

*Based on*  
**TCU Mapping-Enhanced Counseling  
Manuals for Adaptive Treatment**

*As Included in NREPP*



# **TCU GUIDE MAPS: A RESOURCE FOR COUNSELORS**

**Over 50 map templates included for use in both individual  
and group counseling settings and covering a variety of  
recovery issues**

**S. M. Dees & D. F. Dansereau**  
Texas Institute of Behavioral Research at TCU  
(October 2000)

*TCU Mapping-Enhanced Counseling* manuals provide evidence-based guides for adaptive treatment services (included in National Registry of Evidence-based Programs and Practices, NREPP, 2008). They are derived from cognitive-behavioral models designed particularly for counselors and group facilitators working in substance abuse treatment programs. Although best suited for group work, the concepts and exercises can be directly adapted to individual settings.

When accompanied by user-friendly information about client assessments that measure risks, needs, and progress over time, *TCU Mapping-Enhanced Counseling* manuals represent focused, time-limited strategies for engaging clients in discussions and activities on important recovery topics. These materials and related scientific reports are available as Adobe PDF® files for free download at <http://www.ibr.tcu.edu>.

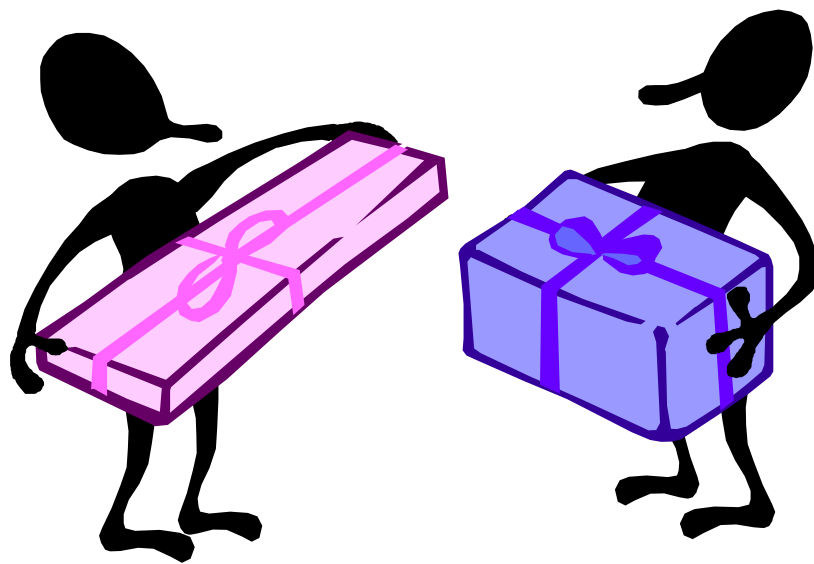
---

© Copyright 2002 Texas Institute of Behavioral Research at TCU, Fort Worth, Texas 76129. All rights reserved. Permission is hereby granted to reproduce and distribute copies of this manual (except reprinted passages from copyrighted sources) for nonprofit educational and nonprofit library purposes, provided that copies are distributed at or below costs and that credit for authors, source, and copyright are included on each copy. No material may be copied, downloaded, stored in a retrieval system, or redistributed for any commercial purpose without the expressed written permission of Texas Christian University.

# *TCU Guide Maps: a Resource for Counselors*

Sandra M. Dees, Ph.D. and Donald F. Dansereau, Ph.D.

Institute of Behavioral Research  
Texas Christian University  
Ft. Worth, Texas



This manual was developed as part of the National Institute on Drug Abuse (NIDA) Grant DA08608, *Cognitive Enhancements for the Treatment of Probationers* (CETOP).

The ***TCU Guide Maps: A Resource for Counselors*** training module and related maps, handouts, and any data collection forms may be used for personal, educational, research, and/or information purposes. Permission is hereby granted to reproduce and distribute copies of these materials (except reprinted passages from copyrighted sources) for nonprofit educational and nonprofit library purposes, provided that copies are distributed at or below costs and that credit for author and source are included on each copy. No material may be copied, downloaded, stored in a retrieval system, or redistributed for any commercial purpose without the express written permission of Texas Christian University.

For more information, contact:

Institute of Behavioral Research  
Texas Christian University  
P.O. Box 298740  
Fort Worth, TX 76129  
(817) 257-7226  
FAX 257-7290  
E-Mail [IBR@TCU.EDU](mailto:IBR@TCU.EDU)  
Web site: [www.ibr.tcu.edu](http://www.ibr.tcu.edu)

January, 2000

## *Acknowledgements*

*We are very grateful to the counselors in the Substance Abuse Treatment Program of the Tarrant County Community Correctional Facility in Mansfield, Texas, who allowed us to bring mapping into their work. We could not have done this manual without the help of*

David Bossier, Nancy Brown, Julie Bruton,  
Joe Chamberlain, Reva Conley, Judy Evans,  
Danny Jordan, Marcia Morgan, Modena Richardson,  
Rex Wadsworth, and Cassandra Witherspoon.

*These people enriched the maps that we developed, willingly told us what worked and what did not, and asked for additional maps for special purposes. For example, the "treatment packet" is based on what this group put together to use during treatment. The AIDS maps were based on requests from Marcia Morgan, a certified AIDS counselor. The Drama Triangle maps grew out of a request from Tony Guinn, the unit supervisor at the time, and were developed collaboratively by Nancy Brown and Sandra Dees. Joe Chamberlain was the first to plan out a series of maps to use with his community.*

*Our research project, of course, and this manual, would not have happened without the administrative support of individuals in the Tarrant County Community Supervision and Corrections Department:*

Don Smith, Director,  
Jim Sinclair, Assistant Director,  
John Renfroe, Director, Corrections Branch,  
Rodney Thompson and Tony Guinn, SATF Program Supervisors,  
and Cherry Weaver, Assistant Supervisor.

*The interest these people showed in our research program went beyond verbal commitment. They have provided critical working space and have coordinated their own complex program with our needs.*

*We are especially grateful to our plucky and facile support staff:*

Virginia Dias, Mary Morton, Leah Flowers, and Kim Rheinhart.

*These are the folks who put many of these maps into computer format, ordered copies, delivered and maintained our inventory, and carried word from counselors when we were not on site. They were critical to the development of this manual and we were fortunate to have had their help.*



## *Table of Contents*

<i>Acknowledgements</i> .....	iii
<i>Fireworks Up-Front</i> .....	1

### *Why use maps?*

<i>Chapter One A bedtime story: research on mapping</i> .....	5
---	---

### *How can you use maps in a treatment program?*

<i>Chapter Two Setting the stage</i> .....	15
<i>Getting to know you! First map</i> .....	17
<i>Chapter Three What's a map?</i> .....	23
<i>Chapter Four I have to PLAN for my treatment?</i> .....	27
<i>Chapter Five Deal with important issues: Map them!</i> .....	37
<i>Chapter Six After treatment: mapping the future</i> .....	47

### *Choose and use!*

<i>Chapter Seven Food for the copy machine</i> .....	59
A. <i>Dr. C's Treatment Packet</i> ..	60
B. <i>Dealing with Myself</i> ..	78
C. <i>Dealing with Other People</i> ..	92
D. <i>Planning Ahead, Decision Making,</i> <i>and Problem Solving</i> ..	100
E. <i>Learning from Situations</i> ..	104
F. <i>Dealing with Substance Abuse</i> ..	112
G. <i>Dealing with HIV/ AIDS</i> ..	115
H. <i>General</i> ..	119





## *Fireworks Up-Front.....*

This manual is designed to show you how tools we call "guide maps" have been used to enhance counseling sessions in a substance abuse treatment program. We'll do this by laying out a sequence of maps and providing examples of completed maps for a 4-month treatment program. Although the examples used here are based on experiences with large-group residential treatment in a criminal justice facility, the maps themselves are also appropriate for both small group and individual counseling or therapy programs in a variety of settings. Here's what's important for you to know before you begin with the maps:



\* ***Guide Maps give individuals more outlets for personal expression*** in a large group setting. These maps are designed to help counselors and their clients

- organize thoughts,
- remember plans,
- remember important parts of therapy sessions, and
- communicate with each other.

\* ***Four major research projects have shown that maps have a positive impact*** on the counseling process and on outcomes, especially for group counseling (see Chapter One for more on this).

\* ***Maps are enhancements to counseling***, they aren't intended to change or interfere with a counselor's basic approach or style.

\* ***Chapter One shows how we know that maps work*** and give you a reference list for extra reading in case we need to convince you that maps are

worth using. *You don't have to read Chapter One*, of course, but you will know more about the scientific basis of this strategy if you do. *Leave it till last if you want!*

★ *Chapters Two through Six show you how to use Guide Maps by example:* we have created a typical use of maps in a 4-month treatment program. Chapter Eight gives you a set of templates that you can send through a copier or a scanner to use for your own purposes.

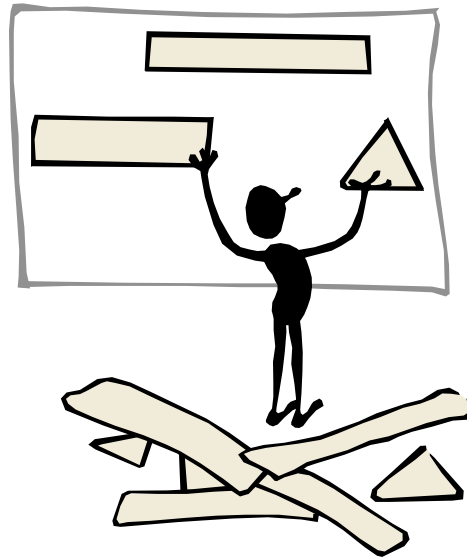
★ *Maps in this manual are good but not "gospel."* You can tailor to your own needs the number or sequence of maps, and the look of any map. You can even make your own maps. Ours are in Microsoft Office PowerPoint. We encourage folks to be creative!

*Chapter One*

*Why Use a Map?*

*A Bedtime Story: Research on Mapping*





## *Why use a map?*

The purpose of this manual is to introduce a promising technique that can be used by counselors to help clients represent and resolve personal issues. In Chapters Two through Six we show you guide maps “in action.” We hope you are intrigued enough to be asking if there is research that validates the effectiveness of this tool in the counseling process. In this chapter, we’ll give you some background and a quick look at the major research findings on maps.

**Types of maps.** Node-link maps are tools that can visually portray ideas, feelings, facts, and experiences. There are three broad categories of these maps:

1. “free” or “process” maps
2. “information” maps, and
3. “guide maps” (the focus of this manual).

As you can see from the examples in this manual, the **nodes** in a map are drawn as enclosed boxes and represent thoughts, actions, or feelings. The map **links** are simple lines with arrows that are labeled to show the direction of influence and the interrelationships among the nodes.

**Free or process maps** are “draw as you go” maps. Using a chalkboard, flip chart, paper and pencil, or computer, client(s) and counselor can work together to create a map of the problem or issue under discussion. For

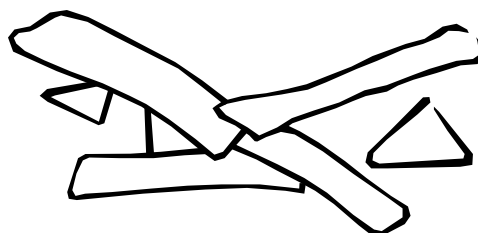
examples of the use of free mapping, see *Mapping New Roads to Recovery: Cognitive Enhancements to Counseling* (Dansereau, Dees, Chatham, Boatler, and Simpson, 1993).

**Information maps** were the starting point for the map system. They were used initially in academic settings when research showed them to be powerful study tools. These maps organize facts in a specific content area and present them in an easy-to-remember format. The first research on mapping was done with college students, who could remember more main ideas from maps than from comparable texts.

**Guide maps** are pre-structured “mini-interviews”: the fill-in-the-space format guides an individual’s thinking within a specific framework (e.g., personal strengths, goals), but allows ample freedom for self-expression. In a group setting, a guide map can be used to focus and keep a discussion on track. As an individual activity, it provides a structure for thinking about and putting some organization to otherwise nebulous personal issues. In group work, the map can provide some assurance that each group member has had a chance to visit a particular issue personally, even if there has been insufficient session time for each of them to air those issues within the group.

**Roots and rationale.** Node-link maps have an empirical base in a body of research dealing with the effects of using two dimensional visual representations. These graphic representations are frequently found to be more effective than verbal discourse or written narrative in dealing with complex problems and issues. Flow charts, organizational charts, Venn diagrams, pictures, and graphs can increase communication efficiency by making related ideas easier to locate and recognize, and, as a result, potentially more amenable to inferences and recall (Greeno, 1980; Larkin & Simon, 1987; Mayer & Gallini, 1990). Spoken language or written narrative are in physical formats that produce linear "strings" of ideas. Visual representations, on the other hand, have the capability of simultaneously clustering interrelated components to show complex multiple relationships such as parallel lines of thought and feedback loops.

Complexity often makes personal problems both difficult to analyze and solve and emotionally daunting. A visual representation such as a node-link map can capture the most important aspects of a personal issue and make

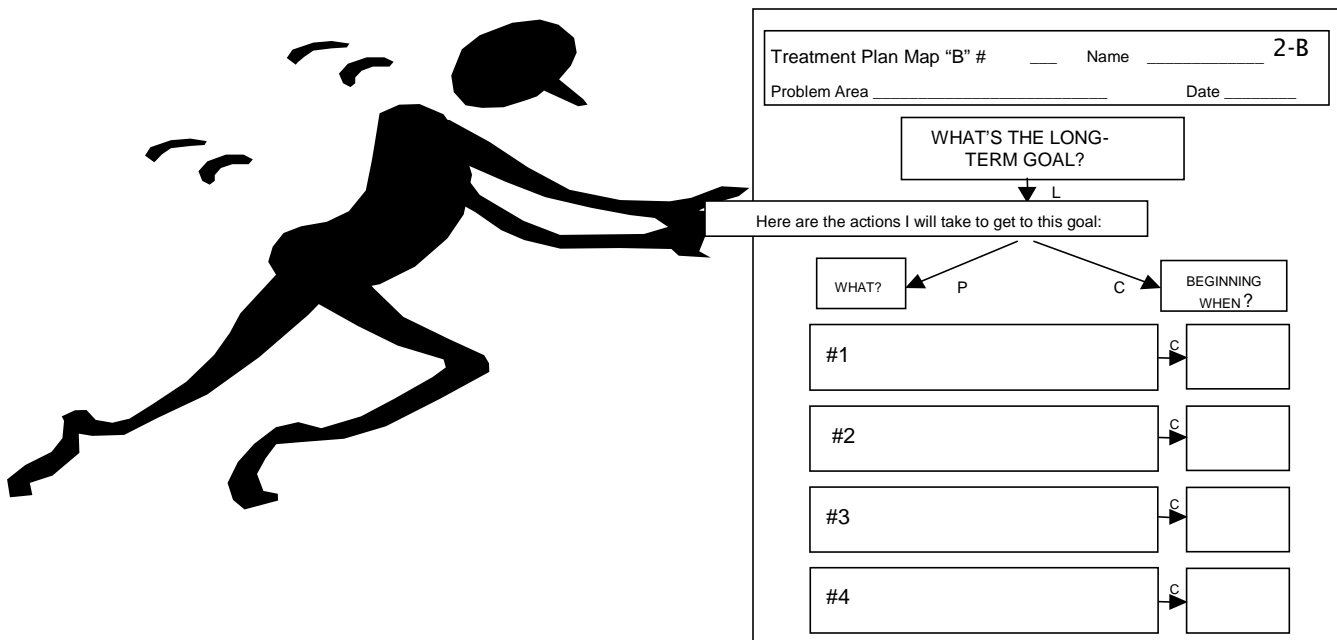


alternatives more salient for both the client and the counselor. Because this has the potential to make a problem appear more manageable and a solution more probable, it may diffuse at least some of the anxiety surrounding the issue, as well as increase motivation to work toward a solution.

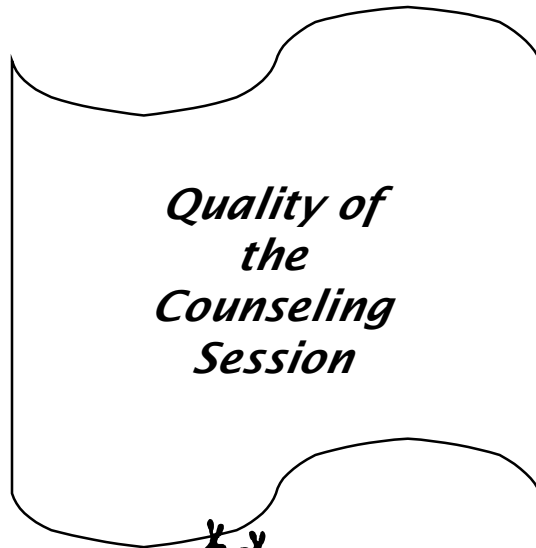
**Research: maps for counseling.** In 1989, maps were first studied as personal management tools for college students in substance abuse prevention research (Tools for Improving Drug and Alcohol Education and Prevention, D.F. Dansereau, Principal Investigator) sponsored by the National Institute on Drug Abuse (NIDA). At the same time, again through the NIDA-sponsored DATAR (Drug Abuse Treatment for AIDS Risk Reduction) research (D. D. Simpson, Principal Investigator), maps were also being introduced to heroin-addicted clients and their counselors in three urban Texas methadone clinics. Findings from this research were quite positive. A second DATAR project (Improving Drug Abuse Treatment for AIDS-Risk Reduction) and the NIDA-sponsored CETOP project (Cognitive Enhancements for the Treatment of Probationers; D. F. Dansereau, PI) confirmed maps as useful counseling tools. The CETOP project did so with a particularly tough client pool, probation violators in a criminal justice system treatment program.

The guide maps in this manual were used primarily in the CETOP project, although several have DATAR roots. Many of the maps were drawn by Dansereau and associates initially, and then redrawn to meet counselor needs. Some of the maps were drawn by counselors and put into computer format by grant personnel.

On the following two pages is a summary of major findings from the four research projects. The research articles that support each finding are referenced here as well. A complete reference list follows this summary.



# *What Research Reveals About the Impact of Mapping: A Quick Summary*



◆ ***Memory for the Session:*** Maps make treatment discussions more memorable.

- ◆ K. Knight, Boatler, & Simpson, 1991
- ◆ K. Knight, Simpson, & Dansereau, 1994

◆ ***Focus:*** Maps increase on-task performance in group sessions and are especially helpful for clients who have attentional problems.

- ◆ Dansereau, Dees, Greener, & Simpson, 1995
- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ D. Knight, Dansereau, Joe, & Simpson, 1994
- ◆ Joe, Dansereau, & Simpson, 1994
- ◆ Czuchry, Dansereau, Dees, & Simpson, 1995
- ◆ Dansereau, Joe, & Simpson, 1995

◆ ***Communication:*** Maps give clients greater confidence in their ability to communicate. This is especially so for non-Anglo clients and clients with limited education.

- ◆ Pitre, Dansereau, & Joe, 1996
- ◆ Dansereau, Joe, & Simpson, 1996
- ◆ Blankenship, Dees, & Dansereau, 1997 in progress
- ◆ Newbern, Dansereau, & Pitre, 1999

◆ ***Ideas:*** Maps facilitate the production of insights and ideas. Maps:

**Stimulate greater session depth,**

- ◆ Dansereau, Dees, Greener, & Simpson, 1995
- ◆ Newbern, Dansereau, Dees, 1997

**Identify gaps in thinking,**

- ◆ Pitre, Dansereau, & Simpson, 1997

**Uncover psychological issues,**

- ◆ Collier, Czuchry, Dansereau, & Pitre, submitted
- ◆ Czuchry & Dansereau, submitted
- ◆ Dansereau, Joe, & Simpson, 1993

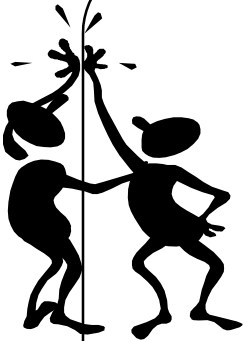
**Can provide greater breadth.**

- ◆ Dansereau, Joe, & Simpson, 1993

(continued)



*(What Research Reveals About the Impact of Mapping, continued)*



***Quality of the Client & Counselor Relationship***

◆ ***Rapport***: Mapping facilitates the counselor-client therapeutic alliance.

- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ Dansereau, Joe, & Simpson, 1996
- ◆ Dansereau, Joe, Dees, & Simpson, 1996
- ◆ Simpson, Joe, Rowan-Szal, & Greener, 1996



***During Treatment Outcomes***  
(e.g., issue resolution & more effective life skills)

◆ ***Positive Feelings Toward Self & Treatment***: Maps facilitate self-confidence, self-efficacy & problem solving. They can foster positive feelings about personal progress in treatment and positive perceptions of treatment process.

- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ Dansereau, Joe, & Simpson, 1995
- ◆ Dansereau, Joe, Dees, & Simpson, 1996
- ◆ Joe, Dansereau, & Simpson, 1994
- ◆ Pitre, Dees, Dansereau, & Simpson, 1997
- ◆ Czuchry, Dansereau, Dees, & Simpson, 1995
- ◆ D. Knight, Dansereau, Joe, & Simpson, 1994
- ◆ Pitre, Dansereau, Newbern & Simpson, 1997
- ◆ Blankenship, Dees, & Dansereau, in progress
- ◆ Newbern, Dansereau, & Pitre, 1999

◆ ***Show Up "Clean"***: Clients who map miss fewer sessions and have fewer positive urinalysis tests for opiates or cocaine.

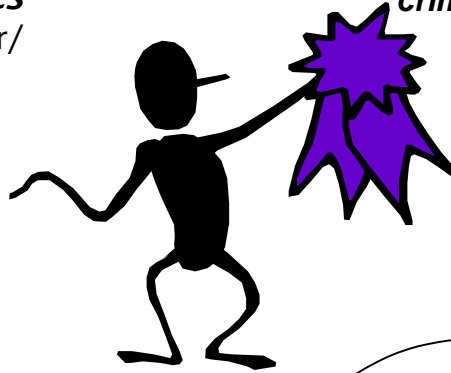
- ◆ Czuchry, Dansereau, Dees, & Simpson, 1995
- ◆ Dansereau, Joe, Dees, & Simpson, 1996
- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ Joe, Dansereau, & Simpson, 1994
- ◆ Dansereau, Joe, & Simpson, 1995
- ◆ Dees, Dansereau, & Simpson, 1997

(continued)

*(What Research Reveals About the Impact of Mapping, continued)*

***After  
Treatment  
Outcomes***

(e.g., sober/  
clean, no  
arrests)



◆ ***“Clean” & Free: Clients who have mapped during treatment have fewer positive urinalysis tests for opiates, less needle use, and less criminal activity.***

- ◆ Pitre, Dansereau, & Joe, 1996
- ◆ Joe, Dansereau, & Simpson, 1997

## Map References

- Collier, C.R., Czuchry, M., Dansereau, D. F., & Pitre, U. (in press). The use of node-link mapping in the chemical dependency treatment of adolescents. *Journal of Drug Education*.
- Czuchry, M., & Dansereau, D. F. (in press). Node-link mapping and psychological problems: Perceptions of a residential drug abuse treatment program for probationers. *Journal of Substance Abuse Treatment*.
- Czuchry, M., & Dansereau, D. F. (in press). The generation and recall of personally relevant information. *Journal of Experimental Education*, 65(3).
- Czuchry, M., Dansereau, D. F., Dees, S. D., Simpson, D. D. (1995). The use of node-link mapping in drug abuse counseling: The role of attentional factors. *Journal of Psychoactive Drugs*, 27(2), 161-166.
- Czuchry, M., Dansereau, D. F., & Sia, T. L. (in press). Using peer, self-, and counselor ratings to evaluate treatment process. *Journal of Psychoactive Drugs*.
- Dansereau, D. F., Dees, S. M., Chatham, L. R., Boatler, J. F., & Simpson, D. D. (1993). *Mapping new roads to recovery: Cognitive enhancements to counseling*. A training manual from the TCU/DATAR Project. Bloomington, IL: Lighthouse Institute Publishing.
- Dansereau, D. F., Dees, S. M., & Simpson, D. D. (1994). Cognitive modularity: Implications for counseling and the representation of personal issues. *The Journal of Counseling Psychology*, 41(4), 513-523.
- Dansereau, D. F., Dees, S. M., Greener, J. M., & Simpson, D. D. (1995). Node-link mapping and the evaluation of drug abuse counseling sessions. *Psychology of Addictive Behaviors*, 9(3), 195-203.
- Dansereau, D. F., Joe, G. W., Dees, S. M., & Simpson, D. D. (1996). Ethnicity and the effects of mapping-enhanced drug abuse counseling. *Addictive Behaviors*, 21(3), 363-376.
- Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1993). Node-link mapping: A visual representation strategy for enhancing drug abuse counseling. *Journal of Counseling Psychology*, 40 (4), 385-395.
- Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1995). Attentional difficulties and the effectiveness of a visual representation strategy for counseling drug-addicted clients. *International Journal of the Addictions*, 30(4), 371-386.
- Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1995). Node-link mapping for counseling cocaine users in methadone treatment. *Journal of Substance Abuse*, 6, 393-406.
- Dees, S. M., Dansereau, D. F., & Simpson, D. D. (1994). A visual representation system for drug abuse counselors. *Journal of Substance Abuse Treatment*, 11(6), 517-523.
- Dees, S. M., Dansereau, D. F., & Simpson, D. D. (1997). Mapping-enhanced drug abuse counseling: Urinalysis results in the first year of methadone treatment. *Journal of Substance Abuse Treatment*, 14 (2), 1-10.
- Joe, G. W., Dansereau, D. F., Pitre, U., & Simpson, D. D. (in press). Effectiveness of node-link mapping-enhanced counseling for opiate addicts: A 12-month follow-up. *Journal of Nervous and Mental Diseases*.
- Joe, G. W., Dansereau, D. F., & Simpson, D. D. (1994). Node-link mapping for counseling cocaine users in methadone treatment. *Journal of Substance Abuse*, 6, 393-406.

- Knight, D. K., Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1994). The role of node-link mapping in individual and group counseling. *The American Journal of Drug and Alcohol Abuse, 20*, 517-527.
- Knight, K., Simpson, D. D., & Dansereau, D. F. (1994). Knowledge mapping: A psychoeducational tool in drug abuse relapse prevention training. *Journal of Offender Rehabilitation, 20*, 187-205.
- Newbern, D., Dansereau, D. F., & Dees, S. M. (1997). Node-link mapping in substance abuse treatment: Probationers' ratings of group counseling. *Journal of Offender Rehabilitation, 25*(1/2), 83-95.
- Newbern, D., Dansereau, D. F., & Patterson, M. E. (in press). Spatial-semantic display processing: The role of spatial structure on recall. *Contemporary Educational Psychology, 22*, 319-337.
- Newbern, D., Dansereau, D. F., & Pitre, U. (1999). Positive effects on life skills, motivation and self-efficacy: Node-link maps in a modified therapeutic community. *American Journal of Drug and Alcohol Abuse, 25*(3), 407-423.
- Pitre, U., Dansereau, D. F., & Joe, G. W. (1996). Client education levels and the effectiveness of node-link maps. *Journal of Addictive Diseases, 15*(3), 27-44.
- Pitre, U., Dansereau, D. F., Newbern, D. & Simpson, D. D. (1998). Residential drug-abuse treatment for probationers: Use of node-link mapping to enhance participation and progress. *Journal of Substance Abuse Treatment, 15* (6),535-543.
- Pitre, U., Dansereau, D. F. & Simpson, D. D. (1997). The role of node-link maps in enhancing counseling efficiency. *Journal of Addictive Diseases, 16*(3), 39-49.
- Pitre, U., Dees, S. M., & Dansereau, D. F. (1997). Mapping techniques to improve substance abuse treatment in criminal justice settings. *Journal of Drug Issues, 27*(2), 435-449.
- Sia, T. L., & Czuchry, M. (1996). *The downward spiral of substance abuse. Instructional game*. Institute of Behavioral Research, Texas Christian University, Fort Worth.
- Sia, T. L., Czuchry, M., & Dansereau, D. F. (1997). *Considering personal strengths: The effect of three different methods on mood, arousal, and self-esteem*. *Journal of Applied Social Psychology, 29*(6),1151-1171.

## *Chapter Two*

*Setting the stage....*

*Getting to know you! First map*

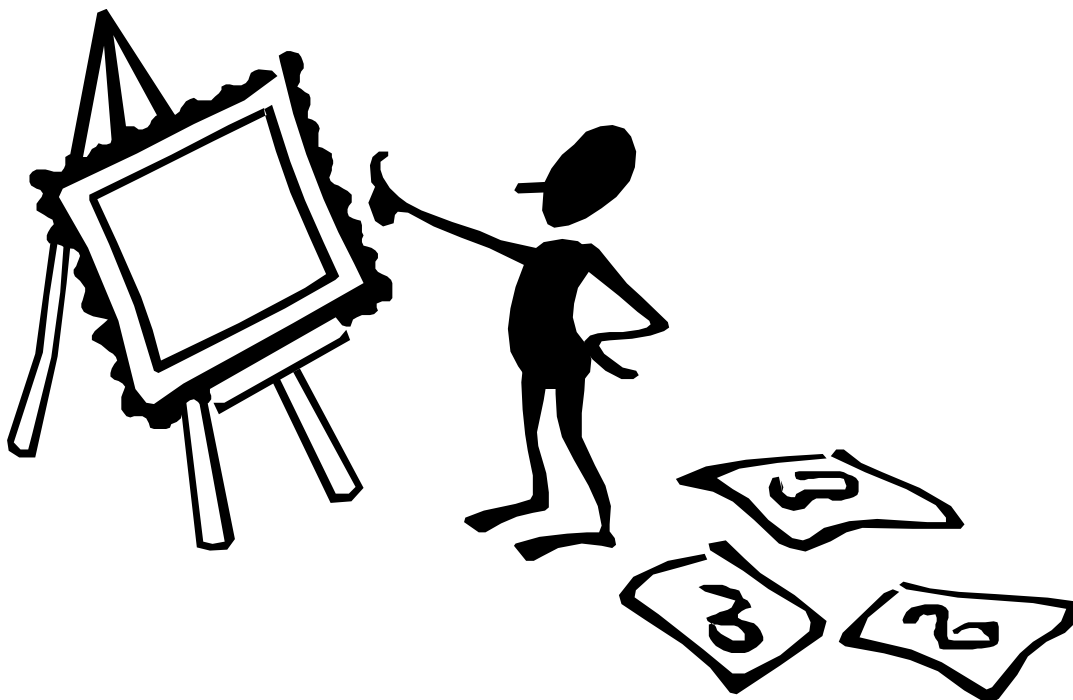


## *How do you use maps in a treatment program? Setting the Stage*

***Introducing Dr. C.*** Chapters two through six of this manual are the “treatment chapters.” They show the sequence of maps used by a fictitious Dr. John Caresalot (“Dr. C”), our “composite” counselor. Dr. C’s character is not based on any individual counselor, but he has much in common with the individuals who helped research and develop these guide maps. This help started with counselors in a methadone clinic in Corpus Christi, but was primarily provided by the counselors in the Substance Abuse Treatment Program of the Mansfield Community Corrections Facility, a branch of the Community Supervision and Corrections Department of Tarrant County (Texas).

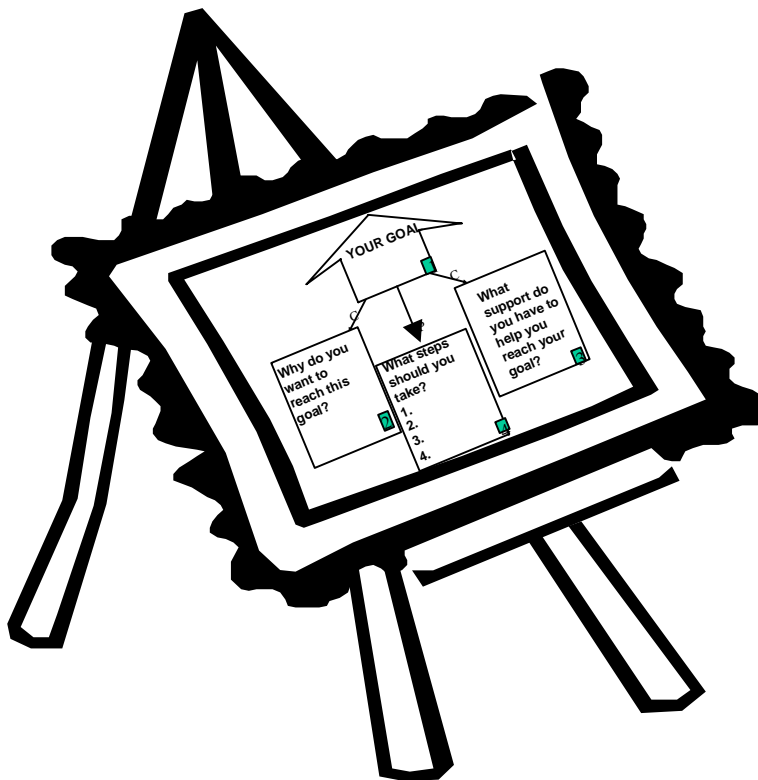
***A sequence of maps for treatment.*** This five-chapter example is based on a program of 4 months of residential treatment with a group of 15 substance-abusing probation violators. The maps that you see from this group are not from any one actual resident, but are (as is Dr. C) composites of maps produced by residents over a five-year period. Dr. C meets with this group for several 2-hour sessions each week. Chapters Two through Four deal with early treatment: using maps during the first 6 weeks to introduce people, introduce maps and plan for treatment. Chapter Five shows maps frequently assigned during the course of treatment, and Chapter Six shows maps used to plan for life-after-treatment.

We show what Dr. C might actually say to introduce the maps and we give you a few pointers here and there about what was done. We feel, though, that each counselor who uses guide maps will tailor them to specific needs, and we depend on your creativity for that. Some of you will not be using the maps with groups this



large, or with groups at all. That should not be a problem since guide maps can easily be used in both small groups and individual counseling.

***Map composites.*** At the beginning of Chapters Three through Six, we present reduced sketches of the pertinent (blank) guide maps, and then show filled-in examples of the completed maps as the chapter proceeds. The examples are composites, drawing on the many maps that we have seen over the past 5 years. We initially started with much larger versions of these maps, but gradually found that people were quite comfortable using the 8.5x11 size. The smaller size, it turns out, has a major advantage for the client: since there's not enough room to elaborate extensively, thinking must be focused. What's truly important is what goes on the map. This is a special relief to people who find paper and pencil assignments threatening. Two or three words, or even a picture, can communicate here.



***Chapter 7.*** Full-sized versions of this sequence of example maps are in the first section of the last chapter of the manual. Additional maps not included in these examples are in the latter sections of that chapter. We hope that you will find them easy to copy, although we may soon have them available on the “web” for downloading into a PowerPoint program. Check [www.ibr.tcu.edu](http://www.ibr.tcu.edu) if you want to go this route.



# Getting to know you!

Time: 1st or 2nd group session

Participants: 15 group members & Dr.. C.

Materials: 15 copies of the blank "My Self" Map, 1 overhead copy of the map, & a black marker

Dr. Caresalot, to his substance abuse treatment group (15 people):

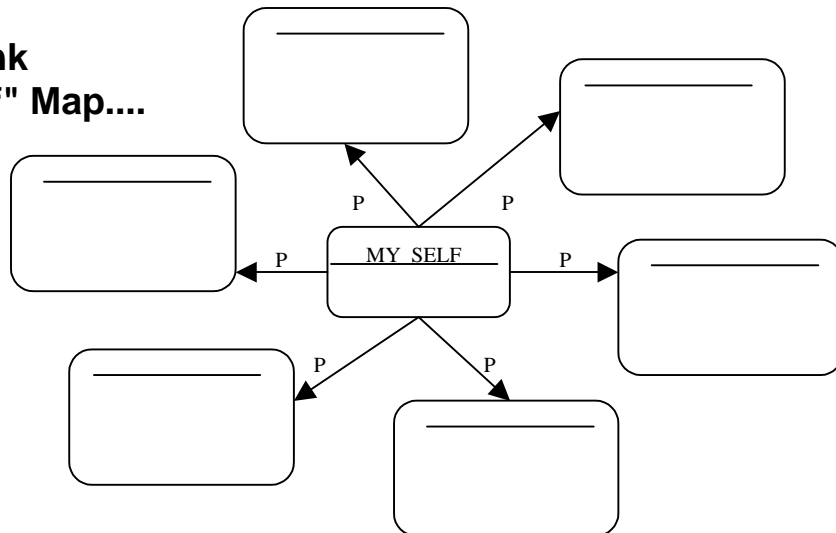
“

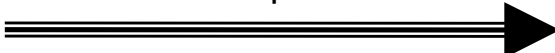
*I'm going to use a "map" to tell you about myself, so you'll know where I'm coming from. Then we'll turn the tables and let you do the telling. First, I am a father, have 2 kids and a wife. They keep me going when dealing with the "stuff" in life gets hard. I have a Ph.D. in clinical psychology and 8 years experience in helping people who want to redirect their lives.*

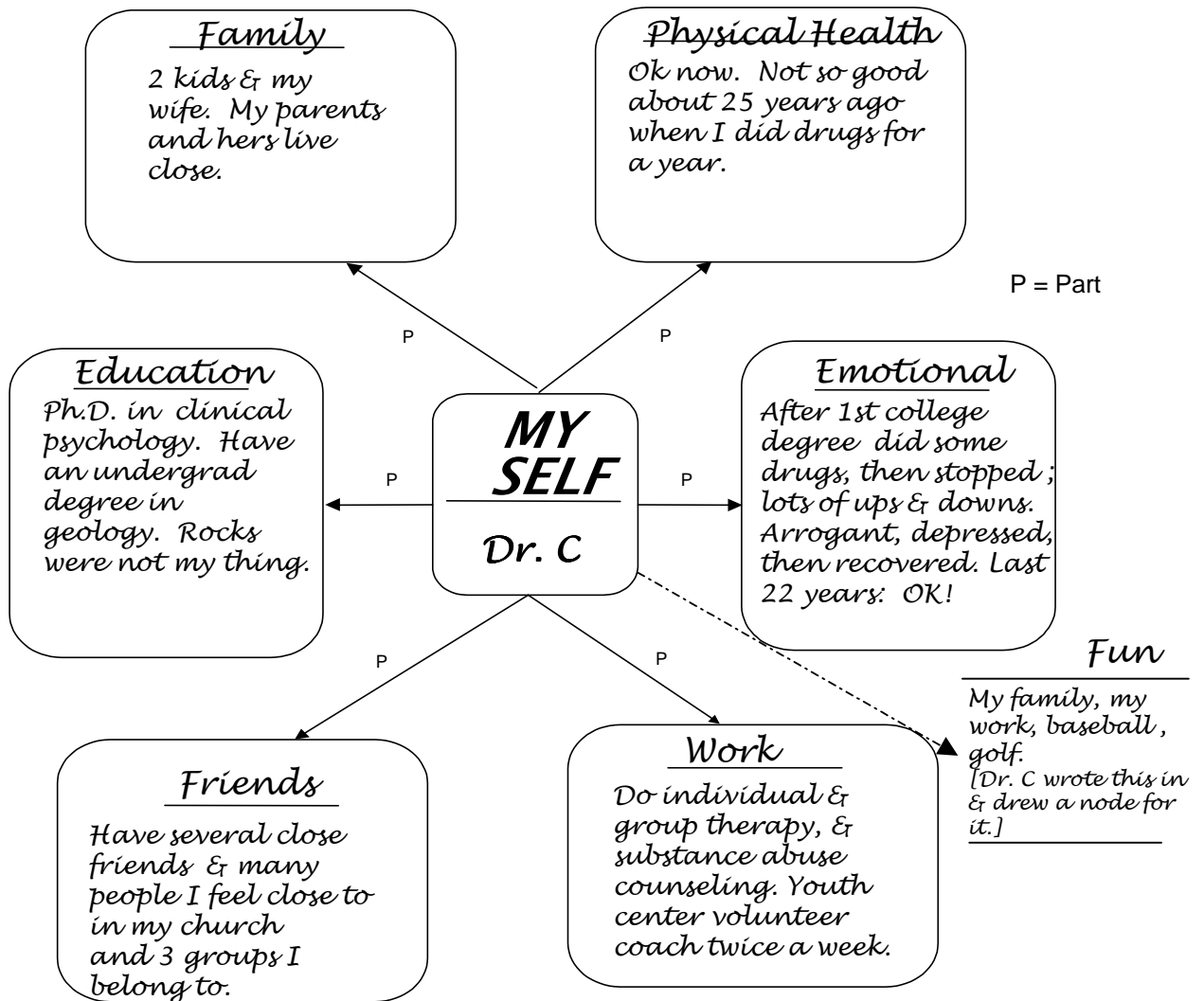
*I've had my own personal struggles with direction and have come out okay, although it's a never-ending work to stay focused. I've come through my substance abuse era (that lasted about 5 years, starting right after I got my Bachelor's degree), had a bout with depression (following my graduate school years), and there were about 2 years that I call my "arrogant Dr. God" time. As of now, I'm happy with my self and my life. But it took some doing to get there. That's a little of my history.*

*What I'm handing to each of you is a blank guide map; that's for you to fill out with your own history. I'm also going to use this overhead projector to show you a map about me. It has all the info I just gave you, plus a little. **Let me caution you: Don't put anything into your map that you don't want to share with the group.*** ”

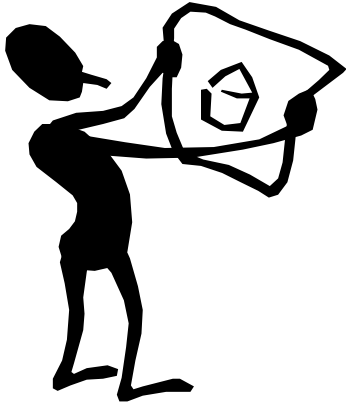
The blank  
"My Self" Map....



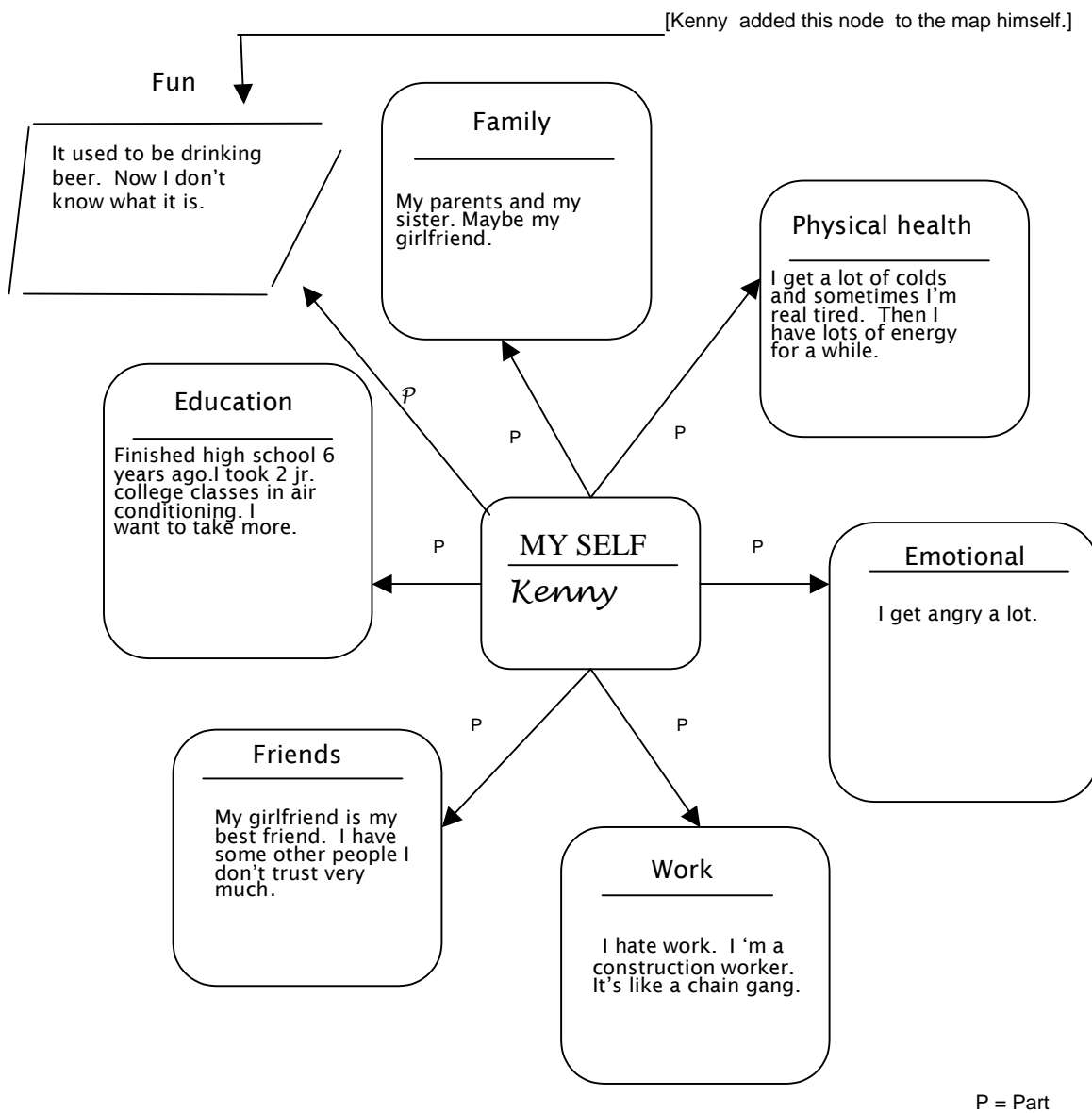
On the next page is the "My Self" map that Dr. Caresalot put on the overhead projector to show his group. 

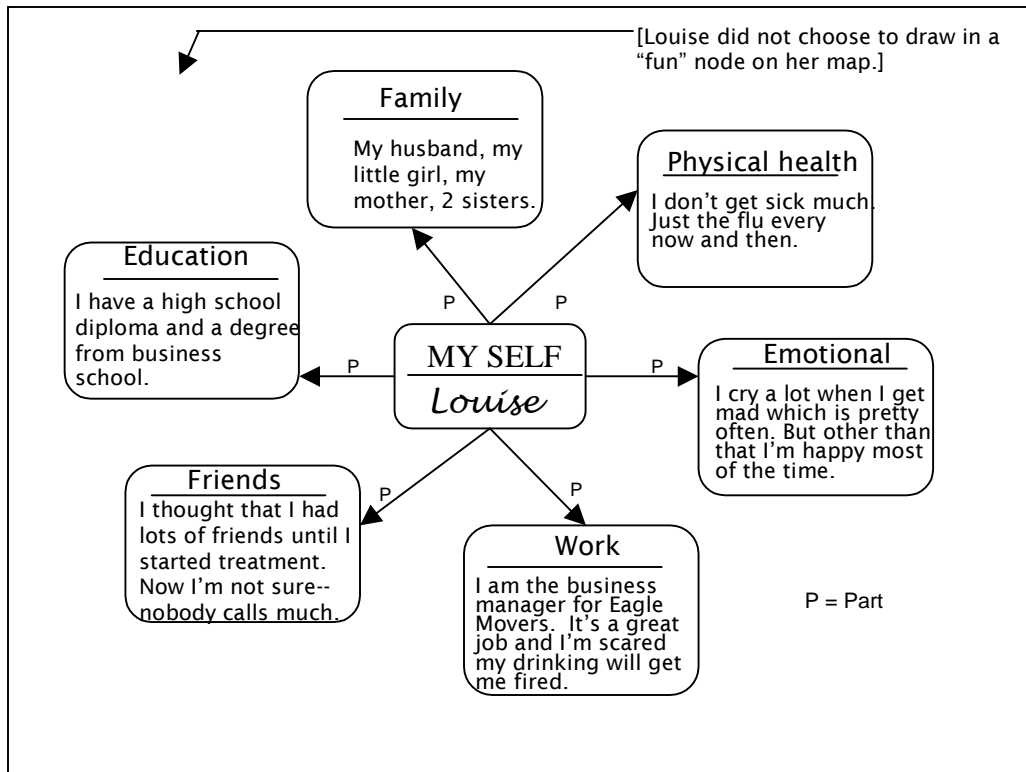


✓ Dr. C could have chosen different box topics here (e.g., instead of family or education, he might've used "people I love," "things I like to do," "things I hate," and so forth) depending on his own approach to this group. He might also have let his group members choose their topics, but this is a tougher thing for some and doesn't always yield a consistent group picture.

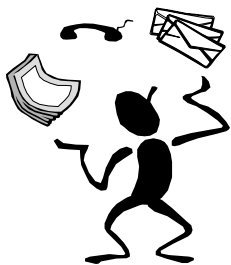


Here (on this and the next page) are maps from 2 of the 15 people in this treatment group. They had about 15-20 minutes at the end of a 2-hour session to complete them. There was no introduction to maps beyond the map filled in by Dr. C.





After this session, Dr. C quickly looked through the maps for problems and “trends” in the group. He looked for:



- ❖ ability level
- ❖ potential social support (family, friends)
- ❖ potential financial prospects
- ❖ potential motivators (children, job, relationships)
- ❖ intense expressions of anger and depression, and
- ❖ intense expressions of determination and strength.

This gave him some clues about who in his group might be leaders, who might have more intense problems and need some individual time, and a rough idea of how easily the group might be able to deal with homework assignments. Since he had in-depth background information on only a few of these individuals at this point, these thumbnail sketches gave him some important details that he could use with both individuals and the group as a whole.

*Chapter Three*

*What's a map?*

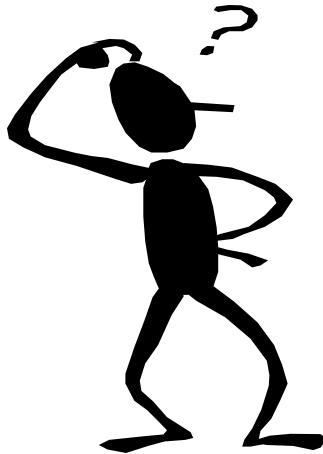


## What's a map?

Time: Sometime before or during 3rd group session  
Materials: 15 copies of the knowledge map "A Map to Explain Maps" & overhead copy of the map

Dr. C:

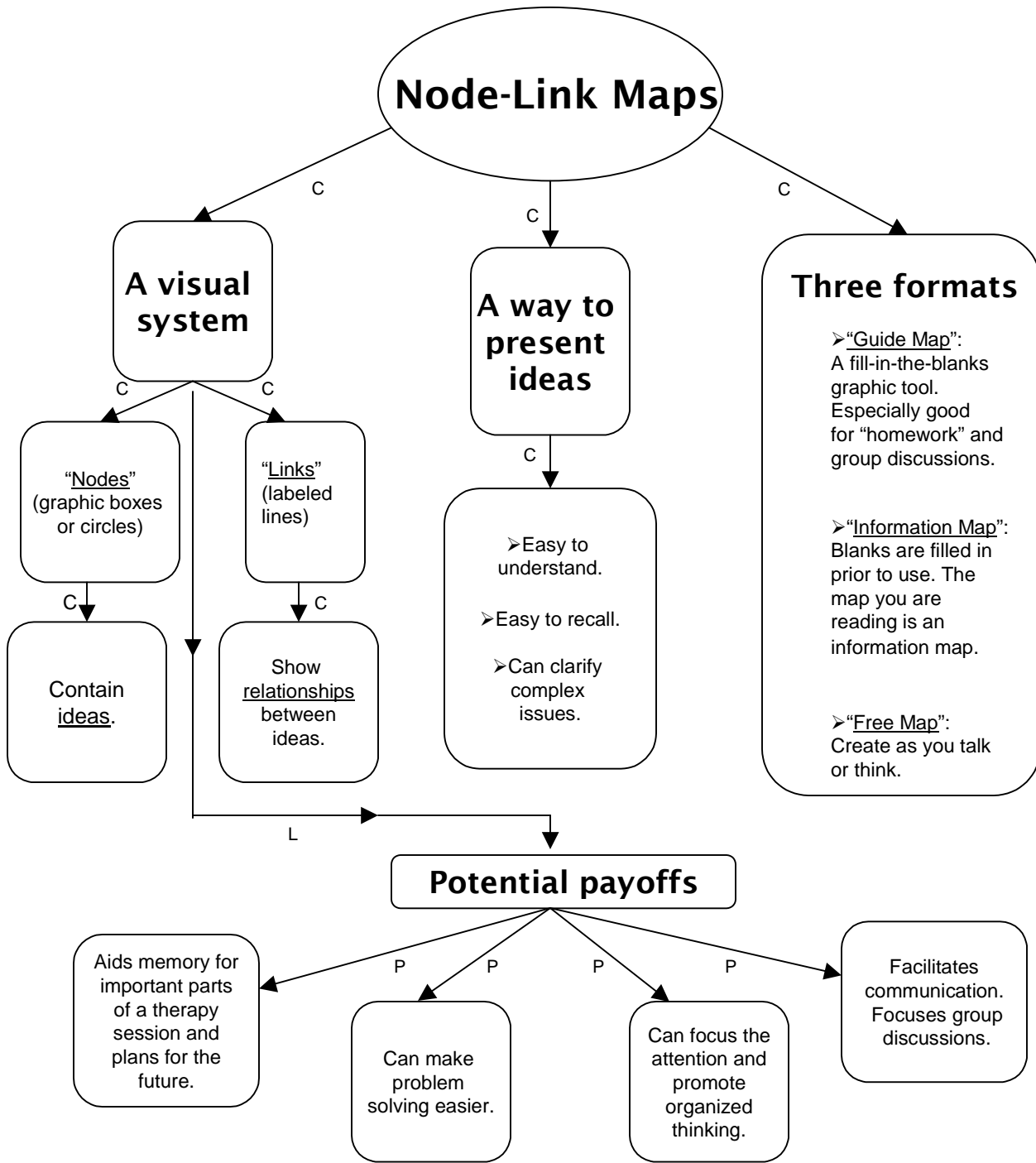
“ I'll be using guide maps a lot with this group, especially at the beginning of our work. As things move along, there will be some short map homework and special assignments for each of you. Since that's my plan, I want you to understand why I use "guide maps" with my groups. I think the best way to explain mapping is with a map. ”



See next page.



“ I use maps to represent ideas visually: these boxes, or "nodes," hold the ideas and the links between them show how they are related. There are lots of reasons for using a map. Ideas presented this way are usually easy to understand, to recall, and can really make some complex ideas --- broken down into parts - a lot simpler. When I use maps in my groups, it seems to focus attention on a topic, keeps the discussion on target and helps all of us understand each other a little better. I think it's a lot easier to see solutions to problems using a map. ”



## A map to explain maps!

C = Characteristic  
L = Leads to  
P = Part

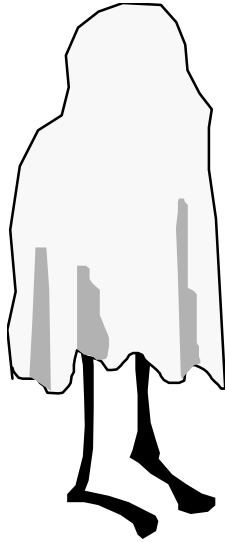


*Chapter Four*

*I have to PLAN for my treatment??*



## I have to PLAN for my treatment??



**Time:** During first month of treatment

**Materials:** The "Personal Action List"(15), the "Planning Rocket" (90), the "Treatment Plan" Maps A (15) & B (90) & overhead copies of the maps

Dr. C:

“ As a group we've talked about what you need to do to get the most out of treatment. Now let's make it personal. For "homework," I'm asking you to fill out your own "Personal Action List." Decide what steps you want to take to make treatment more beneficial for you personally and write these down.

*Make sure each step, or action, has a concrete aspect, so that you, and somebody else, can tell when it's been done. If your action is "Turn my life over to my Higher Power," you might add "and write in a journal each day 2 concrete and specific behaviors that show I am doing that."*

*If you can't think of any concrete aspects, then choose another action! You want treatment to work... you want to make changes in your life, to make things happen. But change rarely happens in a flash. It happens as the result of a series of things that you do... steps to the big goal.. to the major change. You need to know that those steps are really happening. ”*

# A Quick Sketch of the Treatment Planning Maps!

### Personal Action List for Treatment

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_


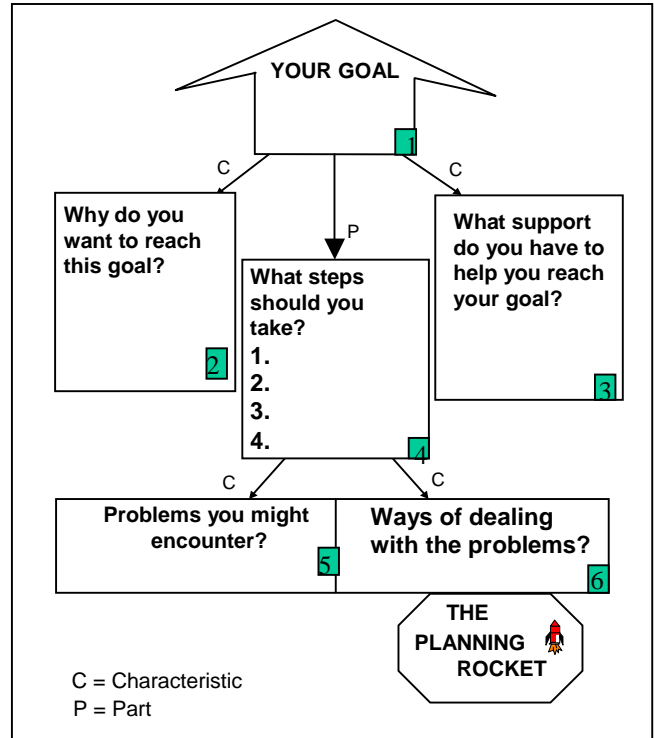
**Check it out!**

Are these actions that you can really do?

Are the actions stated in positive terms?

Are these actions clear and specific enough so that it is easy to tell when they have happened?

Are these actions important for you to do during treatment?

### Treatment Plan Map "A"

Which areas should be treatment targets? Check the 6 most critical areas and then fill in the boxes.

- \_\_\_ (a) Employment & Support
- \_\_\_ (b) Family Relations
- \_\_\_ (c) Peer Relations & Criminality
- \_\_\_ (d) Legal & Health
- \_\_\_ (e) Medical & Health
- \_\_\_ (f) Psychological & Emotional
- \_\_\_ (g) Alcohol Use
- \_\_\_ (h) All other drug use
- \_\_\_ (i) Gambling
- \_\_\_ (j) AIDS-Risky Needle Use
- \_\_\_ (k) AIDS-Risky Sex
- \_\_\_ (l) Housing & Living Situation
- \_\_\_ (m) Academic & Vocational Skills
- \_\_\_ (n) Sexual Behavior
- \_\_\_ (o) Financial Management

STATE THE PROBLEM!	WHAT'S THE LONG-TERM GOAL?
#1	
#2	
#3	
#4	
#5	
#6	

**SEE TREATMENT PLAN "B" MAPS (1-6) FOR MAJOR STEPS TO THE LONG-TERM GOAL.**

### Treatment Plan Map "B" # \_\_\_\_\_ Name \_\_\_\_\_ 2-B

Problem Area \_\_\_\_\_ Date \_\_\_\_\_

**WHAT'S THE LONG-TERM GOAL?**

Here are the actions I will take to get to this goal:

<b>WHAT?</b>		<b>BEGINNING WHEN?</b>
#1		
#2		
#3		
#4		



Here is what one client listed for actions that could make treatment more beneficial. On the next page is one of the 6 “planning rockets” done to elaborate on these actions. This 2-part exercise not only defines what the client must do during treatment but also provides a model for future planning.

## Personal Action List for Treatment

1. *I will speak up at least 2 times in each of my groups.*
2. *I will write my thoughts in a journal each day.*
3. *I will attend all my meetings.*
4. *I will listen to criticism with an open mind.*
5. *I will “map” my anger problem.*
6. *I will ask the counselor for help when I am confused.*

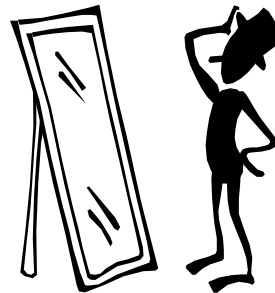
### Check it out!

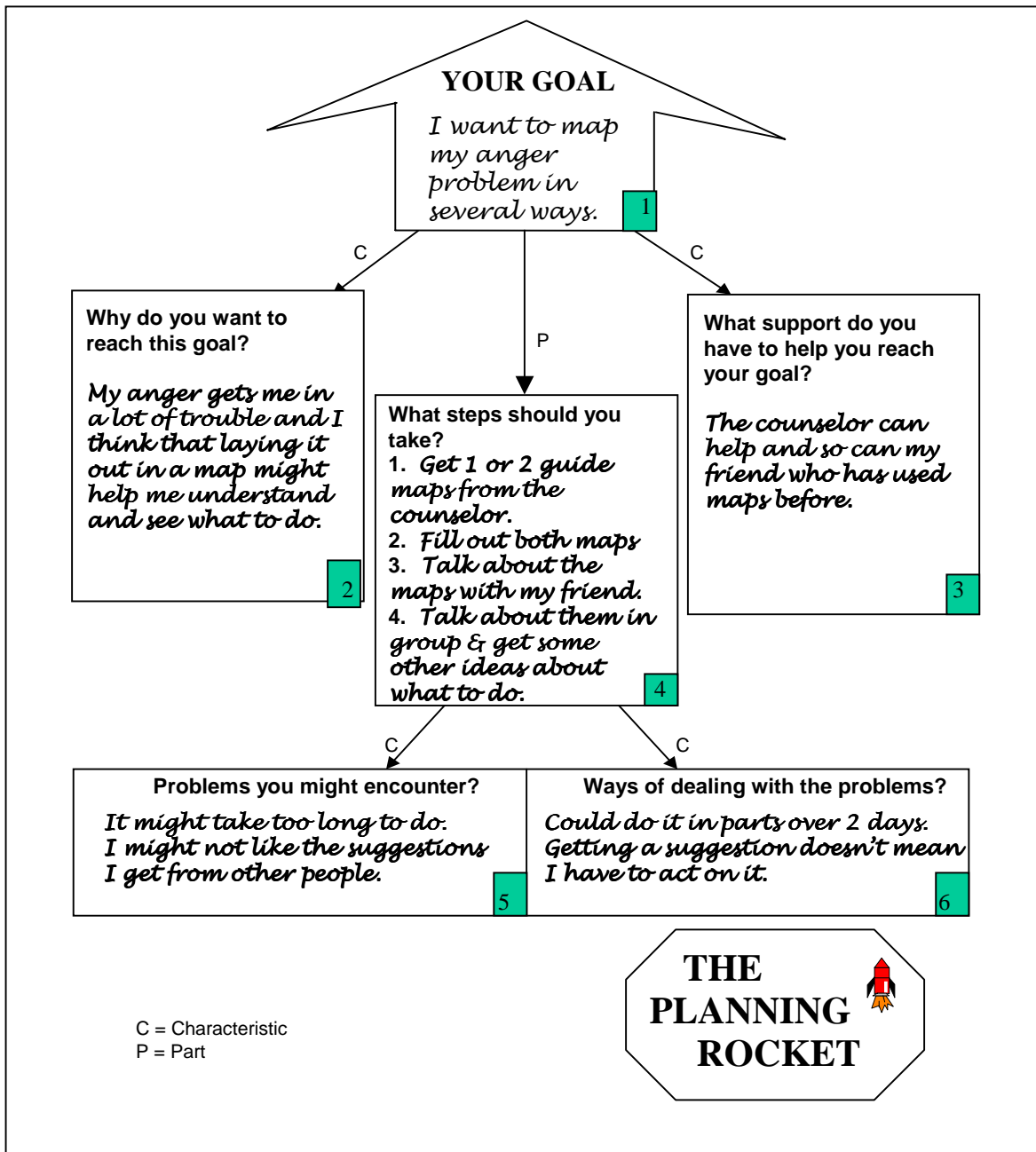
Are these actions that you can really do?

Are the actions stated in positive terms?

Are these actions clear and specific enough so that it is easy to tell when they have happened?

Are these actions important for you to do during treatment?





This sets the stage for taking responsibility for one's own treatment. Using these two exercises, the Critical Action List and Planning Rockets, the counselor and group member can move on to design a treatment plan. Read on.

On the next 2 pages are the Treatment Plan Maps. “Map A” provides a checklist for the major problem areas. Counselor and group member together agree on the problem areas. The group member then uses the map to describe both the specific problems and the long-term goals.

“Map B” is completed for each long-term goal listed on Map A. These are the steps to the goal. The Personal Action List and Planning Rocket should be a good lead-in to this. The idea is to develop concrete and specific statements about what will be done.



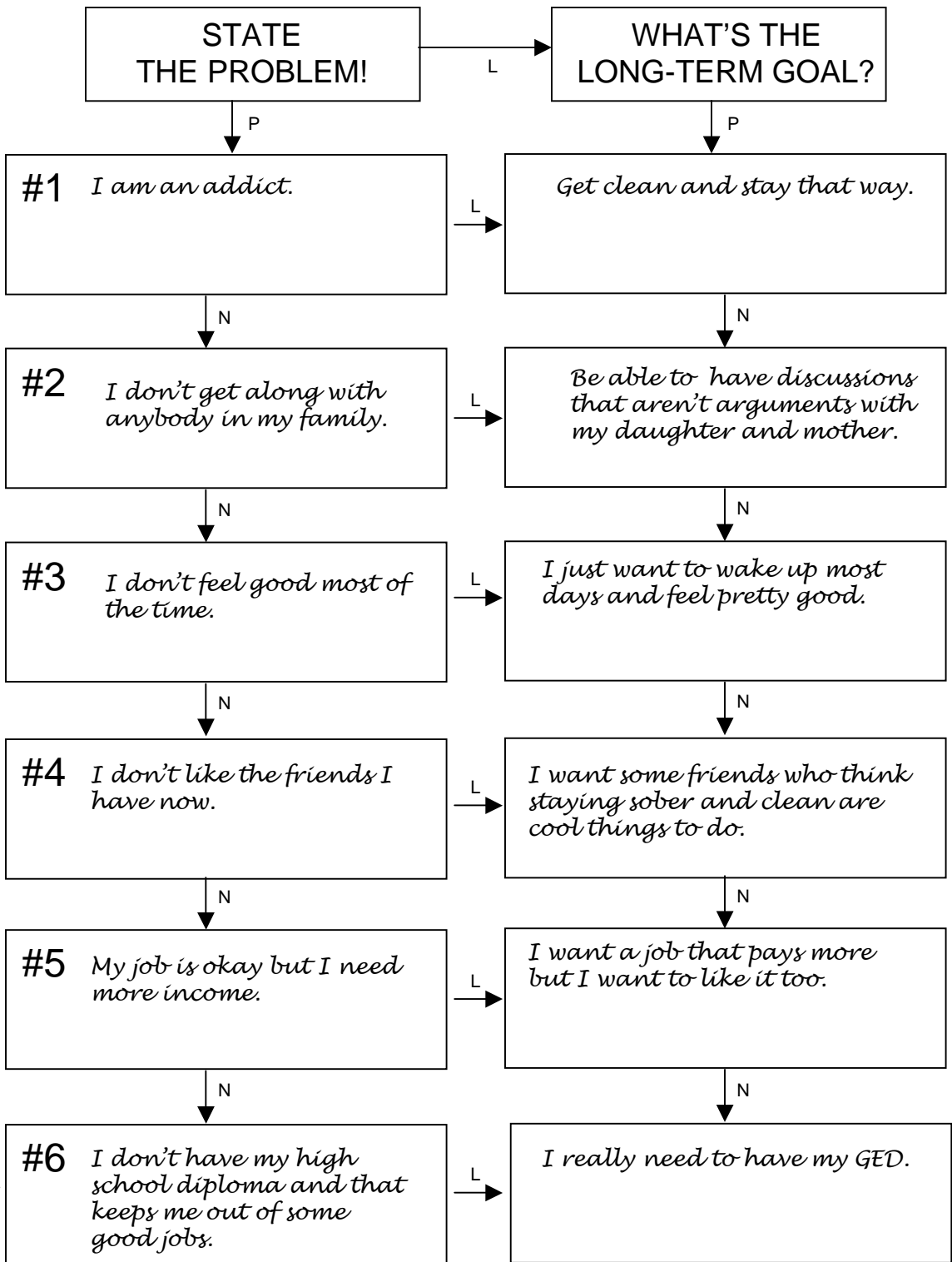
P = Part  
 N = Next  
 L = Leads to

**Treatment Plan Map "A"**

Name John H. Date 7-19-99

Which areas should be treatment targets?  
 Check the 6 most critical areas and then fill in the boxes.

- (a) Employment & Support
- (b) Family Relations
- (c) Peer Relations
- (d) Legal & Criminality
- (e) Medical & Health
- (f) Psychological & Emotional
- (g) Alcohol Use
- (h) All other drug use
- (i) Gambling
- (j) AIDS-Risky Needle Use
- (k) AIDS-Risky Sex
- (l) Housing & Living Situation
- (m) Academic & Vocational Skills
- (n) Sexual Behavior
- (o) Financial Management



**SEE TREATMENT PLAN "B" MAPS (1-6) FOR MAJOR STEPS TO THE LONG-TERM GOAL.**



Treatment Plan Map "B" # 2-B

Name John H.

Problem Area B- Family Relations

Date 7-19-99

WHAT'S THE LONG-TERM GOAL?  
*I want to be able to have discussions that aren't arguments with my mother and daughter.*

L

Here are the actions I will take to get to this goal:

WHAT?

P

BEGINNING WHEN?

C

#1 *I will talk about this problem with my counselor for ideas about how to work on it.*

C

*After group meeting tomorrow*

#2 *I will bring the problem to my process group meeting and see what ideas other people have.*

C

*In 2 weeks*

#3 *I will write down my ideas about what to do so that we don't argue so much.*

C

*As I have them. At least 2 ideas for each week I'm here.*

#4 *I'm going to write a letter to let my mother and daughter know that I'm working on this problem and that I really want things to change.*

C

*Write the letter tomorrow night.*



*Chapter Five*

*Deal with important issues: Map them!*



## *Deal with important issues: Map them!*

Time: After 1st month in treatment

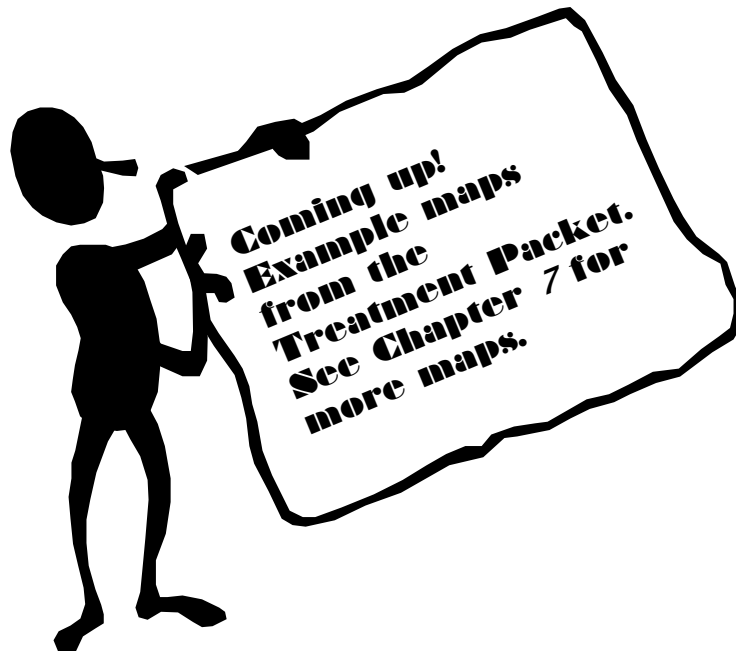
Materials: 15 copies of the Treatment Packet

Dr. C:

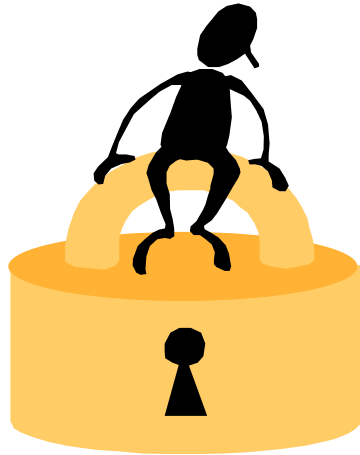
“ I’m going to give you a packet of maps. There are some of these maps I will ask you to bring to group and share... but I’ll give you plenty of advance notice on that. Others I’ll just ask you to do and leave with me before the group starts. I’ll let you know well in advance for that too.

*I use these maps because they give people a chance to sit down and think through some important things without having the distraction of another human being asking questions. It’s also a pretty good way to organize your thinking. Putting it down in this form may help you see a little more clearly how things are related, why things happen. Most important, it may give you some new ideas about how and where to make changes.*

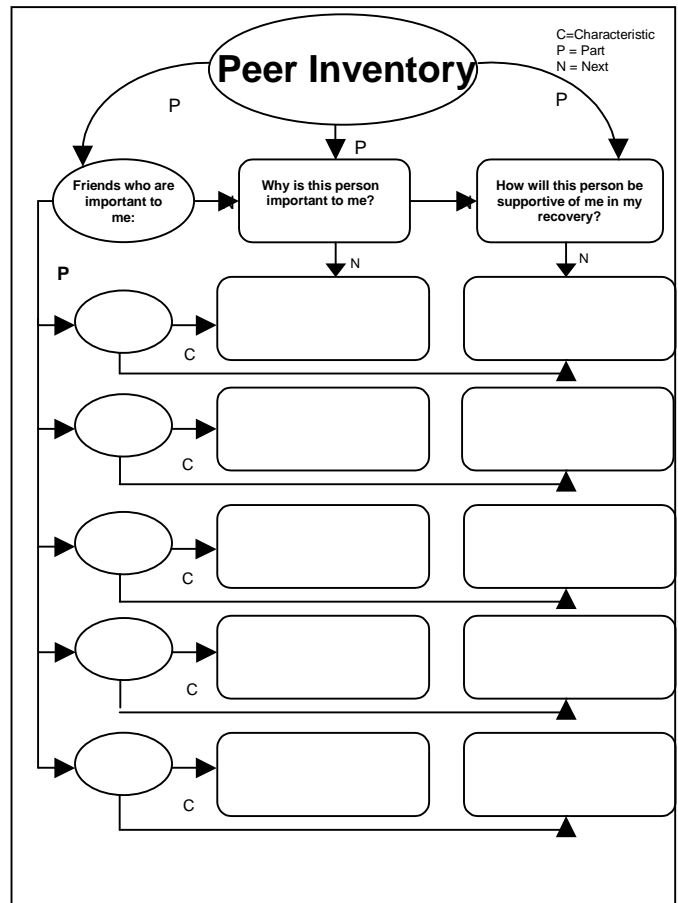
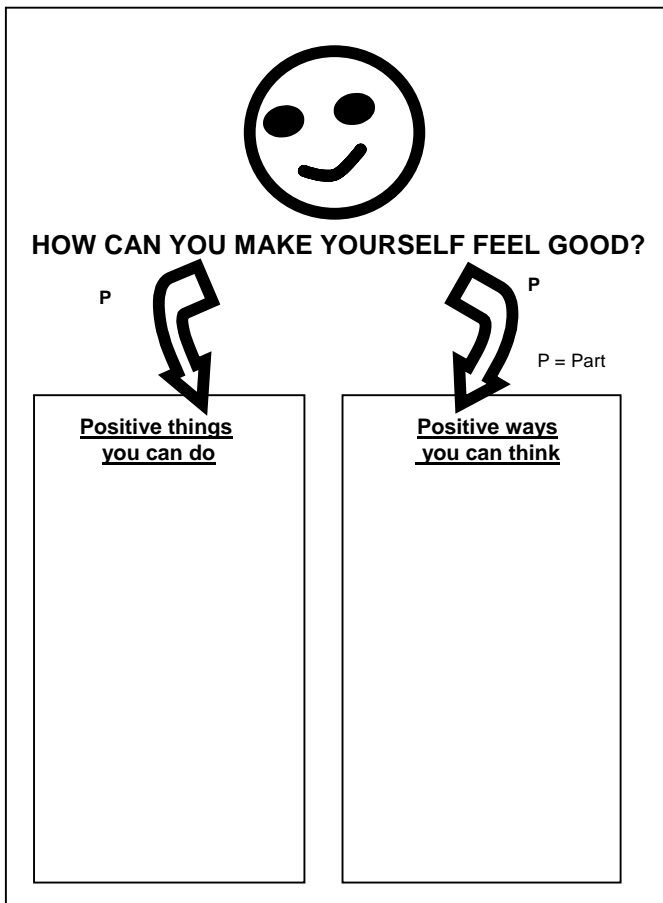
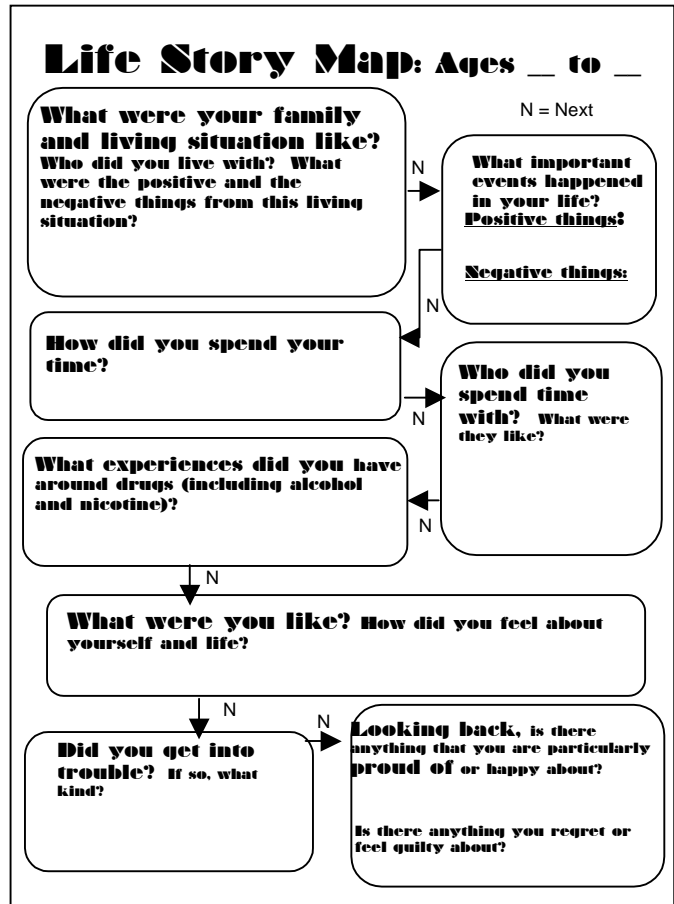
*We’ll talk about each map... either in group or just the two of us. No, there’s not much room to write. That means you have to really get to what’s most important... and put it into a few words or a sentence or two. ”*

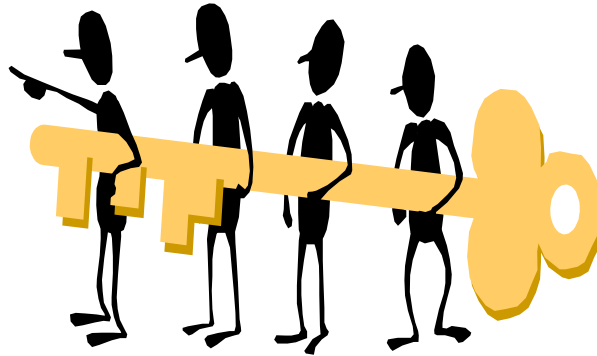


# A Quick Sketch of the

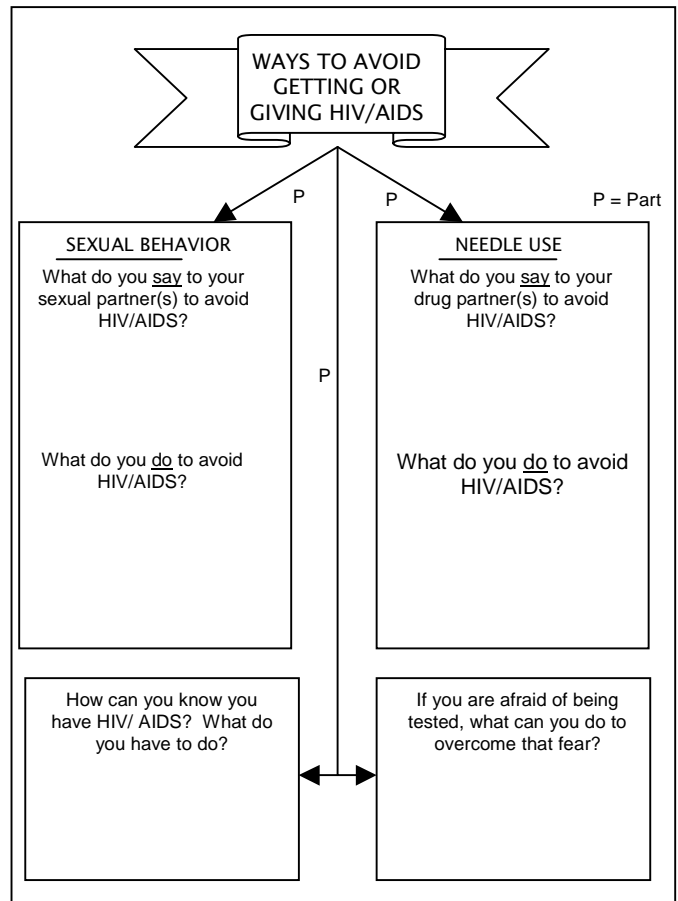
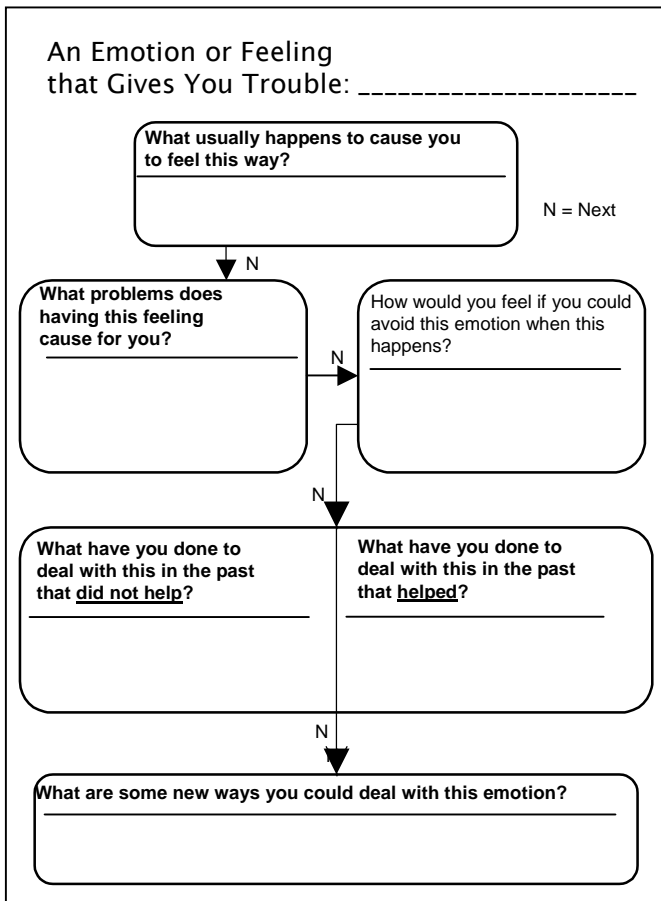


# During Treatment Maps





## During Treatment Maps (continued)



# Life Story Map: Ages 12 to 18

N = Next

**What were your family and living situation like? Who did you live with? What were the positive and the negative things from this living situation?**

*I lived with Mom & Dad & my sister. Hated my sister and didn't much like my parents when I was this age. I always felt they would support me against anybody else, but mostly to cover their own rears. I don't think they liked me much then. We always argued and I would go to school feeling sick.*

**What important events happened in your life?**

**Positive things:**

*I got a job at the dairy and made good money.*

**Negative things:**

*I didn't finish high school.*

**How did you spend your time?**

*I worked and I smoked and drank with my friends. I left school when I was 14, after the 8th grade. Sometimes I worked 12 hour shifts.*

**Who did you spend time with? What were they like?**

*My friends were mostly people I worked with. Only 1 old school buddy. They were dumb (I know now) but they liked me and they were the only ones who did.*

**What experiences did you have around drugs (including alcohol and nicotine)?**

*Got into a lot of trouble for getting boozed up and running my truck into things. I smoked too, but nobody cared.*

**What were you like? How did you feel about yourself and life?**

*I was pretty dumb too. Real cocky. Sometimes I really felt that way and sometimes I just felt scared about what was going to happen to me. Like whether my friends would keep on liking me and what if I lost my job... could I get another one? I didn't want anybody to know I worried like that and I didn't want to think about that stuff too long. So I was a tough guy.*

**Did you get into trouble? If so, what kind?**

*Got arrested about 6 times. They let me off with fines until I got probation for DWI. At least I didn't kill anybody. I'm sure glad my uncle is the sheriff of Jack County.*

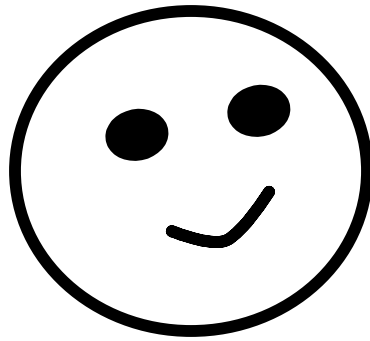
**Looking back, is there anything that you are particularly proud of or happy about?**

*I worked real hard and I was reliable most of the time. Drinking never got in the way of my job.*

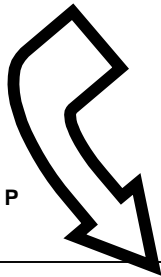
**Is there anything you regret or feel guilty about?**

*Drinking was stupid. It cost me money and my reputation. It was stupid too not to finish high school. I could have had a lot better job.*





## HOW CAN YOU MAKE YOURSELF FEEL GOOD?



### Positive things you can do

*I like to sing.*

*I like riding my motorcycle.*

*I like to go for long drives.*

*It's fun to be with friends who don't drink or do drugs.*

*It makes me feel good to do something for my retired neighbor. She used to teach first grade and has lots of stories to tell.*

*I like to buy stuff but it gets me in trouble if I spend too much money.*

*I like to play with my dogs.*



### Positive ways you can think

*Think about something else when I get mad or sad --- like what I'm going to do on the weekend.*

*Tell myself that I'm an okay person and remind myself of some of the good things I've managed to do, either lately or a long time ago.*

*Remember not to "sweat the small stuff" and that "it's all small stuff."*

*Say the Serenity Prayer.*

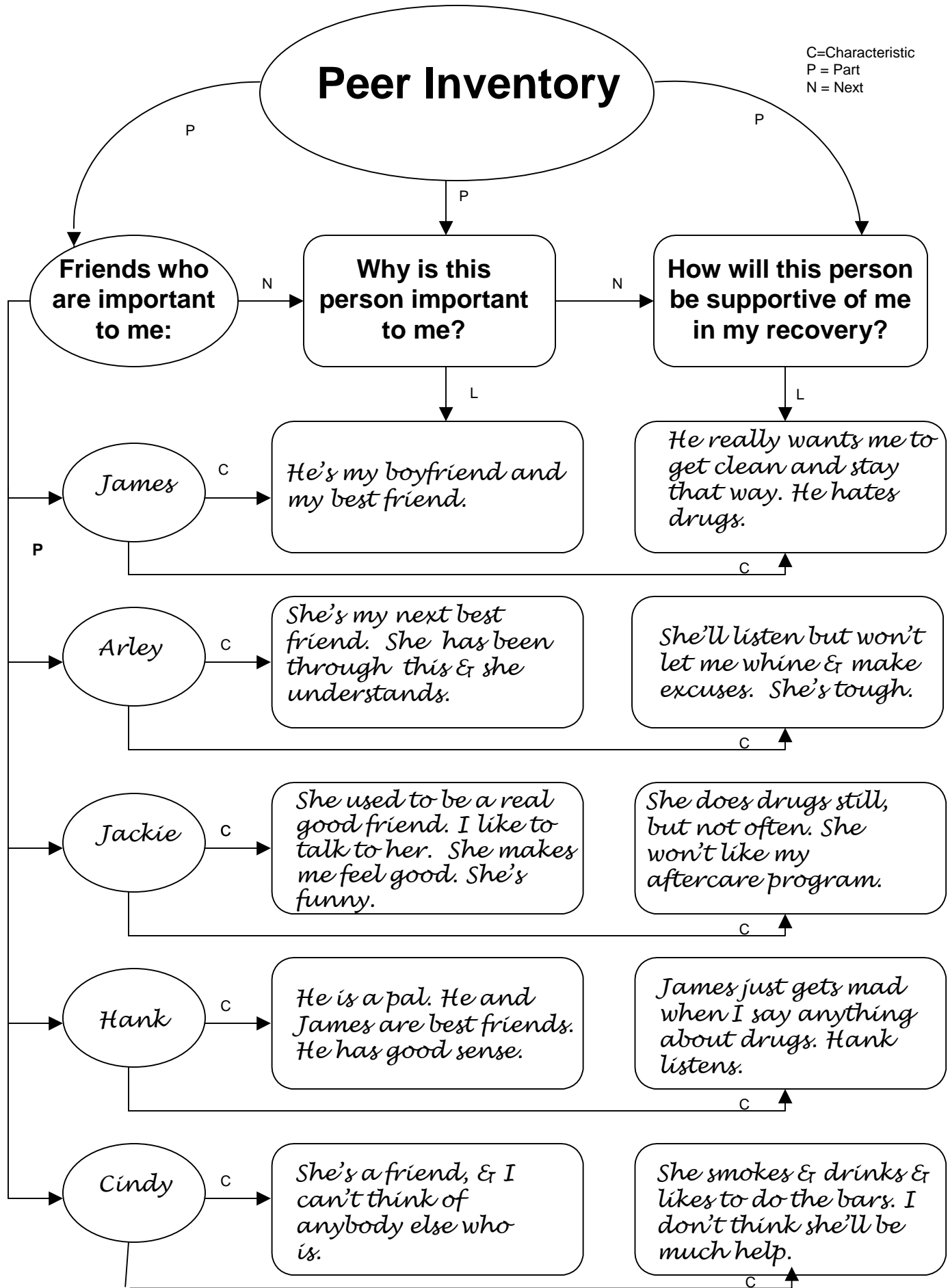
*Close my eyes and do the relaxation meditation that my counselor showed us.*

*Remember to think "Stop!!!" when I start thinking rotten thoughts about myself.*

P = Part

# Peer Inventory

C=Characteristic  
P = Part  
N = Next



An Emotion or Feeling that Gives You Trouble: Anger

**What usually happens to cause you to feel this way?**

*Somebody puts me down or says that what I have to say is not right.*

N = Next

**What problems does having this feeling cause for you?**

*I get in fights a lot... sometimes shoving and hitting. I also say things I don't mean and feel bad about later.*

**How would you feel if you could avoid this emotion when these situations happen?**

*That would be great, but sometimes it feels good to just let it all out.*

**What have you done to deal with this in the past that did not help?**

*Sometimes I try to reason with the person, to show that I'm not a dumb ass and that he's wrong about me. I must say the wrong things. That never works. Maybe I am a dumb ass.*

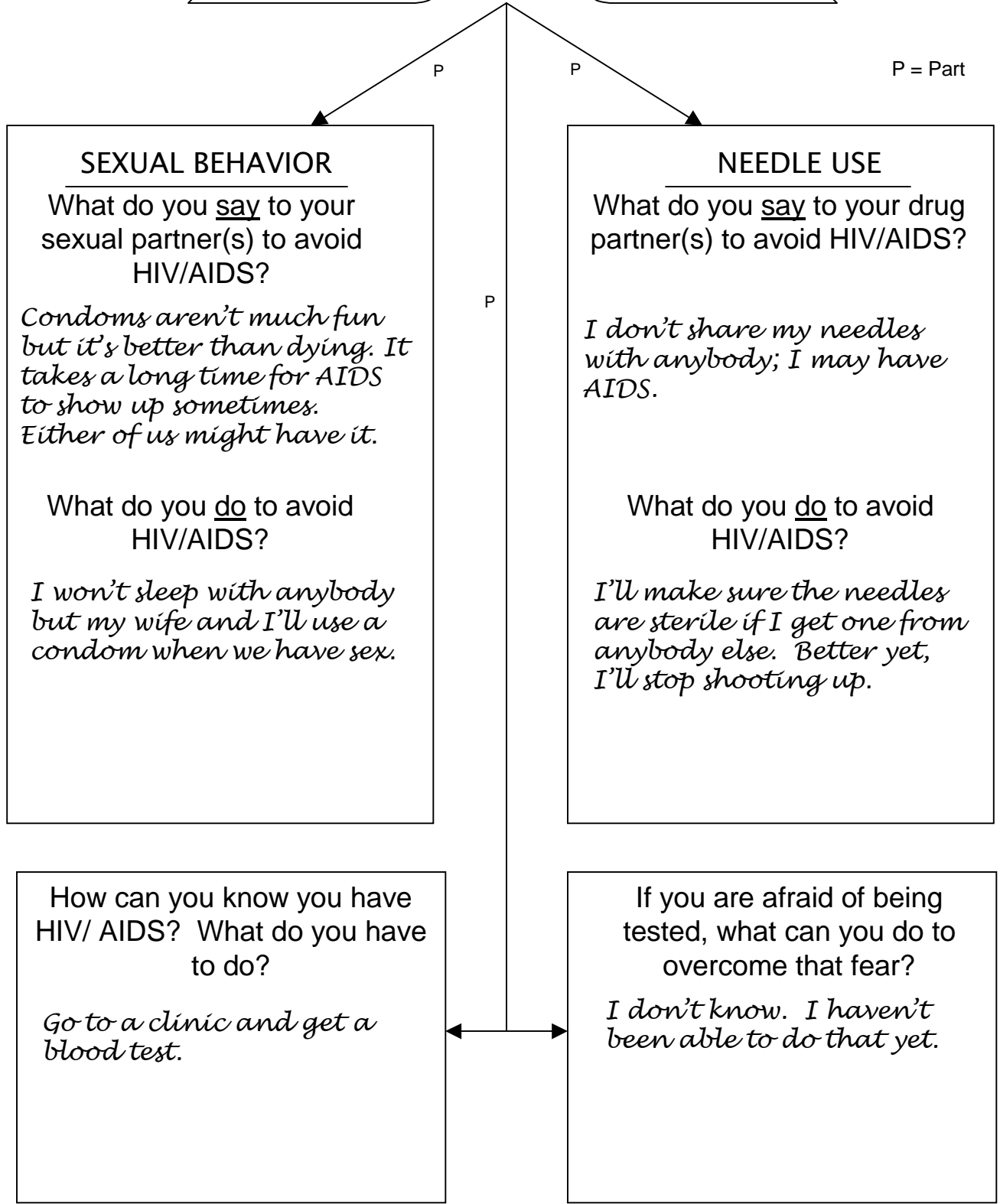
**What have you done to deal with this in the past that helped?**

*Not much. I forget to walk away or ignore what the person says. I've done that a few times but it was because I was working and had stuff to do. No time to argue or fight.*

**What are some new ways you could deal with this emotion?**

*Remember to walk off. Maybe just explain that what the guy just said is something that I am not going to talk about because I don't have the time or desire to get mad. Maybe I should have what I could say already memorized. Or maybe read it off a card. That would almost be fun, I think.*

# WAYS TO AVOID GETTING OR GIVING HIV/AIDS



## *Chapter Six*

*After treatment: mapping the future*



## *After treatment: mapping the future*

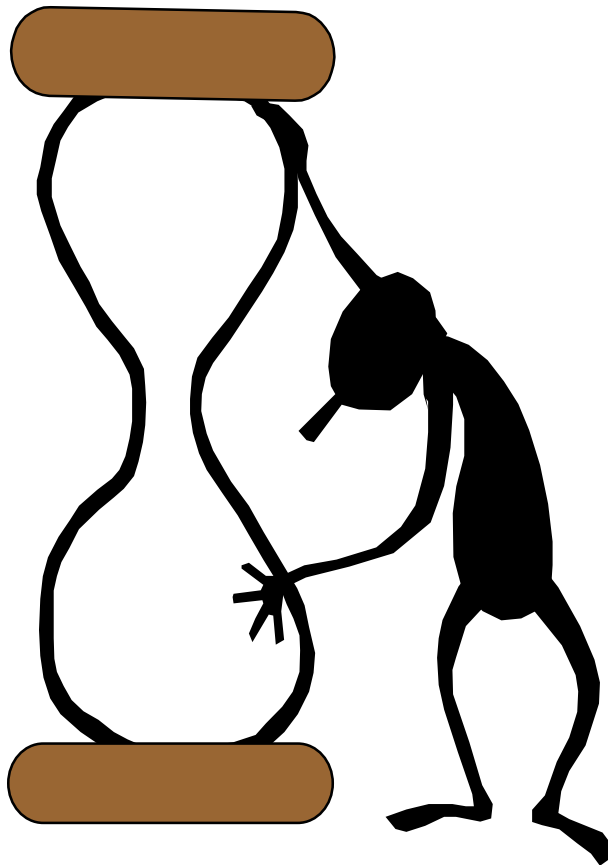
Time: After the third month of treatment

Materials: Copies for each participant of “Keeping Myself From Relapsing,” “If I Do Relapse..,” “My Plan for Getting a Sponsor,” The “Critical Action List.” Previously completed copy of “Treatment Plan Map A “ and enough “Solutions Map” for 6 copies to each participant. Overheads of all.

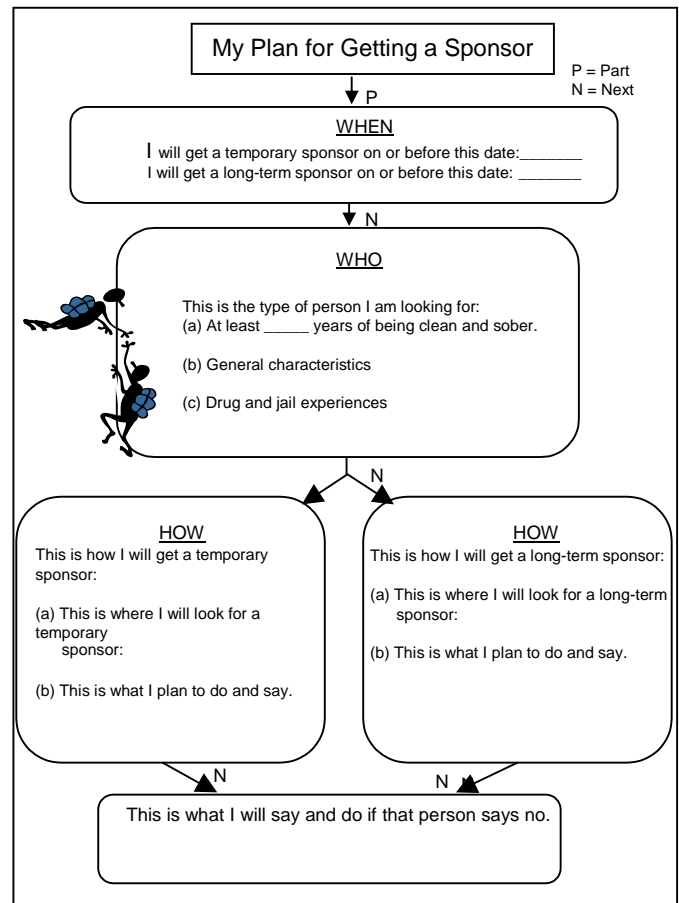
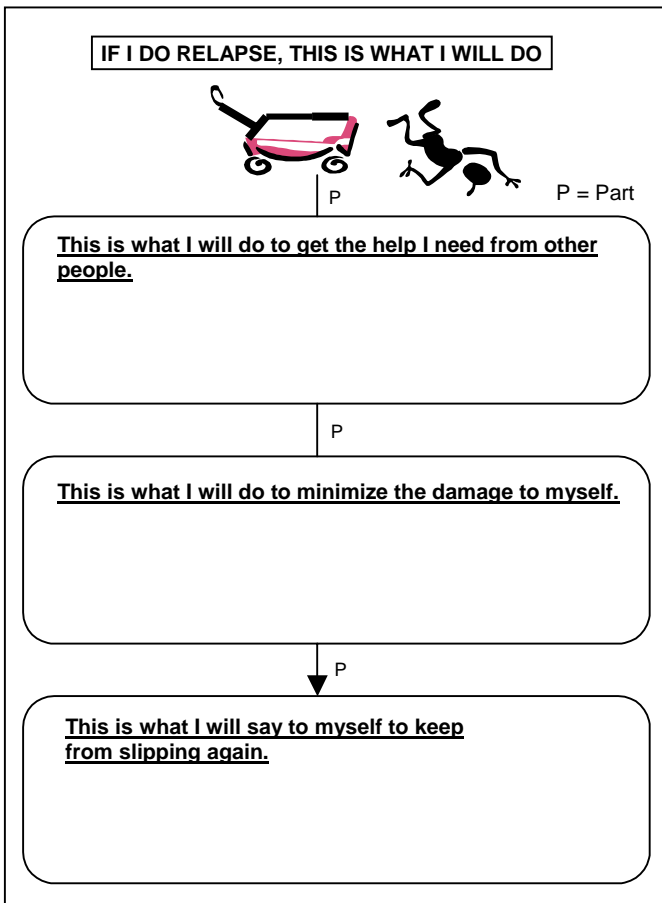
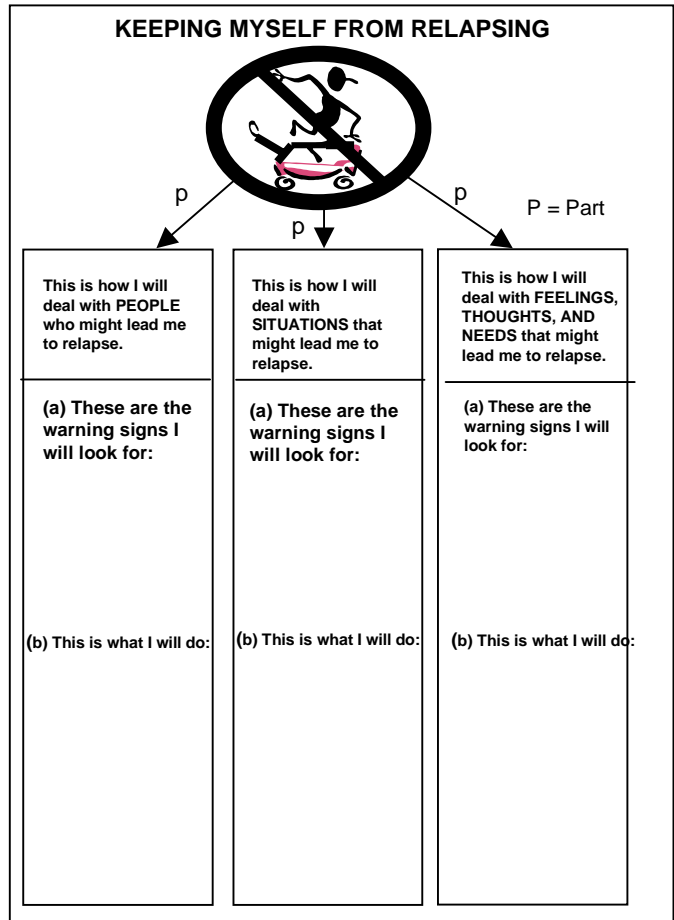
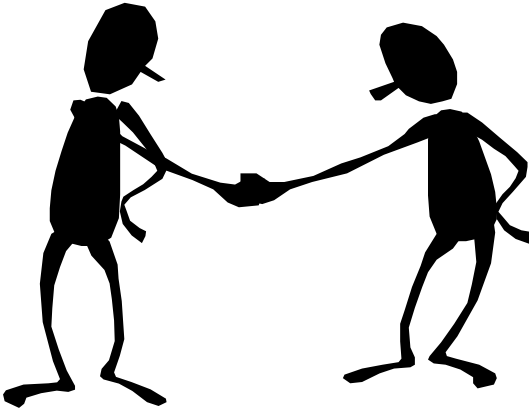
Dr. C:

“ You are almost finished with your in-patient treatment. You’ve been here three months working on things that are important to you. Now it’s time to make some concrete plans for what you will do when you leave here. I’m giving you maps to help with this planning process because maps are easier to remember. You can’t make plans work if you don’t remember them.

Do the maps in this ‘Transition’ package over the next two weeks. Then we’ll talk about them in group.” ”



# A Quick Sketch of Maps for Mapping the Future





**Treatment Plan Map "A"**  
*John H.*      7-19-99

Name \_\_\_\_\_ Date \_\_\_\_\_

STATE  
THE PROBLEM!

L →

WHAT'S THE  
LONG-TERM GOAL?

↓ P

↓ P

*Refer back to the previously completed Treatment Plan Map "A" here (see page 19).*

**Solutions Map #** \_\_\_\_ **Name** \_\_\_\_\_

Problem Area \_\_\_\_\_ Date \_\_\_\_\_

**WHAT'S THE LONG-TERM GOAL?**

↓ L

Here are the actions I will take to get to this goal:

WHAT?

P ←

→ C

BEGINNING  
WHEN?

#1

C →


This format is the same as Treatment Plan Map "B." See page 20. A new after-treatment map is made for each of the problem areas shown on the Treatment Plan Map "A."

**Critical Action List  
for Aftercare & Recovery**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

You'll recognize this as the same format we used for the Personal Action List for Treatment (see page 16). A new after-treatment map is made to lay out the immediate priorities.

Are these actions important for you to do during treatment?



**Defining Your Critical Action**

What's the action?

**Picture yourself doing this action!**

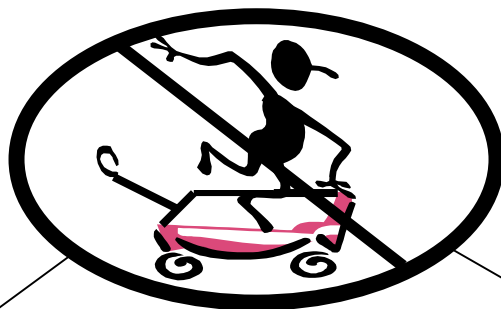
What problems or obstacles might make it difficult to do this?

P = Part

How will you overcome these problems or obstacles?

How will you remember to do this action?

# KEEPING MYSELF FROM RELAPSING



P

P

P = Part

**This is how I will deal with PEOPLE who might lead me to relapse.**

**(a) These are the warning signs I will look for:**

*Joe, Chuy, Bubba*

*My mom, who makes me crazy.*

**(b) This is what I will do:**

*Avoid these dudes.*

*Ask Mom to not talk to me about drinking, my job, or my girl-friends. Leave the house if she does. Ask Dad to help.*

**This is how I will deal with SITUATIONS that might lead me to relapse.**

**(a) These are the warning signs I will look for:**

*Invitations to parties.*

*Unexpected changes in plans that leave me with people I don't like in places that are bad for me.*

*Things people say at work or at home that make me feel inadequate.*

**(b) This is what I will do:**

*I will avoid parties for at least a year. Then I will only go to friends' parties & I won't leave except to go home.*

*I will say, "I'm sick; I need to go home. Now." It will be true.*

*I will remember: I know who I am. They don't. I am just fine. I will think of a good thing I did & then move on.*

**This is how I will deal with FEELINGS, THOUGHTS, AND NEEDS that might lead me to relapse.**

**(a) These are the warning signs I will look for:**

*Getting sad, depressed.*

*Not feeling good physically.*

*Getting really angry at somebody & not being able to let go of it.*

*Saying to myself "I need a fix."*

*Saying to myself "I am no damn good."*

**(b) This is what I will do:**

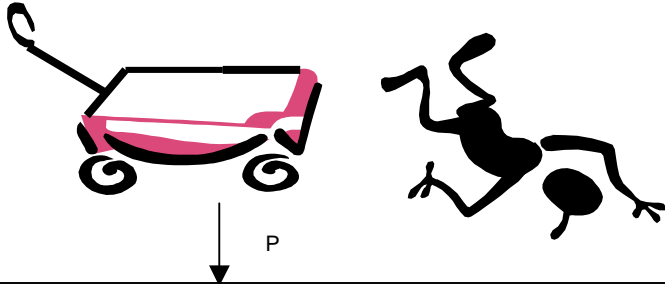
*Stay busy. Rent a funny movie & watch it 3 or 4 times when I first start feeling that way.*

*Get more sleep.*

*Use my "STOP!!" strategies.*

*Learn to say "That's baloney!" when I say something stupid to myself.*

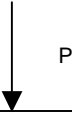
**IF I DO RELAPSE, THIS IS WHAT I WILL DO**



P = Part

**This is what I will do to get the help I need from other people.**

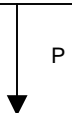
*Call my sponsor. Explain to my wife and ask for her help... again.*



**This is what I will do to minimize the damage to myself.**

*I will keep telling myself that one slip is not the same as going down the tubes for eternity.*

*I'll watch for the negative junk I lay on myself when I screw up. Some of it I need and deserve. The rest just makes me want to drink.*



**This is what I will say to myself to keep from slipping again.**

*One hour at a time. One day at a time.*

*Get a life. Get the list. (My list of things to think about or do when I hit a situation or a feeling that makes me want to drink or do drugs. I'm going to memorize it.)*

# My Plan for Getting a Sponsor

P = Part  
N = Next

P

## WHEN

I will get a temporary sponsor on or before this date: 10-15-99

I will get a long-term sponsor on or before this date: 11-15-99

N

## WHO

This is the type of person I am looking for:

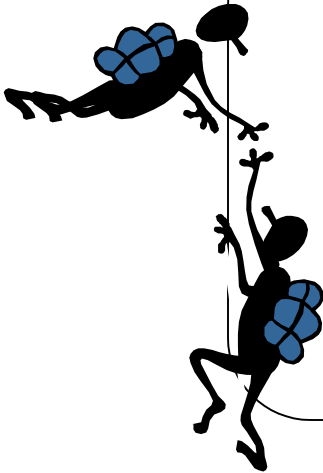
(a) At least 5 years of being clean and sober.

(b) General characteristics

*A guy, not too old. Not like my father.  
Easy to talk to who doesn't look down on me.  
Somebody I can trust, depend on.*

(c) Drug and jail experiences

*If he's been in jail, then it should have been  
a long time ago or I can't be with him.*



N

## HOW

This is how I will get a temporary sponsor:

(a) This is where I will look for a temporary sponsor: *Glass House AA*

(b) This is what I plan to do and say.

*I'm new here. I want to be sober and I am willing to work at it real hard. I need a temporary sponsor. Will you do that for me?*

## HOW

This is how I will get a long-term sponsor:

(a) This is where I will look for a long-term sponsor: *same place*

(b) This is what I plan to do and say.

*I have heard you talk and we have some things in common. I am impressed with what you have done with your life. I'm ready to work hard to clean up my life. Will you be my sponsor?*

N

N

This is what I will say and do if that person says no.

*I understand. It takes a lot of time. Do you know someone who might be a good sponsor for me?*

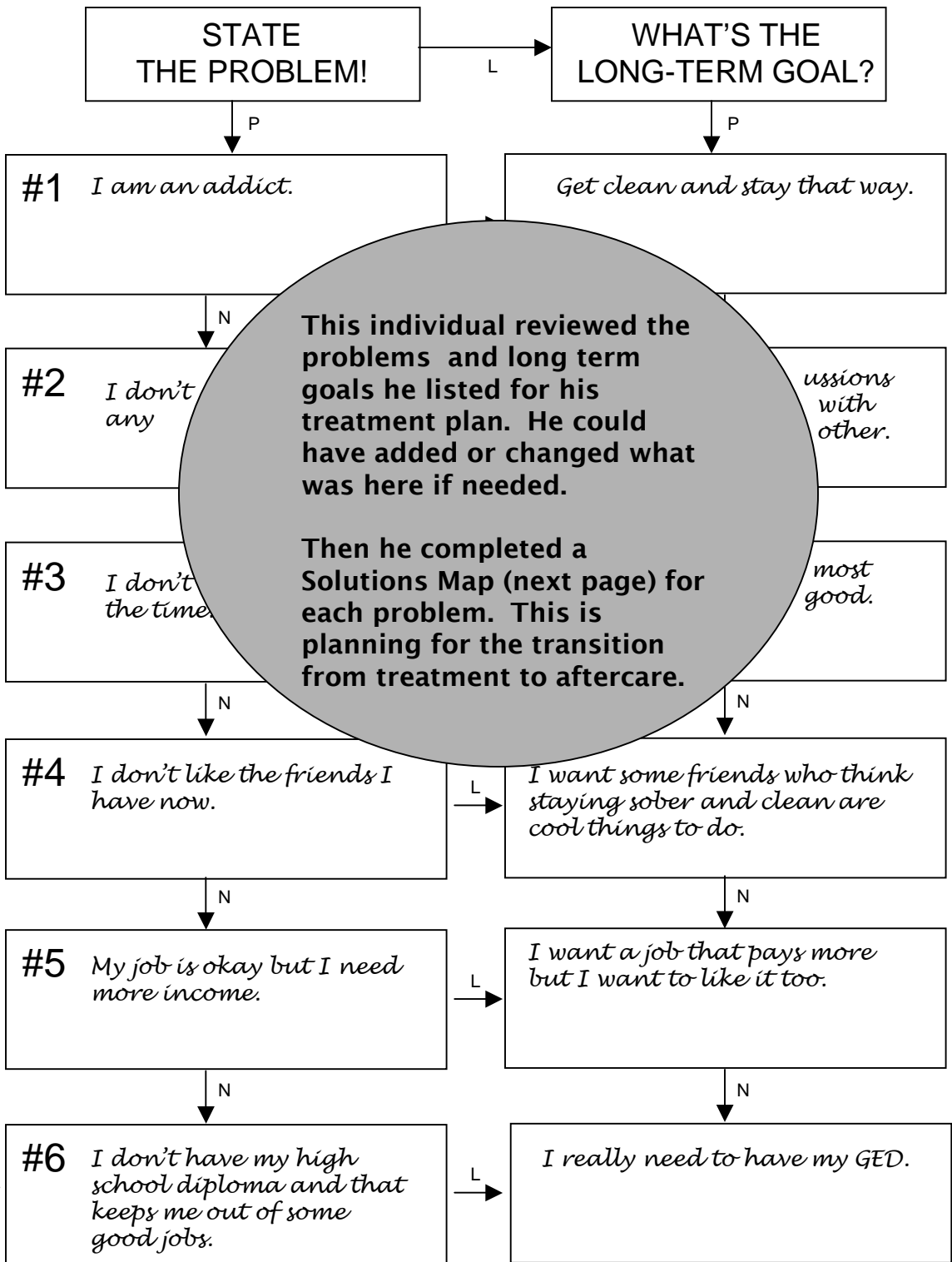
P = Part  
 N = Next  
 L = Leads to

**Treatment Plan Map "A"**

Name John H. Date 7-19-99

Which areas should be treatment targets?  
 Check the 6 most critical areas and then fill in the boxes.

- (a) Employment & Support
- (b) Family Relations
- (c) Peer Relations
- (d) Legal & Criminality
- (e) Medical & Health
- (f) Psychological & Emotional
- (g) Alcohol Use
- (h) All other drug use
- (i) Gambling
- (j) AIDS-Risky Needle Use
- (k) AIDS-Risky Sex
- (l) Housing & Living Situation
- (m) Academic & Vocational Skills
- (n) Sexual Behavior
- (o) Financial Management



**SEE TREATMENT PLAN "B" MAPS (1-6) FOR MAJOR STEPS TO THE LONG-TERM GOAL.**

# Solutions Map # 2

Name John H.

Problem Area B- Family Relations Date 9-5-99

**WHAT'S THE LONG-TERM GOAL?**  
*I want to be able to have discussions that aren't arguments with my mother and daughter.*

P = Part  
 N = Next  
 L = Leads to

Here are the actions I will take to get to this goal:

**WHAT?**

**BEGINNING WHEN?**

**#1** *I will show my mother and daughter the ideas that I wrote down my during treatment about what to do so that we don't argue so much. I will show them the rules I learned in treatment about how to have a fair discussion, not a fight.*

*After I have been home 1 day. Sooner if it looks like we are going to argue.*

**#2** *I will ask for my mother's and daughter's help to overcome our "argument" problem.*

*In the first week I'm home.*

**#3** *We will make Critical Action Lists or Planning Rockets for each of us so we will be straight on what we need to do to avoid making a hell of each other's lives.*

*In the first week I'm home.*

**#4** *I will talk about this problem with my aftercare counselor so I will have some support as I try to change. I will also bring the problem to my aftercare group meeting and see what ideas other people have.*

*Start next Monday night.*

## Critical Action List for Aftercare & Recovery

1. *I will attend all my AA meetings.*
2. *I will find a sponsor.*
3. *I will take action to make things better with my family.*
4. *I will find a higher-paying job.*
5. *I will review my treatment materials once a week before my Tuesday group meeting.*
6. *I will ask my counselor for help when I am confused.*

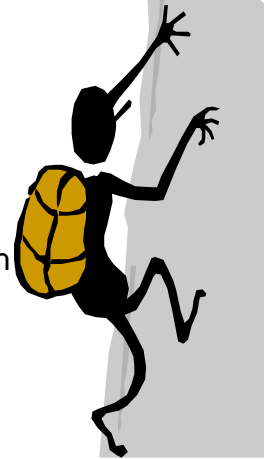
### Check it out!

Are these actions that you can really do?

Are the actions stated in positive terms?

Are these actions clear and specific enough so that it is easy to tell when they have happened?

Are these actions important for you to do for your recovery?

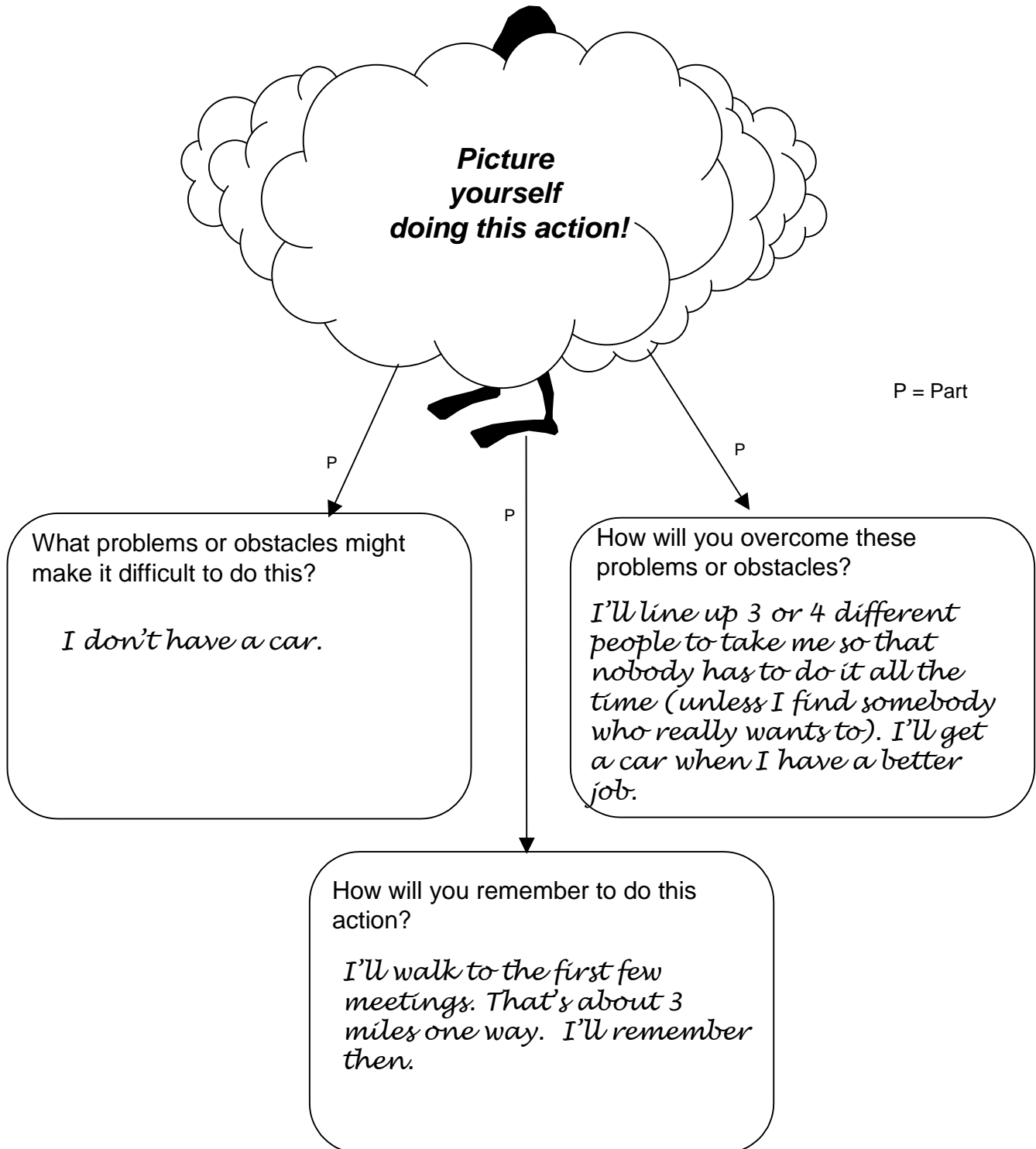


- ✓ This is the list that the group member takes into aftercare. Then, for each action, the individual completes a “Define Your Critical Action” map. The intent is to produce a realistic plan for the immediate future.

# Defining Your Critical Action

What's the action?

*I will attend all of my A.A. meetings. One a day for 2 months.*





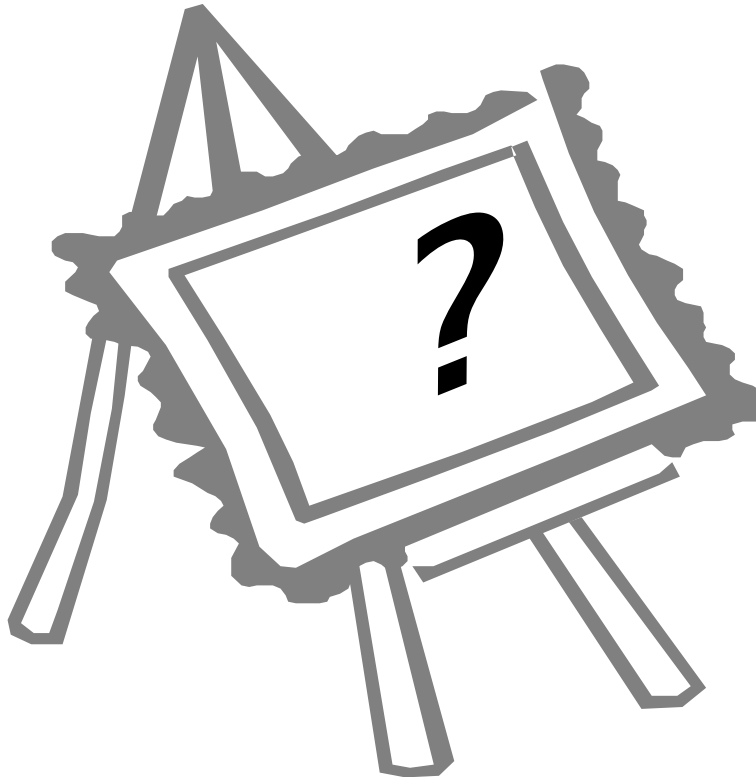
## *Post script to the treatment sequence.....*

***Putting maps to work.*** If he has assigned a map to all members of the group to do individually, Dr. C will initiate a group discussion centered on that map. Group discussion would also follow “map projects,” an assignment to work with one or several other group members to complete a map. When he assigns specific maps to individuals, Dr. C follows up with one-on-one talks, using the map as a starting point.

***What will you do?*** We have found that counselors like to experiment with maps before they decide on their own approach to the tool. Although we think the general plan shown here, with treatment planning, during treatment, and post-treatment planning maps is good, you may discover some unique approaches to mapping that work especially well with your style and the needs of your clients.

### ***What not to do?***

1. Don't write off guide maps as “too simple.”
2. Don't file this manual on the bookshelf.
3. Don't skip over the next chapter: read it and see what using this graphic approach has done in treatment settings.
4. Do copy a few of the maps in the last chapter and give it a try. We think you will be pleased with the results.





## *Chapter 7*

### *Maps to Choose and Use: Food for the Copy Machine*

- A. *Dr. C's Map Treatment Packet..60*
- B. *Dealing with Myself..78*
- C. *Dealing with Other People..92*
- D. *Planning Ahead, Decision Making, and  
Problem Solving..100*
- E. *Learning from Situations..104*
- F. *Dealing with Substance Abuse..112*
- G. *Dealing with HIV / AIDS..115*
- H. *General..119*

## ***A. Dr. C's Map Treatment Packet***

### ***1. Beginning Treatment***

***My Self..61***

***A Map to Explain Maps ..62***

### ***2. Planning for Treatment***

***Personal Action List for Treatment..63***

***The Planning Rocket..64***

***Treatment Plan Map "A"..65***

***Treatment Plan Map "B"..66***

### ***3. During Treatment***

***Life Story..67***

***Feel Good..68***

***Peer Inventory..69***

***Emotion..70***

***Ways to Avoid AIDS..71***

### ***4. Planning for Aftercare and Recovery***

***Keeping Myself from Relapsing..72***

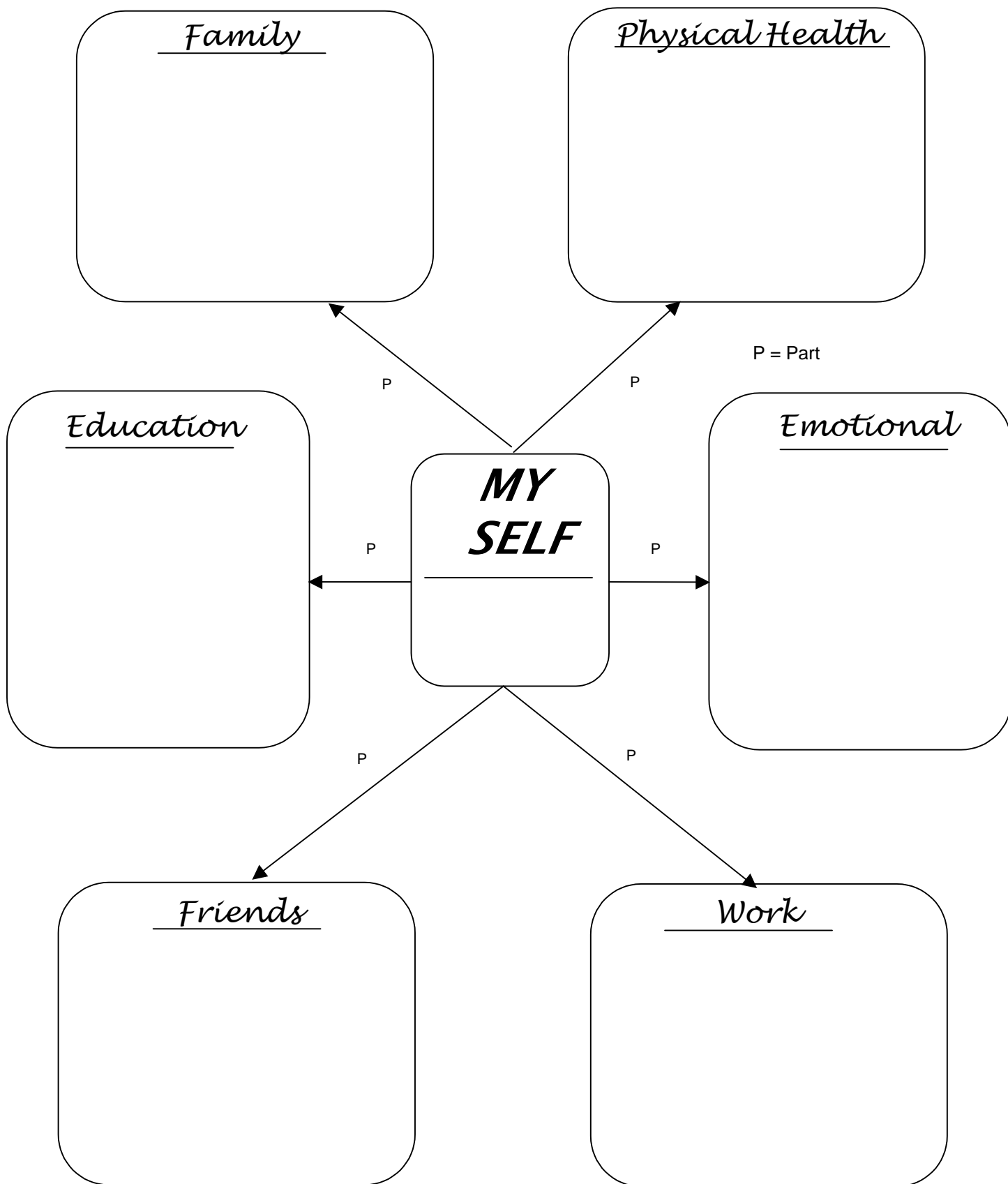
***If I Do Relapse.....73***

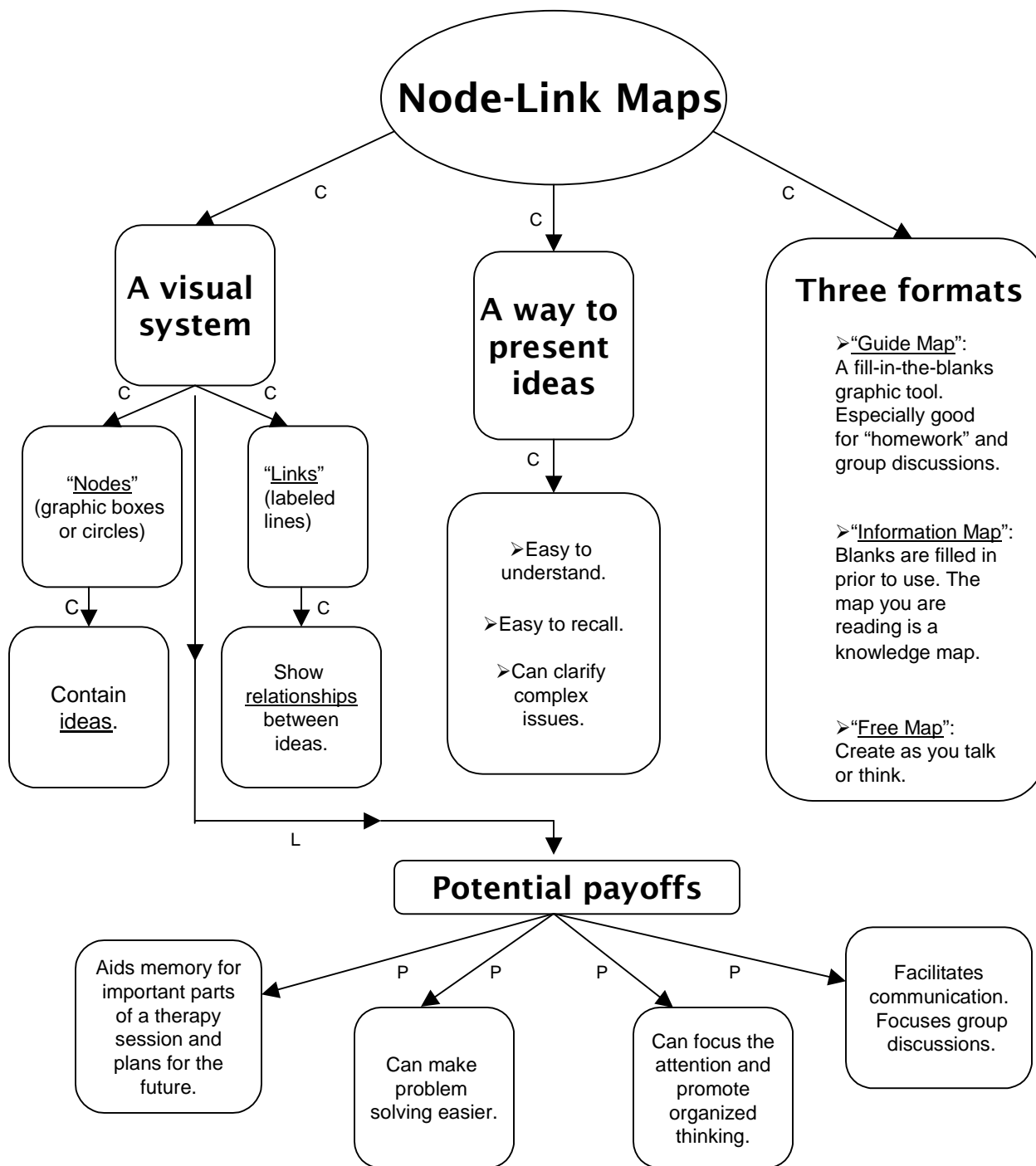
***My Plan for Getting a Sponsor..74***

***Solutions Map..75***

***Critical Actions List for Aftercare  
and Recovery..76***

***Defining Your Critical Action..77***





## A map to explain maps!

C = Characteristic  
L = Leads to  
P = Part

## Personal Action List for Treatment

1.
2.
3.
4.
5.
6.

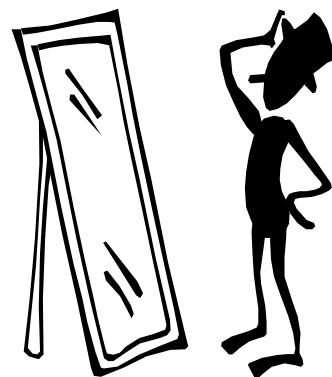
### Check it out!

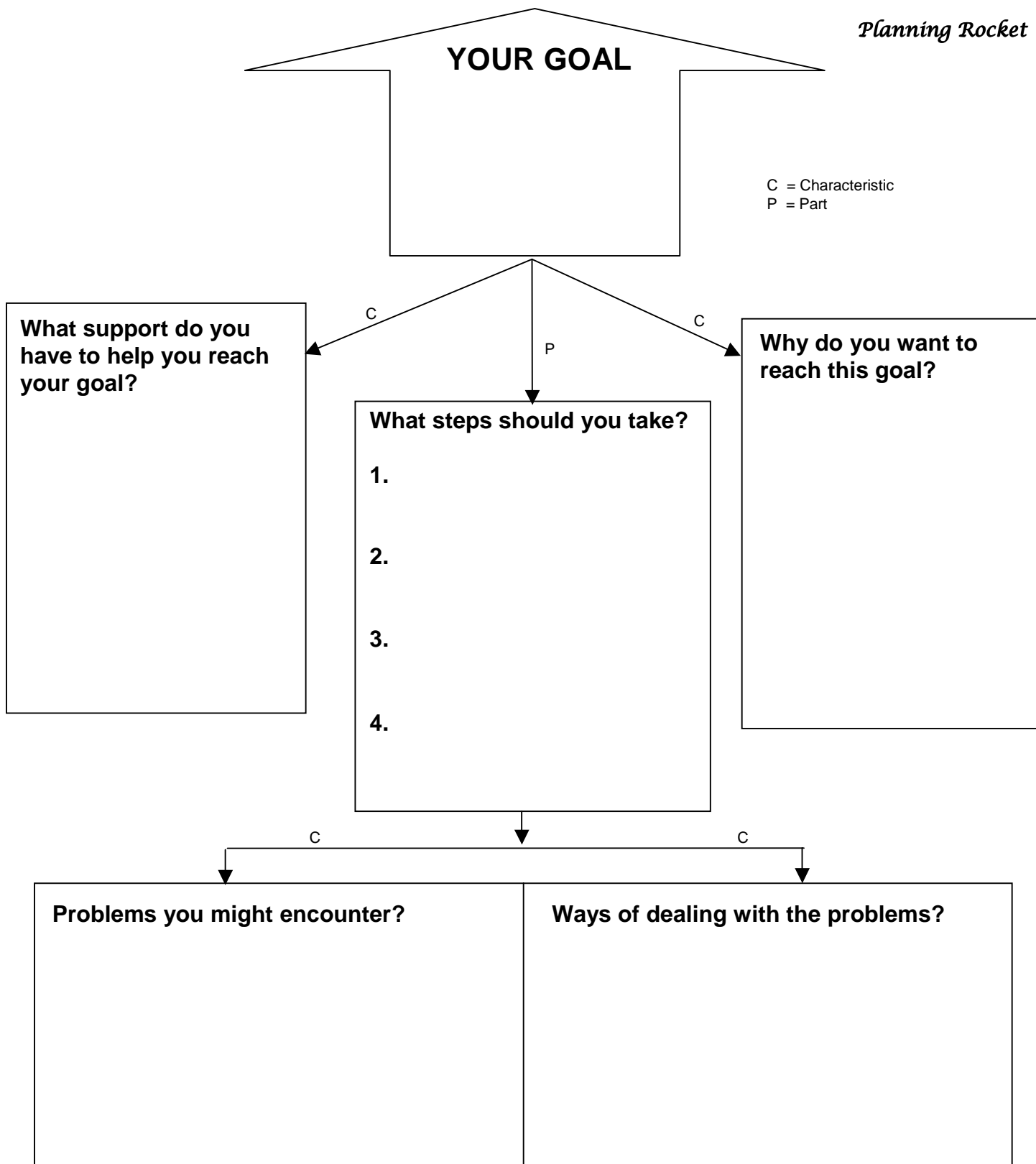
Are these actions that you can really do?

Are the actions stated in positive terms?

Are these actions clear and specific enough so that it is easy to tell when they have happened?

Are these actions important for you to do during treatment?





**THE PLANNING ROCKET** 



P = Part  
 N = Next  
 L = Leads to

## Treatment Plan Map "A"

Name \_\_\_\_\_ Date \_\_\_\_\_

Which areas should be treatment targets?  
 Check the 6 most critical areas and then fill in the boxes.

\_\_\_ (a) Employment & Support

\_\_\_ (b) Family Relations

\_\_\_ (c) Peer Relations

\_\_\_ (d) Legal & Criminality

\_\_\_ (e) Medical & Health

\_\_\_ (f) Psychological & Emotional

\_\_\_ (g) Alcohol Use

\_\_\_ (h) All other drug use

\_\_\_ (i) Gambling

\_\_\_ (j) AIDS-Risky Needle Use

\_\_\_ (k) AIDS-Risky Sex

\_\_\_ (l) Housing & Living Situation

\_\_\_ (m) Academic & Vocational Skills

\_\_\_ (n) Sexual Behavior

\_\_\_ (o) Financial Management

### STATE THE PROBLEM!

### WHAT'S THE LONG-TERM GOAL?

## #1

## #2

## #3

## #4

## #5

## #6

**SEE TREATMENT PLAN "B" MAPS (1-6) FOR MAJOR STEPS TO THE LONG-TERM GOAL.**

Treatment Plan Map "B" # \_\_\_\_\_ Name \_\_\_\_\_

Problem Area \_\_\_\_\_ Date \_\_\_\_\_

WHAT'S THE LONG-TERM GOAL?

L = Leads to  
P = Part  
C = Characteristic

Here are the actions I will take to get to this goal:

WHAT?

BEGINNING WHEN?

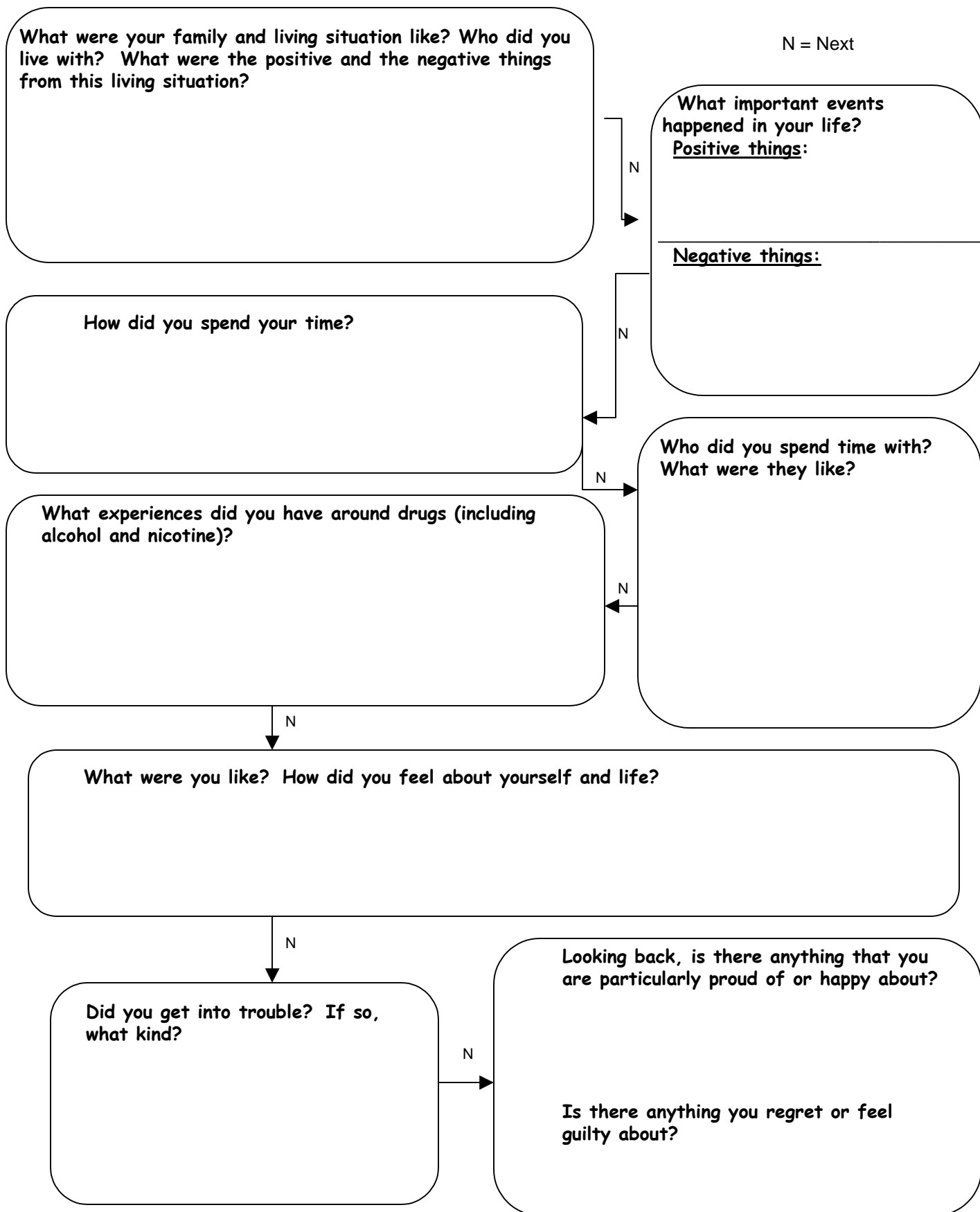
#1

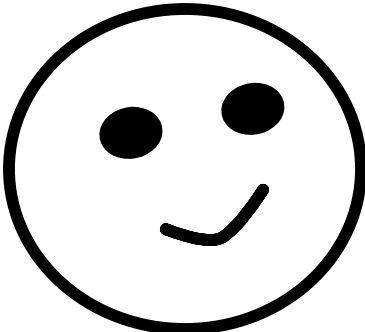
#2

#3

#4

# Life Story Map: Ages \_\_\_\_ to \_\_\_\_





**HOW CAN YOU MAKE YOURSELF FEEL GOOD?**

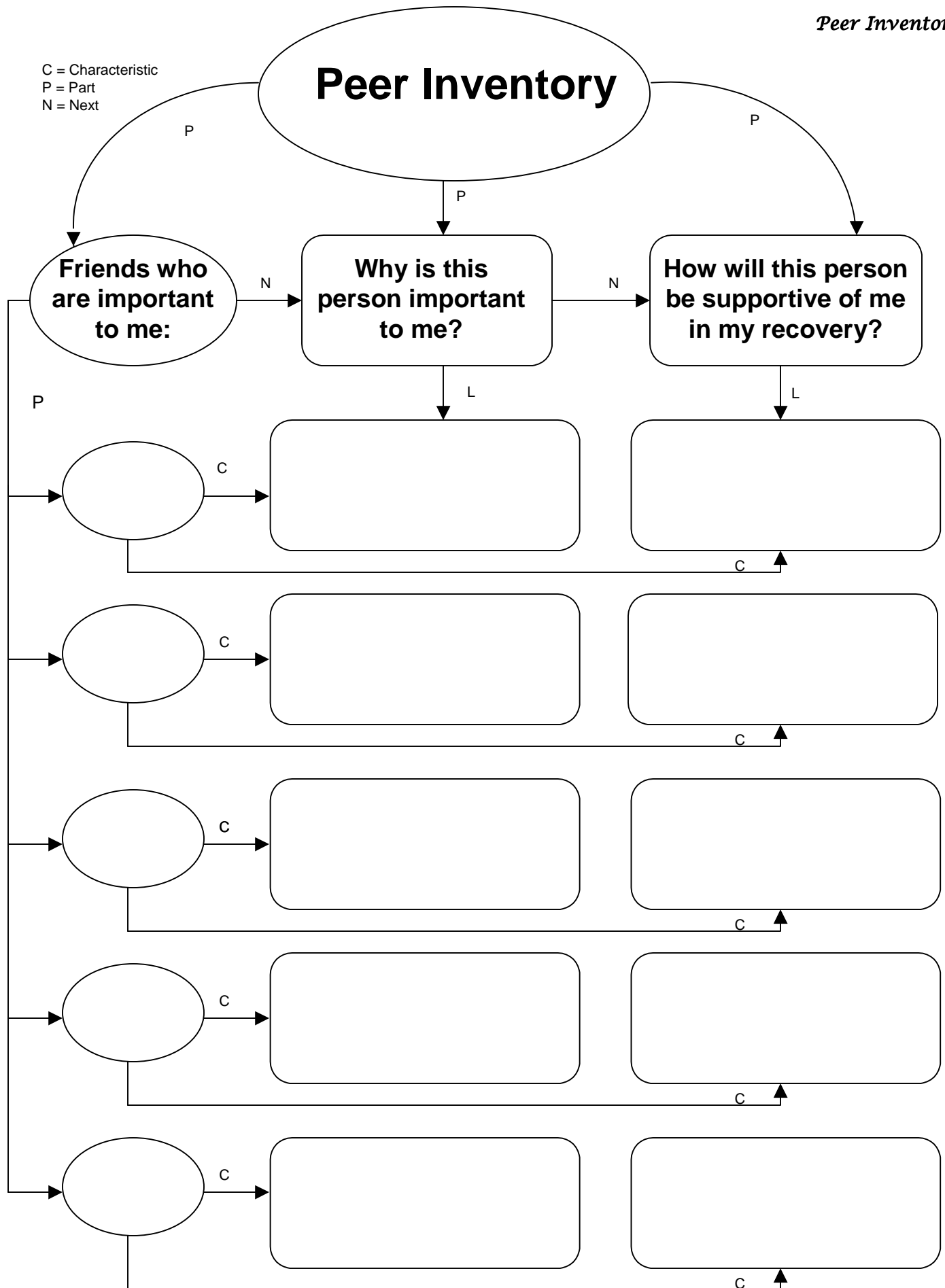


P = Part

**Positive things you can do**

**Positive ways you can think**

C = Characteristic  
P = Part  
N = Next



An Emotion or Feeling  
that Gives You Trouble: \_\_\_\_\_

**What usually happens to cause you to feel this way?**  
\_\_\_\_\_

N = Next

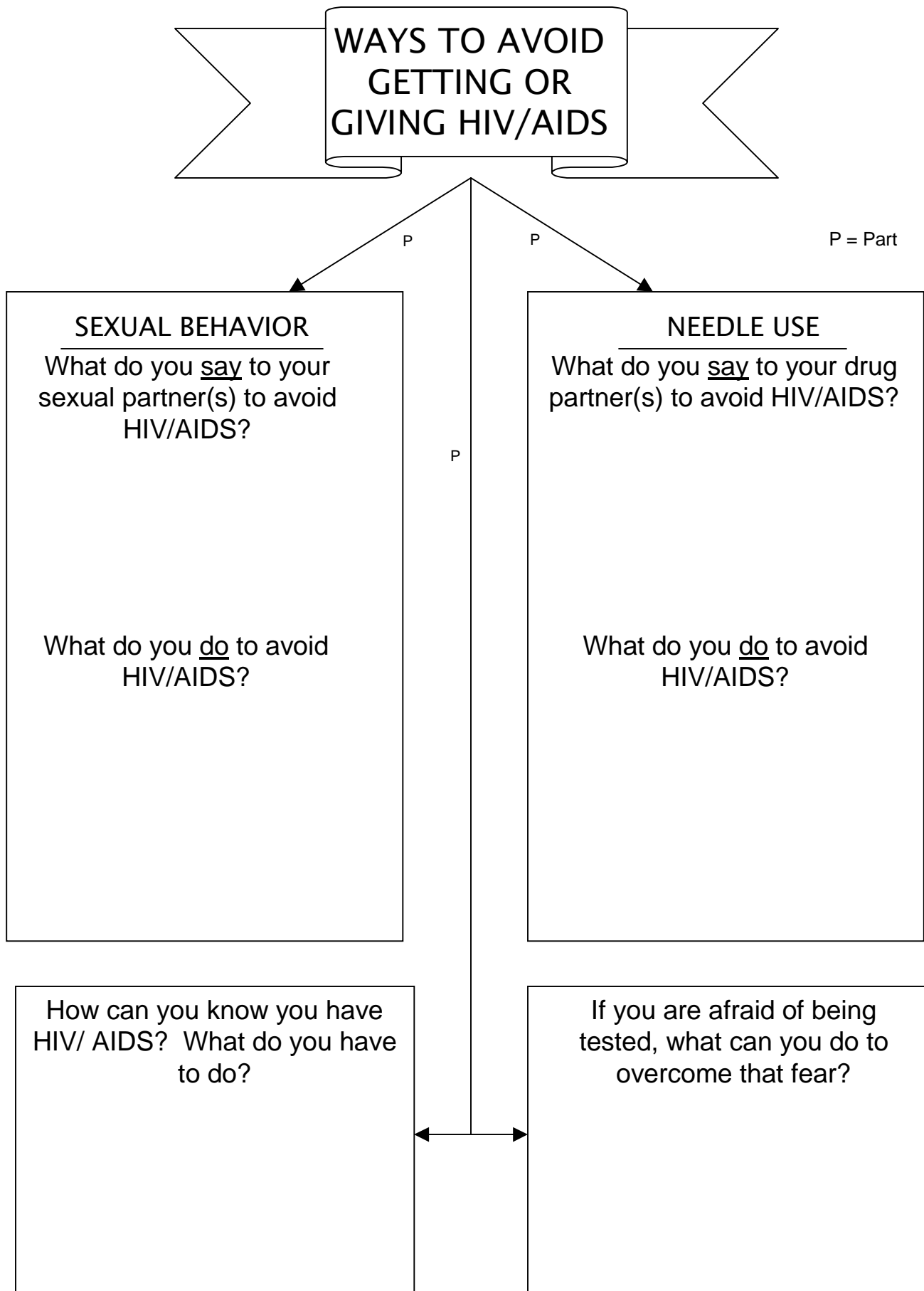
**What problems does having this feeling cause for you?**  
\_\_\_\_\_

**How would you feel if you could avoid this emotion when these situations happen?**  
\_\_\_\_\_

**What have you done to deal with this in the past that did not help?**  
\_\_\_\_\_

**What have you done to deal with this in the past that helped?**  
\_\_\_\_\_

**What are some new ways you could deal with this emotion?**  
\_\_\_\_\_



# KEEPING MYSELF FROM RELAPSING



P

P

P

P = Part

**This is how I will deal with PEOPLE who might lead me to relapse.**

**(a) These are the warning signs I will look for:**

**(b) This is what I will do:**

**This is how I will deal with SITUATIONS that might lead me to relapse.**

**(a) These are the warning signs I will look for:**

**(b) This is what I will do:**

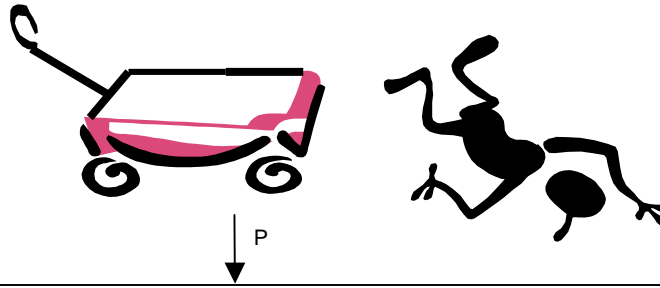
**This is how I will deal with FEELINGS, THOUGHTS, AND NEEDS that might lead me to relapse.**

**(a) These are the warning signs I will look for:**

**(b) This is what I will do:**



## IF I DO RELAPSE, THIS IS WHAT I WILL DO



P = Part

This is what I will do to get the help I need from other people.

P

This is what I will do to minimize the damage to myself.

P

This is what I will say to myself to keep from slipping again.

# My Plan for Getting a Sponsor

P = Part  
N = Next

P

## WHEN

I will get a temporary sponsor on or before this date: \_\_\_\_\_

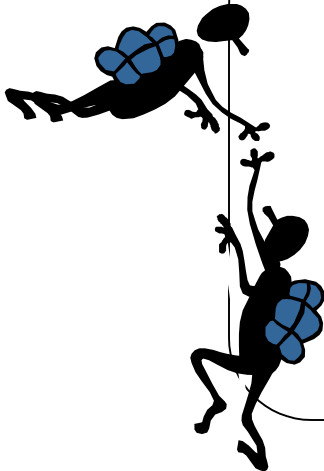
I will get a long-term sponsor on or before this date: \_\_\_\_\_

N

## WHO

This is the type of person I am looking for:

- (a) At least \_\_\_\_\_ years of being clean and sober.
- (b) General characteristics
- (c) Drug and jail experiences



N

## HOW

This is how I will get a temporary sponsor:

- (a) This is where I will look for a temporary sponsor:
- (b) This is what I plan to do and say.

## HOW

This is how I will get a long-term sponsor:

- (a) This is where I will look for a long-term sponsor:
- (b) This is what I plan to do and say.

N

N

This is what I will say and do if that person says no.

Solutions Map # \_\_\_\_\_

Name \_\_\_\_\_

Problem Area \_\_\_\_\_ Date \_\_\_\_\_

WHAT'S THE LONG-TERM GOAL?

P = Part  
N = Next  
L = Leads to

Here are the actions I will take to get to this goal:

WHAT?

BEGINNING WHEN?

#1

#2

#3

#4

## Critical Action List for Aftercare and Recovery

1.
2.
3.
4.
5.
6.

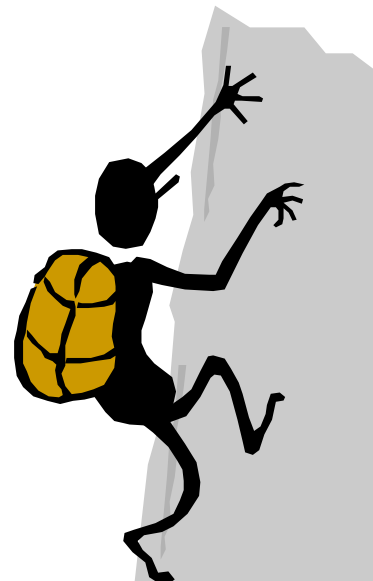
### Check it out!

Are these actions that you can really do?

Are the actions stated in positive terms?

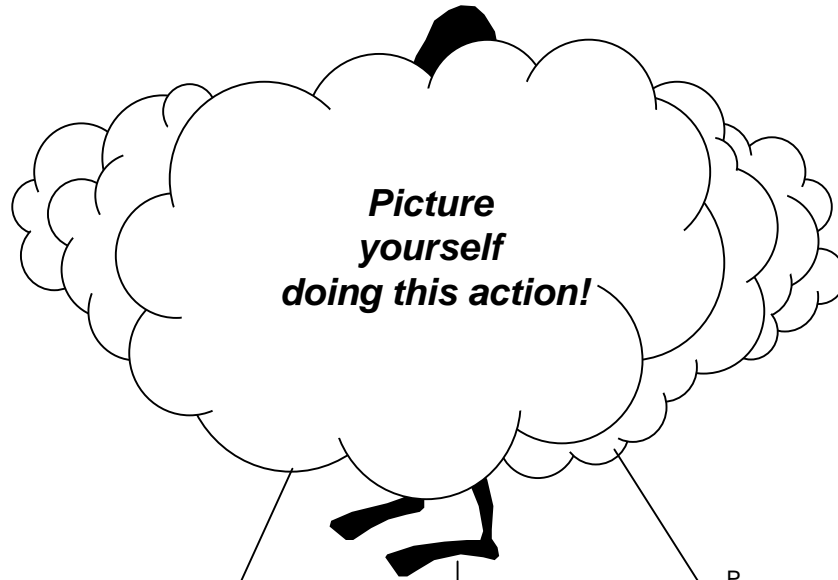
Are these actions clear and specific enough so that it is easy to tell when they have happened?

Are these actions important for you to do for your recovery?



# Defining Your Critical Action

What's the action?



P = Part

P

P

P

What problems or obstacles might make it difficult to do this?

How will you overcome these problems or obstacles?

How will you remember to do this action?

## ***B. Dealing with Myself***

*Picture a Positive Future.. 79*

*What Problems Are You Having?.. 80*

*Keep From Being Bored.. 81*

*My Attitude.. 82*

*Activities That Make Me Feel Good.. 83*

*What Are You Like as a Parent?.. 84*

*The Nugget Map.. 85*

*Strengths.. 86*

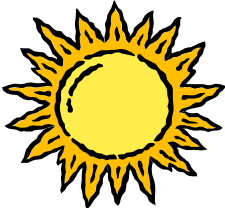
*The Change Map.. 87*

*Magic Change.. 88*

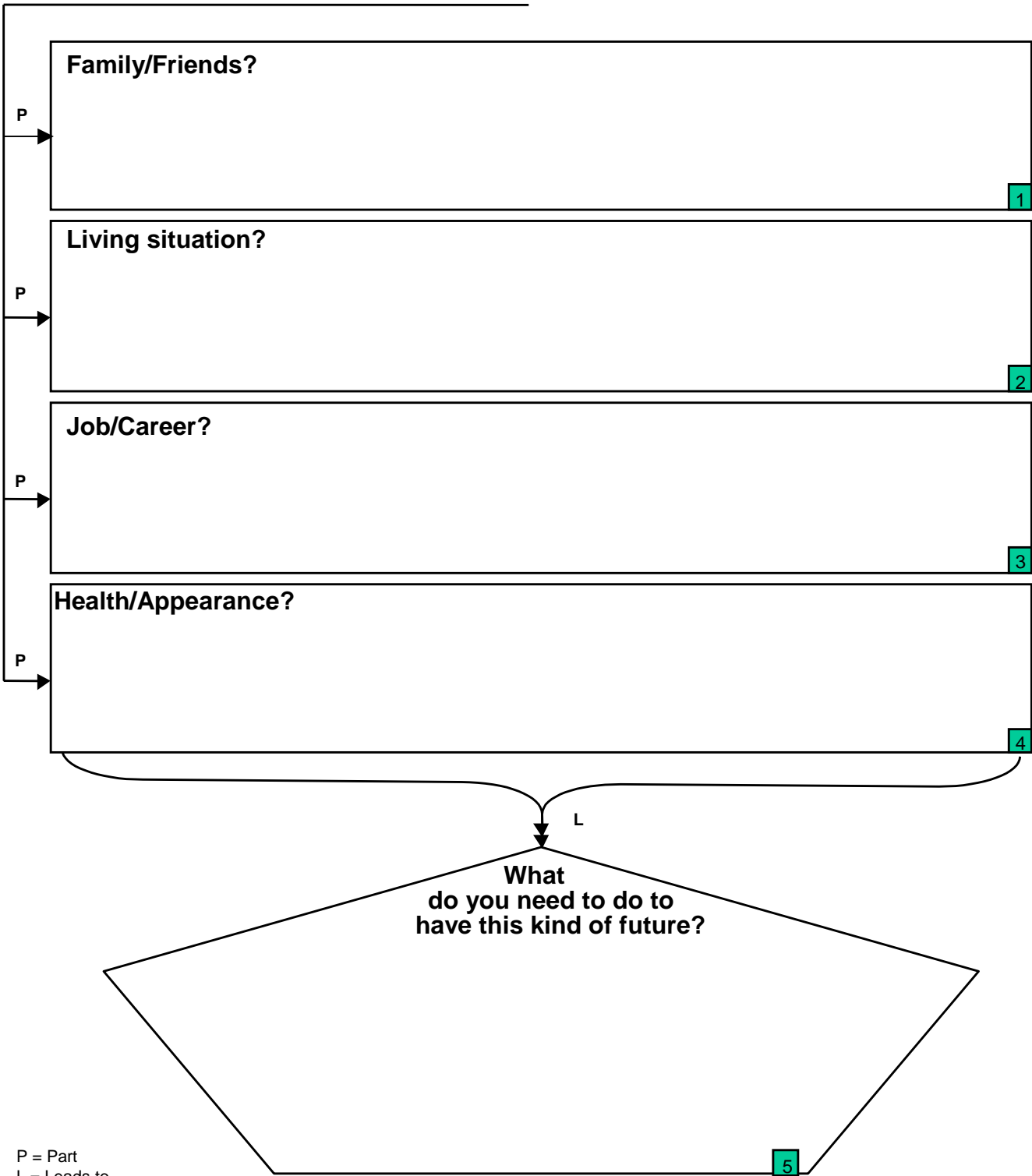
*Prior Change.. 89*

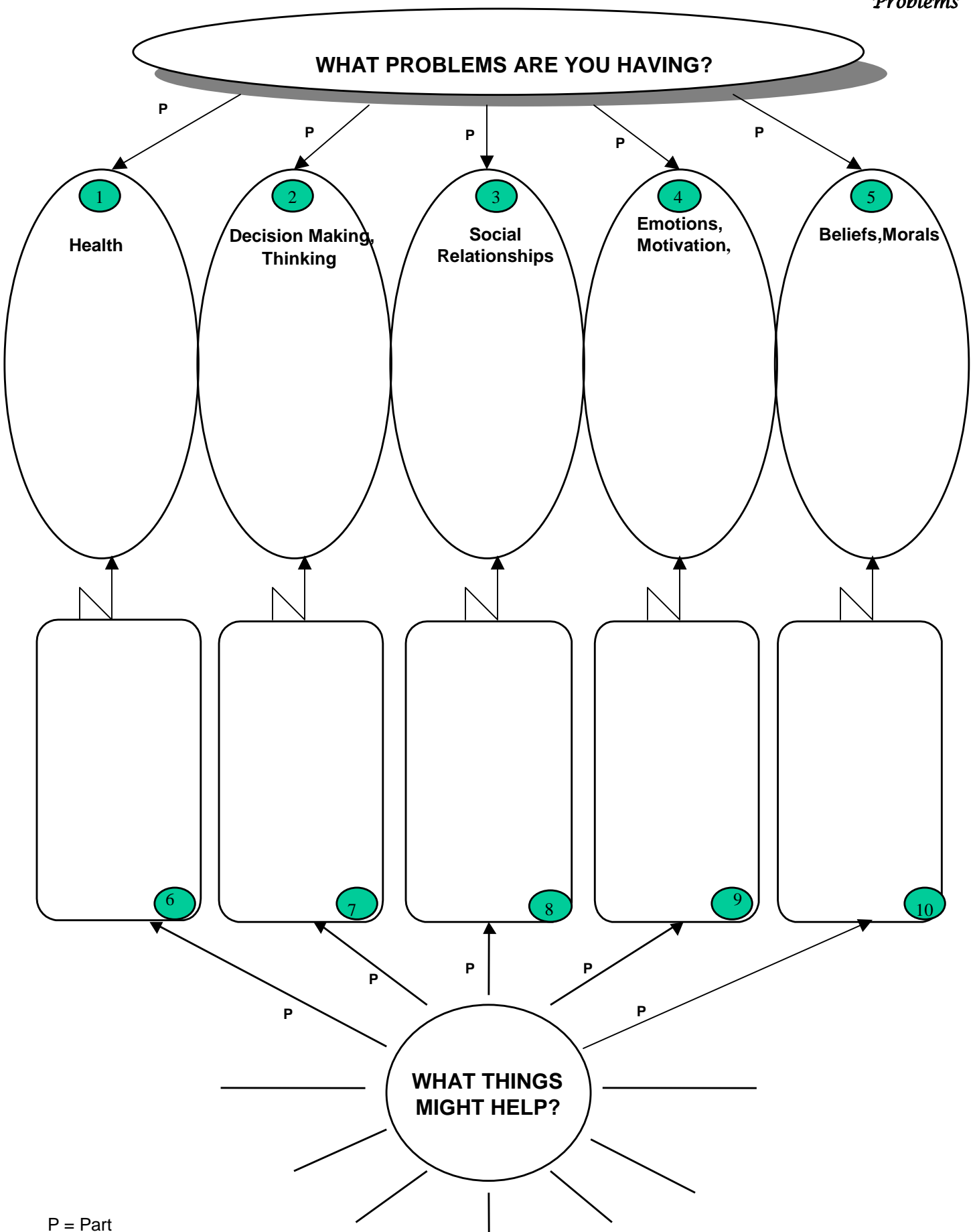
*My Self.. 90*

*Thinking / Feeling.. 91*

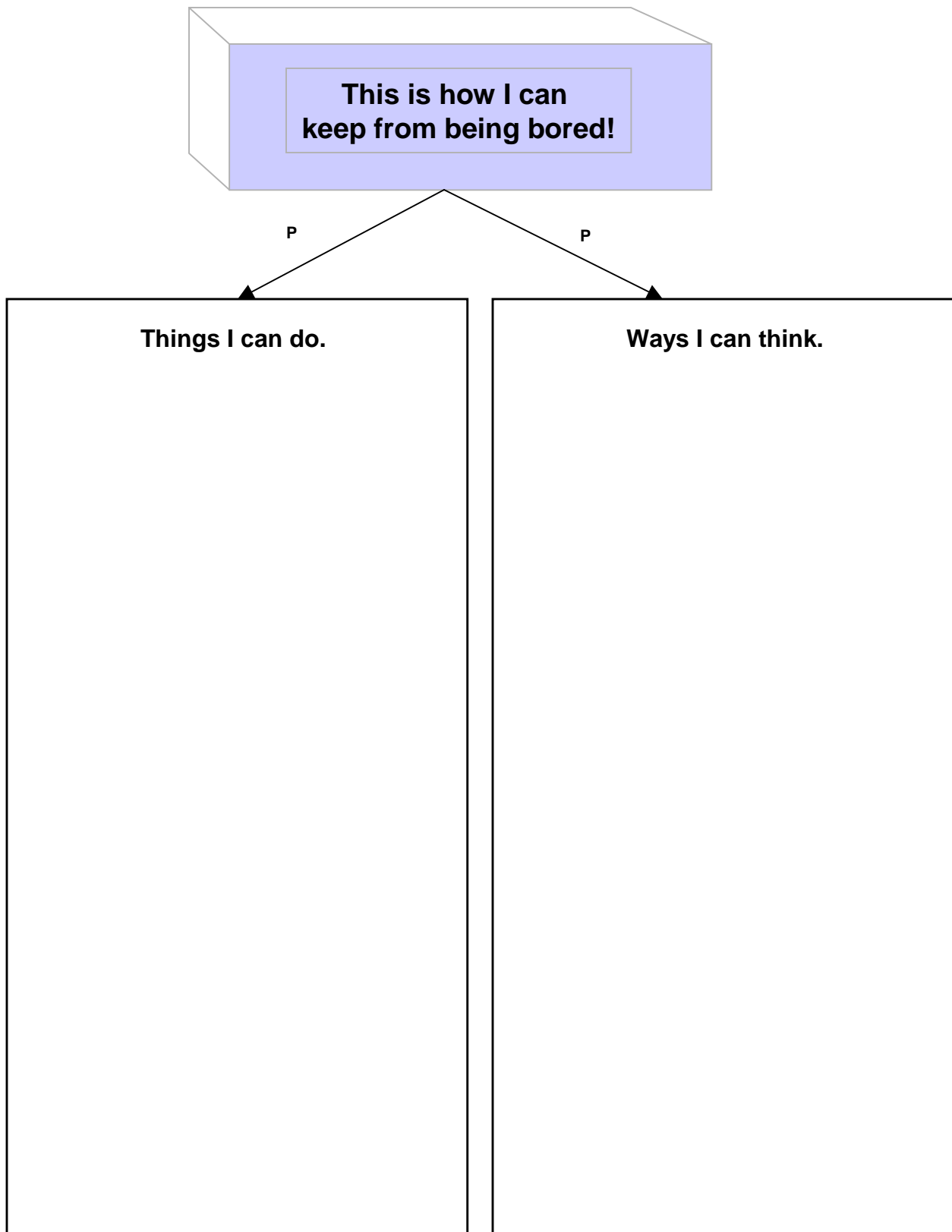


# WHAT DO YOU SEE WHEN YOU PICTURE A POSITIVE FUTURE FOR YOURSELF?









P = Part

These are the things that led me to feel the way I do.

2



This is how I would describe my attitude about \_\_\_\_\_ :

1

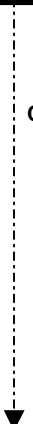
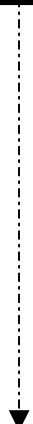


This is how having this attitude influences me and my actions.

3

Co

Co



This is what I would do to make my attitude more negative.

4

This is what I would do to make my attitude more positive.

6



This is how having a more negative attitude would influence me and my actions.

5

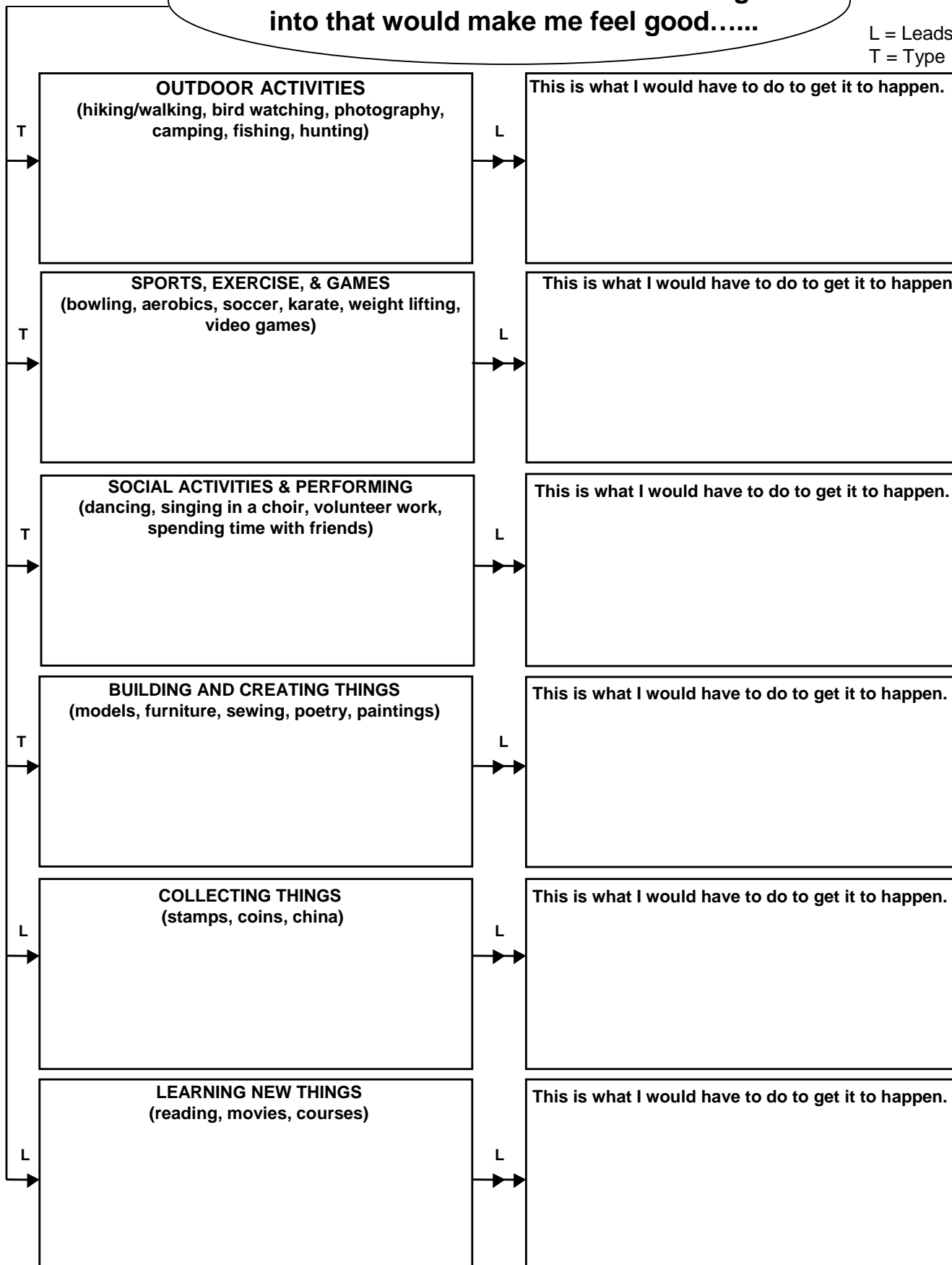
This is how having a more positive attitude would influence me and my actions.

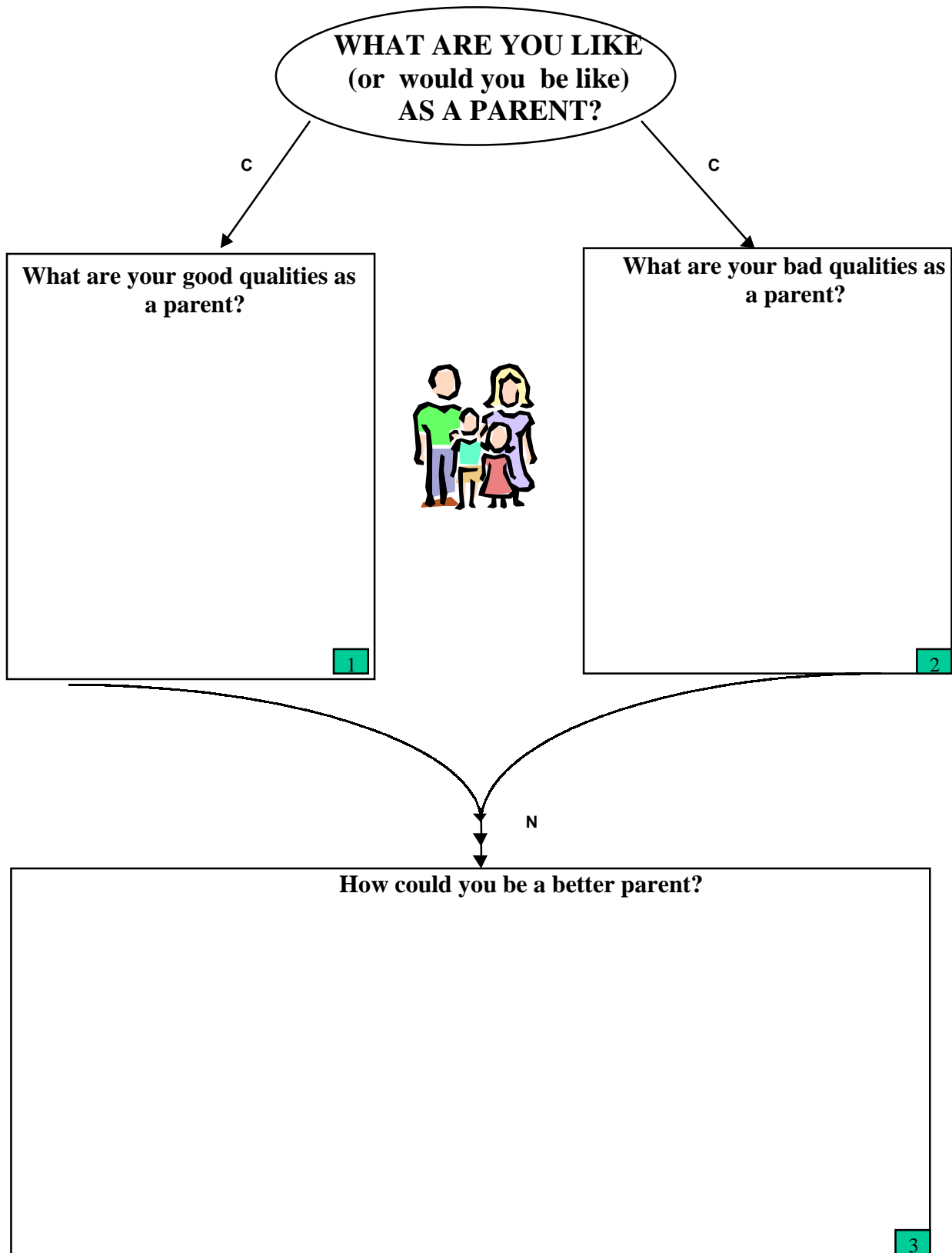
7

L = Leads to  
Co = comment

There are some activities that I could get into that would make me feel good.....

L = Leads to  
T = Type





C = Characteristic  
N = Next

This is a **useful idea or insight**  
that came to me during the last week.

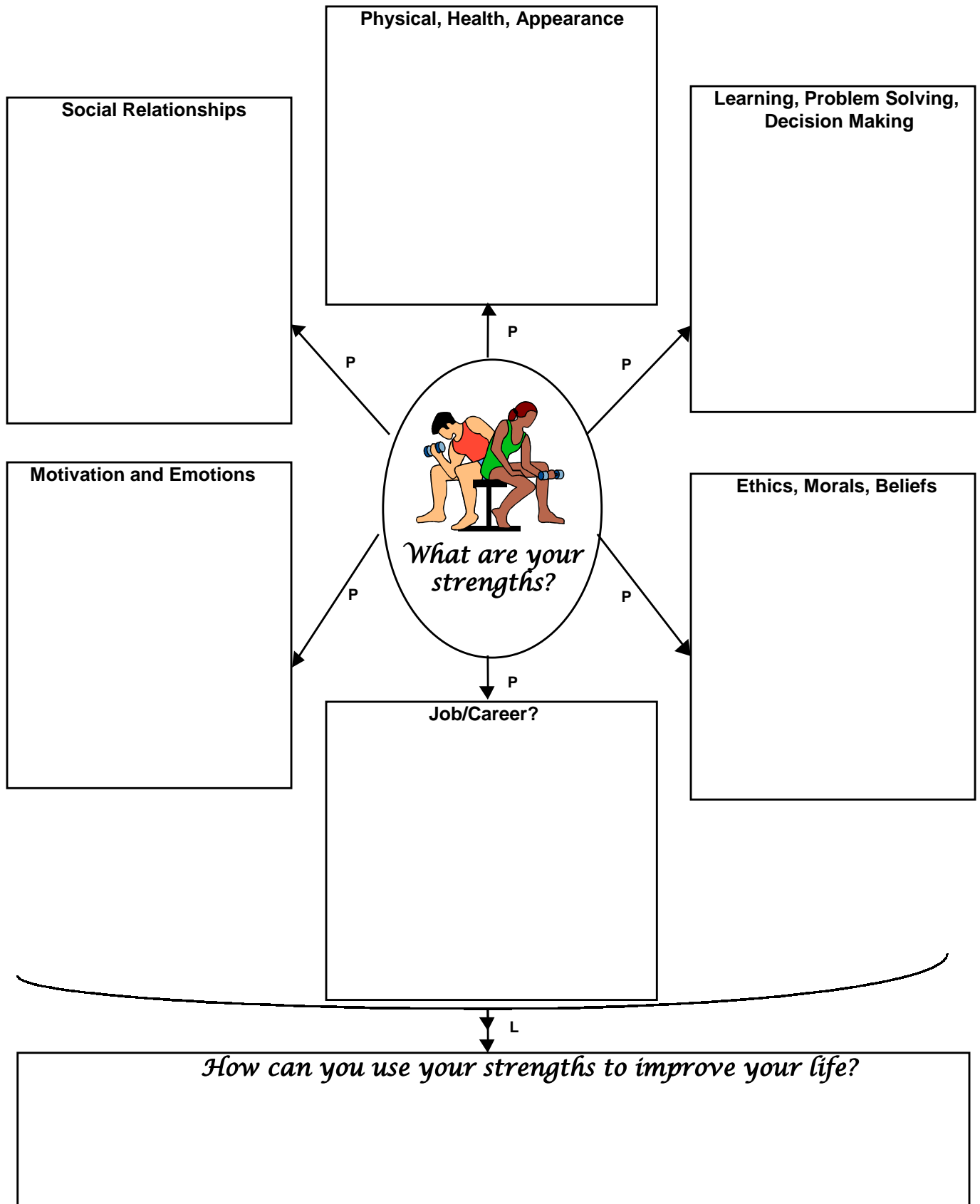
---



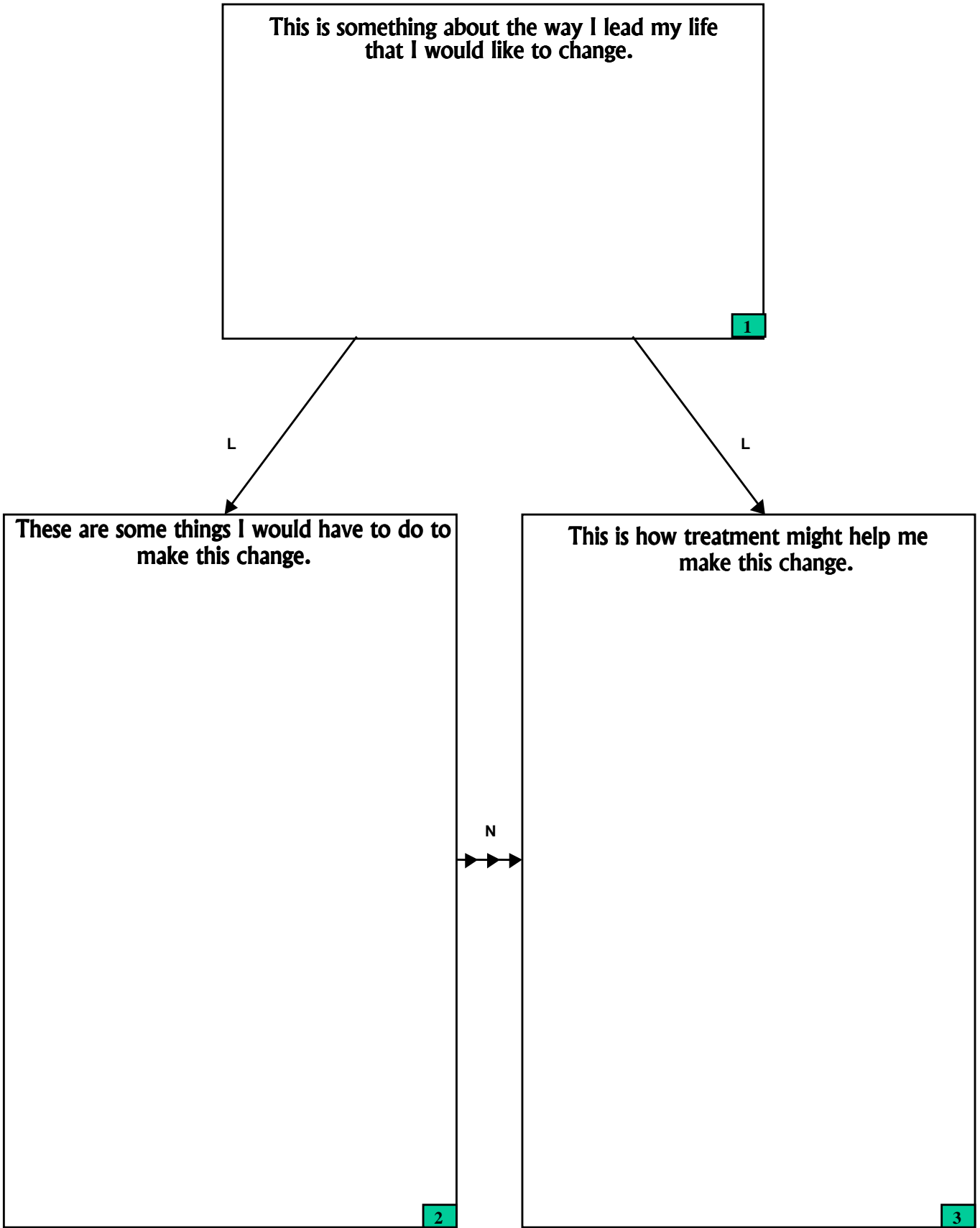
L

L = Leads to

**These are some ways I might use this idea or insight in my life.**



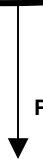
P = Part    L = Lead to



L = Leads to    N = Next

# Magic Change Map

If I could MAGICALLY CHANGE things about myself, this is what I would do.



I would make these changes in how I deal with other people.



I would make these changes in how I think and feel about myself.



I would make these changes in how I handle my moods and feelings.



I would make these changes in my personal habits.

P = Part



# Prior Change Map

This is one way that I changed for the better during the last 5 years.



P

This is why I changed.

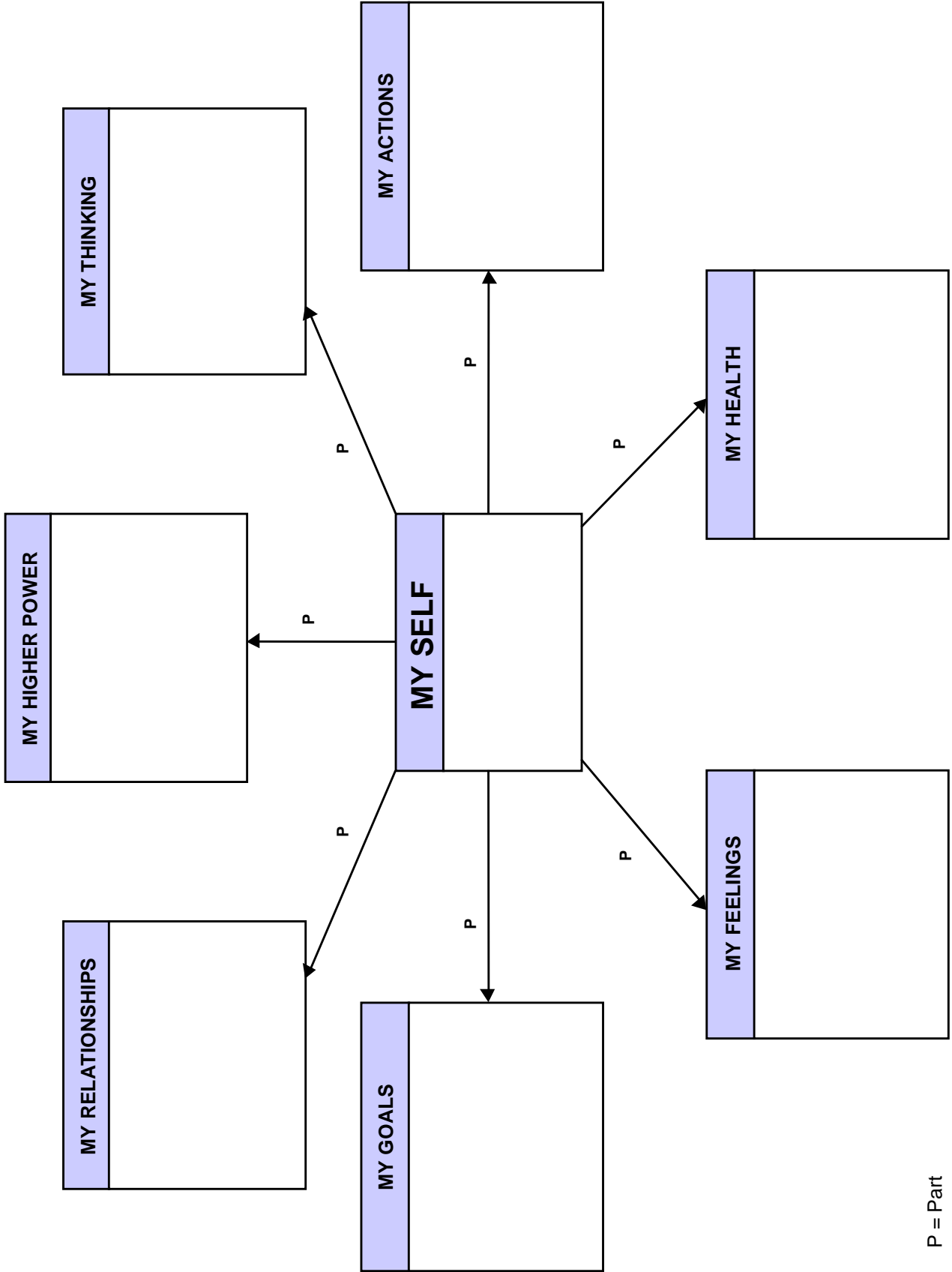
P

This is what I did to help myself change.

P

These are some things I learned about making changes in myself.

P = Part



P = Part

**THINKING AND FEELING**

*Feelings*

Four empty rounded rectangular boxes arranged horizontally, intended for recording feelings.

**The Situation**

A large rectangular box with a vertical line on the left side, intended for describing the situation.

*Thoughts*

Four empty rounded rectangular boxes arranged horizontally, intended for recording thoughts.

### ***C. Dealing with Other People***

*A Problem with Another Person?..93*

*An Important Person..94*

*An Important Conversation..95*

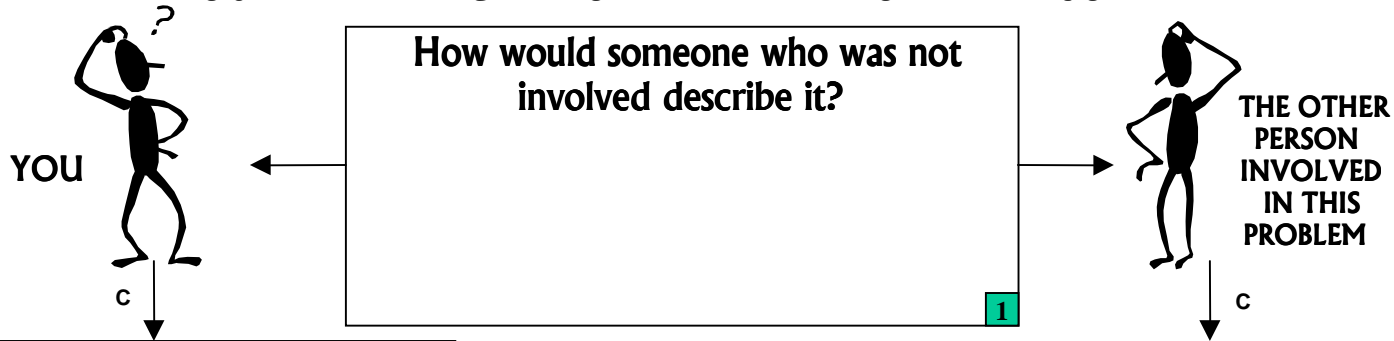
*The Drama Triangle: Overview..96*

*Drama Triangle: Rescuer..97*

*Drama Triangle: Victim..98*

*Drama Triangle: Persecutor..99*

# YOU ARE HAVING A PROBLEM WITH ANOTHER PERSON?



How do you see it?

2

How does the other person see it?

4



Why do you see it that way?

3

Why does the other person see it that way?

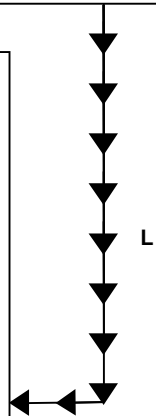
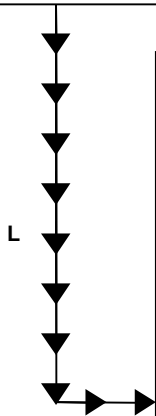
5

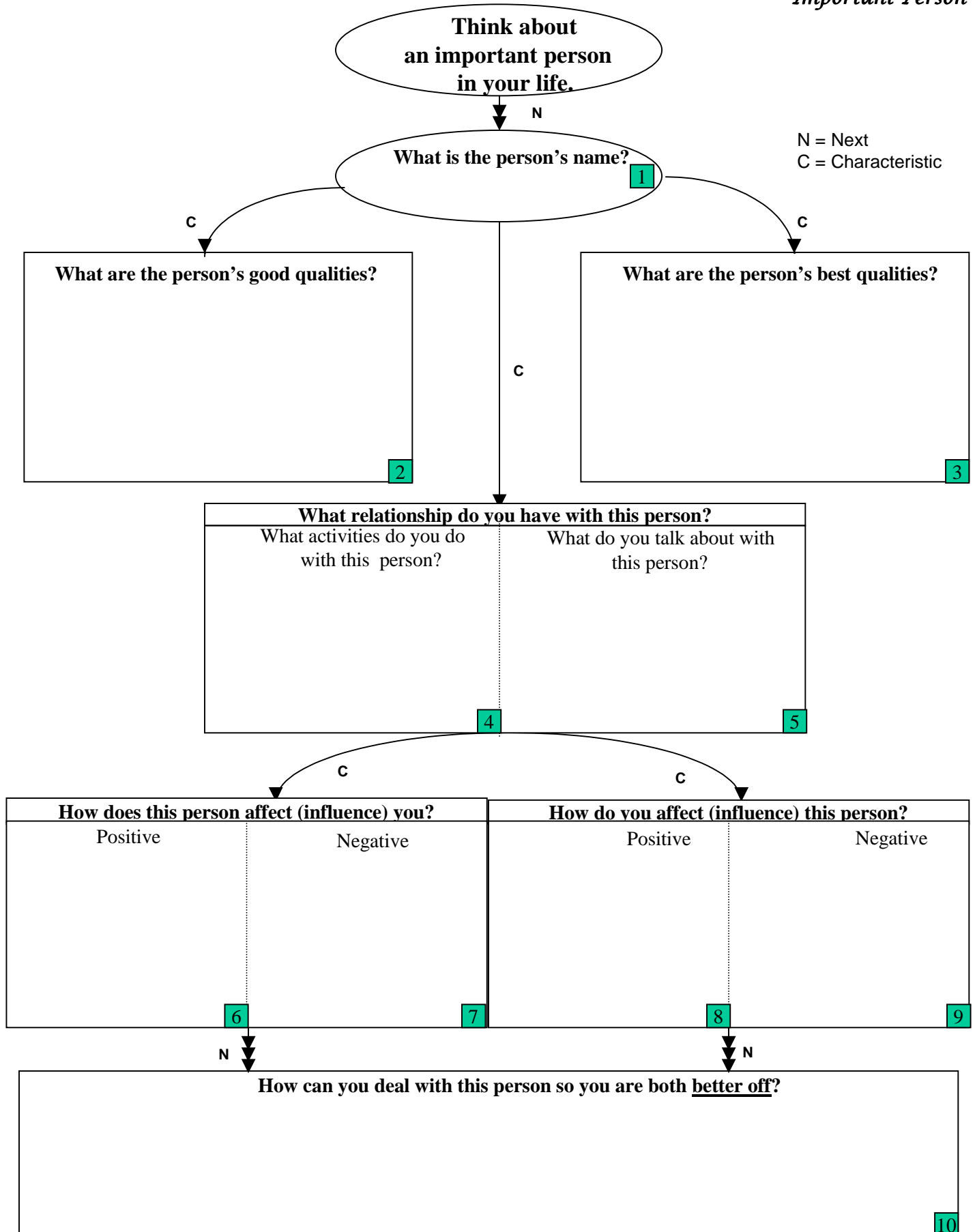
C = Characteristic L = Leads to

What can you do about it?

Your thoughts/feelings?

Your actions?

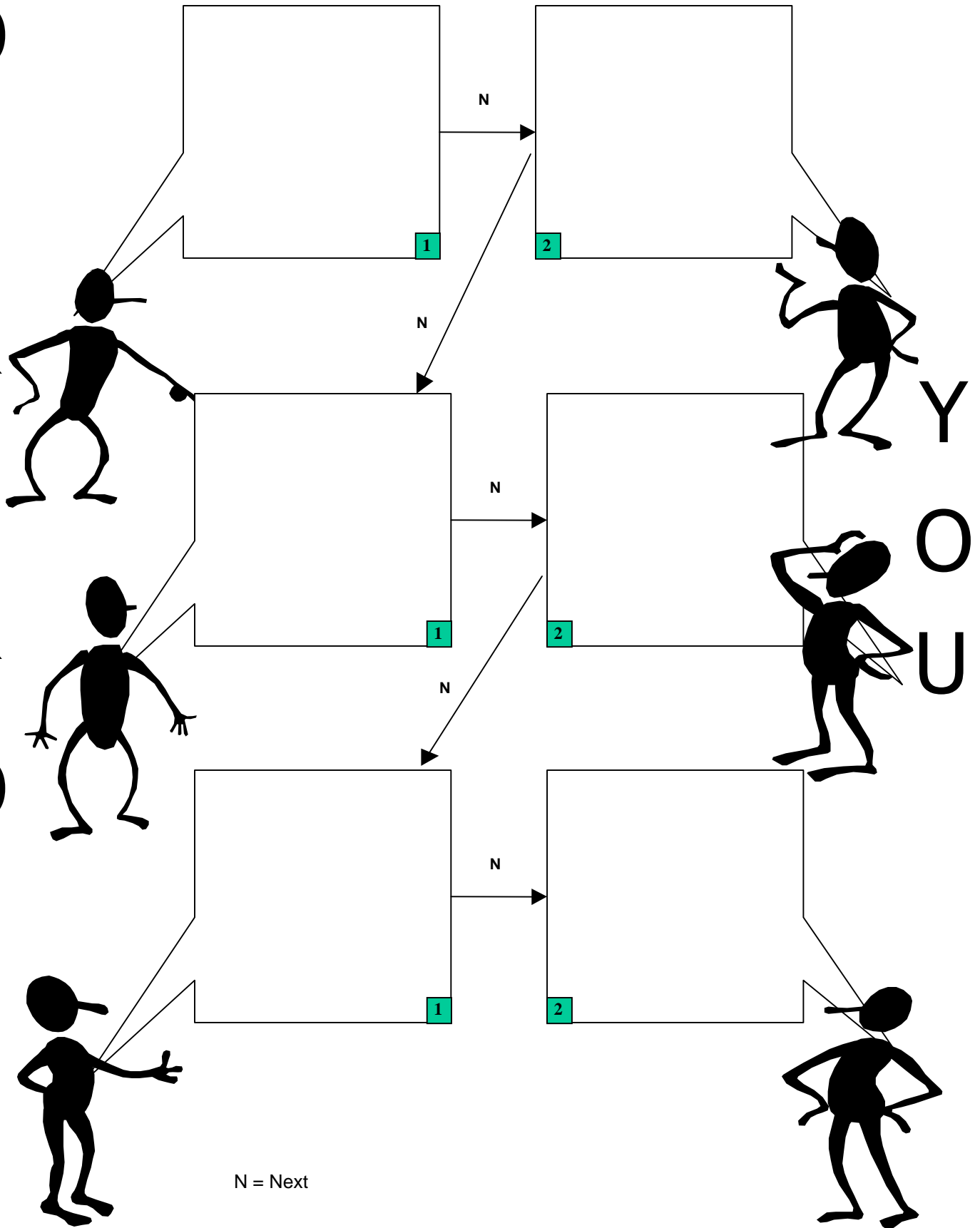




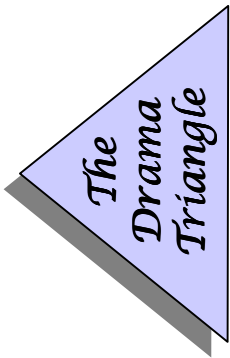
**AN IMPORTANT CONVERSATION**

OTHER PERSON

YOU



N = Next



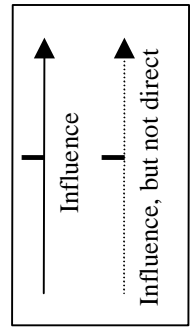
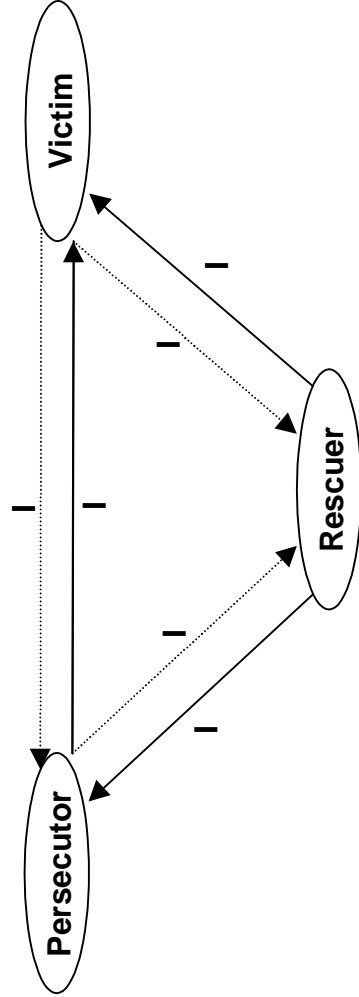
A “game” that some people get into.



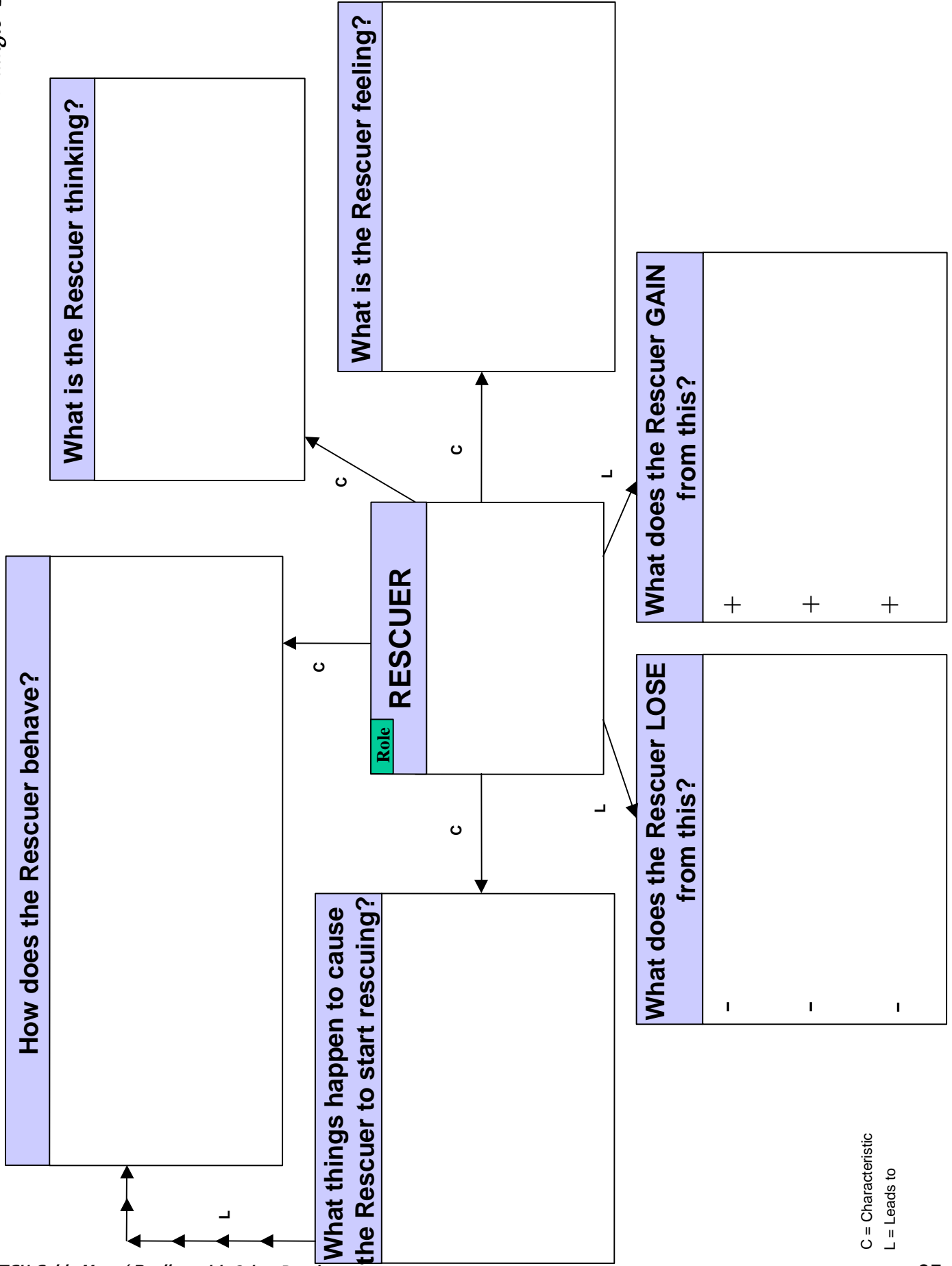
When people play these roles again and again, it becomes a game that nobody wins.

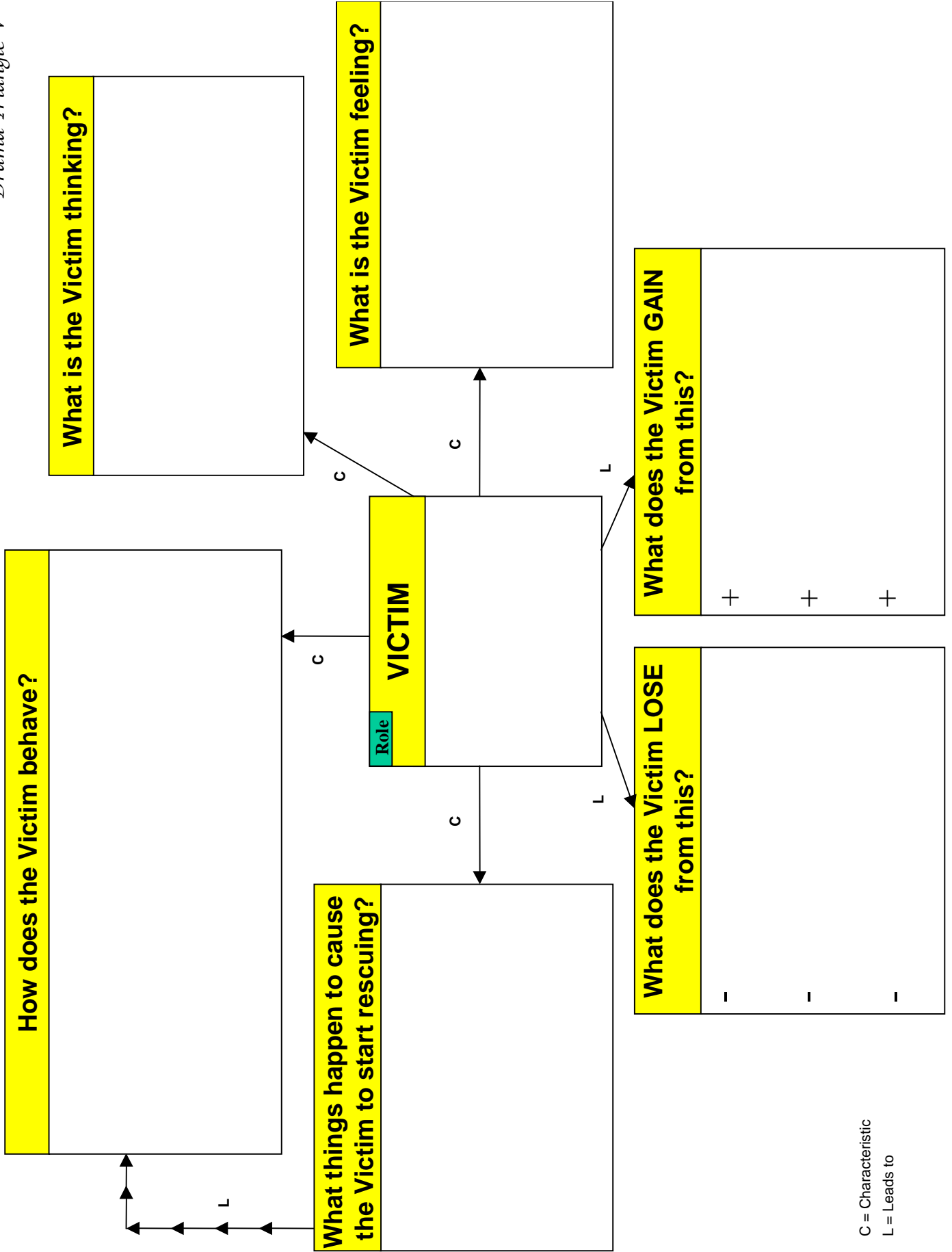


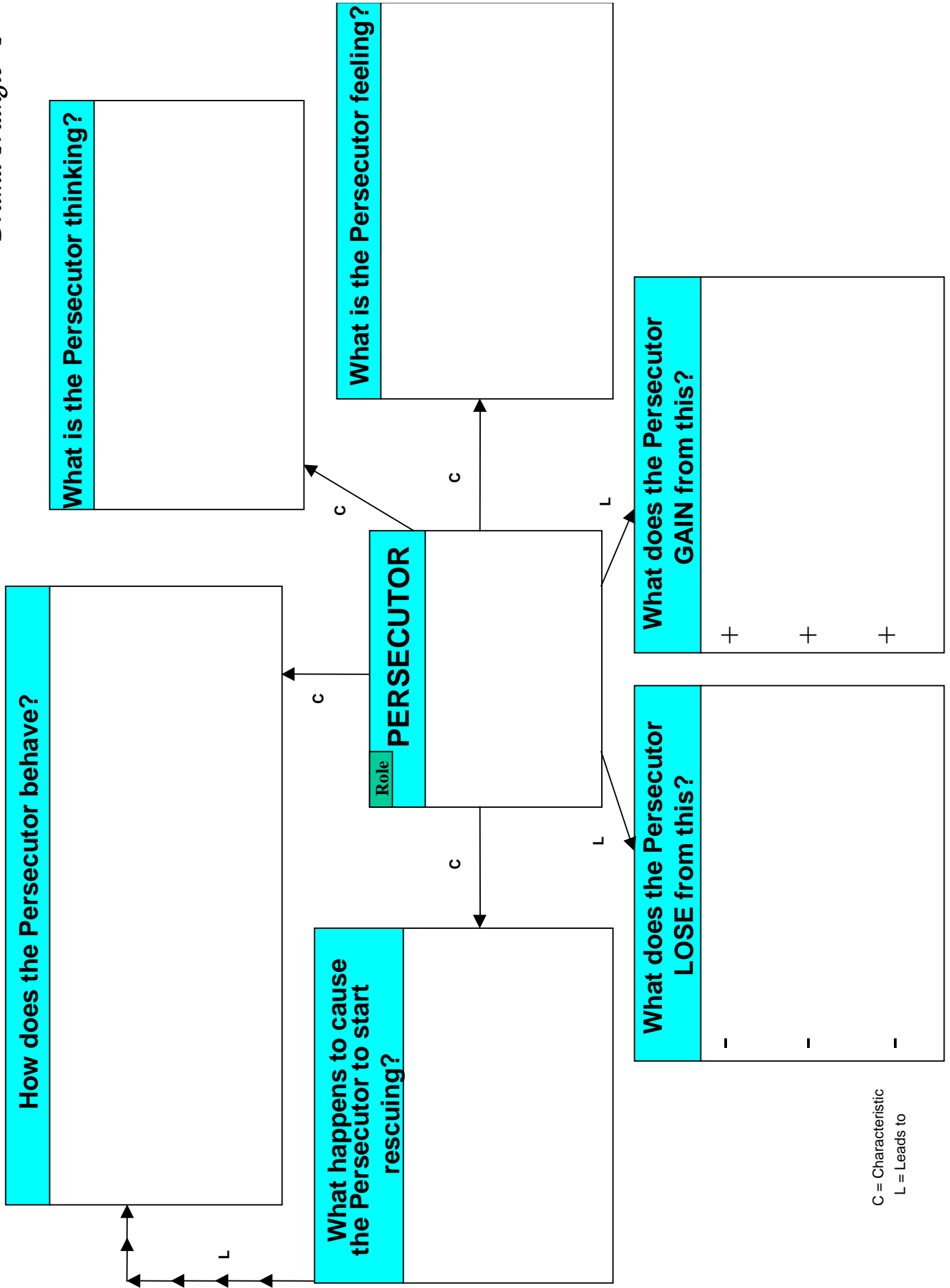
These roles can change: A person may move from one role to another. If, in the long run, these roles have negative results for players, it’s a game... and nobody wins.





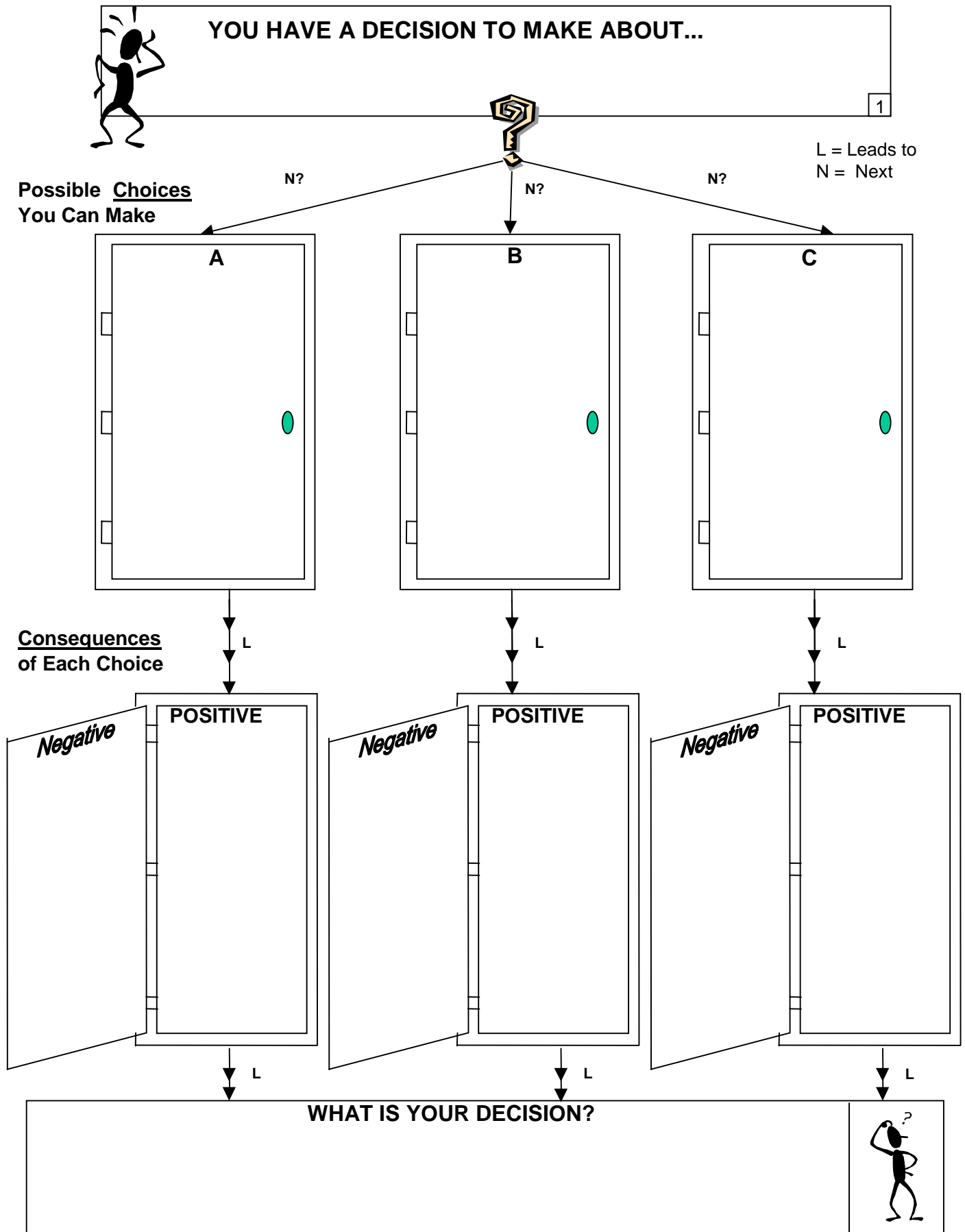




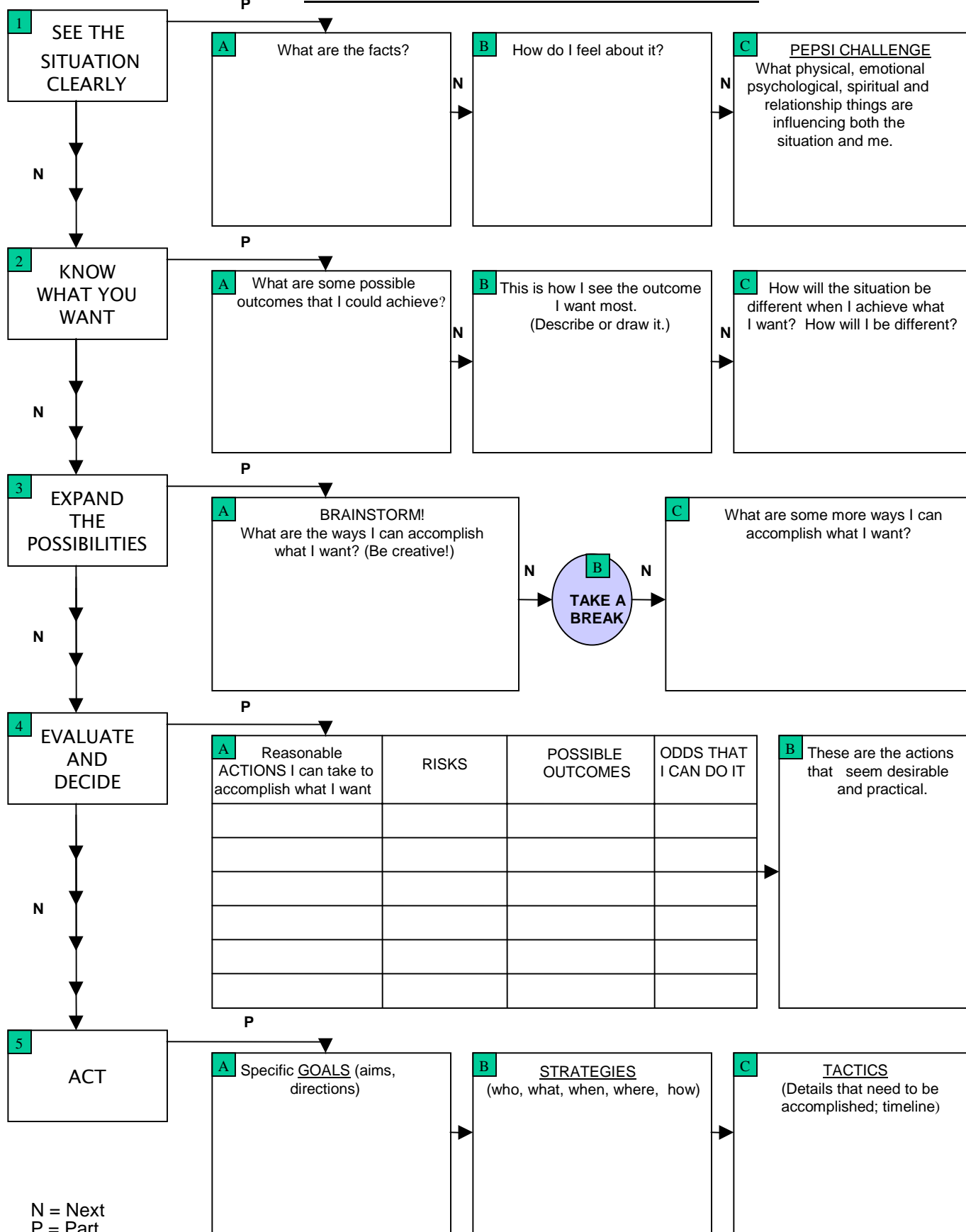


***D. Planning Ahead, Decision Making, and  
Problem Solving***

*You Have a Decision to Make.. 101*  
*Five Steps to Decision Making.. 102*  
*Ideal Problem Solving.. 103*



## FIVE STEPS TO DECISION MAKING



## IDEAL PROBLEM SOLVING

**PROBLEM AREA:**

### Identify the Problem

This is my specific problem:

L

L = Leads to

### Describe Your Goal

This is what I want to do about the problem  
This is my goal.

L

### Explore Different Ways of Reaching the Goal

These are some ways I might reach my goal.  
(List as many ways of reaching your goal as you can think of.)

L

### Arrive at the Best Way

This looks like the best way to reach my goal.  
(Put in the best one from the box above.)

L

### List Specific Steps You Will Take

This is exactly what I will do to reach my goal.  
(List specific steps--what, where, when, how, and how often.)

## ***E. Learning from Situations***

*Learning from Success.. 105*

*Running Into a Brick Wall.. 106*

*The Nugget Map.. 107*

*Response #1.. 108*

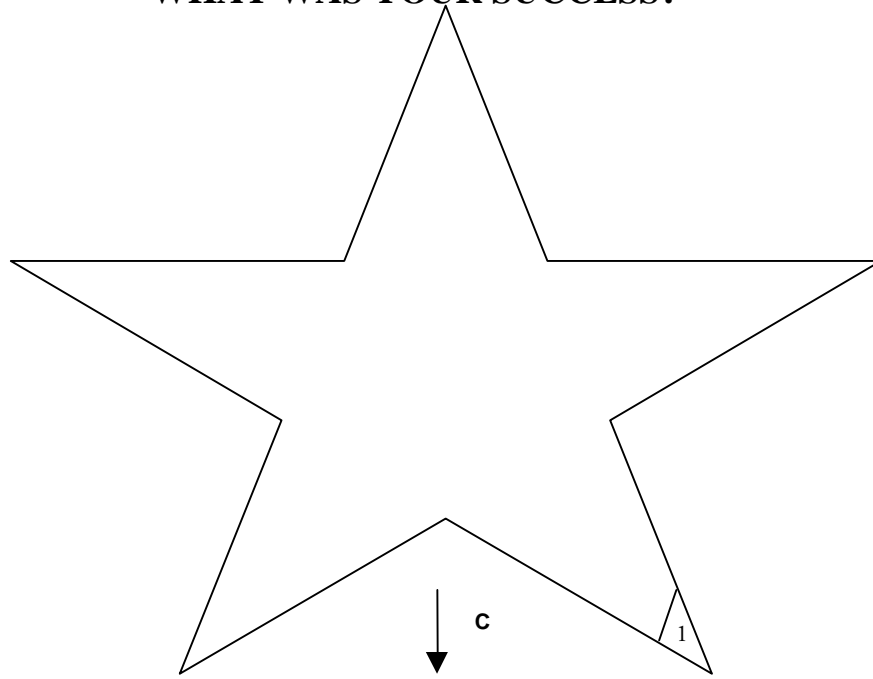
*Response #2.. 109*

*Learning from a Bad Happening.. 110*

*A Pattern of Behavior.. 111*

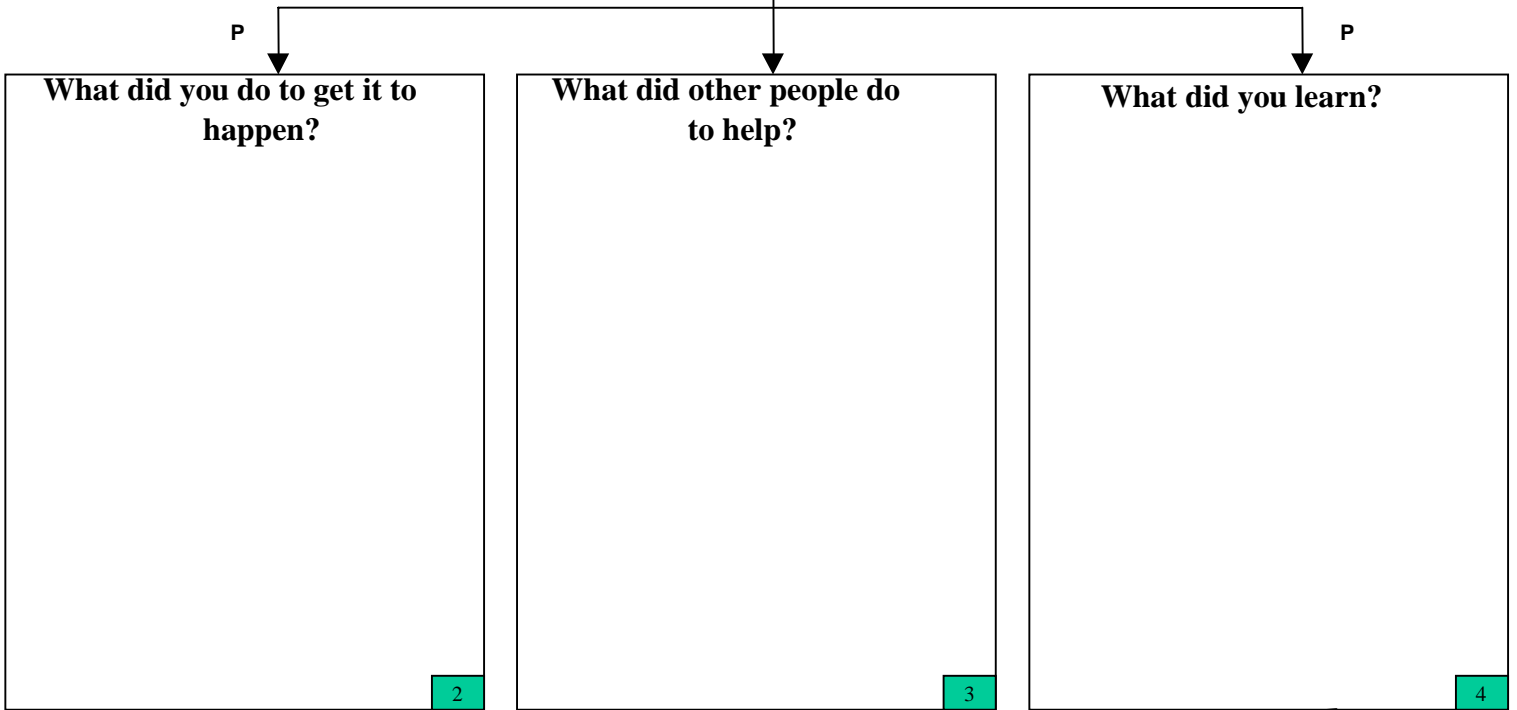


**WHAT WAS YOUR SUCCESS?**



C = Characteristic  
L = Leads to  
P = Part

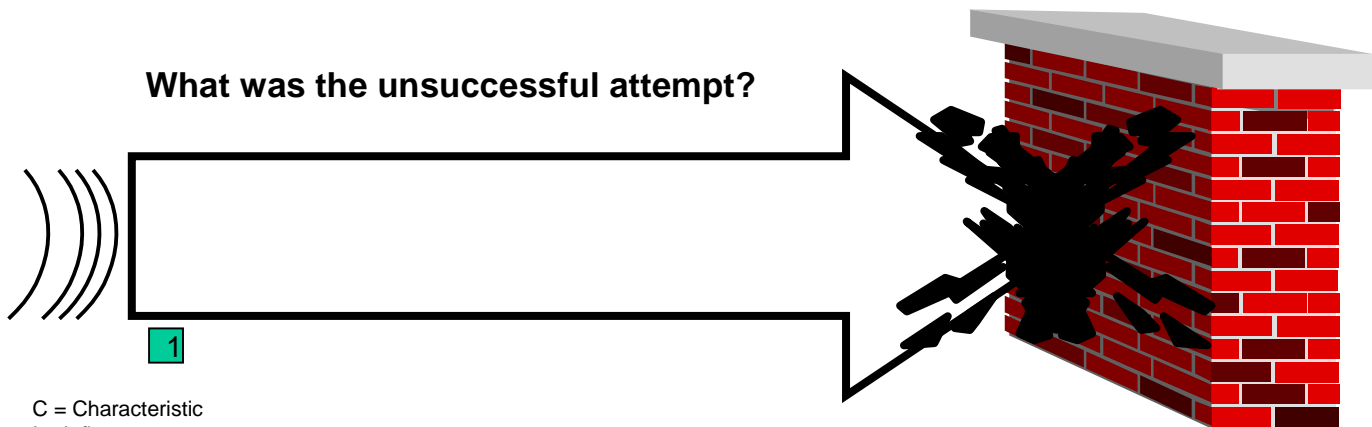
**HOW / WHY DID IT HAPPEN?**



**How can you use what you learned from this experience in the future?**

5

# RUNNING INTO A BRICK WALL

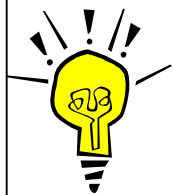


C = Characteristic  
I = Influence  
L = Leads to  
P = Part

## WHY WAS IT UNSUCCESSFUL?



## What can you do differently next time?



5

This is a **useful idea or insight**  
that came to me during the last week.

---



L

L = Leads to

**These are some ways I might use this idea or insight in my life.**

Situation: 1

C = Characteristic  
L = Leads to  
T = Type

RESPONSE(S)

T

T

This would be an aggressive response. 2

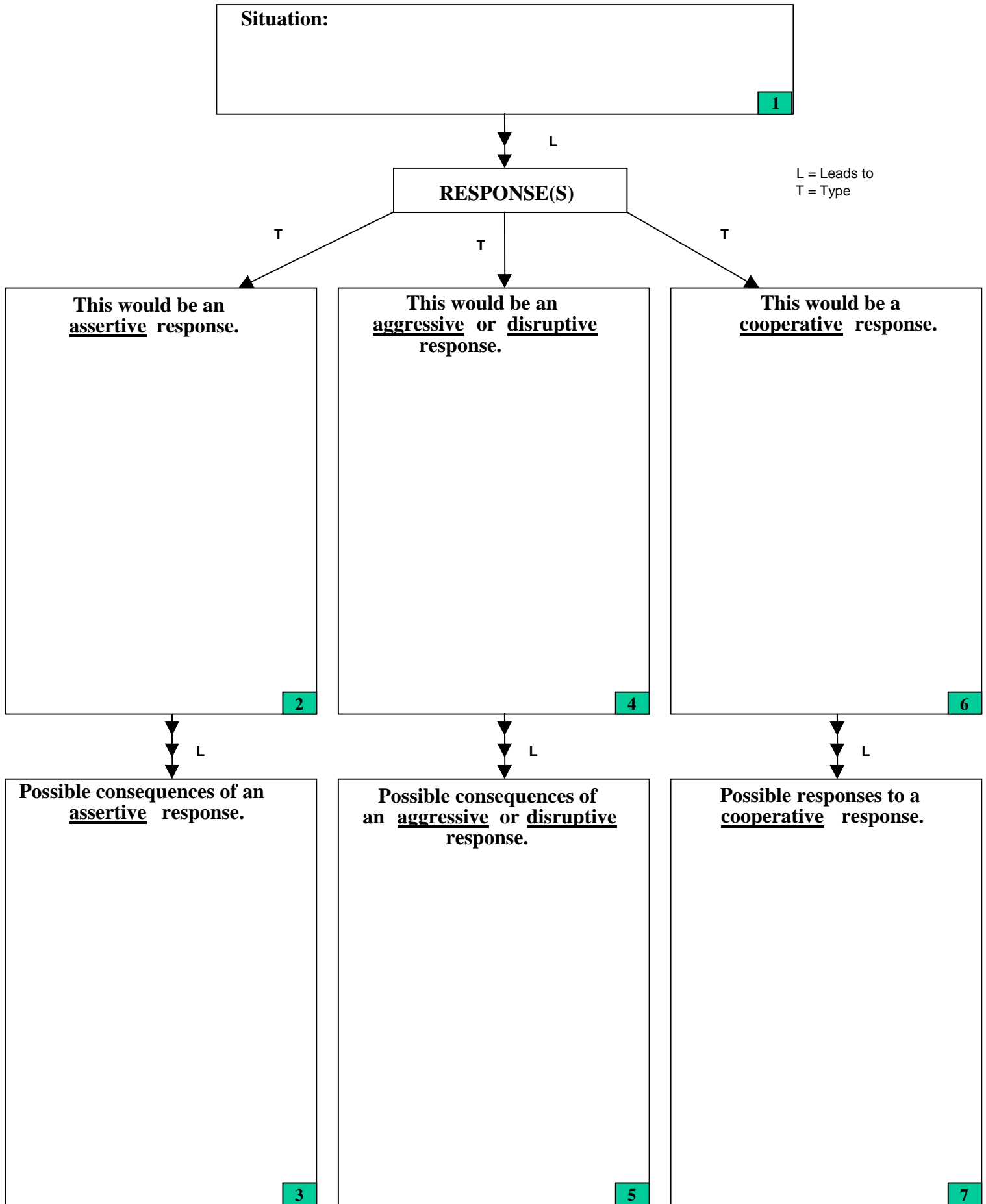
This would be a disruptive response. 5

These are the reasons one would make an aggressive response. 3

These would be consequences of an aggressive response. 4

These would be the consequences of a disruptive response. 6

These are the reasons one would make a disruptive response. 7



What is the bad thing that happened to you? →



↓ L  
What can you do right now?

L = Leads to  
N = Next

What actions can you take to fix it?

How can you think about it in a better way?

How can you deal with your feelings about it?

↓ N  
What can you do to avoid this type of thing in the future?

# THIS HAPPENS AGAIN AND AGAIN IN YOUR LIFE AND YOU DON'T LIKE IT!

1

L = Leads to P = Part I = Influence

What usually starts it off?

2



L

What do you usually think and feel as it's starting?

3



L

What do you usually do?

4



L

What usually happens as a result?


5



TCU Guide Maps/ Learning from Situations


This is how I could make it better

6




How could you avoid or change what starts things off?

7



How could you think or feel differently when it starts?

8



What could you do differently, once it starts, to make it less negative?

## FIXING A NEGATIVE PATTERN

This is how it usually goes

***F. Dealing with Substance Abuse***

*Relapse.. 113*

*Questions About My Use of ... ..114*





This is how I would describe my using again:



P

P = Part L = Leads to

P

These are the things that caused me to use again.

1

These are the negative things that happened because of my using.

3

L

L

This is how I will avoid using again in the future.

2

This is how I will reduce the negative things that happened after I used again.

4

T = Type  
 P = Part  
 L = Leads to

**QUESTIONS ABOUT MY USE OF...**  
 (Write in "alcohol" or name of your drug.)



**WHY DO I DO THIS?**

Do I do this to cope with my life? If so, what part does it help me cope with?

Do I do this because of physical needs? If so, what are they?

Do I do this because I'm a rotten person?



**HOW DO I DO THIS?**

Who do I drink/use with?

Where do I use/ drink?

When do I drink/use?

How much do I drink/use in a day?



**WHAT HAPPENS WHEN I DO THIS?**

What happens with my physical body?

What happens with my thoughts & feelings?

What happens with my family and friends?

What happens with my job?

What happens with my finances?



**HOW DO I FEEL ABOUT MYSELF?**

How do I feel about myself right before I drink or use?

How do I feel about myself when I am actually using?

How do I feel about myself when I've been sober or off drugs awhile?

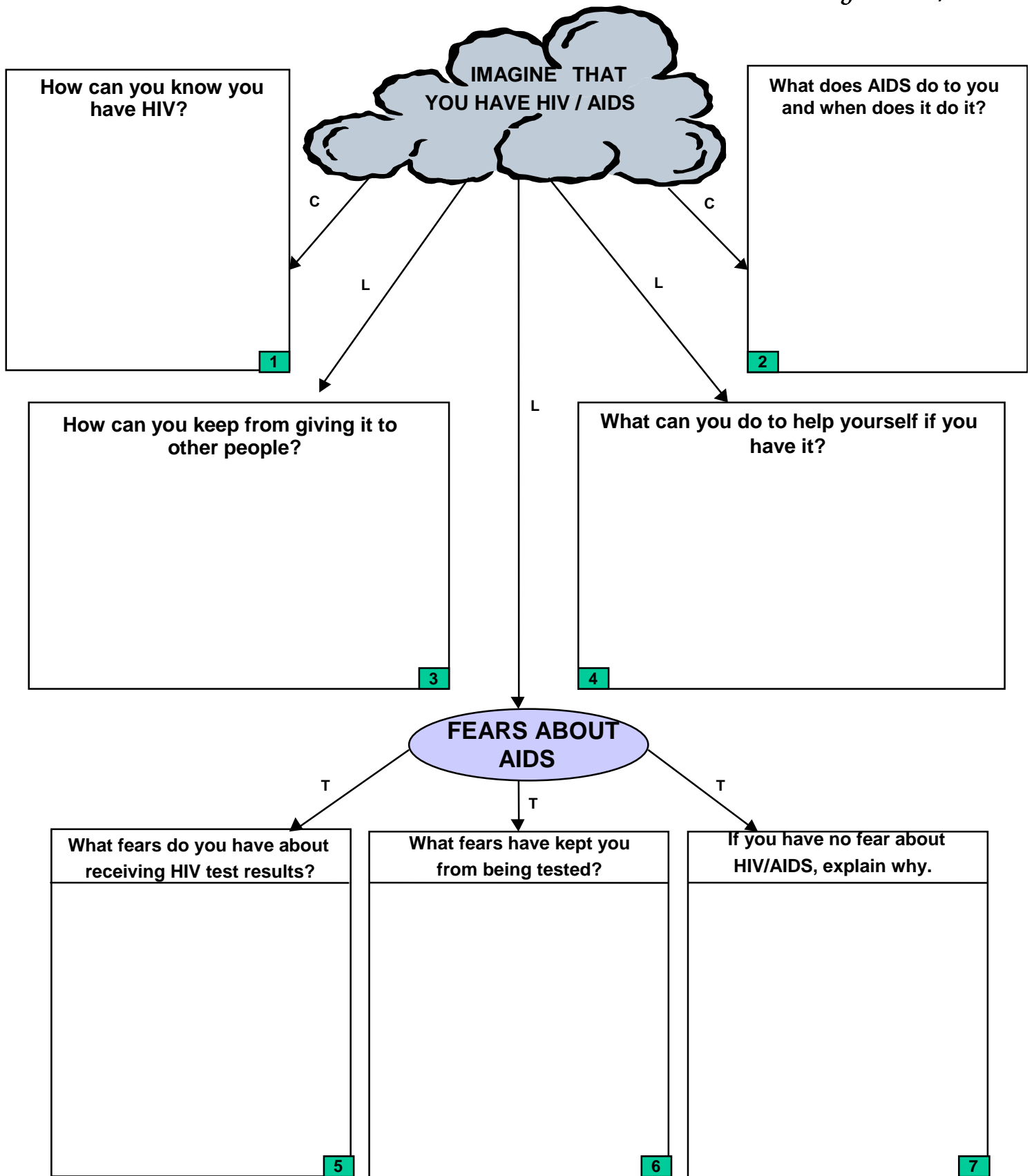
**So, do I have a problem with \_\_\_\_\_?**  
**YES or NO**

***G. Dealing with HIV / AIDS***

*Imagine HIV / AIDS..116*

*Issue: Getting AIDS..117*

*Drug Use, AIDS and Other Diseases..118*



C = Characteristic

L = Leads to

T = Type

**Issue: GETTING AIDS**

List some ways drug use might increase your chances of getting AIDS:

**DRUG USE** 1

L



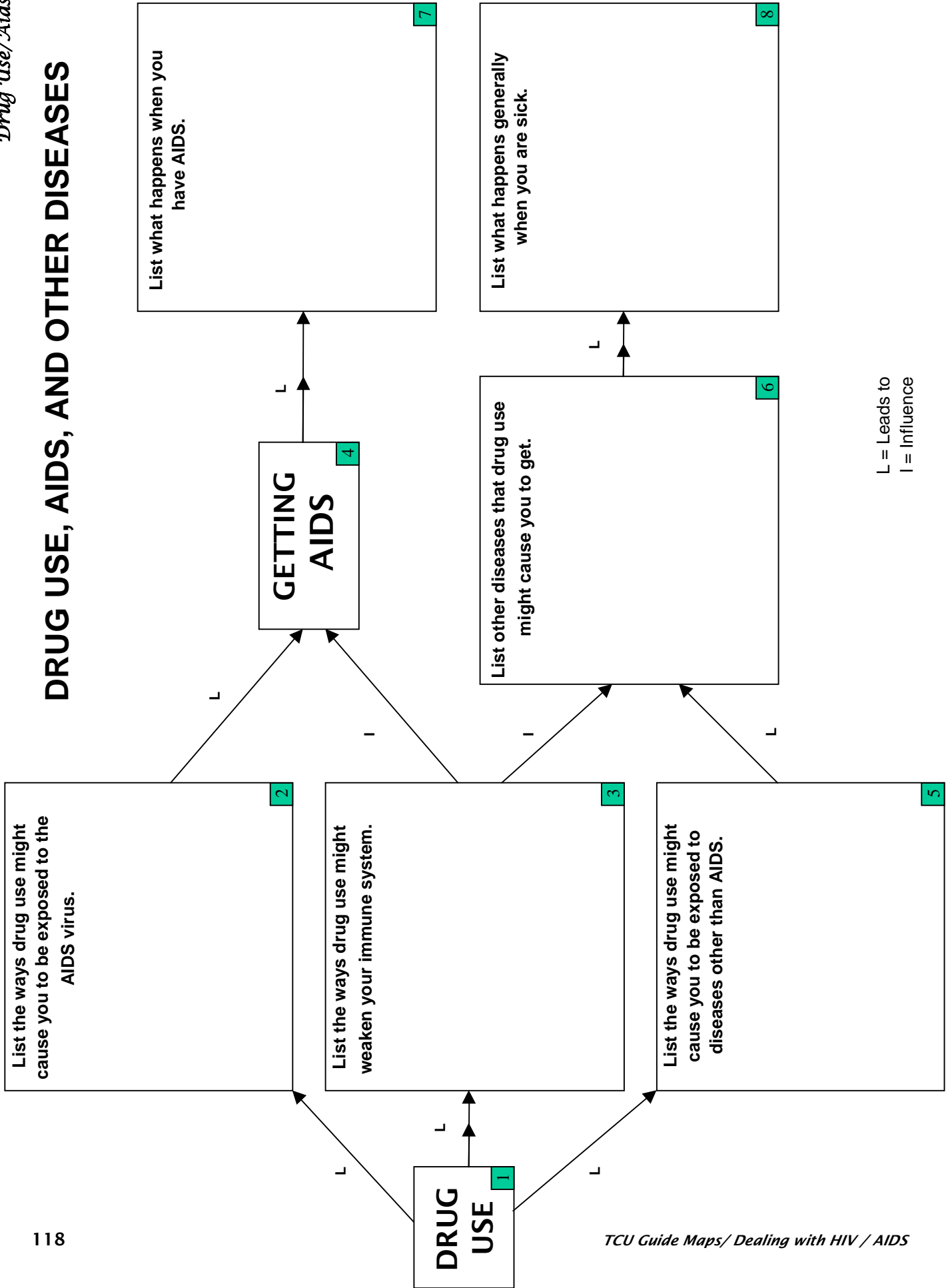
L



**GETTING HIV/AIDS** 3

L = Leads to

# DRUG USE, AIDS, AND OTHER DISEASES



## ***H. General***

*Movie Map #1.. 120*

*Movie Map #2.. 121*

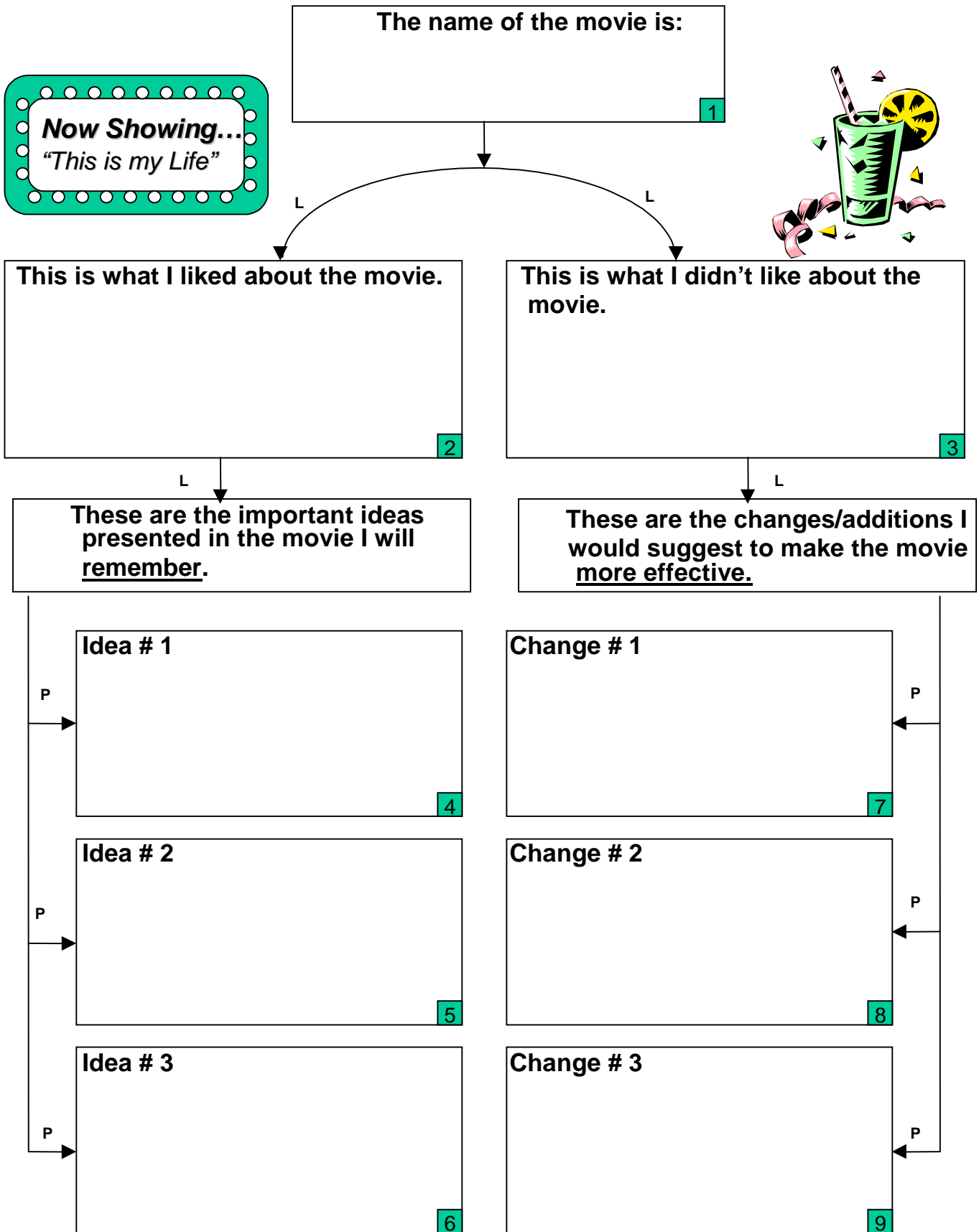
*Movie Map #3.. 122*

*Movie Map #4.. 123*

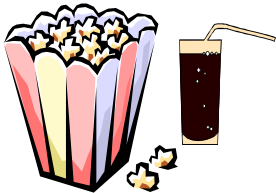
*MCMI.. 124*

*All Purpose Wagon Wheel.. 125*

*Issue.. 126*







The Name of This Movie is ....

1



These are the ideas presented in the movie that are important to me.

2



This movie makes me think of these bad things about myself and my life.

3

This movie makes me think of these good things about myself and my life.

4



This is how these bad things make me feel. (Draw or describe.)

5

This is what I will do to fix these bad things.

6

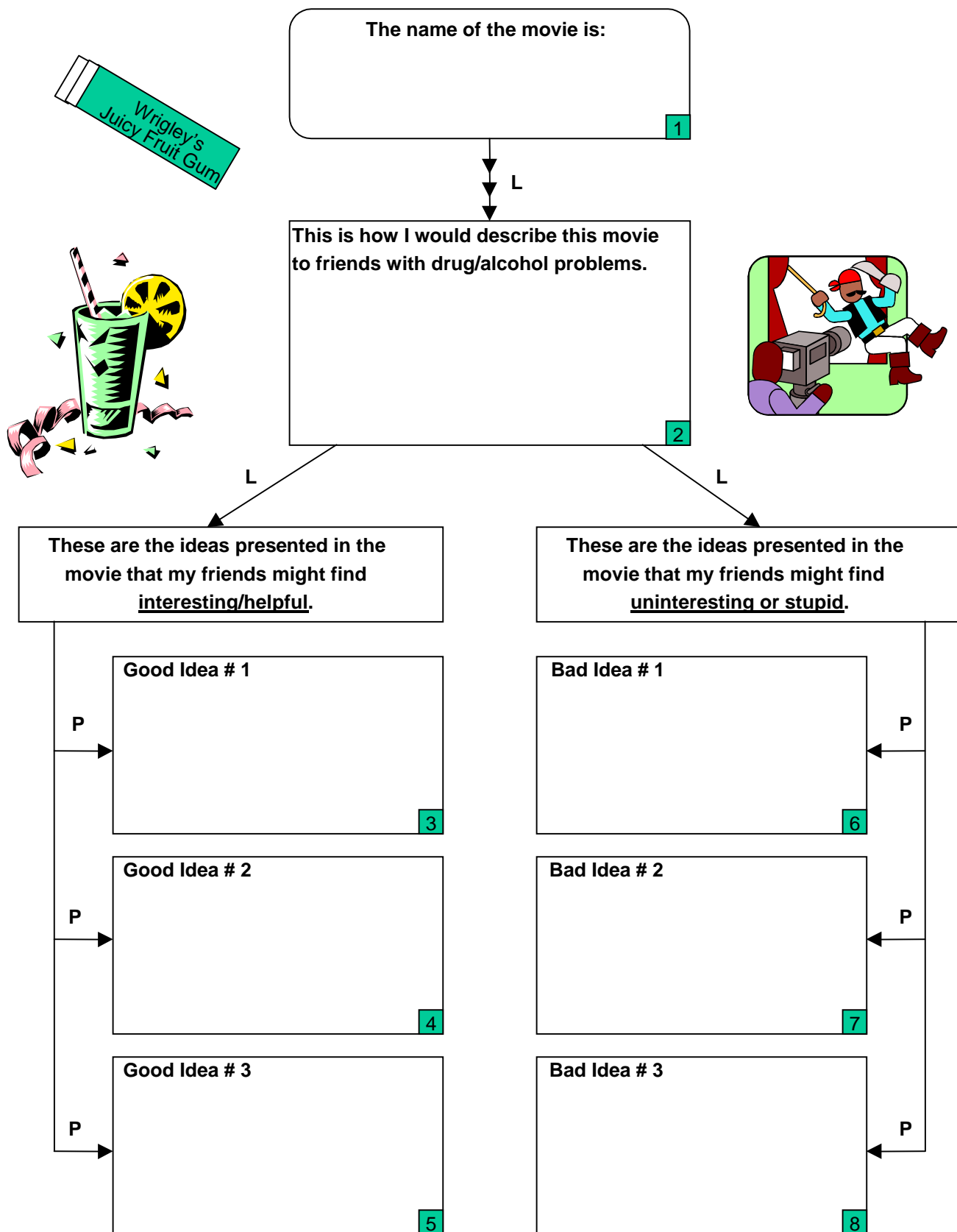
This is how these good things make me feel. (Draw or describe.)

7

This is how I will keep & use these good things.

8

L = Leads to    C = Characteristic



L = Leads to    P = Part



**Now Featuring**  
"Mystery, intrigue,  
conflict, suspense!!"

The name of the movie is:



These are the ideas presented in the movie that I think are worth discussion further.



Idea for Discussion # 1

1

Idea for Discussion # 2

3

Idea for Discussion # 3

5

Idea for Discussion # 4

7



This is why I would like to discuss this idea.

2

This is why I would like to discuss this idea.

4

This is why I would like to discuss this idea.

6

This is why I would like to discuss this idea.

8

L = Leads to

P = Part

C = Comment

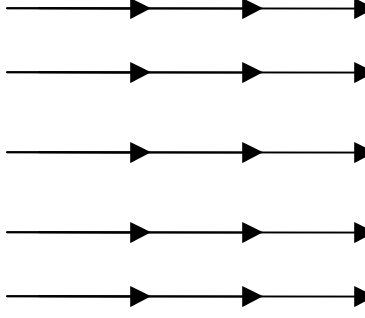
These are my main character problems:

MCMII-III

This is what I can do to deal with each of my character defects and improve my behavior:

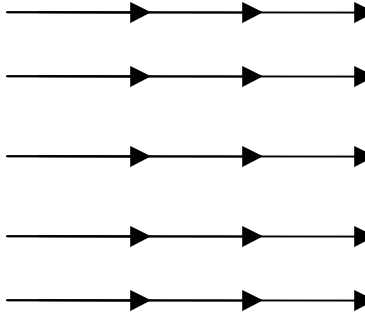
0	Personality type:
1.	
2.	
3.	
4.	
5.	

N N = Next



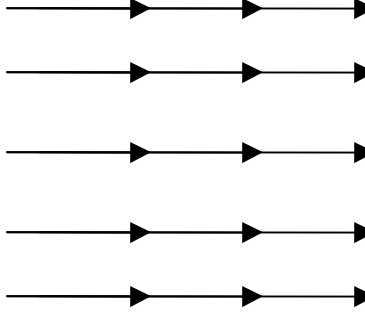

0	Personality type:
1.	
2.	
3.	
4.	
5.	

N



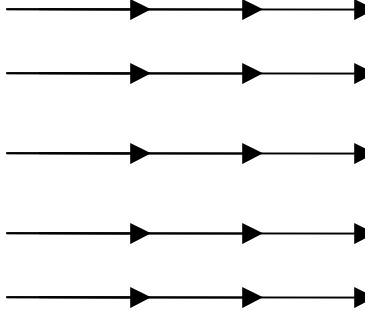

0	Personality type:
1.	
2.	
3.	
4.	
5.	

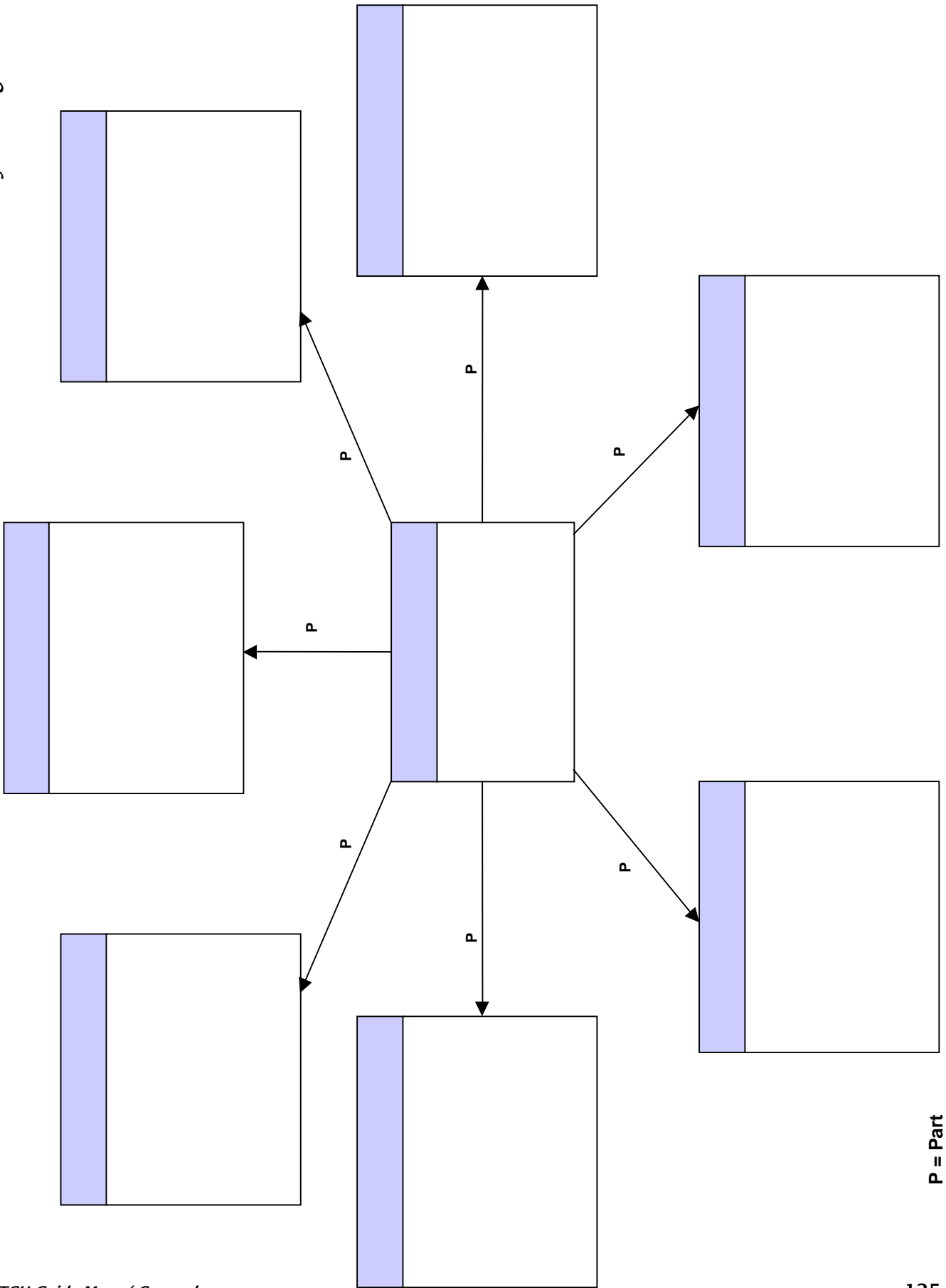
N



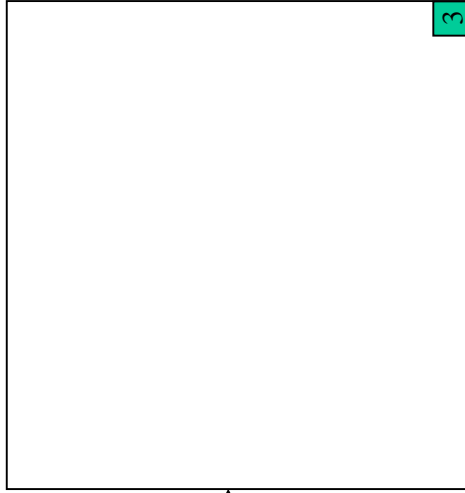
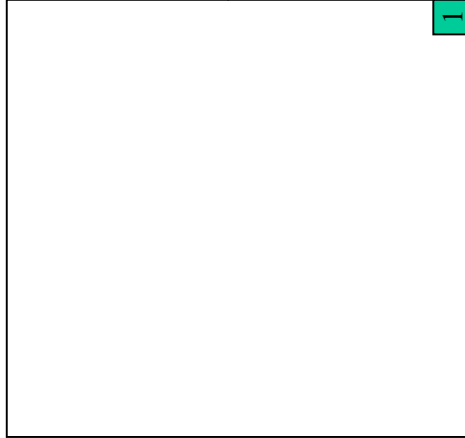
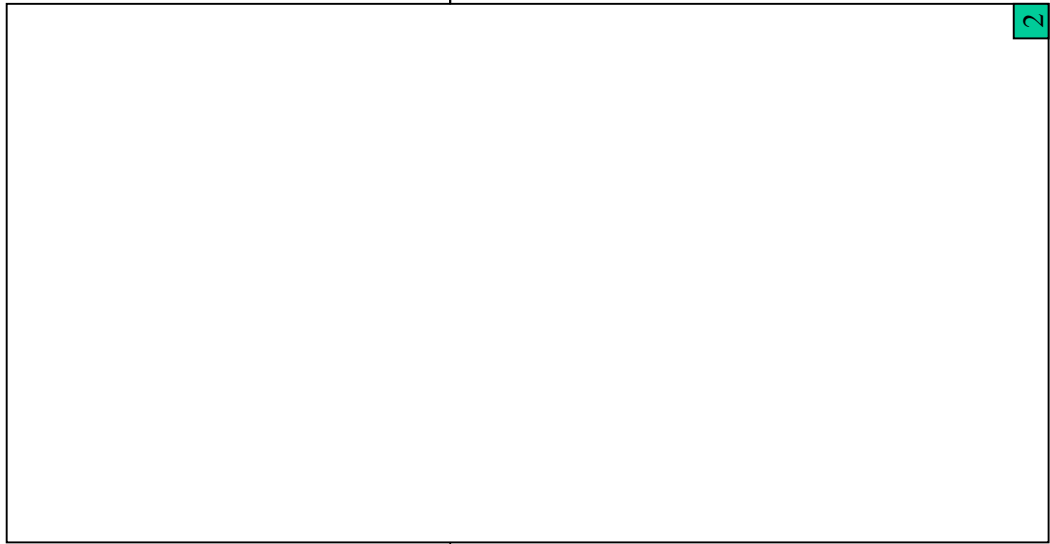

0	Personality type:
1.	
2.	
3.	
4.	
5.	

N



**Issue:**



L = Leads to