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Chapter Two

Setting the stage....

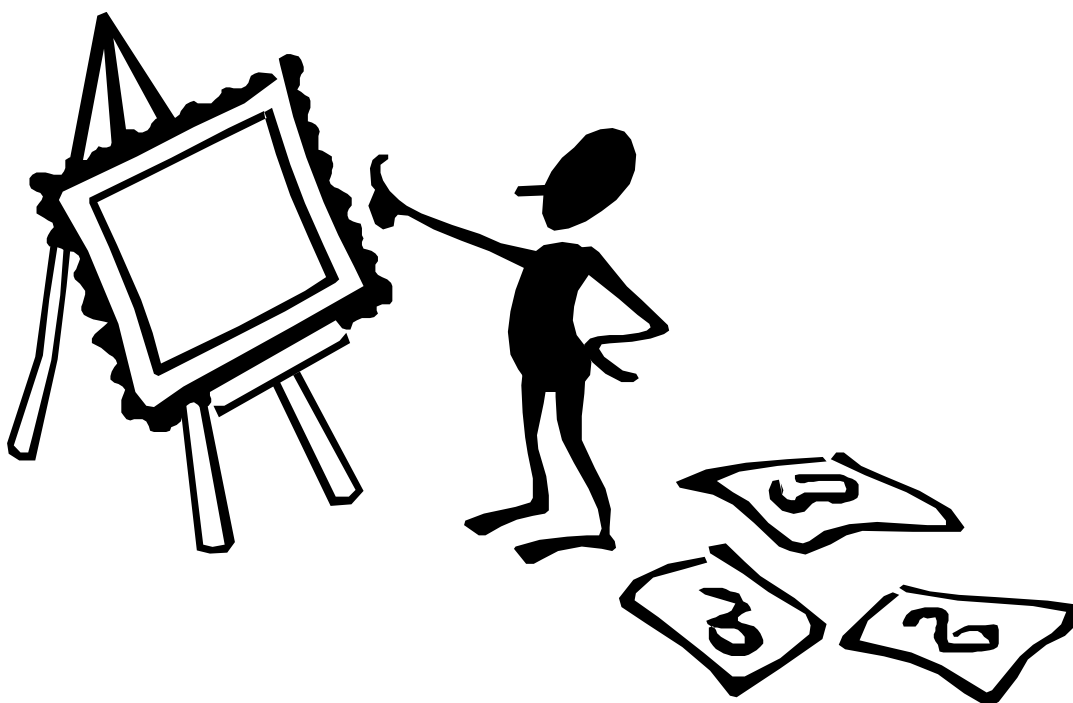
Getting to know you! First map

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).

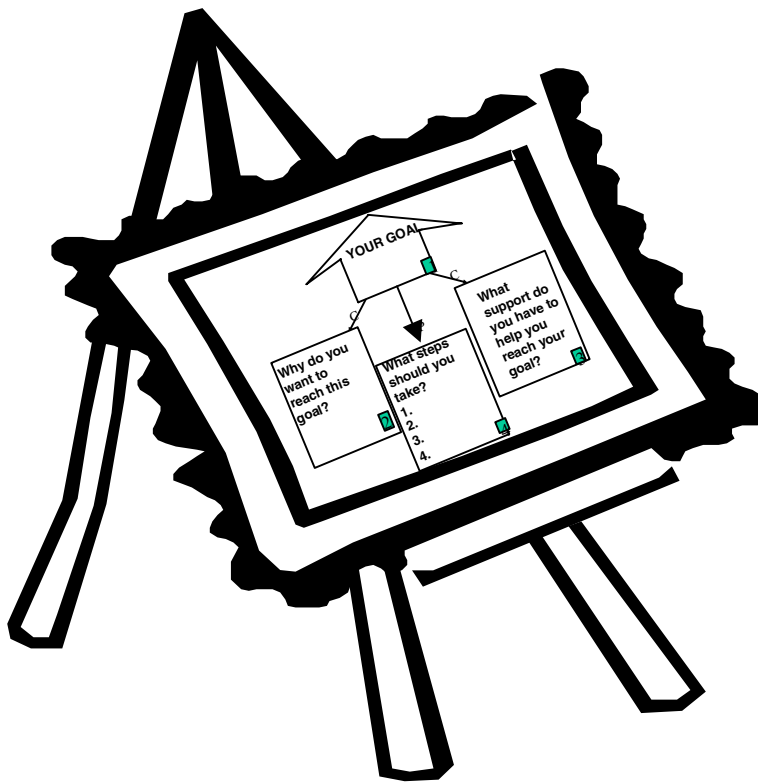
A sequence of maps for treatment. This five-chapter example is based on a program of 4 months of residential treatment with a group of 15 substance-abusing probation violators. The maps that you see from this group are not from any one actual resident, but are (as is Dr. C) composites of maps produced 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 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):

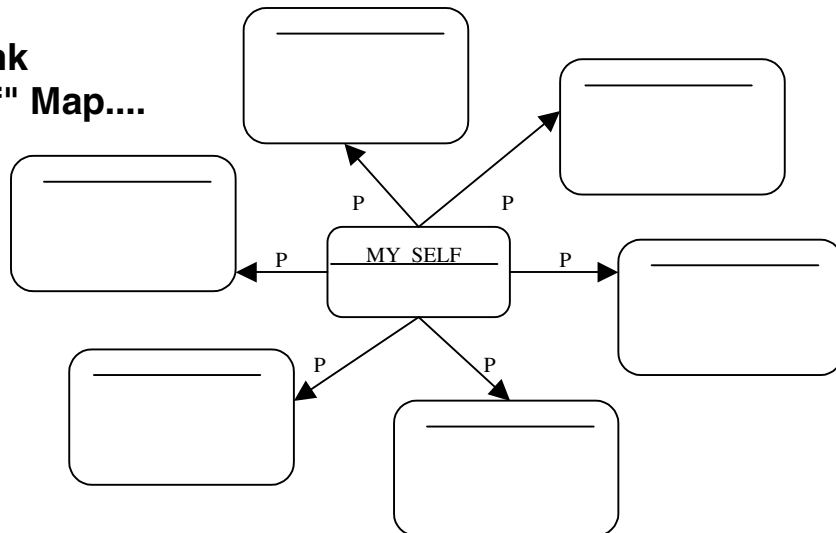
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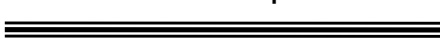
I'm going to use a "map" to tell you about myself, so you'll know where I'm coming from. Then we'll turn the tables and let you do the telling. First, I am a father, have 2 kids and a wife. They keep me going when dealing with the "stuff" in life gets hard. I have a Ph.D. in clinical psychology and 8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

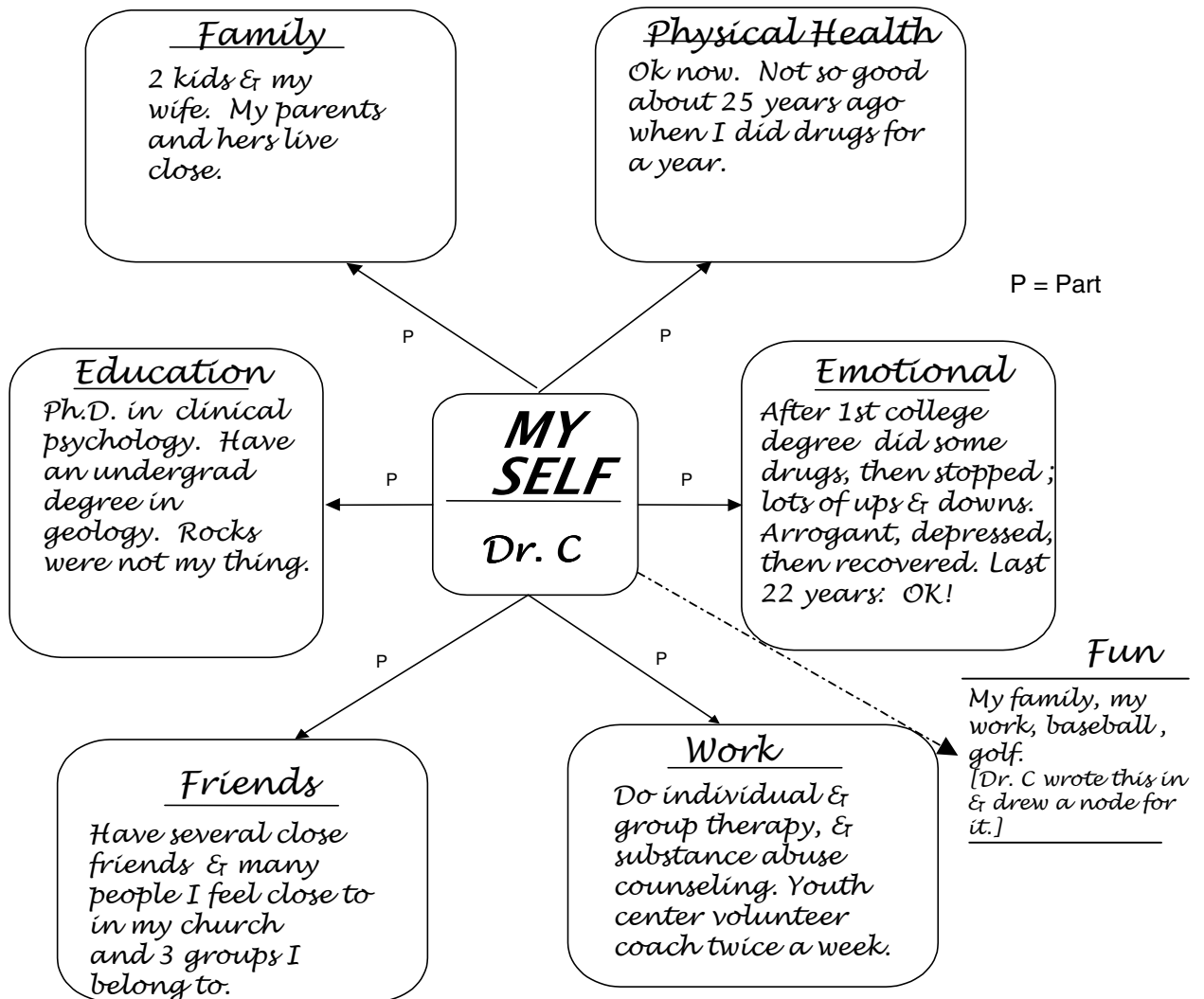
I've had my own personal struggles with direction and have come out okay, although it's a never-ending work to stay focused. I've come through my substance abuse era (that lasted about 5 years, starting right after I got my Bachelor's degree), had a bout with depression (following my graduate school 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.*** ”

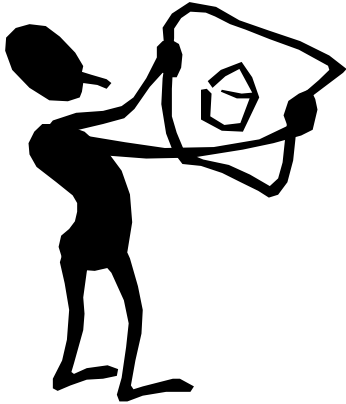
The blank "My Self" Map....



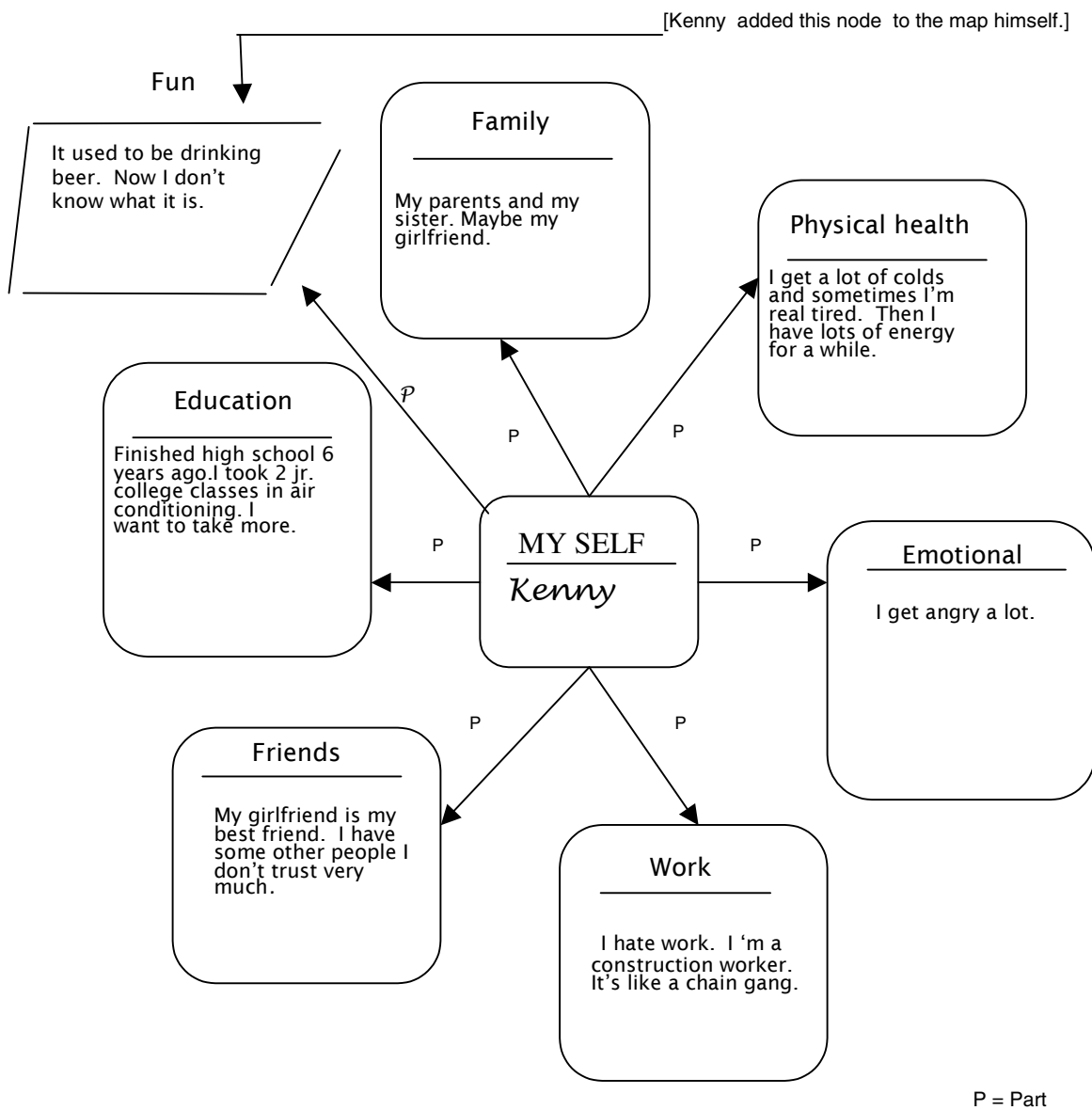
On the next page is the "My Self" map that Dr. Caresalot put on the overhead projector to show his group. 

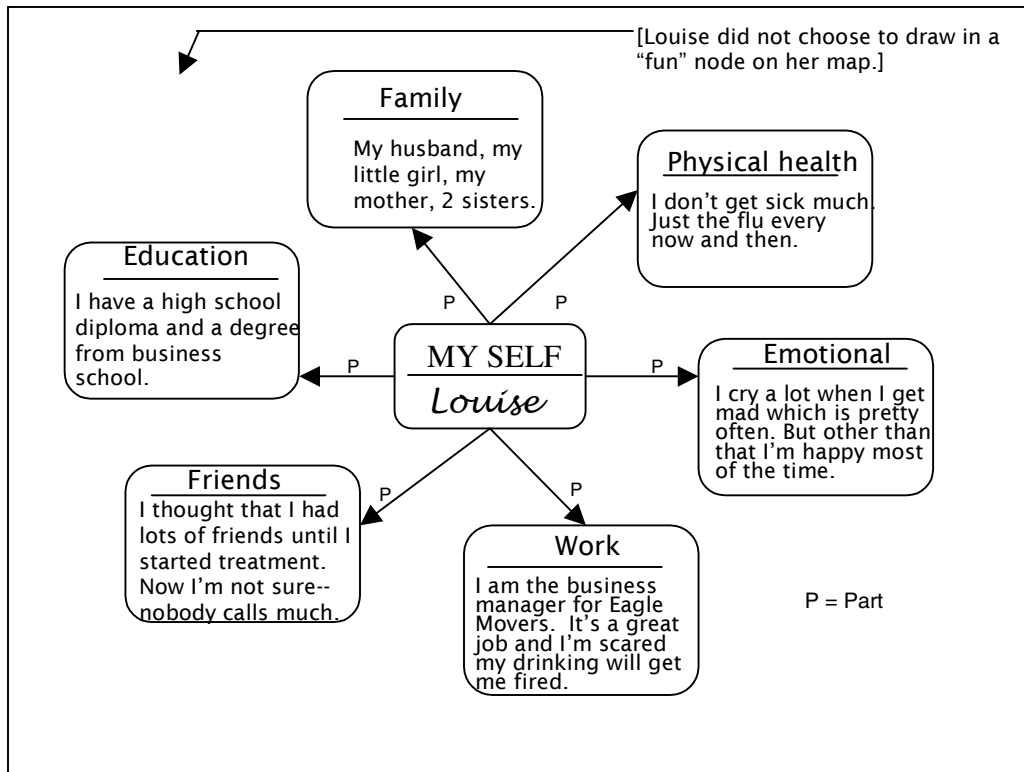


✓ Dr. C could have chosen different box topics here (e.g., instead of family or education, he might've used "people I love," "things I like to do," "things I hate," and so forth) depending on his own approach to this group. He might also have let his group members choose their topics, but this is a tougher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

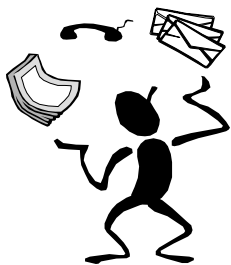


Here (on this and the next page) are maps from 2 of the 15 people in this treatment group. They had about 15-20 minutes at the end of a 2-hour session to complete them. There was no introduction to maps beyond the map filled in by Dr. C.





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.