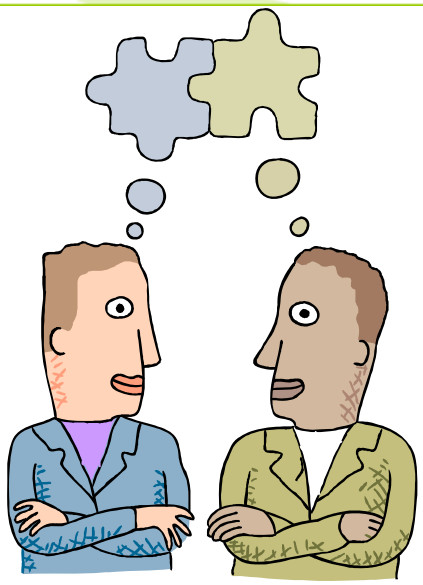
Based on

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment

As Included in NREPP

SAMHSA's National Registry of Evidence-based Programs and Practices
http://nrepp.samhsa.gov



Mapping Your Treatment Plan: A Collaborative Approach

A mapping-focused guide for working with clients to establish meaningful and useful treatment goals

N. G. Bartholomew, D. F. Dansereau, and D. D. Simpson
TCU Institute of Behavioral Research
(April 2007)

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 2007 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 MAPPING-ENHANCED COUNSELING MANUALS FOR ADAPTIVE TREATMENT

Mapping Your Treatment Plan: A Collaborative Approach

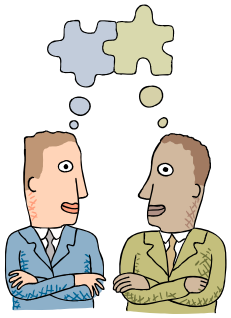


Table of Contents

Introduction: Mapping, Collaboration, and Thoughtful Plans . 1

Description: Background and rationale for using node-link mapping for engaging clients in setting goals for treatment and recovery

Session 1: Getting Started: First Maps..... 10

Description: Leader guide for using maps to explore client's history and current concerns as a foundation for setting treatment goals

Session 2: Mapping Goals and Strategies 24

Description: Leader guide for using maps to engage clients in establishing useful and workable goals for early recovery

Session 3: Mapping Progress and Future Plans 35

Description: Leader guide for using maps to help client chart successes and address ancillary treatment issues

Appendix: Mapping Bibliography 50

Description: Bibliography and brief abstracts of mapping research studies

© Copyright 2007 TCU Institute of Behavioral Research, Fort Worth, Texas. All rights reserved.

Introduction: Mapping, Collaboration, and Thoughtful Plans

Mapping, Collaboration, and Thoughtful Plans introduces the basics of node-link mapping, the use of structured maps for treatment planning, and the importance of developing the counselor-client relationship through collaboration. A thoughtful treatment plan with realistic and measurable goals helps focus the therapeutic relationship on a more hopeful tomorrow. This chapter is designed as a primer for treatment staff interested in simple, yet effective strategies to strengthen motivation and engagement in treatment through more effective treatment planning.

Introduction

Treatment Planning

The term "treatment plan" is part of clinical vocabulary from the moment a client enters a substance abuse treatment program until (hopefully) that client is successfully discharged. But not all treatment plans are the same. In many cases, having a formal treatment plan for each new client is a requirement of state licensers or funding providers. In some cases, treatment plans are generated, pretty much cookie-cutter style, then filed away, primarily so that future auditors can note program compliance. Counselors working with clients seldom refer to these plans or refer to them only in generalities (i.e., "Mary needs to be working on her self-esteem"). In other instances, pro-forma treatment plans are generated based on observed needs or problems identified through assessments and testing, with little client input. As these problem areas are addressed in individual or group counseling they are checked off the treatment plan. Once clients receive all their checks (and have done well with their sobriety) they are considered to have completed treatment.

Perhaps one of the biggest "disconnects" between substance abuse treatment providers and their clients centers on treatment planning. Clients often have low expectations of being asked to be involved in the planning process. Providers often believe clients are not capable or motivated enough to put effort into treatment planning. The purpose of this manual is to introduce a new strategy to help bridge this gap. We present an offering of ideas and worksheets for clinicians to use to invite clients into conversations about their goals and hopes for the future.

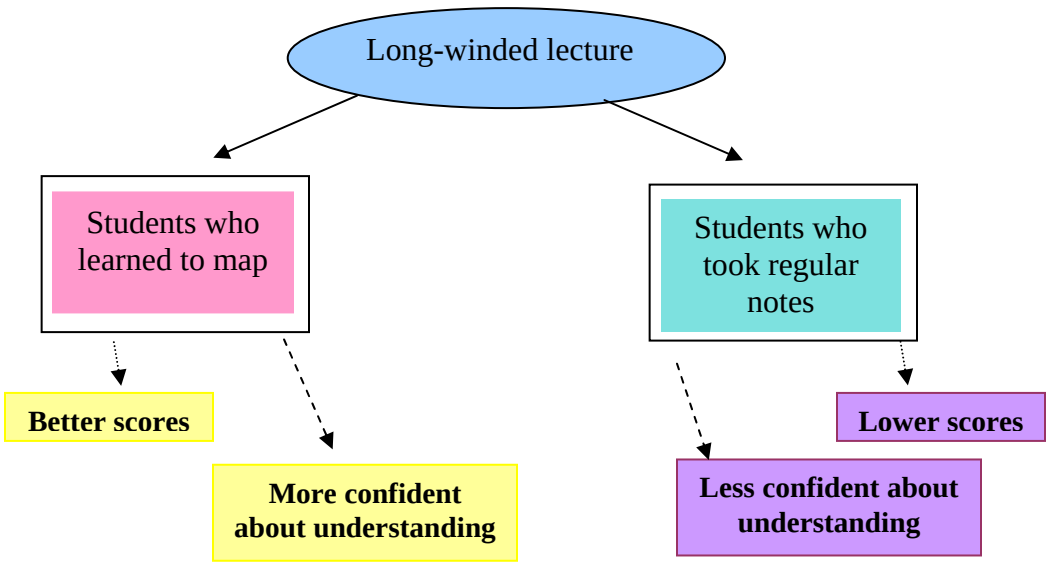
We believe that these thoughtful conversations, aided by mapping-enhanced worksheets, hold the best promise for eliciting from clients the changes they want to see in their lives, their ideas about the best way to make those changes, and their considerations about how to measure progress. This type of collaborative, future-focused treatment plan has the best chance for success because, with the help of mapping strategies, clients are assisted in articulating and claiming ownership of their treatment journey.

What do you mean by "mapping"?

Mapping is a cognitive tool that helps organize information and ideas spatially. Most counselors have been exposed to the helpfulness of graphically displaying ideas and connections. For example, Genograms use boxes and lines to help clients better understand their family history over several generations.

The type of mapping we use in this manual is more commonly known as "*node-link mapping*." (See Appendix for the node-link mapping bibliography.) It was first studied as a handy tool for helping students take better notes during lengthy college lectures. In these studies, some students were taught to take notes by placing key ideas in boxes called "nodes" that were connected to other nodes with lines ("links") representing different types of relationships. The final product often resembled a map or flow chart of the lecture. Other students took notes as they would usually take them. The results showed that students who used this "node-link mapping" system did better on tests and felt more confident about understanding the lecture than did students who took traditional notes (see Figure 1.). There seems to be something about graphically displaying information that helps us better understand things and recall key ideas (hopefully when we need them).

Figure 1. Simple map of early mapping research



Mapping as a Counseling Tool

Mapping has evolved as a counseling tool over the course of more than 15 years of application and research. A key element – that mapping appears to help foster understanding and support better recall – was seen as potentially beneficial to the counseling relationship both for individual and group applications.

Mapping serves two major functions in the counseling process. First, it provides a communication tool for clarifying information and sharing meaning between counselor and client. It can be used effectively with whatever therapeutic orientation or style a counselor follows. Second, regular use of mapping-based strategies helps with the continuity of care. Mapping worksheets or notes can be placed in the client's file, so that discussions of treatment issues (around goals, for example) can be picked up where they were left off at the end of the previous session. Clients also may be offered copies of maps they have worked on in session to help with focus and task completion between visits.

Using mapping as a clinical tool assists the counselor in structuring sessions to better address key issues that are important to the client. Of course, from the client's perspective, it is the conversation itself that is most important. Mapping can help make treatment conversations more memorable, help clients focus, and give clients confidence in their ability to think through problems and develop solutions.

Another benefit of creating maps with clients is having those maps available for clinical supervision meetings. When mapping is part of the counseling process with clients, this material can be discussed jointly in supervision. Maps placed in the client's file document and efficiently outline the work being done in session. This provides a foundation and focus for supervisors to offer specific feedback and clinical guidance.

Mapping and Collaboration

Collaborative counseling approaches are emerging as effective strategies for improving motivation and goal-setting, and for helping clients feel that they were heard and respected during sessions. These are seen as building blocks for a strong therapeutic alliance and for instilling hopefulness and determination as clients begin their treatment journey. A central skill in collaborative approaches is the eliciting and highlighting of the client's perspective. This includes encouraging clients to discuss, with enriched detail, what needs to change in their lives, how they view the change process, and what steps make sense for what they want to accomplish.

When a counselor uses mapping to engage the client, this type of collaboration is naturally facilitated. Maps are co-created, and the content of a map – the thoughts, ideas, and issues – are those raised and identified by the client. The map provides a focal point for this work as the counselor skillfully elicits from the client what should be written down, what should be noted in passing, and what should be addressed next.

As part of a collaborative model of treatment planning, counselors help clients develop a clear picture of what they want to be different or improved as a result of participating in treatment. This logically involves a discussion of goals and the positive consequences of those goals. It also involves assisting the client in identifying his or her available resources for tackling those goals. Resources are identified broadly to include a client's strengths, relationships, attitudes, thoughts, skills, behaviors, and perceptions.

Within this framework, the counselor accepts that a client's goals may change during the process of treatment and that the client is the determiner of when enough progress has been made toward a particular goal and when goals should be amended. Likewise, the counselor accepts that a client's most salient and meaningful goals will often not reference alcohol or drug use, per se. For example, saving a marriage or relationship, getting and keeping a job, regaining a driver's license, or committing to an educational pursuit are more commonly identified goals. Ending or controlling substance use becomes one of the factors or ways to achieve these major goals.

Types of Maps

Mapping Categories

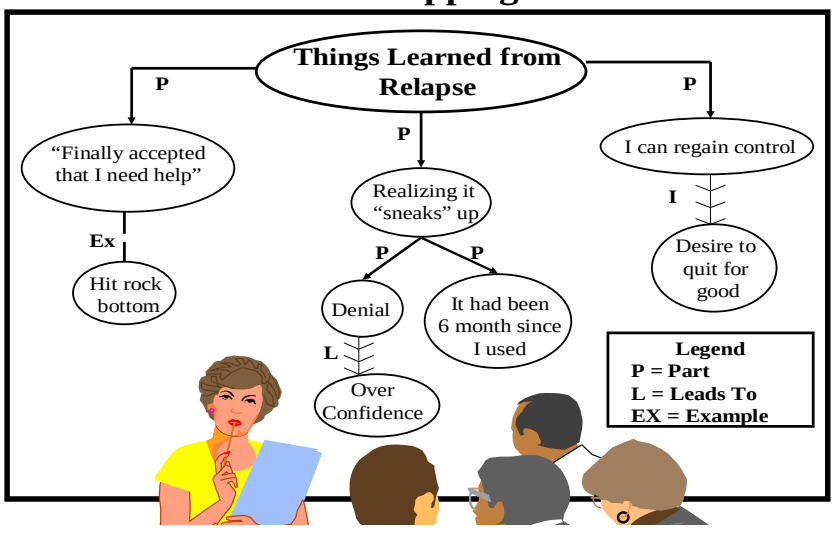
As we have discussed, n*ode-link maps* are tools that can visually portray ideas, feelings, facts, and experiences. There are three broad categories of these maps:

- **Free** or **process** maps
- **Information** maps
- **Guide** maps

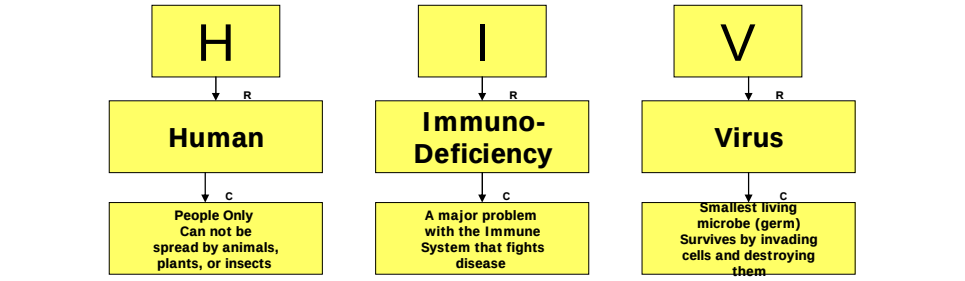
Although ***Mapping Your Treatment Plan: A Collaborative Approach***, uses the category of maps called "guide maps," it is helpful for the potential user of mapping approaches to have a broad overview of all the ways mapping can be used successfully.

Free or process maps: Using an erasable board, flip chart, or paper and pencil, client(s) and counselor can work together to create a map of the problem or issue under discussion. The counselor should take the lead in briefly explaining mapping to the client(s) and providing a starting point for creating the map. However, when at all possible, both counselor and client(s) should have pencils or markers so that co-creation of the map is facilitated. Here is an example of a free map or process map created during a group session on "relapse." In this case, the counselor created the map on an eraser board with group members' input and led a process discussion on the issues raised:

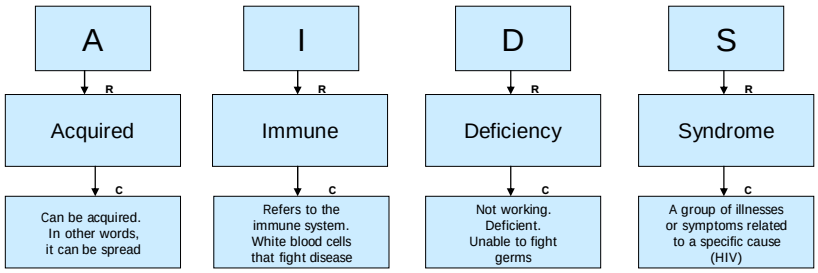
Free Mapping



Information maps: Information maps have been used in a variety of settings to help communicate basic information in a readily understandable way. Information maps are usually prepared ahead of time to serve as handouts or presentation slides. These maps organize facts in a specific content area and present them in an easy-to-remember format. Early mapping studies with clients attending psychoeducational groups on HIV-risk reduction found that information maps were useful in helping clients learn and retain information about HIV transmission and high-risk practices.

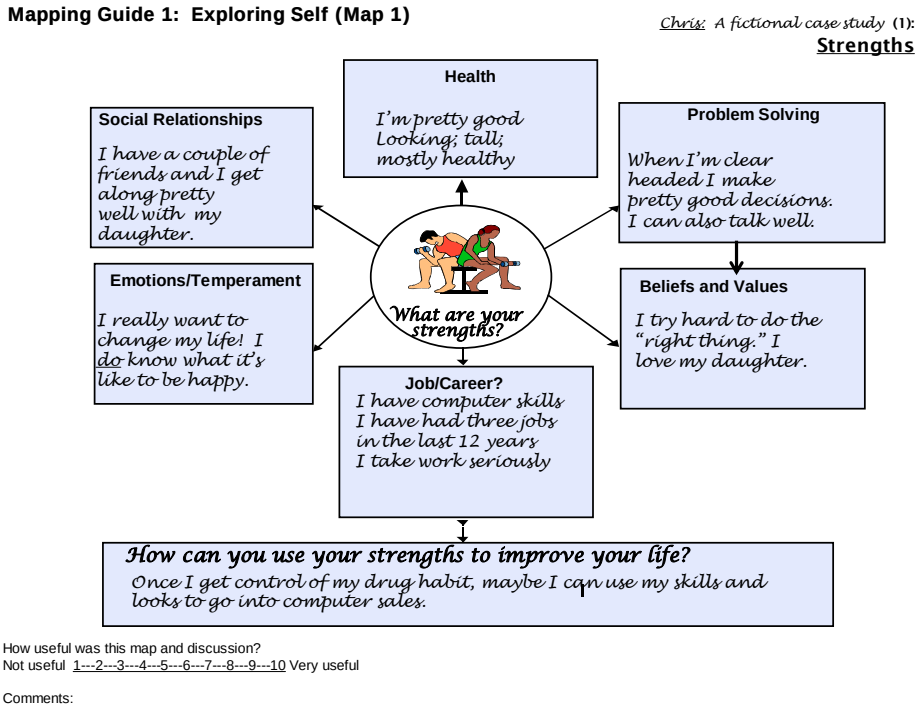


HIV is a human virus that invades and destroys the cells of the immune system.



AIDS is the late stage of HIV infection, resulting in illnesses and cancers the body can no longer fight off.

Guide maps: The mapping exercises contained in this manual use guide maps. Guide maps are pre-structured templates with a "fill-in-the-space" format that help guide the counselor-client interaction during a session, while also allowing ample freedom for self-expression. As part of an individual counseling session, these maps provide a structure for thinking about and talking about goals, personal resources, and specific steps and tasks for arriving at goals. In group work, guide maps can be used as homework or as individual worksheets that are then processed and discussed within the larger group. These mapping activities can provide some assurance that each group member has had a chance to visit a particular issue personally. Similarly, in group settings, guide maps can be used to focus and keep a discussion on track.



Using this manual

Mapping Your Treatment Plan: A Collaborative Approach is designed help establish a good therapeutic alliance, identify client goals for treatment, and foster motivation for working on those goals early in treatment. Ideally, the 3-session intervention should be completed with clients during the first month of treatment. Each of these individual sessions can be completed during an average 50-60 minute office visit.

Each session features several guide maps and has scripted "talking points" to help the first-time counselor complete and discuss the maps with clients. However, it is expected that after a few initial experiences with using these maps with clients, clinicians will quickly find a way to "make it their own."

Preparation Stage

Before using the treatment planning guide maps with clients for the first time:

1. Familiarize yourself with mapping and with the guide maps that will be used in each session. For each map, you will find a completed "case study" example.

2. Practice using these guide maps ahead of time. This can be done by completing some of them for yourself, or by inviting a colleague or friend to "role play" completing and talking about a map.

3. Make copies of all the maps, organized by session. One easy way to do this is to make a folder for each session to store copies of that session's guide maps. Some clients may want more than one worksheet, so be prepared with extras.

Working With Clients

1. Use the first few minutes of a mapping session for greetings and pleasantries with the client. When first introducing the client to using guide maps, provide a brief explanation of what the maps are. For example, "maps are tools to help us structure our discussions and better focus on the things that are important to you that you may want to work on as a part of treatment." You may want to further add: "Some people have found these maps to be helpful for "seeing" things more clearly and remembering important ideas."

2. Sit in such a way that you can work on a map as a collaborative project. This could mean sitting around a table or inviting the client to move to the corner of the desk so that both counselor and client have a clear view of the worksheet. One creative counselor we know invested in a child's art easel (about $20). She pulls it close so that she and the client can work easily on the maps while sitting in front of them. The easel has the added advantage of having an erasable board, convenient for impromptu free mapping during sessions.

3. Have a box of colored pencils, markers, pens, and erasers for use during the mapping and discussion. Many clients, as they become comfortable adding to the maps, enjoy the creative options of colors and textures.

4. Frequently validate and affirm clients' responses during mapping sessions. There are no "right" or "wrong" responses for completing a map. In the spirit of collaboration, counselors' responses should most frequently reflect interest and curiosity about the clients' perspectives.

Session 1:

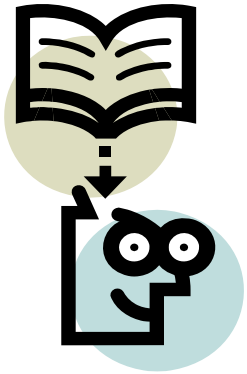
Getting Started: First Maps

Getting Started: First Maps sets the collaborative tone for subsequent sessions and introduces the client to working with guide maps. The counselor takes the lead in introducing the guide map templates and inviting the client to add information to the "nodes." These early guide map discussions center on the client's experiences, both in the past and present. Clients are then invited to briefly discuss present issues of concern and how they have been coping to date. The session ends with an invitation for the client to consider what they hope to have different/better in their lives as a result of treatment.

Notes for Session One

Read over the sample case study maps to get a feel for how mapping sessions might flow.

Following each case study example there is a blank copy for use with clients. You may copy these guide maps.



The Maps

There are 3 maps that provide the focus for your first session with the client, plus a map for client homework:

A roadmap for perspective on the client's recent history
An exploration of aspects of the client's life today
A map for discussing the client's pressing concerns
A "homework" map for planning goals

Introduce the client to the idea of working on the map worksheets together in the spirit of collaboration and better understanding.

Most people enter treatment hopeful that their lives can be better. Let the client know that if he/she is able to change or address even one small thing while in treatment, then that is some measure of success.

Convey that you are interested in carefully understanding the client's perspective and that the maps are helpful for focus and concentration.

Recent History Map

1. Use some of the following ideas to introduce the first map to the client:

I'd like to start today by talking about <u>you</u>. If you're okay with it, I'd like to use this sort of road-looking map to take notes as we talk.

Getting Started: First Maps

To get us started, I'll record some of the things you tell me, but I want you looking over my shoulder to make sure I get it right. I want you to tell me about some of the things in your recent past, say things that happened in the last 5-10 years, that you think I should know about in order to be as helpful to you as I can while we work together.

Whatever the timeframe you think makes most sense, we'll start there.

Then we will go along the road (so to speak), and you can tell me about events that were important. We'll insert notes about those.

Take a minute to think about it. Let me know what year to enter.

So, between 2001 (6 years ago) and today, what's happened in your life that we should add to this map? Maybe like historical markers along a real road. What things do you remember as important?

2. Work collaboratively with the client to build this map. Engage the client with invitations to join in the construction. For example: *The breakup with Susan – would that go about here or closer to here?* or *Let's see, if you lived there for four years, I guess you moved out about here, huh?*

3. Naturally, you will probe and ask follow-up questions as the client discusses his/her recent past. Some of these might be worth capturing, based on the emphasis the client places on it. For example, in the case study sample of this map, the client noted after the marker event *Susan got pregnant* that it was *the best news ever!*

4. Transition to the next map of the session by complimenting and validating the client's experiences in the recent years. For example: *Wow, given all you've been through, I'm really impressed that you have taken on treatment.* or *I liked the way you helped walk me through what life has been like for you.*

5. Complete transition to the "Me Today" map by saying something like: *Now let's talk a little bit about how things are for you right now.*

Me Today Map

1. After transitioning from talking about the client's recent past, engage the client in completing the map by asking questions and having a brief discussion about the life areas in the nodes. Sit so that the client can see the map as you make notes.

2. The process might flow as follows:

> Co: *Let's start with this top node – "family." What's going on with your family that's important to know about.*
>
> Cl: *Well, I have been living with my mother since the DWI and my breakup with Susan.*
>
> Co: *How is that working out for you?*
>
> Cl: *Good, actually. My mom is mad at me for what I did, but she supports my wanting to get back with Susan. She wants to see her grandbaby and also wants me to take care of him.*
>
> Co: *Okay – let's see, for "family" I'll note you live with your mother right now, that she supports you getting back with Susan, and of course that she wants to see her grandbaby.*
>
> Cl: *That about says it, I guess.*
>
> Co: *We can always come back and add or edit these notes as we move through the map.* (Moving to another node) *How about some of your interests? What kind of things do you enjoy or spend time doing?*

3. Continue to address and briefly discuss what comes to mind for the client in response to each of the nodes.

4. Ask open-ended questions. Encourage client to join in briefly discussing one or two key issues for each node.

5. After completing the map, validate the client's current experiences and compliment the willingness to help you learn more about his/her life.

Current Problems Map

1. Transition into the next map by turning the client's attention toward his/her possible expectations about treatment. The tone of the map might reflect the general idea of – *Why treatment? Why now?*

2. Invite the client to consider how he/she might like his/her life to be different or better as a result of coming into "formal" treatment:

> *What are some things that you might want to work on as a part of treatment, over and above the obvious issues of drug/alcohol use, that you think would make the most difference in your life, either now or in the future.*
>
> *How would you describe the nature of the problem or difficulty you would like to see changed?*

3. After discussing the nature of the difficulty with the client, ask emphatic questions to uncover information about how the client has been managing or coping with the difficulty to date.

4. Fill in information and briefly discuss coping for as many nodes as the client feels should be added. Validate the clients concerns and past efforts at making change.

Homework Map (Goal Planner)

1. Invite the client to further consider what issues need to be addressed as a part of treatment. Give the client a copy of the "Goal Planner" map, briefly review it, and assign it as "homework":

> *You certainly have given some careful thought to these problems you would like to have improve as a part of treatment. I wonder where you think is the best place to start? Life is such that we can't to everything at the same time.*
>
> *Between now and our next appointment, I'd like for you to think about this and make some notes on this map like we used today.*

This map just has 3 boxes. You complete as many as you want. One thing you can focus on is what issues you might want to start working on first.

On the right side of the map you will make some notes about the problem, and on the left side make some notes about what you think needs to change.

Bring this with you for your next session so you can explain to me your thoughts about what you want to be different.

End the Session

1. Thank the client for their participation and thoughtful comments. Briefly ask the client to rate the usefulness of the maps worked on in the session on a scale of 1 to 10. For example:

I'm interested in how useful you found these maps that we worked on today. Overall, if 1 equals "not useful" and 10 equals "Very useful", how would you rate the maps and our discussions?

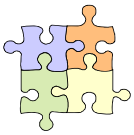
After client gives an overall rating, ask: *Were any of these maps any more or less useful than the others? If so, should it have a higher or lower rating?*

Thank the client for his/her help. Circle the overall rating given by client for all maps. However, if the client has singled out a particular map as higher or lower, circle that rating on that map.

** Note: If overall ratings are very low, ask the client how the next session could be made more useful. For example: *I appreciate you giving such honest feedback. How can we make the next session better? What do we need to do?*

2. Set day and time for next session with client. Ask client to complete a *Client Session Evaluation* form before leaving. (Research sites only)

3. Complete *Counselor Session Evaluation* form. (Research sites only)



STARTING POINT: YEAR **2001**

Arrested for possession

I was released from jail

Served 9 months

Reunited with wife

Got warehouse job; no overtime

No money but happiest time of our lives

Susan got pregnant

Best news ever!

I started dealing

I lied to Susan about the money

She left me

Crashed car

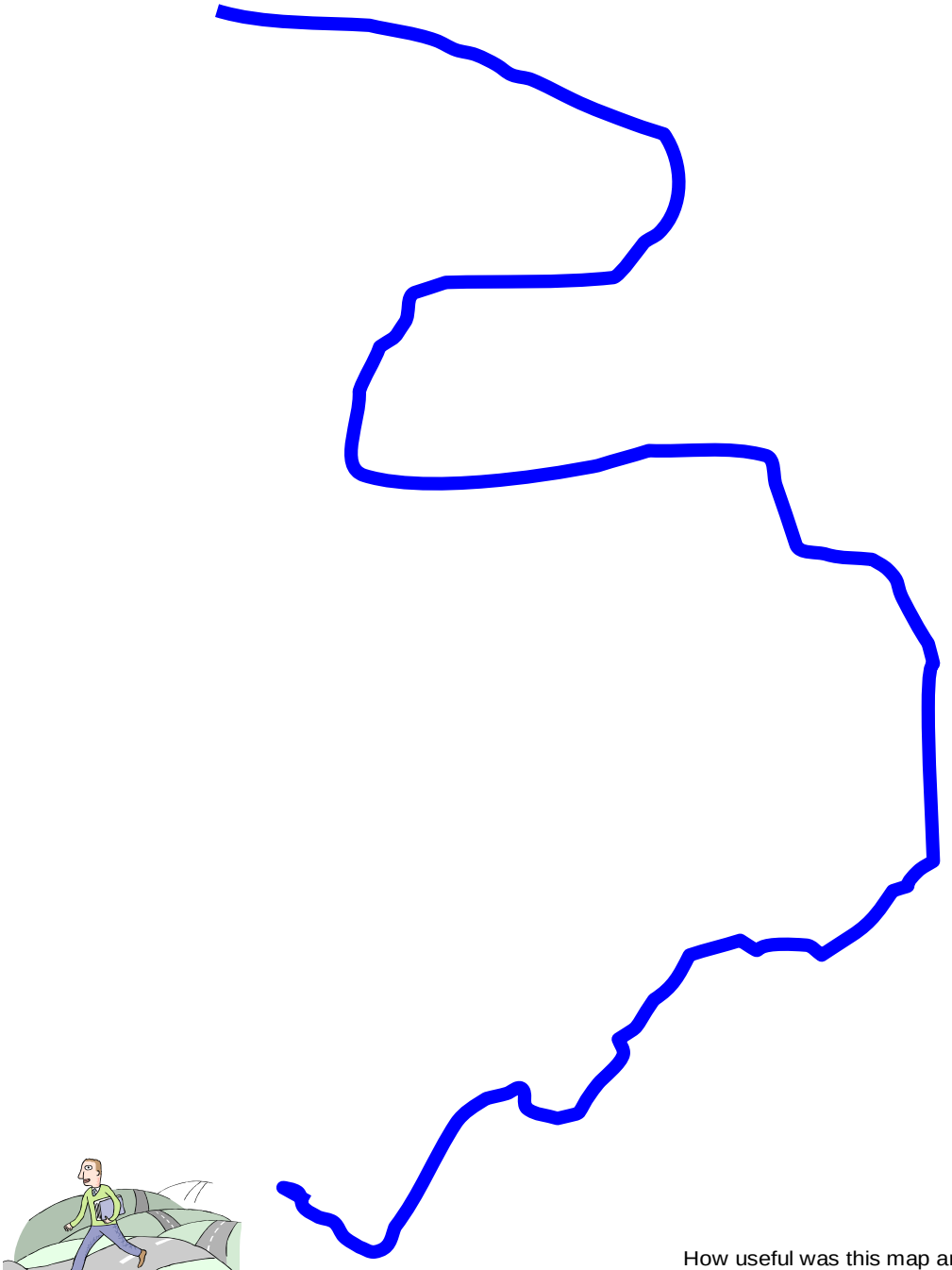
DWI

Good lawyer got me treatment instead for probation revocation

YOU ARE HERE

How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

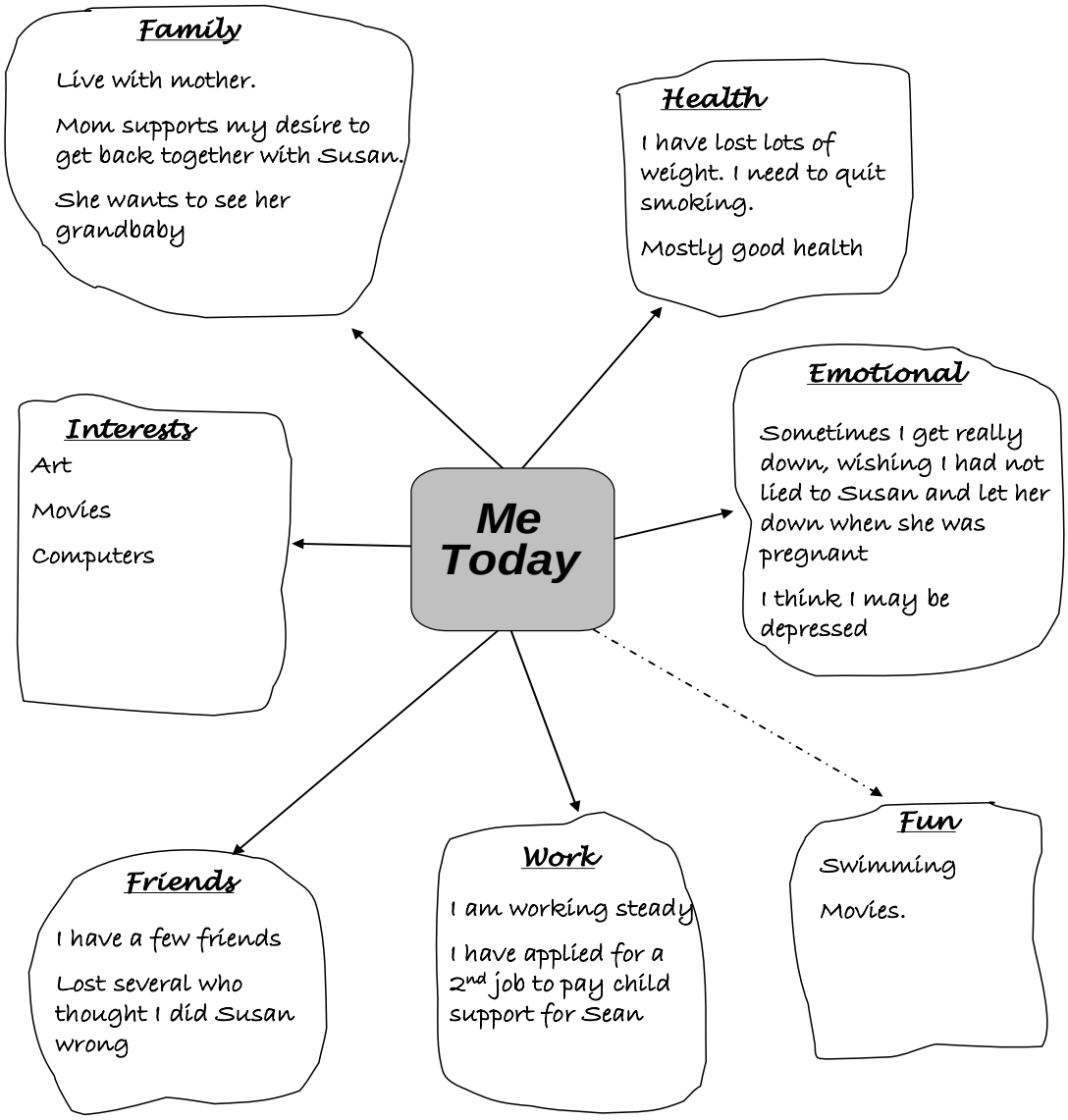
STARTING POINT: YEAR _____



YOU ARE HERE

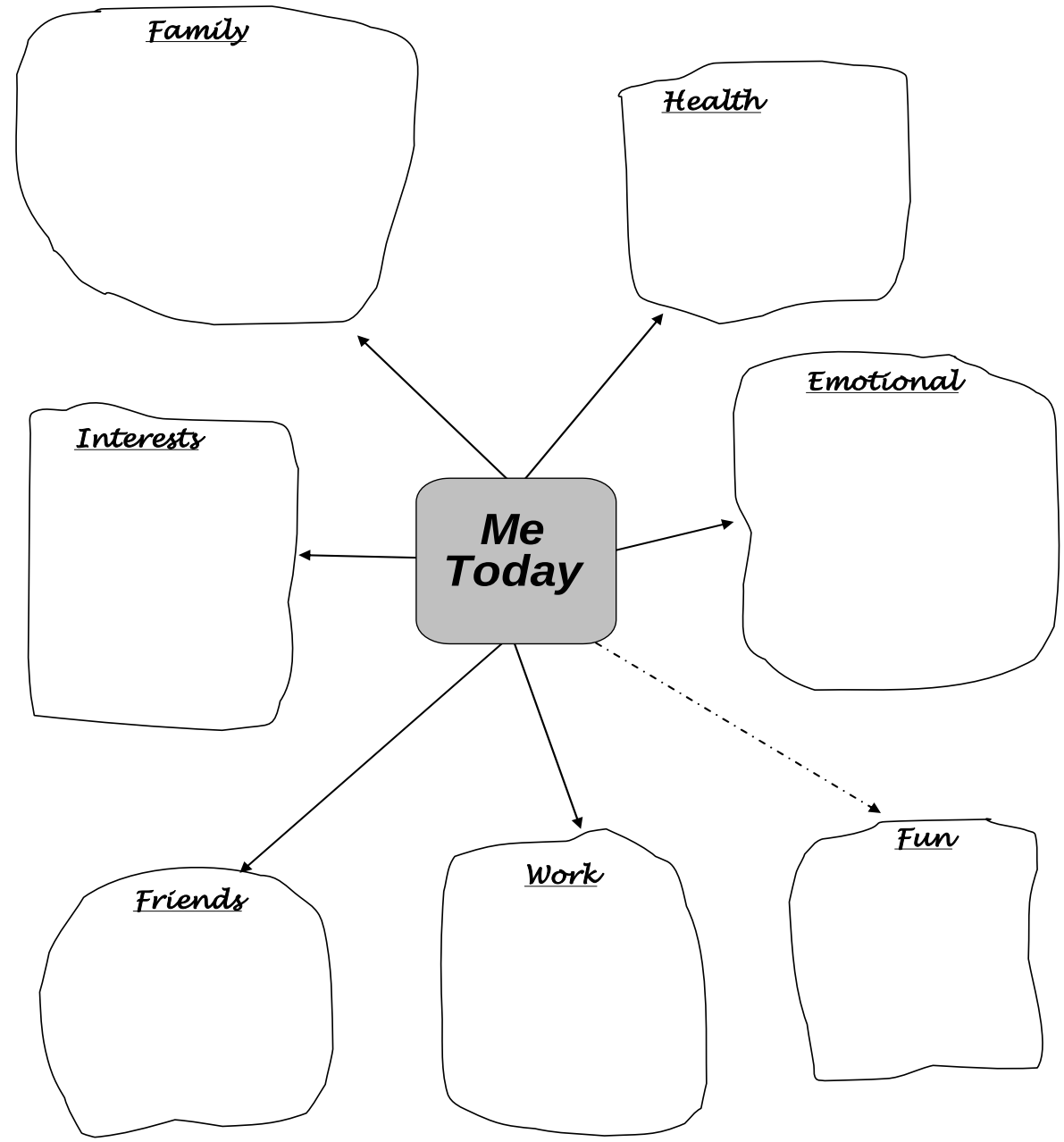
How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

Getting Started: First Maps



How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

Getting Started: First Maps

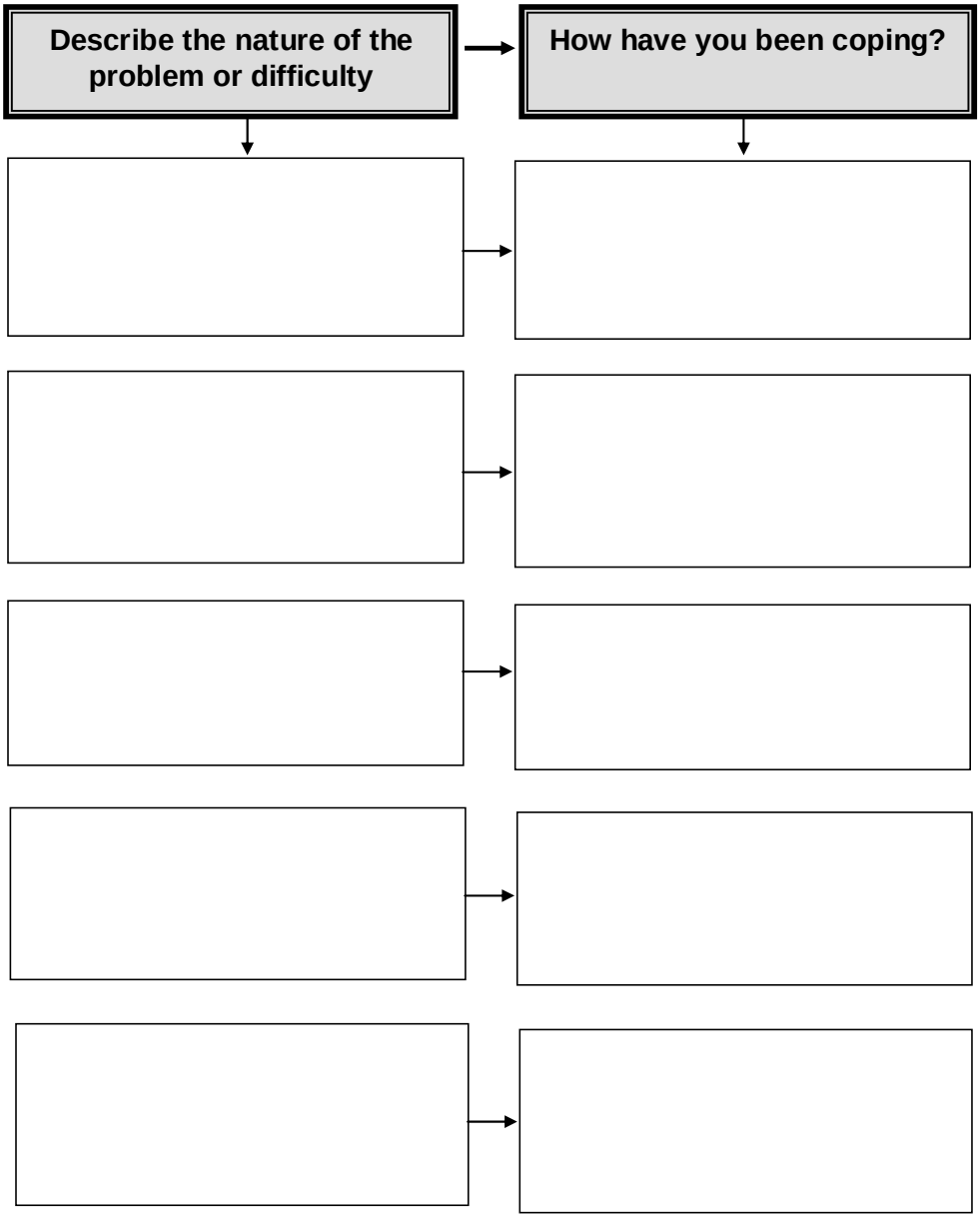


How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

THINGS I WOULD LIKE TO BE DIFFERENT:

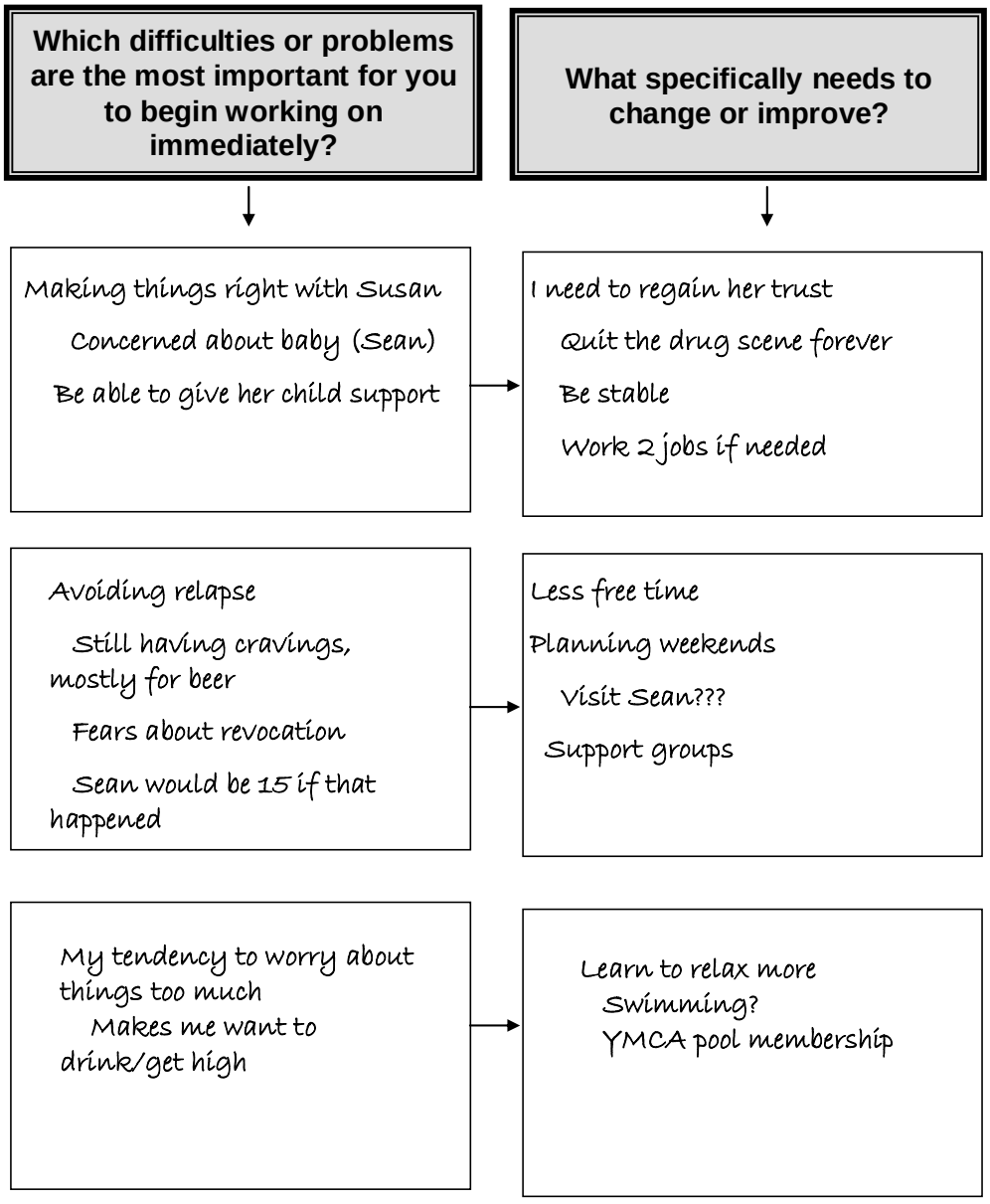
How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

THINGS I WOULD LIKE TO BE DIFFERENT:



How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

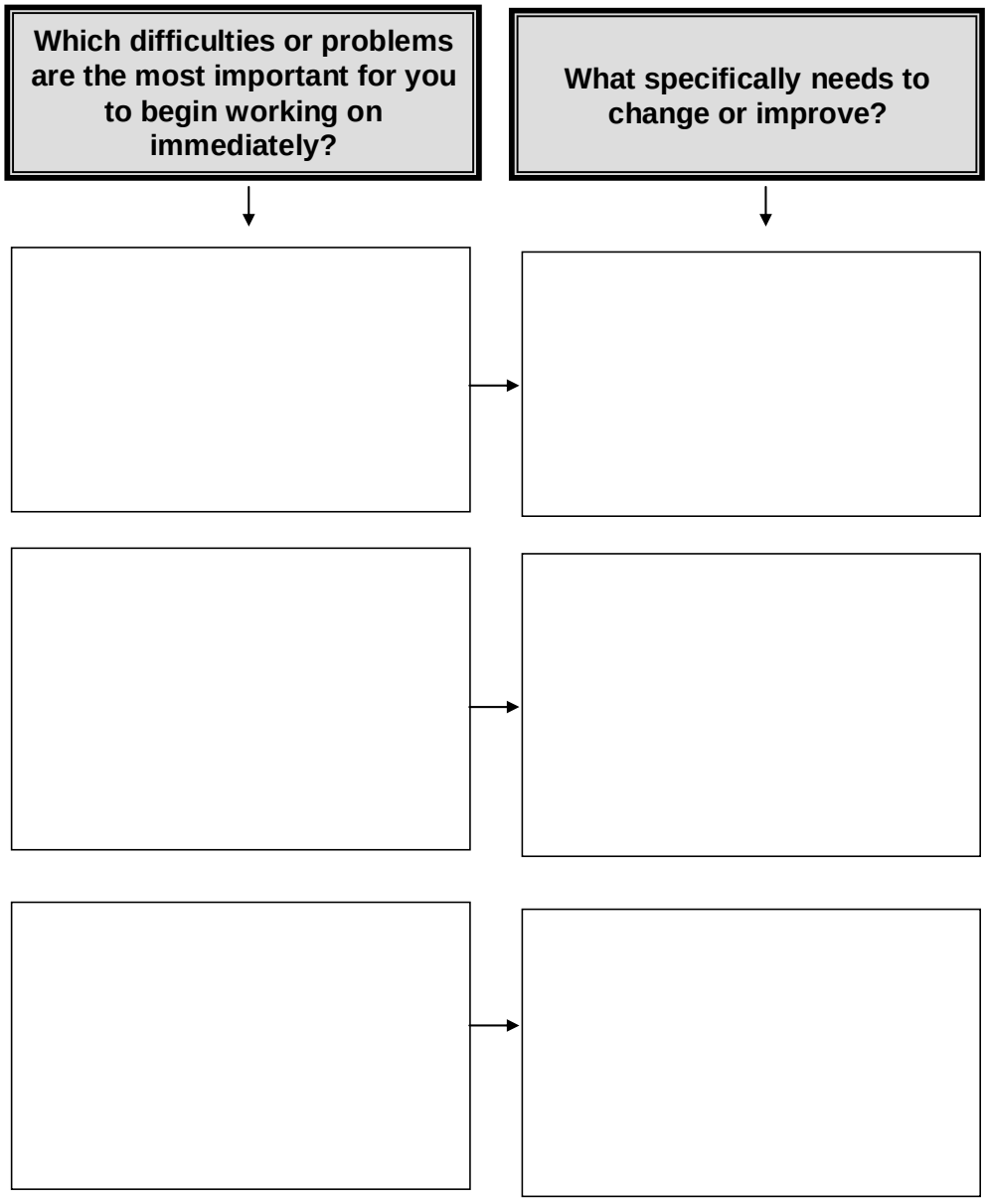
GOAL PLANNER



☑ **Check beside the issue you believe you should address <u>first</u> as part of treatment**

How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments

GOAL PLANNER



☑ **Check beside the issue you believe you should address <u>first</u> as part of treatment**

How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments

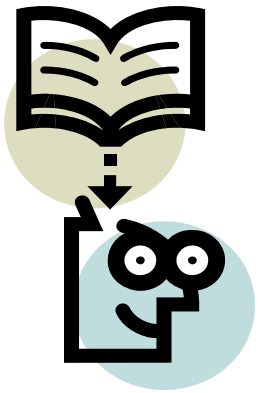
Session 2: Mapping Goals and Strategies

Mapping Goals and Strategies helps clients identify salient goals to work on as part of treatment and to narrow those goals down to clear, specific, and practical plans. Clients first review their homework guide map about specific issues they want to address. A subsequent map is used to invite a conversation about specific steps to take first, followed by a map focusing on the personal strengths the client brings to deal with identified problems. Next, a "planning rocket" guide map is used to summarize the session and provide the client with a reminder of tasks for the coming weeks.

Notes for Session Two

Read over the sample case study maps to get a feel for how mapping sessions might flow.

Following each case study example there is a blank copy for use with clients. You may copy these guide maps.



The Maps

There are 4 discussions using guide maps in the second session with the client:

A review of the goal planner homework map
Completion of goal exploration map(s) (1 or 2 maps)
Discussion about strengths map and goals
Begin planning rocket; ask client to complete during the week

Goal Planner Homework Review

1. Allow some time at the beginning of session for general discussion with client. Ask about client's ideas about goals for treatment:

If you had time to work on it, I'd like to have you review your thoughts and conclusions with me so I can understand. Even so, I'd like for us to address some of what you see as your most immediate or important goals for treatment. Things you'd like to see change or get better.

Review "goal planner" map if client has completed it.

If client reports not having had the time to complete it, etc., simply use a blank copy of the map to help the client "catch up" by identifying his/her most pressing difficulties and the things they would like to have change or improve.

Ask client to identify the most pressing issue to address – the one that might make the most difference to the client's well-being or progress.

Goal Exploration Map

1. Transition to goal exploration map by reviewing general problem solving models with client:

> *It often seems like we have more things we know we need to do than we realistically have time and energy to do. It's also true that sometimes when we take action in one area, other areas get better without as much effort.*
>
> *The important thing is to pick a place to start, and review things as we go along. I can certainly understand, based on what we discussed last visit, why making things right with Susan would take a big load off your chest.*
>
> *So with that in mind, what is your first goal toward making things good with Susan. What needs to happen first?*

In the case study example, *making things good with Susan* would be placed as the "primary issue" and *calling Susan* becomes an immediate goal or first step.

2. Engage the client in discussing the benefits of taking the step and how that step might make a difference; in other words, how that step might contribute toward the resolution of the larger primary issue or difficulty.

3. As with all maps, ask for the client's participation and input in deciding how to word things in the nodes. Ask follow-up question that help focus the discussion on the present and future. What needs to happen and be discussed in order for the client to feel motivated and empowered to take proposed first step?

Strengths Map

1. Transition to a discussion using the strengths map:

> *Some people report that it can be helpful to think about the "resources" we have to work with when we decide to make a change. We can see these things as strengths. Talking about them can help cue us to what might be helpful in addressing a problem or taking a step. For example, in this map, there are spaces for making notes about your strengths in different areas that you have in general, or that can be used for working on making things right with Susan. What are your "people" strengths –social relationships?*

2. Continue encouraging client to talk about different areas of strength outlined on the map. If client prefers, change headings in nodes or create new nodes reflecting client's ideas about strengths.

3. Conclude map by asking client to consider how reviewing his/her personal strengths might suggest how to best deal with current issue or taking next step:

> *It's easy to tell from what you have told me that you have a good store of strengths and resources to assist you in the work you want to do.*
>
> *What has this review helped you realize? In other words, how will one or some of your strengths help you take your first step toward making things better with Susan? From what you discussed, that would involve giving her a call.*

4. Discuss how strengths will help the client with his/her goals. Ask follow-up questions to help client explore these ideas fully. For example: *Your talents as a good listener will help you "hear out" Susan's feelings when you call her. How else will good listening be helpful along the way?*

Planning Rocket Map

1. Transition to planning rocket map:

> *Before we finish today, I'd like to start work on one of these maps called "the planning rocket" for obvious reasons. Its purpose is to serve as a reminder to prompt you about the immediate goals or specific steps you have set for yourself.*
>
> *We'll fill in the basic boxes of the rocket. During the week, you're encouraged to check off the steps that you complete and to fill in some of the other areas as things occur to you.*

2. Engage the client in writing notes, based in identified issue and specific step being considered, in the nose cone of the rocket. Next, engage the client in identifying the specific actions that will be required to take that step, and also identifying a timeframe for reasonably completing the action. Lastly, encourage the client to identify any potential problems or roadblocks to carrying out the step, and how he/she might respond (e.g. possible problems and solutions).

3. When actions, timeframe, and possible set-backs have been discussed, invite the client to continue working on the map in between sessions and to bring the rocket back for discussion. Encourage the client to complete identified actions within the timeframe suggested and remind them of strengths that were discussed.

End the Session

1. Thank the client for their participation and thoughtful comments. Briefly ask the client to rate the usefulness of the maps worked on in the session on a scale of 1 to 10. For example:

> *I'm interested in how useful you found these maps that we worked on today. Overall, if 1 equals "not useful" and 10 equals "Very useful", how would you rate the maps and our discussions?*

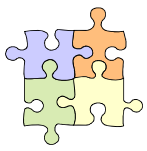
After client gives an overall rating, ask: *Were any of these maps any more or less useful than the others? If so, should it have a higher or lower rating?*

Thank the client for his/her help. Circle the overall rating given by client for all maps. However, if the client has singled out a particular map as higher or lower, circle that rating on that map.

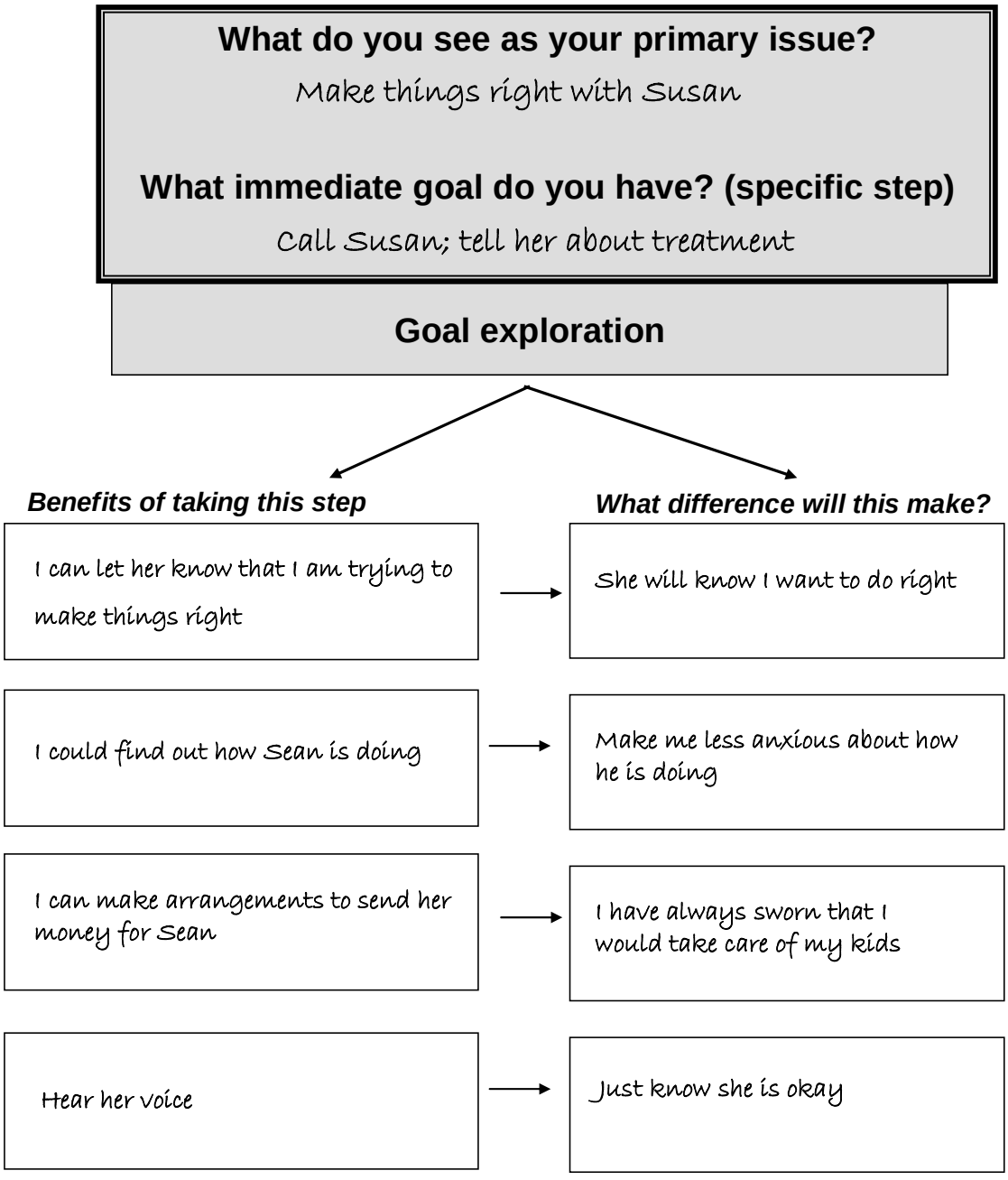
** Note: If overall ratings are very low, ask the client how the next session could be made more useful. For example: *I appreciate you giving such honest feedback. How can we make the next session better? What do we need to do?*

2. Set day and time for next session with client. Ask client to complete a *Client Session Evaluation* form before leaving. (Research sites only)

3. Complete *Counselor Session Evaluation* form. (Research sites only)

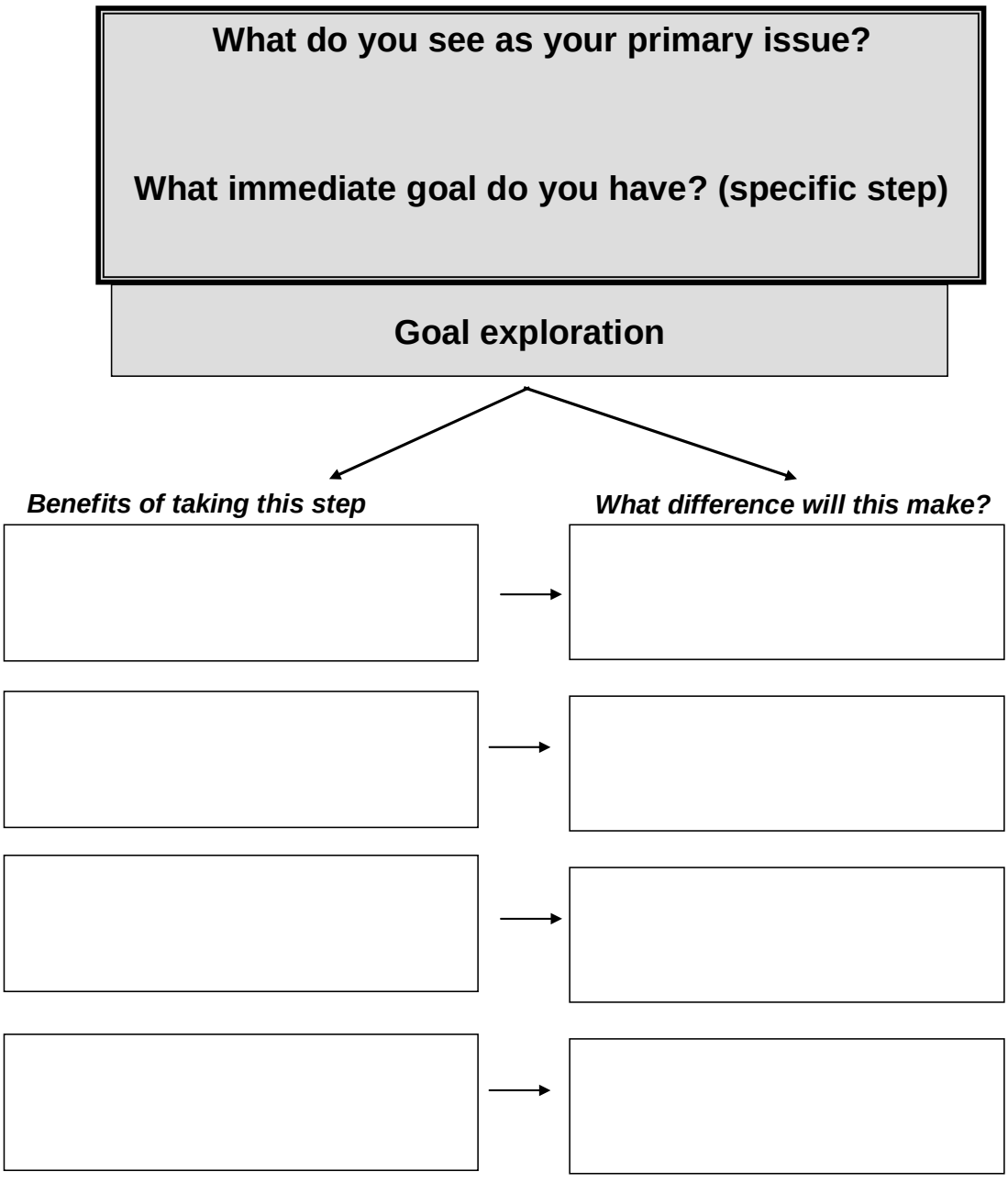


Mapping Goals and Strategies



How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments

Mapping Goals and Strategies



How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments

Mapping Goals and Strategies

Health and Physical

I am reasonably fit and have never had any major health problems that have stopped me doing what I want to do

Social Relationships

I have several very close friends who have stuck by me whatever has happened. I am kind and supportive to others

Problem Solving

I am very creative and have original ideas that other people don't think of

What are your strengths?

Emotions/Temperament

I never get angry, and I am good at listening

Values and Beliefs

You should look after your friends and family.

Work or Avocation

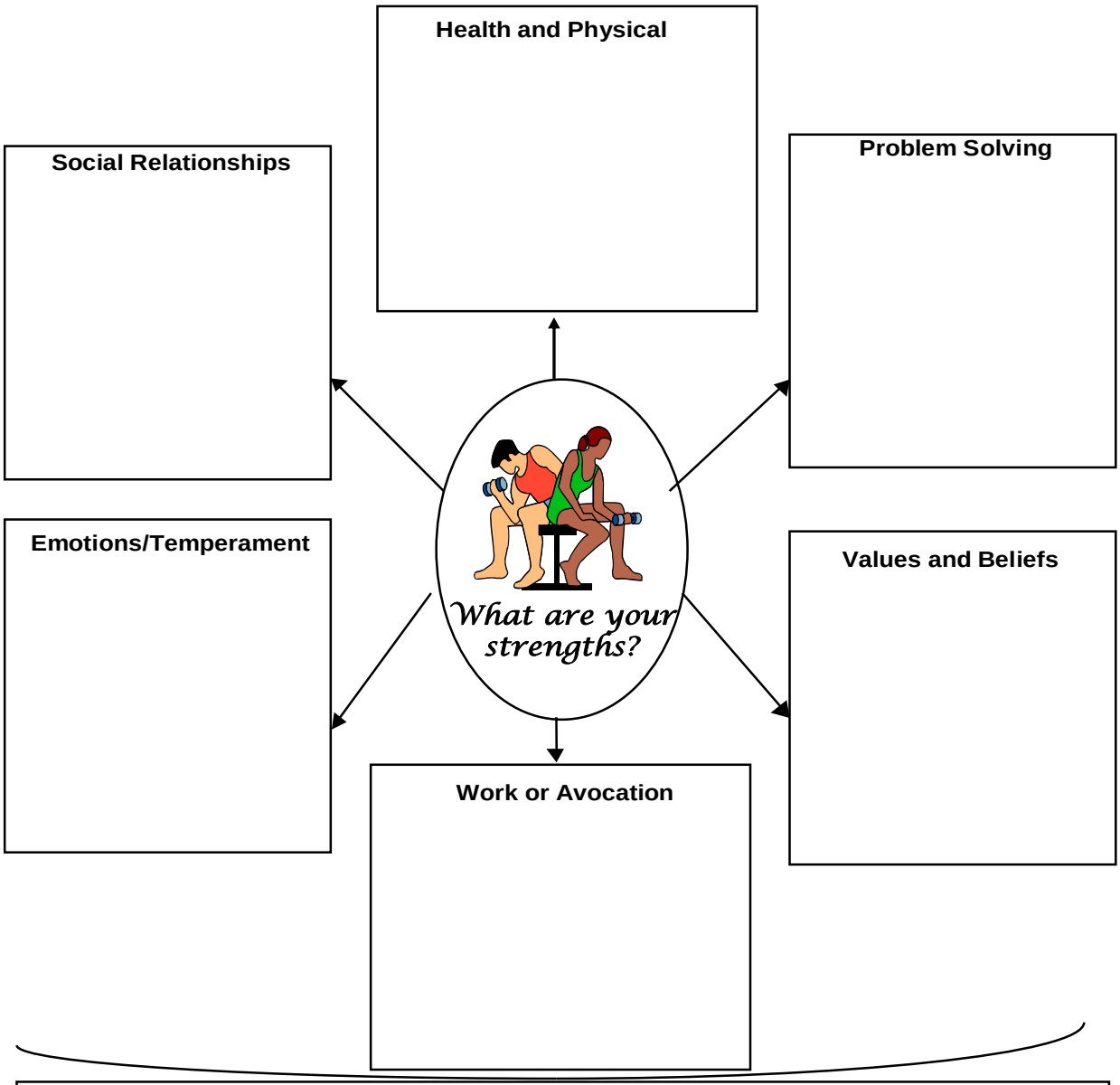
I am a good artist, and a lot of my work has received good reviews.

How will your strengths help you with your goal?

I think I can listen to Susan when I call, even though she will probably be angry. I can let her vent – she has the right. She knows how much I value family. I know she is trying to fix up her grand father's old place for her and the baby. I can offer to help – good with painting and handiwork

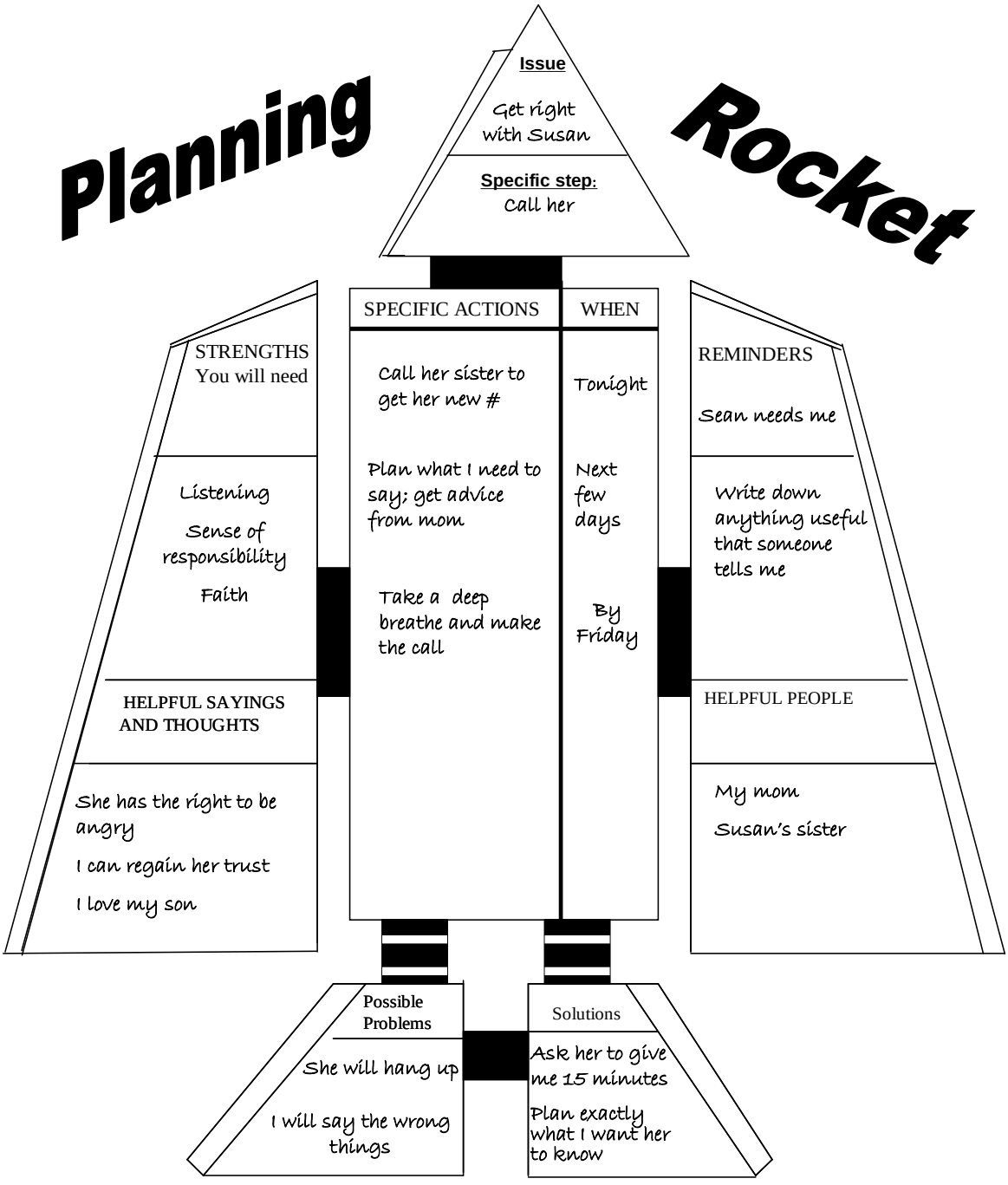
How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

Mapping Goals and Strategies



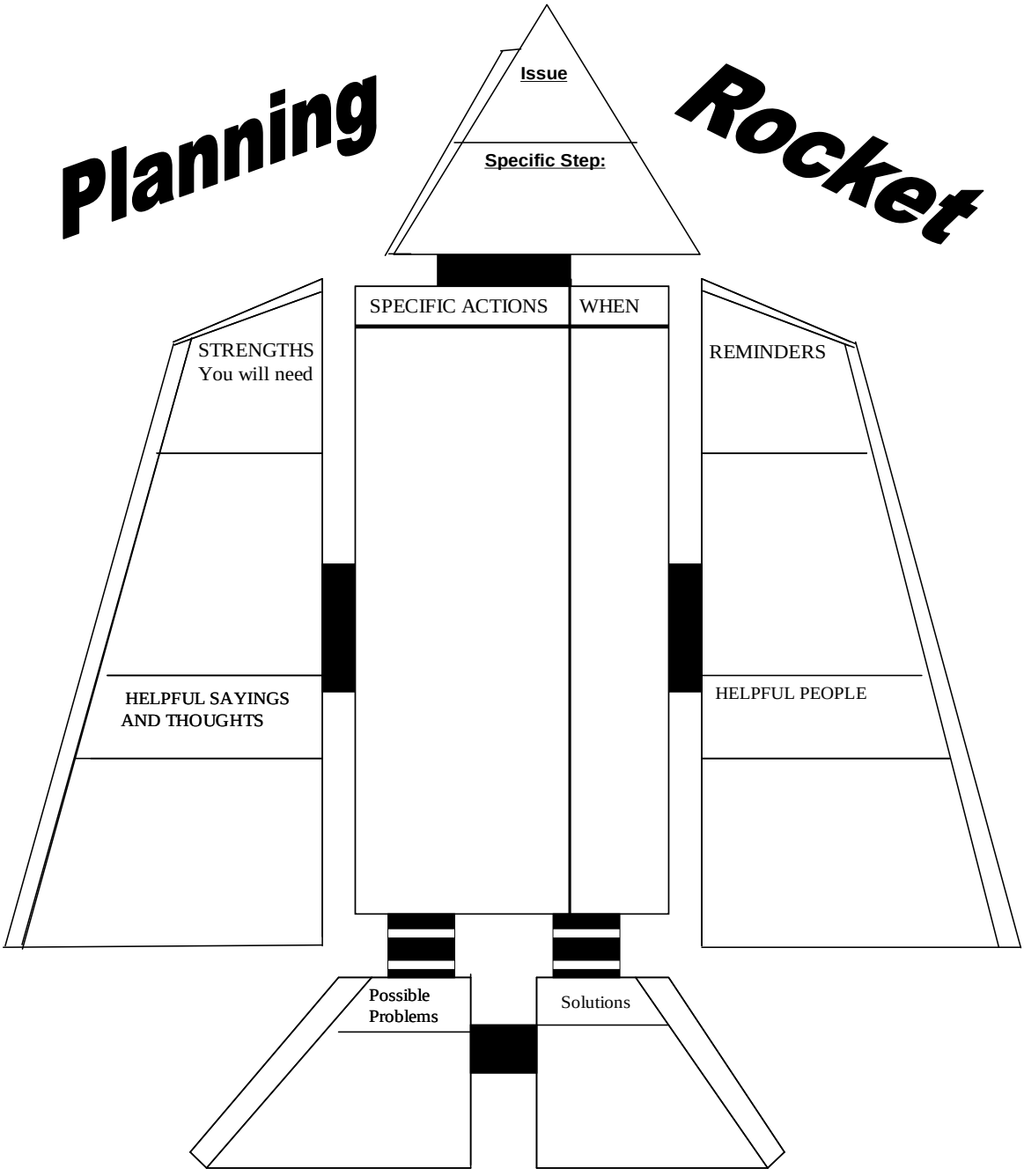
How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

Mapping Goals and Strategies



How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments

Mapping Goals and Strategies



How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments

Session 3: Mapping Progress and Future Plans

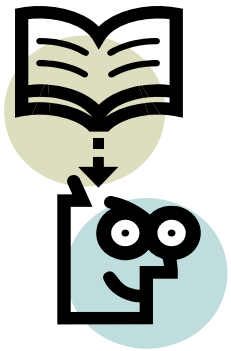
Mapping Progress and Future Plans uses further goal planning guide maps to help client summarize and assess steps taken toward goals and plan for future actions toward reaching goals. This session includes maps to either (1) process successes to date toward taking a step or action, (2) engage in further decision-making about proposed actions toward goals, or (3) analyze reported problems or setbacks in addressing an issue or taking a step. Clients work on a map that summarizes their work on issues to date and complete a final map outlining the next goal they consider to be important.

The guide maps in this session (and those from previous sessions) can be used again with client in subsequent counseling sessions or as the need arises during the client's treatment journey.

Notes for Session Three

Read over the sample case study maps to get a feel for how mapping sessions might flow.

Following each case study example there is a blank copy for use with clients. You may copy these guide maps.



The Maps

There are 3 maps to choose from for the last session, based on the client's report of events since previous session. Work on one of these maps, using client's judgment of which might be the most helpful based on planning rocket outcome:

A "success" map to process successful completion of step
A decisional balance map to help client reporting ambivalence/being stuck
A "brick wall" map to process unsuccessful attempt at goal or step

There are 2 additional maps to complete for this session:

A care plan review
A planner for the client's next goal

Planning Rocket Review

1. Allow some time at the beginning of session for general discussion with client. Ask about client's experience with planning rocket and completing desired actions:

2. Use a blank copy of the planning rocket to help the clients who return without their homework to "catch up" by restating most pressing difficulties and specific actions that were attempted or accomplished.

Success, Decision-Making, or Brick Wall Map

1. Based on client's reports and experiences, decide on using "success, "decision-making," or "brick wall" map for next discussion.

2. Engage client in picking a map to work on by offering the 3 choices and asking client which one makes the most sense based on how things have gone to date.

> *To start with, I'd like to work on one of these 3 maps, based on what you have told me about your experiences working on your goals and the specific actions you identified as important. Would you describe what you think has happened so far as a "success" or "running into a brick wall" or as "still feeling undecided about what I am willing to do?"*
>
> *OR*
>
> *From what you've said, it sounds like you were successful in taking some of the actions you outlined toward talking with Susan and in the long-term making things right with her. How about if we focus on that one? We can work on one of the others at another time if you like.*
>
> *OR*
>
> *From what you've said, it sounds like you set out with good intentions but ran into problems carrying them out. Like hitting a brick wall. How about if we focus on exploring how things went wrong. We can work on one of the others at another time if you like.*
>
> *OR*
>
> *From what you've said, it sounds like maybe you have an idea about what you want long-term, but are not convinced about the best steps to take. Let's work on this decision-making map and see if it is useful for your planning. Would that be alright?*

Complete and discuss the agreed upon map with the client.

Care Plan Update Map

1. Transition to working on the care plan update map by inviting the client to review progress and future steps for areas of concern identified in first session:

> *I'd like do another map with you – this one focusing on a review of things you mentioned you would like to work on. From where things are today, what continues to be important for you to work on? On this map, we'll also take some notes about what progress has already been made and what steps need to happen next.*

2. Complete the map with client input. Ask open-ended questions and discuss client's ideas about progress and future steps.

My Next Goal Map

1. Transition to working on the next goal map:

> *From what we have discussed, you've made some progress in addressing the major concern you identified – that being working to reestablish your relationship with Susan. You've also talked about a few next steps to work on this issue. Before ending our sessions today, I'd like to for us to look at one more map. It will sort of be a "sneak peek" at the next goal you've decided you want to work on as part of treatment.*

2. Ask client to identify what this goal might be. Work with client to complete planning template for working on the goal. Express support and validate client's ideas about the best course of action to follow.

End the Session

1. Thank the client for their participation and thoughtful comments. Briefly ask the client to rate the usefulness of the maps worked on in the session on a scale of 1 to 10. For example:

> *I'm interested in how useful you found these maps that we worked on today. Overall, if 1 equals "not useful" and 10 equals "Very useful", how would you rate the maps and our discussions?*

Mapping Progress and Future Plans

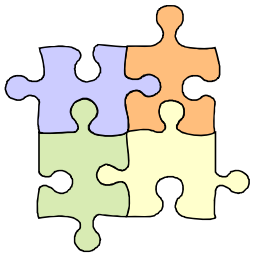
After client gives an overall rating, ask: *Were any of these maps any more or less useful than the others? If so, should it have a higher or lower rating?*

Thank the client for his/her help. Circle the overall rating given by client for all maps. However, if the client has singled out a particular map as higher or lower, circle that rating on that map.

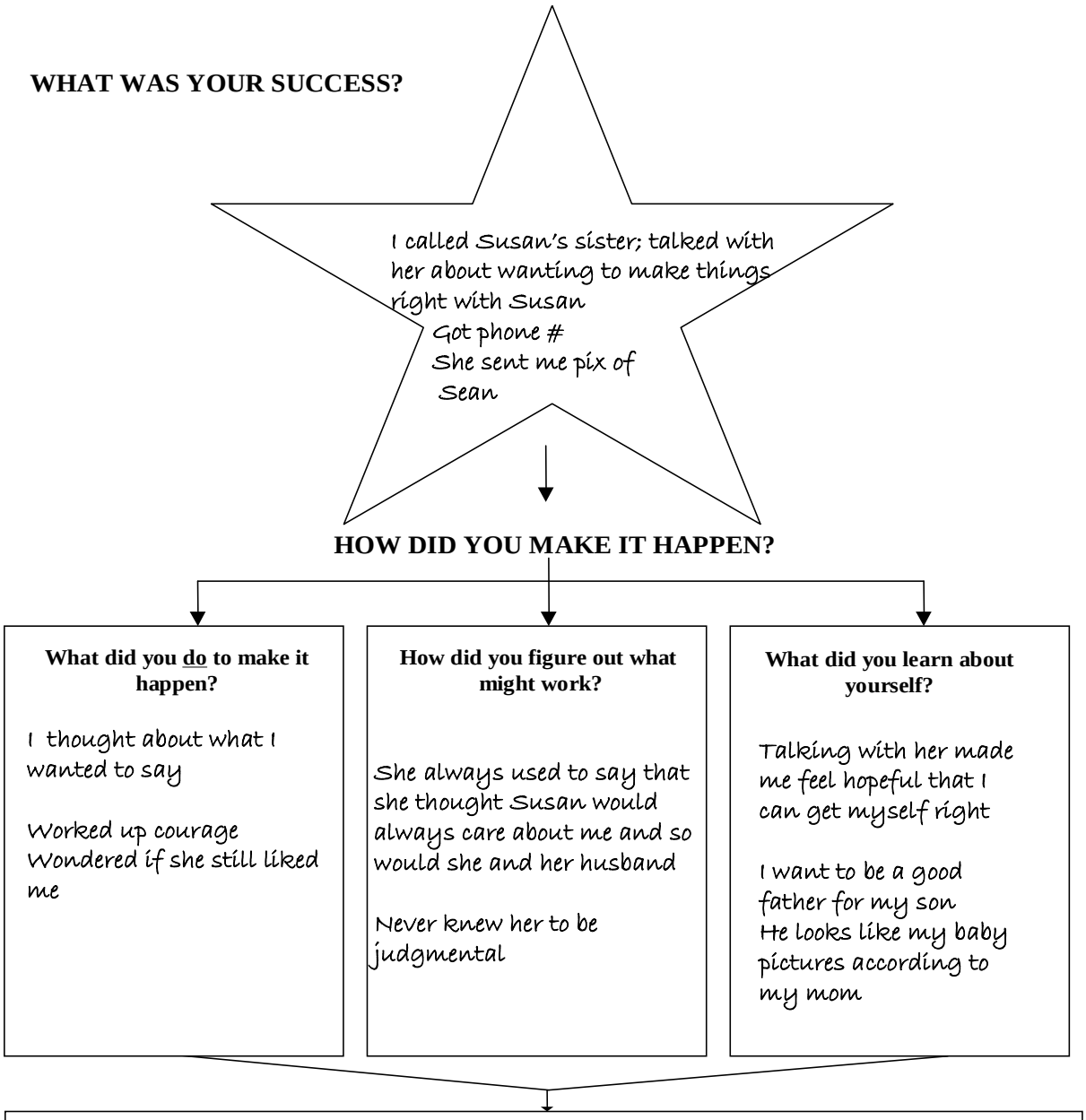
Offer the client blank copies of any mapping templates of interest. Encourage client to keep up with guide maps and use guide map ideas as they work on their goals.

2. Ask client to complete a *Client Session Evaluation* form before leaving. (Research sites only)

3. Complete *Counselor Session Evaluation* form. (Research sites only)



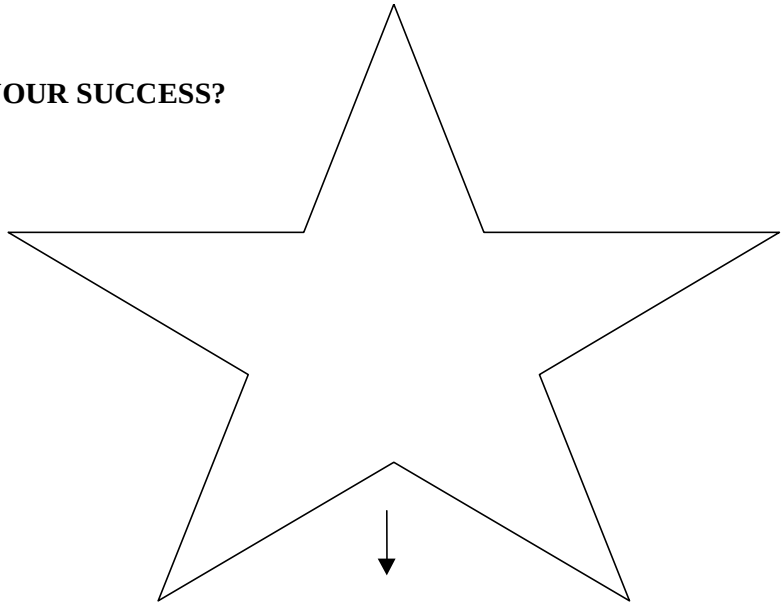
Mapping Progress and Future Plans



How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

Mapping Progress and Future Plans

WHAT WAS YOUR SUCCESS?



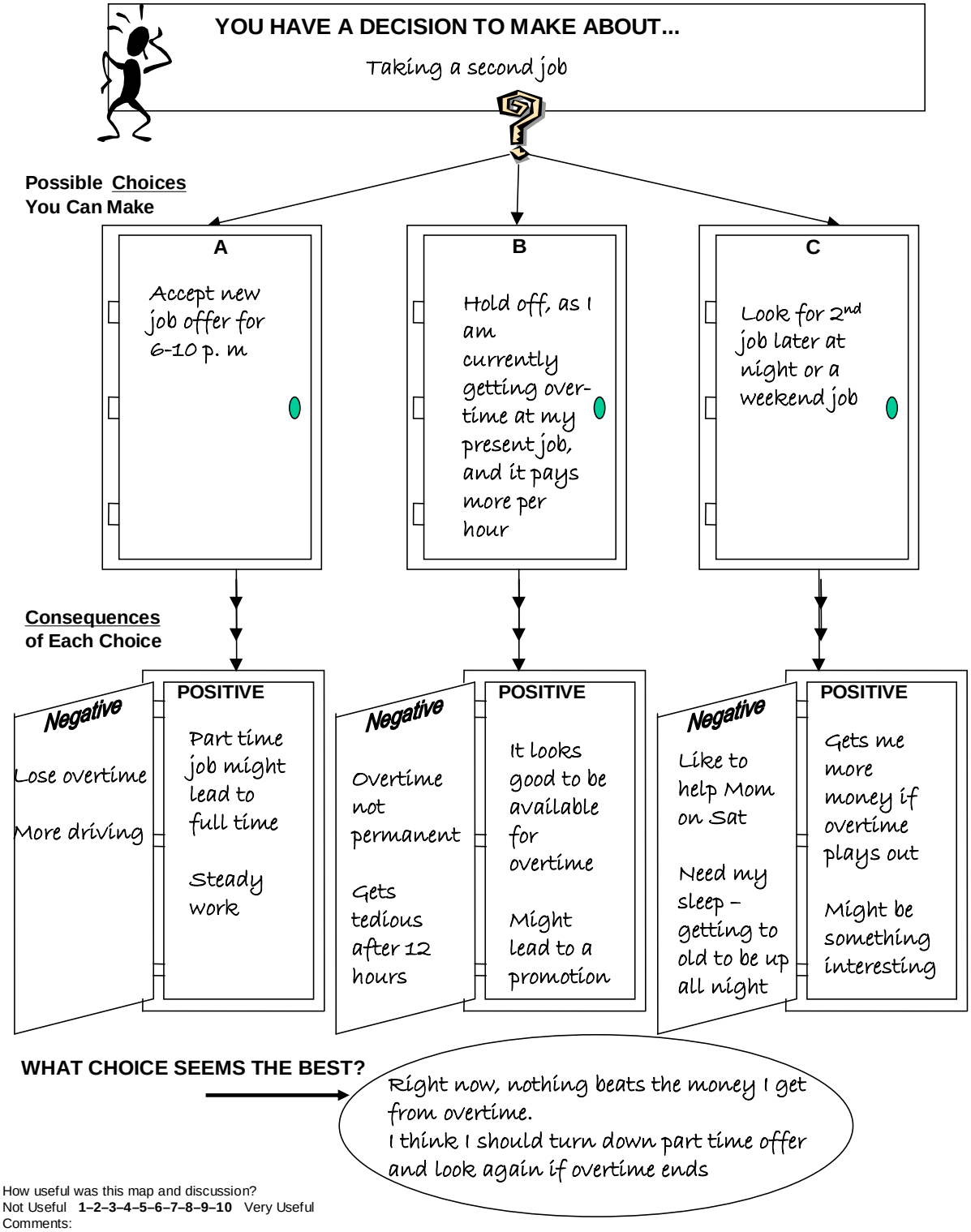
HOW DID YOU MAKE IT HAPPEN?

What did you <u>do</u> to make it happen?	How did you figure out what might work?	What did you learn about yourself?

What needs to happen next?

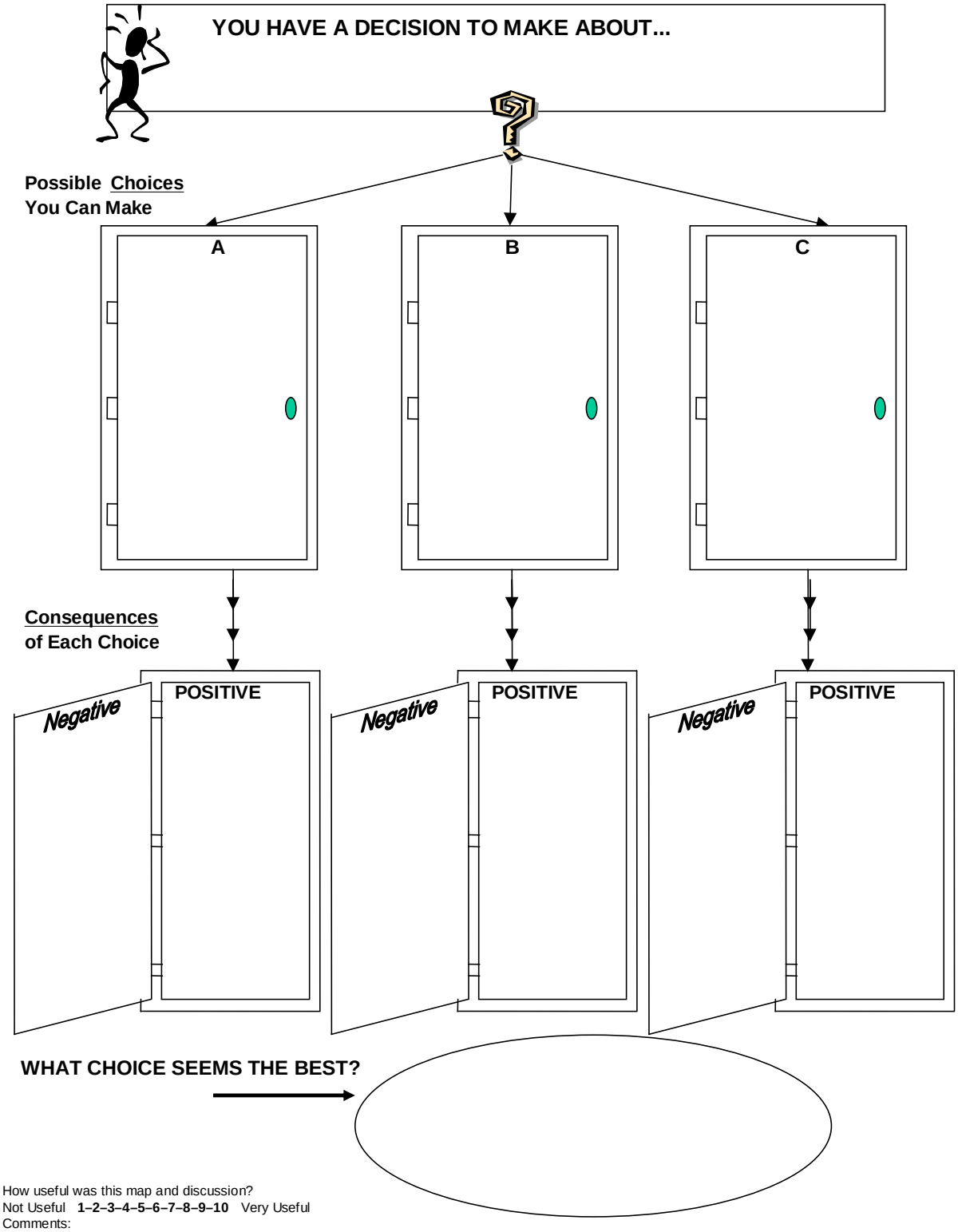
How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

Mapping Progress and Future Plans



How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

Mapping Progress and Future Plans



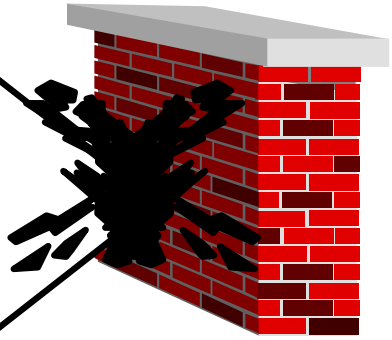
How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

Mapping Progress and Future Plans

RUNNING INTO A BRICK WALL

What was the unsuccessful attempt?

Trying to hang out with old friends at pool hall and not drink; ended up drinking



What made it unsuccessful?

Your thoughts and actions leading up to it?	Your thoughts and actions at the time?	What kept it from being even worse?
Even if they drink, I don't have to Agreed to meet them at "The Rack" Felt I could handle it	Ended up ordering a beer Took a few sips Panic Felt angry at myself Chugged half the mug	I left Pretended I was supposed to be helping my mother Left half mug on the bar

How has this experience made you wiser?

I do better if I stay away from places where people are drinking and talking

I used to think "Just say No" was stupid. But it worked in this case. I told myself "No" – this can get me in trouble. That helped me walk out.

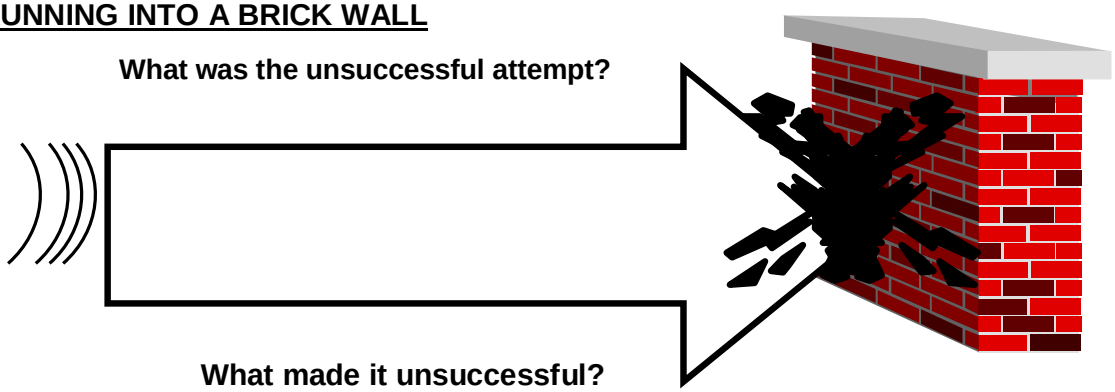
Maybe just see guys for sports – shoot hoops?

How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

Mapping Progress and Future Plans

RUNNING INTO A BRICK WALL

What was the unsuccessful attempt?



What made it unsuccessful?

Your thoughts and actions leading up to it?	Your thoughts and actions at the time?	What kept it from being even worse?

How has this experience made you wiser?

How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

Care Plan Update

Things I've said I want to work on:	Progress I have made in tackling them	What is left to do? Ideas for what to do next?
Making things right with Susan	Sent her money for the baby; asked her if I could call her to talk	If I don't' hear from her by next week, I will call her Talk to her sister again
Getting a 2nd job for extra money for baby	Got a job offer but decided to stay with present job b/c overtime pays the best	Boss says overtime will continue through the summer; revisit then
General issues; Worries about relapse	Been going to a support group at church Avoiding drinking situations	I am trying to take things one day at a time
General health More exercise Quit smoking	I have joined the Y and have started using their pool	I have decided to try "the patch" but have been putting if off. Go buy a box of patches

How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

(Use back if needed)

Mapping Progress and Future Plans

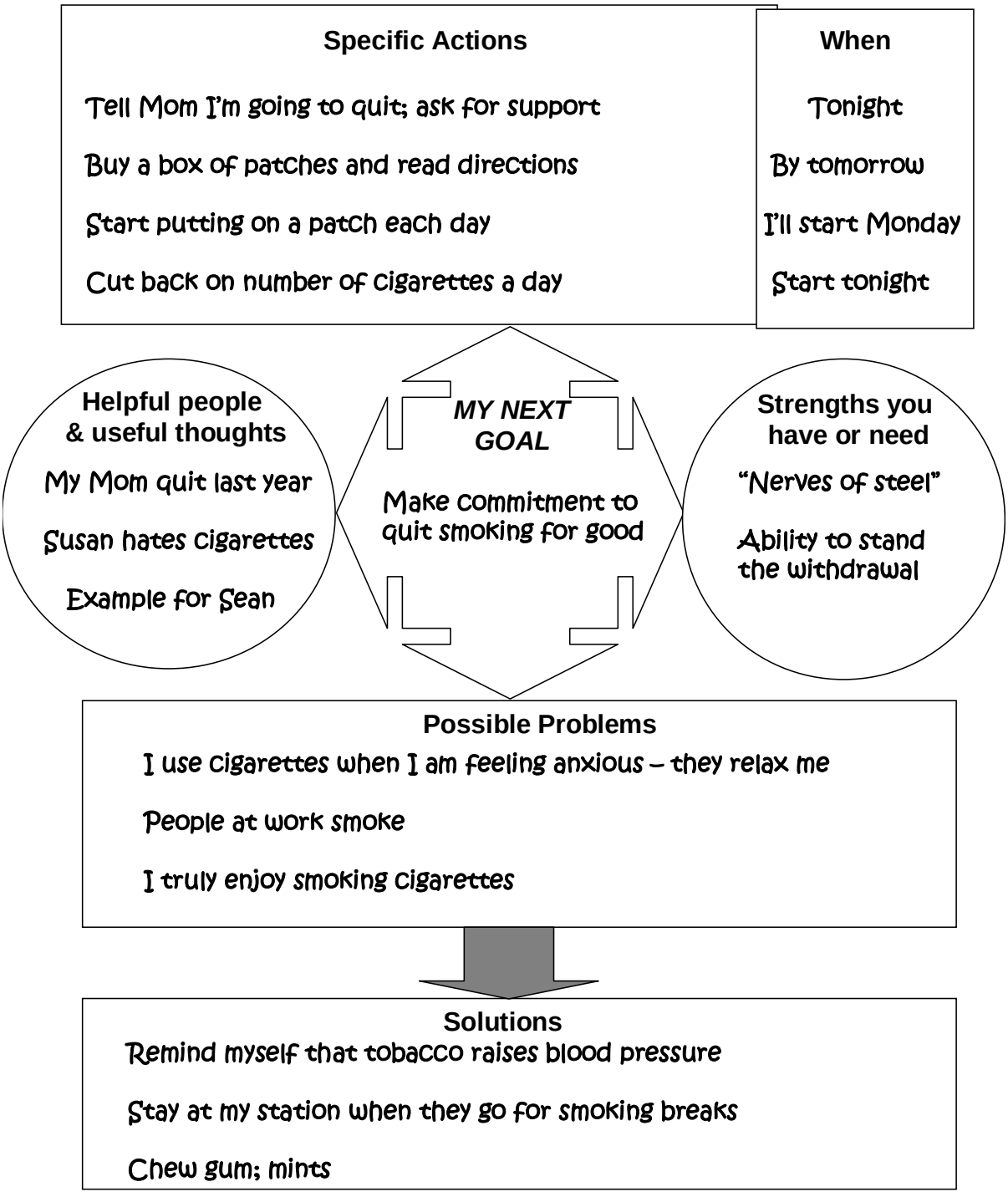
Care Plan Update

Things I've said I want to work on:	Progress I have made in tackling them	What is left to do? Ideas for what to do next?

How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments:

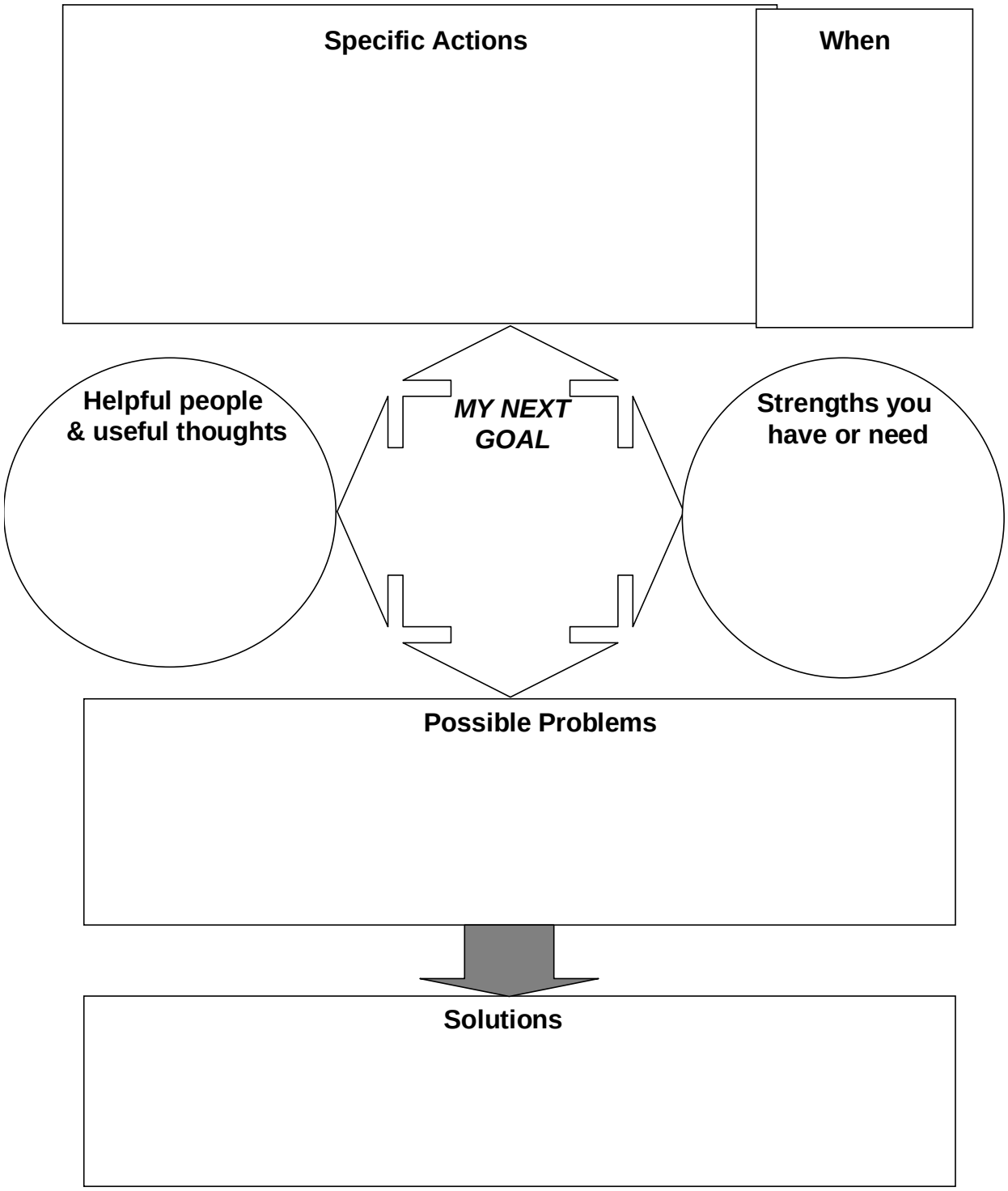
(Use back if needed)

Mapping Progress and Future Plans



How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments

Mapping Progress and Future Plans



How useful was this map and discussion?
Not Useful **1–2–3–4–5–6–7–8–9–10** Very Useful
Comments

Appendix: Mapping Bibliography

Blankenship, J., Dansereau, D. F., & Simpson, D. D. (1999). Cognitive enhancements of readiness for corrections-based treatment for drug abuse. *The Prison Journal, 79*(4), 431-445.

Collier, C. R., Czuchry, M., Dansereau, D. F., & Pitre, U. (2001). The use of node-link mapping in the chemical dependency treatment of adolescents. *Journal of Drug Education, 31*(3), 305-317.

Czuchry, M., & Dansereau, D. F. (1999). Node-link mapping and psychological problems: Perceptions of a residential drug abuse treatment program for probationers. *Journal of Substance Abuse Treatment, 17*(4), 321-329.

Czuchry, M., & Dansereau, D. F. (2000). Drug abuse treatment in criminal justice settings: Enhancing community engagement and helpfulness. *American Journal of Drug and Alcohol Abuse, 26*(4), 537-552.

Czuchry, M. & Dansereau, D.F. (2003). A model of the effects of node-link mapping on drug abuse counseling. *Addictive Behaviors, 28*(3), 537-549.

Czuchry, M., & Dansereau, D.F. (2003). Cognitive skills training: Impact on drug abuse counseling and readiness for treatment. *American Journal of Drug and Alcohol Abuse, 29*(1), 1-18.

Czuchry, M., & Dansereau, D.F. (2004). The importance of need for cognition and educational experience in enhanced and standard substance abuse treatment. *Journal of Psychoactive Drugs, 36*(2), 243-251.

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.

Dansereau, D. F. (2005). Node-link mapping principles for visualizing knowledge and information. In S. O. Tergan & T. Keller (Eds.). *Knowledge and information visualization: Searching for synergies*. Heidelberg/New York: Springer Lecture Notes in Computer Science.

Dansereau, D. F., & Dees, S. M. (2002). Mapping Training: The transfer of a cognitive technology for improving counseling. *Journal of Substance Abuse Treatment, 22*(4), 219-230.

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. Fort Worth, TX: Institute of Behavioral Research, Texas Christian University.

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., 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., 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., & Simpson, D.D. (2005). *Mapping the journey: A treatment guide book* Fort Worth: Texas Christian University, Institute of Behavioral Research. Online: www.ibr@tcu.edu.

Appendix: Mapping Bibliography

Dansereau, D.F., & Simpson, D.D. (2006). *Mapping organizational change: A guidebook on program needs*. Fort Worth: Texas Christian University, Institute of Behavioral Research. Online www.ibr.tcu.edu.

Dees, S. M., & Dansereau, D. F. (2000). *TCU guide maps: A resource for counselors*. Fort Worth, TX: Institute of Behavioral Research, Texas Christian University.

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. (1997). Effectiveness of node-link mapping-enhanced counseling for opiate addicts: A 12-month follow-up. *Journal of Nervous and Mental Diseases, 185*(5), 306-313.

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., Czuchry, M., & Simpson, D. D. (2005). Node-link mapping in individual counseling: Treatment impact on clients with ADHD-related behaviors. *Journal of Psychoactive Drugs, 37*(1), 93-103.

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*, 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., Dees, S. M., Dansereau, D. F., & Simpson, D. D. (1997). Mapping techniques to improve substance abuse treatment in criminal justice settings. *Journal of Drug Issues, 27*(2), 435-449.

Sia, T. L., Dansereau, D. F., & Dees, S. M. (2001). *Mapping your steps: Twelve step guide maps*. Fort Worth: Institute of Behavioral Research, Texas Christian University.

Simpson, D. D. (2004). A conceptual framework for drug treatment process and outcomes. *Journal of Substance Abuse Treatment, 27*, 99-121.

Simpson, D. D., & Joe, G. W. (2004). A longitudinal evaluation of treatment engagement and recovery stages. *Journal of Substance Abuse Treatment, 27*, 89-97.

Simpson, D. D., Joe, G. W., Rowan-Szal, G. A., & Greener, J. (1995). Client engagement and change during drug abuse treatment. *Journal of Substance Abuse, 7*(1), 117-134.

Simpson, D. D., Joe, G. W., Rowan-Szal, G. A., & Greener, J. (1997). Drug abuse treatment process components that improve treatment. *Journal of Substance Abuse Treatment, 14*(6), 565-572.