Missing work                               |
| <input type="checkbox"/> Numb                            | <input type="checkbox"/> Irritability                               |
|  | <input type="checkbox"/> No appetite                                |

*Exhausted then leads to the inclusion of:*

**R** **elapse:** Returning to the place you swore you would never go again. Coping with life on your terms. You sitting in the driver's seat instead of God.

- |   |  |
|---|--|
| <input type="checkbox"/> Giving up and giving in      | <input type="checkbox"/> Feeling you just can't manage without your coping behaviors, at least for now. The result is the reinforcement of shame, guilt and condemnation; and feelings of abandonment and being alone. |
| <input type="checkbox"/> Out of control               |  |
| <input type="checkbox"/> Lost in your addiction       |  |
| <input type="checkbox"/> Lying to yourself and others |  |

# PART TWO

Identify the most powerful behavior in each section and write it next to the corresponding heading.

Answer the following three questions:

- 01. How does it affect me? How do I feel in the moment?
- 02. How does it affect the important people in my life?
- 03. Why do I do this? What is the benefit for me?

**Restoration** \_\_\_\_\_

- 01. \_\_\_\_\_  
\_\_\_\_\_
- 02. \_\_\_\_\_  
\_\_\_\_\_
- 03. \_\_\_\_\_  
\_\_\_\_\_

**Forgetting Priorities** \_\_\_\_\_

- 01. \_\_\_\_\_  
\_\_\_\_\_
- 02. \_\_\_\_\_  
\_\_\_\_\_
- 03. \_\_\_\_\_  
\_\_\_\_\_

**Anxiety** \_\_\_\_\_

- 01. \_\_\_\_\_  
\_\_\_\_\_
- 02. \_\_\_\_\_  
\_\_\_\_\_
- 03. \_\_\_\_\_  
\_\_\_\_\_

**Speeding Up** \_\_\_\_\_

**01.** \_\_\_\_\_

\_\_\_\_\_

**02.** \_\_\_\_\_

\_\_\_\_\_

**03.** \_\_\_\_\_

\_\_\_\_\_

**Ticked Off** \_\_\_\_\_

**01.** \_\_\_\_\_

\_\_\_\_\_

**02.** \_\_\_\_\_

\_\_\_\_\_

**03.** \_\_\_\_\_

\_\_\_\_\_

**Exhausted** \_\_\_\_\_

**01.** \_\_\_\_\_

\_\_\_\_\_

**02.** \_\_\_\_\_

\_\_\_\_\_

**03.** \_\_\_\_\_

\_\_\_\_\_

**Relapse** \_\_\_\_\_

**01.** \_\_\_\_\_

\_\_\_\_\_

**02.** \_\_\_\_\_

\_\_\_\_\_

**03.** \_\_\_\_\_

\_\_\_\_\_

# WEEKLY PD GROUP CHECK-IN

- 01.** What is the lowest level you reached on the Faster Scale this week?
  
- 02.** What was the Double Bind you were dealing with?
  
- 03.** Where are you on your Commitment to Change you made at the end of our last meeting?
  
- 04.** Have you lied to anyone this week either directly or indirectly?
  
- 05.** If you are married, what have you done to improve your relationship with your wife this week?
  
- 06.** What area do you need to change or what challenge are you facing next week?
  - What will it cost you emotionally if you do change?
  
  - What fear do you feel with what you have chosen to change?
  
  - What will it cost you if you don't change?
  
  - What is your plan to maintain your restoration regarding these changes?
  
- 07.** Who will keep you accountable to this commitment? What are the details of your accountability for this week? What questions should they ask you?