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Chapter 7

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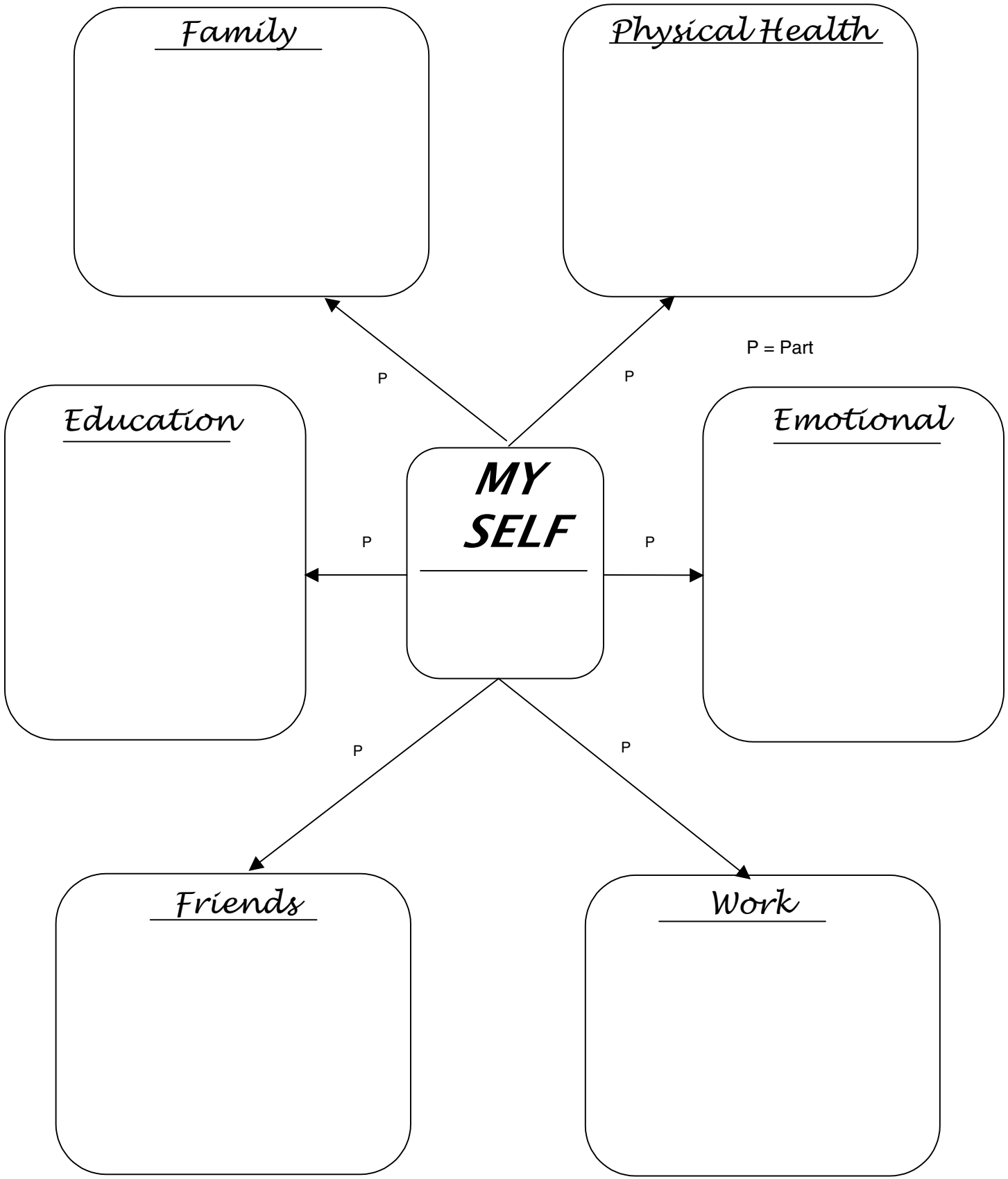
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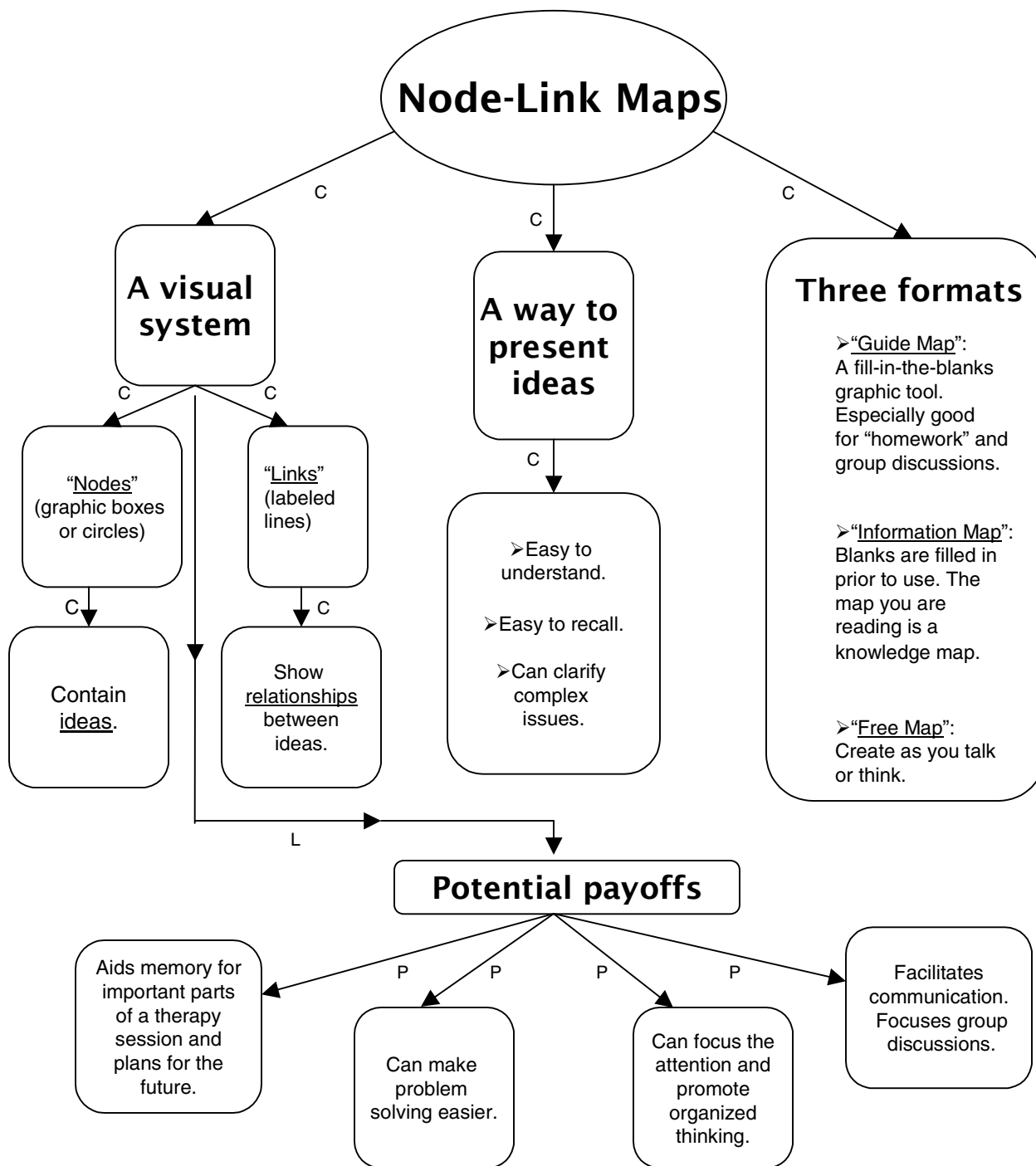
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A map to explain maps!

C = Characteristic
L = Leads to
P = Part

Personal Action List for Treatment

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

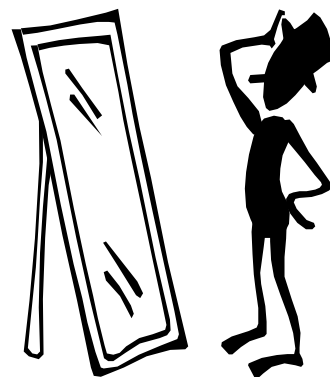
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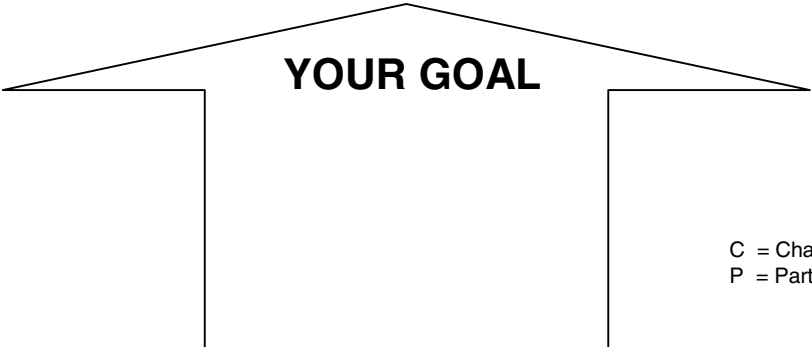
Are these actions that you can really do?

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?





C = Characteristic
P = Part

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

What steps should you take?

- 1.
- 2.
- 3.
- 4.

Why do you want to reach this goal?

Problems you might encounter?

Ways of dealing with the problems?

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

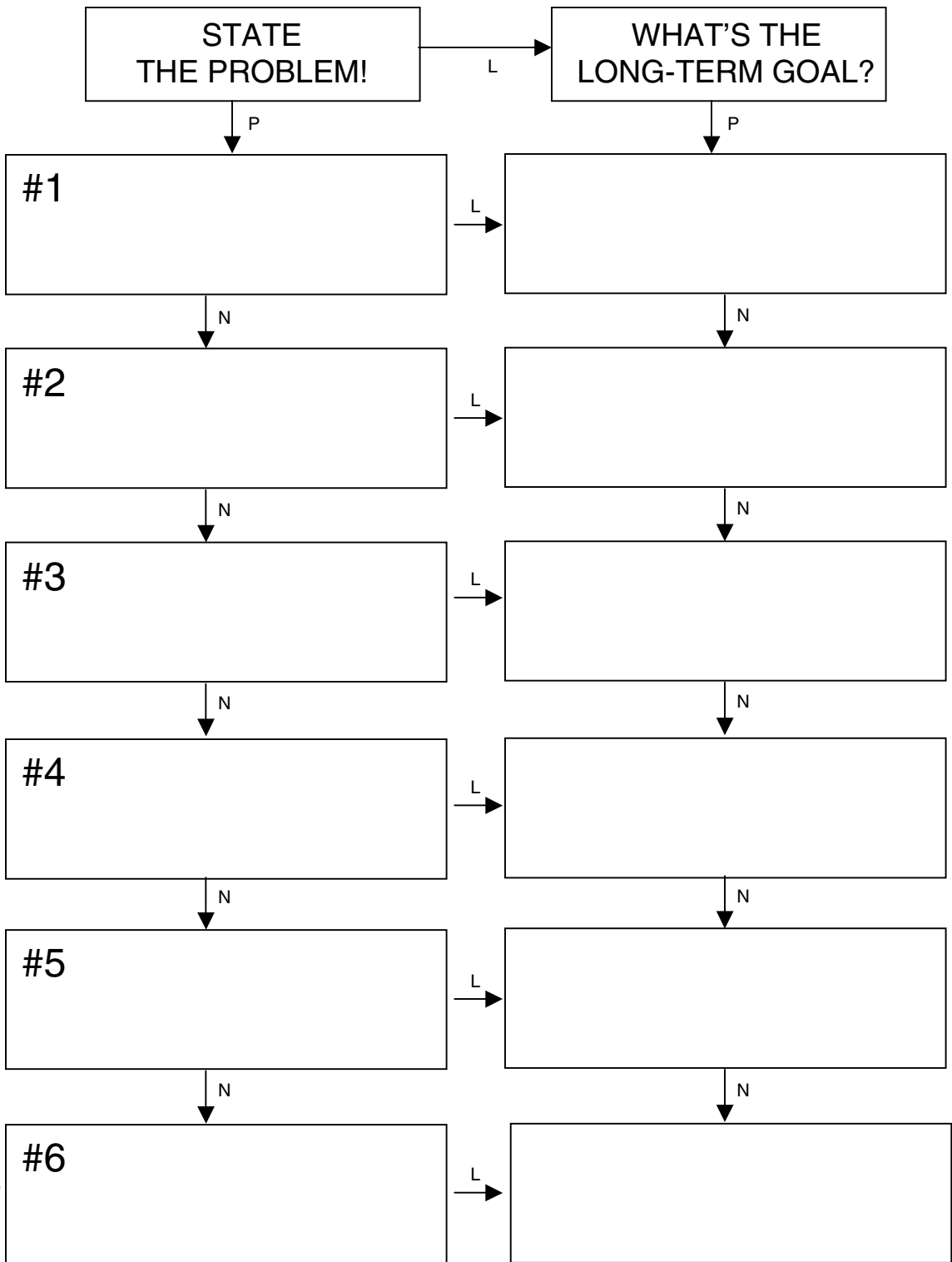
___ (k) AIDS-Risky Sex

___ (l) Housing & Living Situation

___ (m) Academic & Vocational Skills

___ (n) Sexual Behavior

___ (o) Financial Management



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?

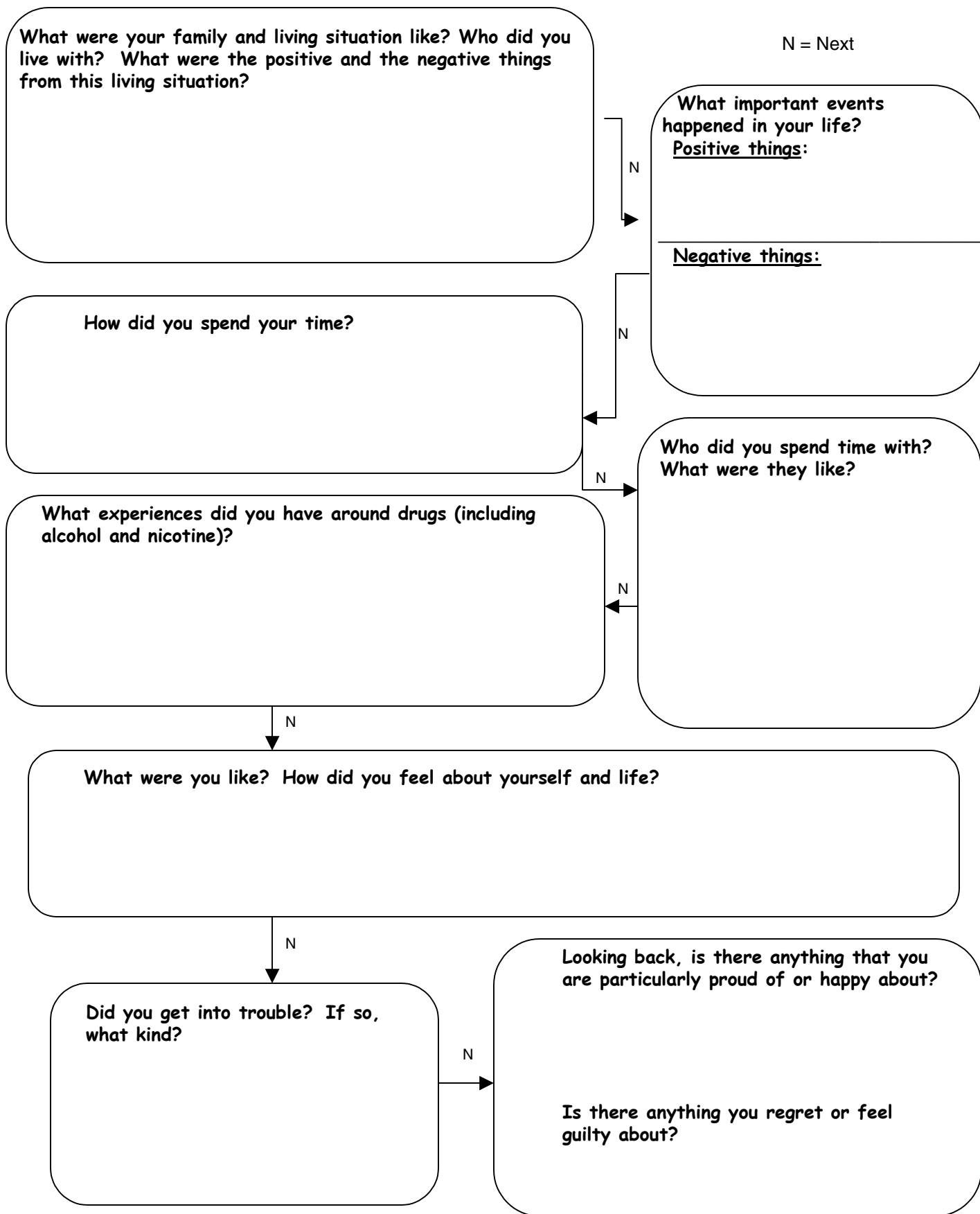
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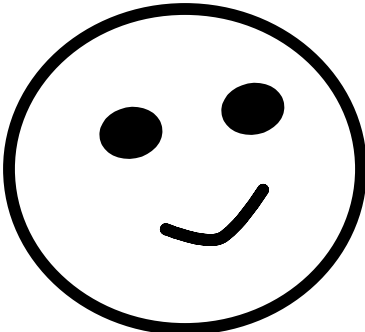
#2

#3

#4

Life Story Map: Ages ____ to ____





HOW CAN YOU MAKE YOURSELF FEEL GOOD?

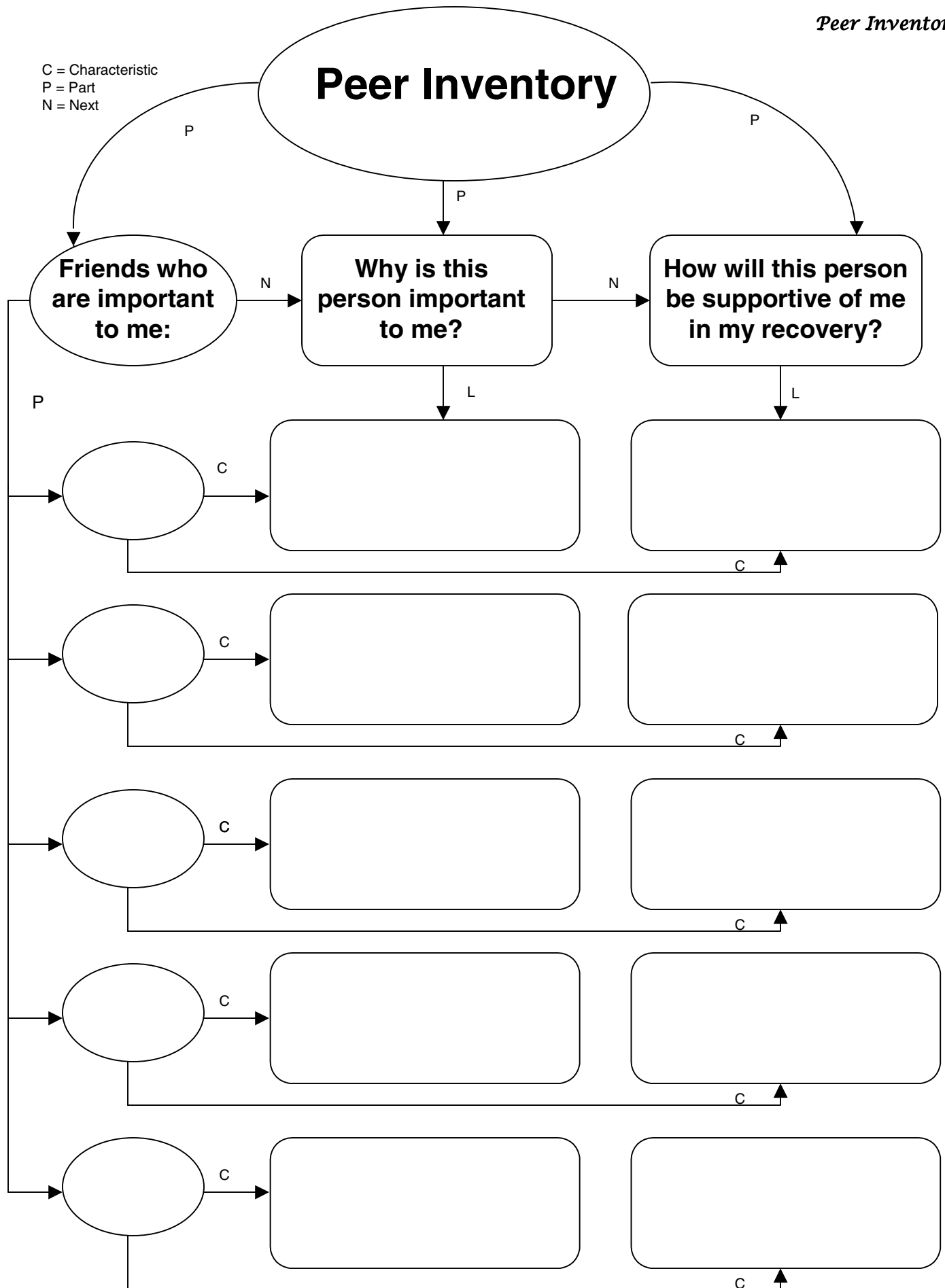


P = Part

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

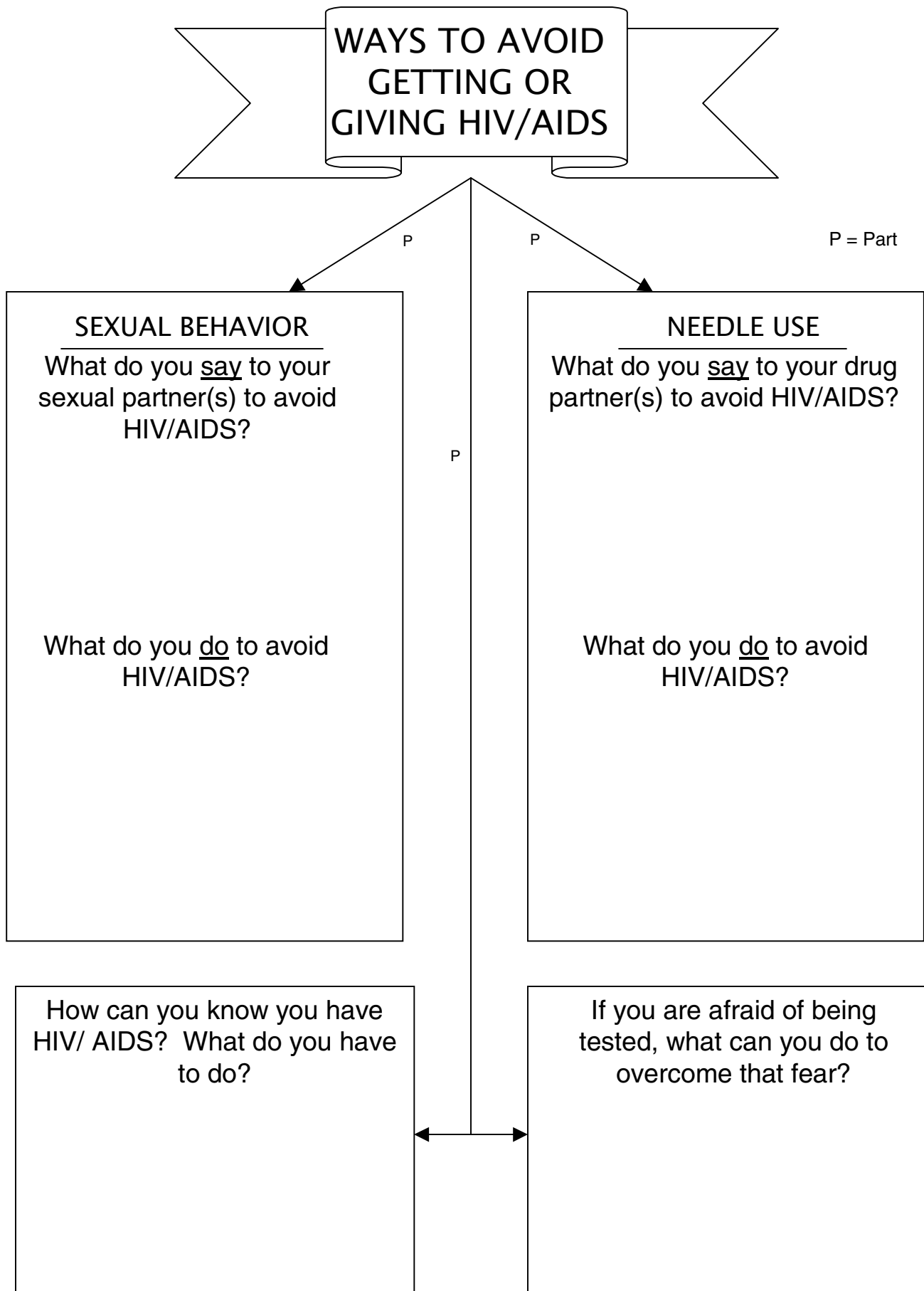
What problems does having this feeling cause for you?

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

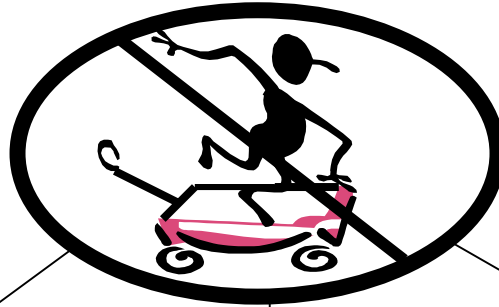
What have you done to deal with this in the past that did not help?

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 = 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:

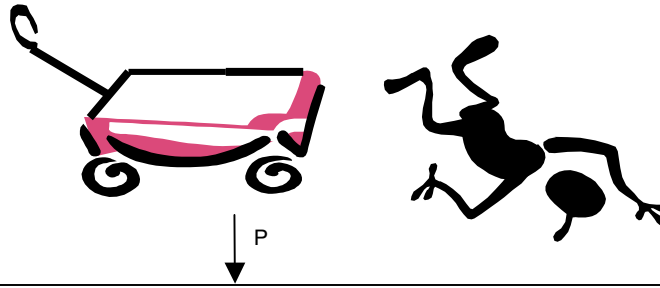
(b) This is what I will do:

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: _____

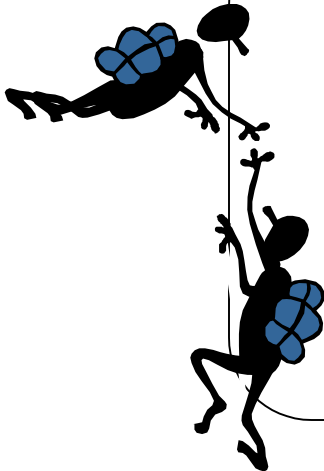
I will get a long-term sponsor on or before this date: _____

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?

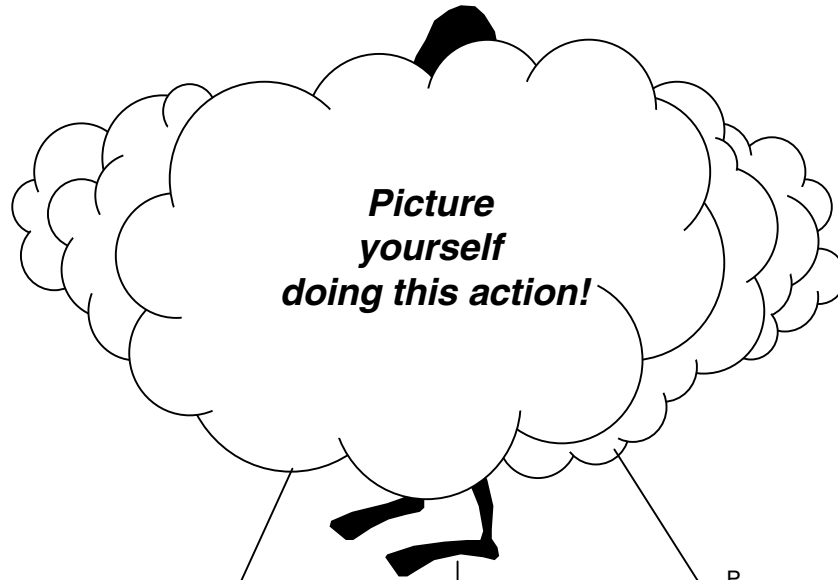
Are these actions clear and specific enough so that it is easy to tell when they have happened?

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?