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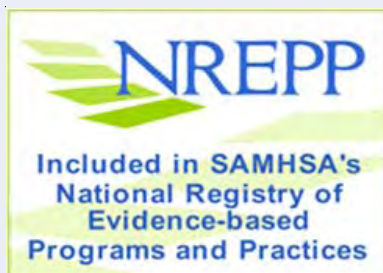
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A Quick Guide to TCU Mapping

by Donald Dansereau and Dwayne Simpson

TCU Mapping-Enhanced Counseling has recently been included in SAMHSA's **National Registry of Evidence-based Programs and Practices (NREPP)** (<http://www.nrepp.samhsa.gov/>). In addition, a conceptual overview of this approach is now published in *Professional Psychology: Research and Practice* (Dansereau & Simpson, 2009). These two new developments coupled with the adoption and endorsement of TCU Mapping by the **National Treatment Agency (NTA) for Substance Misuse of England** and the increasing use of manuals based on TCU Mapping by criminal justice facilities nationwide provide the impetus for us to offer a quick guide to TCU Mapping-Enhanced Counseling. For those wishing to learn more, there are several application guides, research summaries, and free downloadable manuals on the IBR Website (www.ibr.tcu.edu).

TCU Mapping-Enhanced Counseling Interventions are...



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What is TCU Mapping-Enhanced Counseling?



TCU Mapping-Enhanced Counseling makes use of graphic representations, primarily node-link mapping, to enhance client and counselor communication and thinking.

The maps that are the basis of

TCU Mapping use boxes (nodes) and lines (links) to visually illustrate clients' thoughts, feelings, and actions and how they relate to each other. There are three basic types of maps:

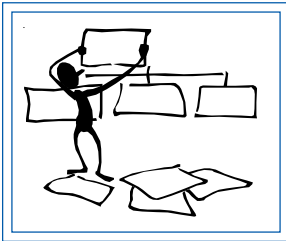
- **Free maps** that are drawn "from scratch" as counseling proceeds or as homework.
- **Guide maps** are "fill-in-the-blank" templates selected from a collection that covers a variety of common counseling topics. Guide maps are completed by filling in nodes for discussion during the session or as homework.
- **Information maps** are prepared independent of the clients by outside experts or counselors to present key topics. Information maps are used primarily during psychoeducational sessions.

TCU Mapping is designed to give the counselors the flexibility to tailor their use of the node-link graphic representations to supplement and compliment preferred methods of counseling, as well as to meet the needs and preferences of their clients. Consequently, by incorporating mapping a counselor may use these maps individually or in combination to stimulate discussion, clarify and organize thinking, and to increase memory for what has been covered.

It is important to underscore that TCU Mapping can be used as a process framework for most group and individual counseling strategies—including cognitive,

behavioral, psychodynamic, motivational enhancement, or 12-step-oriented. In essence, this strategy provides an approach-independent visual adjunct to spoken language.

What are the origins of TCU Mapping?



This counseling enhancement evolved from earlier work on graphic representation to improve the communication and thinking of teachers and students. The success of visual approaches, in particular node-link

(box-line) mapping, in education led to applications in counseling starting in 1989. Since this time, mapping has undergone extensive research and development in a variety of counseling arenas. It is a special-case application from a broader international body of research (as discussed by Dansereau & Simpson, 2009).

Is there evidence for the effectiveness of TCU Mapping?



There are over 30 research reports that show that clients randomly assigned to TCU Mapping have better during and after treatment outcomes than clients who are randomly assigned to “counseling as

usual.” More specifically, TCU Mapping has been shown to reduce barriers to client readiness and motivation for treatment, improve participation in treatment and perceived quality of counseling sessions; facilitate the counselor-client therapeutic relationship; enhance client self-confidence, self-efficacy, problem solving, and perceptions of treatment progress; reduce missed sessions, positive urinalysis during and after treatment, and criminal activity. See www.ibr.tcu.edu for more details and the summary of evidence reported in its NREPP review.

How to learn TCU Mapping principles?

There are three ways to learn this technique: Receive formal workshop training, be taught by colleagues, or self-study the materials that appear on the IBR Website. There are strong indications that all three approaches can be successful. Regardless of the approach, the following points should be emphasized:

1. There are many ways to create and use node-link maps. A “good” map is one that facilitates discussion and thinking. It is important to remember that mapping is an adjunct to good counseling, not a goal in itself.
2. Counselors will need time to explore (in some cases by trial and error) how to merge mapping with their preferred approaches and their clients’ needs. After learning the “nuts and bolts” of TCU Mapping, it will take a counselor some time to evolve a version of this counseling technique that feels comfortable and effective.
3. Peer and supervisor support and collaboration make the adoption of TCU Mapping-Enhanced Counseling much easier. A culture of mapping creates opportunities for brainstorming and constructive feedback. Counseling session maps also can be used to facilitate discussions about client issues and progress as part of supervision.

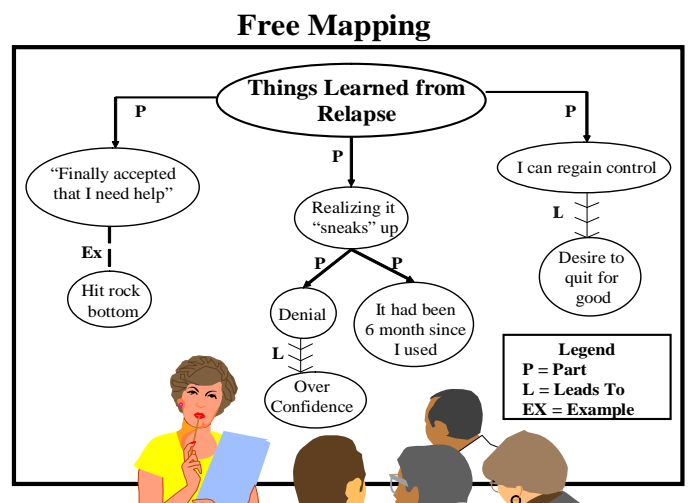


Figure used in mapping training materials to illustrate a sample of “free mapping” for treatment counselors.

Which materials on the IBR Website are learning guides for TCU Mapping?

There are several manuals that can be used to learn the core elements of TCU Mapping:



Introduction to TCU Mapping-Enhanced Counseling: This manual is the best place to start. You'll find an overview of node-link mapping, guide maps, case study

examples of using TCU Mapping in both individual and group sessions, and the most popular maps.



Mapping New Roads to Recovery: Cognitive Enhancements to Counseling: This provides detailed information and practice exercises on developing node-link

representations. It details the use of free mapping (i.e., maps made by counselors and clients from scratch) and contains a number of examples of counseling session maps.

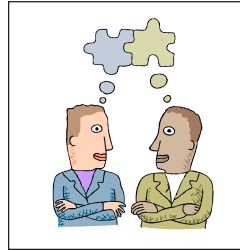


TCU Guide Maps: A Resource for Counselors: A large collection of fill-in-the-blank maps that cover numerous counseling topics are included in this manual.

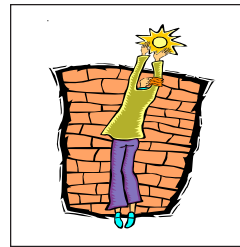


Mapping Your Steps: Twelve Step Guide Maps: This is a targeted manual of guide maps for learning and processing information in 12-step programs.

In addition to these manuals with a focus on mapping, the IBR Website also features a number of topic-specific manuals for group counseling that use mapping as a primary strategy.



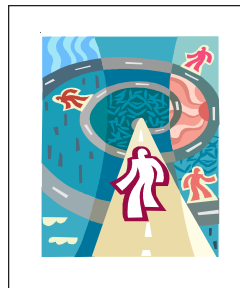
Mapping Your Treatment Plan presents a mapping-focused guide for working with clients to establish meaningful and useful treatment goals.



Getting Motivated to Change uses mapping worksheets to help clients visualize decisional balances, self-identified motivations for change, and goal planning.



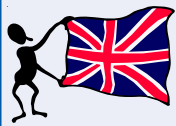
Unlock Your Thinking, Open Your Mind uses mapping to focus on identifying and changing unproductive cognitive distortions that interfere with treatment and recovery.



Straight Ahead: Transition Skills for Recovery uses guide maps and information maps as exercises for relapse prevention and building social support for recovery.

What else is important to know about TCU Mapping?

Principles of TCU Mapping can also be used to directly enhance agencies in which counseling takes place. For instance, mapping can aid clinical supervision, training, and communication, as well as help develop plans for improving organizational functioning (Dansereau & Simpson, 2009; Simpson & Dansereau, 2007). The adoption of mapping as a communication tool at all levels of an organization is recommended in order to provide opportunities for synergistic impacts.



TCU Mapping is endorsed in England

According to **Annette Dale-Perera** (NTA Director of Quality, London), results from collaborative efforts involving TCU and special projects operating in Manchester, Birmingham, and London have been highly effective. Indeed, in an [NTA media release dated 18 February 2009](#) (see www.nta.nhs.uk), the treatment enhancement model based on this collaborative work was formal endorsed for wider implementation in the UK, focused in particular on applications of the *TCU Mapping-Enhanced Counseling* tools.

Speaking at the **British Psychological Society conference** on new developments in the psychology of addiction, Dale-Perera said, “*We need a broad approach to treating drug dependency, providing a variety of interventions for different clients with a range of problems. The combination of mapping and management significantly contribute to an individual’s progression to recovery, and put psychosocial interventions at the heart of the delivery of drug treatment.*” She noted the concept of mapping was

originated and developed in the US, culminating in a robust evidence base indicating that it improves treatment outcomes, which UK practitioners are keen to emulate.

Dr. Louise Sell, the Service Director for the **Greater Manchester West NHS Mental Health Foundation Trust**, says that “*mapping-enhanced treatment has become the cornerstone of our strategy for delivering psychosocial interventions to our client groups*”, while **Dr. Ed Day**, a collaborator with TCU scientists as well as consultant psychiatrist at the **Birmingham & Solihull Mental Health Foundation NHS Trust** and senior lecturer at the University of Birmingham, says that “*the project using mapping has brought about seismic changes in attitudes in the treatment services in Birmingham.*”

NIDA’s Tom Hilton (Program Official for Recovery Research) commented, “*It is not very often that one of our grantees successfully exports their research technology, so this is a new feather in NIDA’s international cap. It also attests to the many, many years of work by the TCU team in perfecting the mapping intervention.*”

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References

Dansereau, D.F., & Simpson, D.D. (2009). A picture is worth a thousand words: The case for graphic representations. *Professional Psychology: Research and Practice*, 40(1), 104-110.

Abstract: Research in psychology and communication shows a strong advantage for visual displays in comparison to typical language, and technological innovations in computer graphics and printing capabilities now make them cost effective as well. It can be argued that the greater use of evidence-based visualization strategies can enhance communication occurring in the interactions among and between health service delivery counselors, clients, evaluators, administrators, and clinical supervisors. In this paper we present conceptual, empirical, and practical reasons for increasing the use of node-link (box-line) graphic representations in psychological treatment systems. These general purpose displays offer clinical advantages by clearly representing interrelationships between ideas, emotions, and actions that are often lost in verbal discourse. [Keywords: Communication enhancement, visual displays, node-link representations, technology transfer, evidence-based]

Simpson, D.D., & Dansereau, D.F. (2007). Assessing organizational functioning as a step toward innovation. *Science & Practice Perspectives*, 3(2), 20-28.