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Chapter 7

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**Node-Link Maps**

**A visual system**

- **Nodes** (graphic boxes or circles)
  - C

- **Lines** (labeled lines)
  - C

**A way to present ideas**

- **Contain ideas.**
  - C

- **Show relationships between ideas.**
  - C

**Potential payoffs**

- **Aids memory for important parts of a therapy session and plans for the future.**
  - P

- **Can make problem solving easier.**
  - P

- **Can focus the attention and promote organized thinking.**
  - P

**Three formats**

- **“Guide Map”:** A fill-in-the-blanks graphic tool. Especially good for “homework” and group discussions.

- **“Information Map”:** Blanks are filled in prior to use. The map you are reading is a knowledge map.

- **“Free Map”:** Create as you talk or think.

**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**?
YOUR GOAL

What steps should you take?
1. 
2. 
3. 
4. 

Why do you want to reach this goal?

What support do you have to help you reach your goal?

Problems you might encounter?

Ways of dealing with the problems?

THE PLANNING ROCKET

C = Characteristic
P = Part

TCU Guide Maps/ Map Treatment Packet 64
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.
WHAT'S THE LONG-TERM GOAL?

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

WHAT?

#1

#2

#3

#4

BEGINNING WHEN?

L = Leads to
P = Part
C = Characteristic

TCU Guide Maps/Map Treatment Packet
Life Story Map: Ages ___ to ___

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?

What important events happened in your life?
Positive things:

Negative things:

How did you spend your time?

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

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

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

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

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

Is there anything you regret or feel guilty about?
HOW CAN YOU MAKE YOURSELF FEEL GOOD?

Positive things you can do

Positive ways you can think

P = Part
Friends who are important to me:

Why is this person important to me?

How will this person be supportive of me in my recovery?

C = Characteristic
P = Part
N = Next
An Emotion or Feeling that Gives You Trouble: _____________________

What usually happens to cause you to feel this way?

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?
WAYS TO AVOID GETTING OR GIVING HIV/AIDS

SEXUAL BEHAVIOR
What do you say to your sexual partner(s) to avoid HIV/AIDS?

What do you do to avoid HIV/AIDS?

How can you know you have HIV/AIDS? What do you have to do?

NEEDLE USE
What do you say to your drug partner(s) to avoid HIV/AIDS?

What do you do to avoid HIV/AIDS?

If you are afraid of being tested, what can you do to overcome that fear?
KEEPING MYSELF FROM RELAPSING

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

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

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

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

P = Part
My Plan for Getting a Sponsor

WHEN
I will get a temporary sponsor on or before this date: ________
I will get a long-term sponsor on or before this date: ________

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

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.

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?

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

WHAT?  
P

BEGINNING  
WHEN?  
L

#1  
P

#2  
P

#3  
P

#4  
P

C = Part
N = Next
L = Leads to

TCU Guide Maps/Map Treatment Packet
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?

_Picture yourself doing this action!

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?

\[ P = \text{Part} \]