

# *Treatment Readiness and Induction Program (TRIP)*



# TABLE of Contents

|  |     |
|--|-----|
| Introduction.....                            | 1   |
| Chapter 1: Mapping It Out Part1 .....        | 13  |
| Chapter 2: Mapping It Out Part 2 .....       | 30  |
| Chapter 3: The Art of the Nudge Part 1 ..... | 45  |
| Chapter 4: The Art of the Nudge Part 2.....  | 62  |
| Chapter 5: Downward Spiral Part 1 .....      | 84  |
| Chapter 6: Downward Spiral Part 2.....       | 94  |
| Chapter 7: Work It Part 1.....               | 108 |
| Chapter 8: Work It Part 2 .....              | 126 |
| Appendix .....                               | 143 |
| Appendix 1: Peer Facilitation Handbook.....  | 145 |
| Appendix 2: Emergency Guide Maps .....       | 165 |
| Appendix 3: Fidelity Resources.....          | 173 |
| Appendix 4: Mapping Bibliography.....        | 186 |

## INTRODUCTION

# *Treatment Readiness and Induction Program (TRIP)*



# ***TREATMENT READINESS AND INDUCTION PROGRAM***

---

## **What is TRIP?**

This manual will introduce you to TRIP – the Treatment Readiness and Induction Program – for adolescents.

TRIP consists of 8 modules that can be adapted for use in open or closed groups within treatment programs. The modules are designed for delivery with youth that are in their first 30 days of substance abuse treatment, also called the *orientation phase* or *induction phase* of treatment. The goal of TRIP is to help engage adolescent clients in the treatment process, to improve life skills and decision making, and to strengthen their commitment to remaining in treatment in order to fully address their treatment goals. The 8 TRIP modules are:

***Mapping It Out – Part 1*** – Introduction to mapping (see below); using maps

***Mapping It Out – Part 2*** – Mapping personal strengths and resources for change

***The Art of the Nudge – Part 1*** – Examining strategies for self-motivation

***The Art of the Nudge – Part 2*** – Exploring changing self-talk for better motivation

***Downward Spiral – Part 1*** – Playing and discussing an experiential board game

***Downward Spiral – Part 2*** – Exploring personal consequences of drug use

***WORK IT – Part 1*** – Steps for making choices and working on goals

***WORK IT – Part 2*** – Practice with decision-making and problem solving

## **What are the key components of TRIP?**

There are 4 primary elements that make up the TRIP intervention – (1) mapping-enhanced counseling strategies, (2) motivation and cognitive enhancements, (3) the Downward Spiral game, and (4) peer facilitation.

### ***Mapping-Enhanced Counseling Strategies***

TRIP modules make use of graphic representations, primarily *node-link mapping* (also known as *mapping-enhanced counseling*), to boost client and counselor communication and thinking. The maps that are used in TRIP employ 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 style maps are drawn “from scratch” during group time or as homework.
- Guide maps are “fill in the blank” templates that “guide” thinking around a particular topic. Guide maps are completed by answering the questions inside the nodes for later discussion.

## ***TREATMENT READINESS AND INDUCTION PROGRAM***

---

- Information maps may be created ahead of time to convey information or events and ideas. They can be "expert" prepared for education sessions or assigned as homework or group projects.

TRIP is designed to give the counselors the flexibility to tailor the use of the mapping-enhanced graphic representations to supplement and compliment their preferred method of counseling, as well as to meet the needs and preferences of their clients.

Consequently, in doing TRIP a counselor may use maps individually or in combination to stimulate discussion, clarify and organize thinking, and to increase memory for what has been covered (see Overview of Mapping-Enhanced Strategies that follows).

### ***Cognitive Motivational Enhancements***

TRIP modules also will address the development and practice of skills that enhance motivation, such as challenging negative or ineffective thinking patterns and replacing them with thought processes that help in setting and completing realistic goals. These life skills areas will use mapping-enhanced activities and worksheets to facilitate discussions and help participants gain confidence in applying these skills in real world settings.

The purpose of cognitive and motivation enhancements in TRIP is to provide a safe environment where clients can gain awareness of the impact of deficits in these areas on overall recovery and progress. These segments also provide clients with “tools” to improve and maintain attitudes and behaviors that help foster success in their treatment program.

### ***Downward Spiral Game***

Participants in TRIP have an opportunity to play the *Downward Spiral* game toward the mid-point of their orientation phase as a vehicle for exploring motivation, future planning, and the consequences of decisions.

The Downward Spiral uses a classic board game format to engage participants in thinking about the long-term consequences of continued drug use. Each player takes on the role of an individual who has decided to continue using drugs. As the game unfolds, players roll the dice and land on squares that reveal the consequences of staying involved in a drug lifestyle.

Players face “real” consequences as they battle through drug use with their health, social support, financial resources, legal status, and mental health at stake. The areas of life impacted by drug use are represented on the game board through color-coded cards that outline a (1) drug using scenario, the (2) outcome or consequence of the scenario (i.e.,

## ***TREATMENT READINESS AND INDUCTION PROGRAM***

---

loss of points or money, or both), and (3) a quote, saying, or fact that relates to the consequences.

Players begin the game with \$200 in cash, a job, and basic possessions (car, stereo, computer, DVD, camera, cell phone). Analogous to real life drug involvement, the longer a person plays, the more they might lose. In a similar vein, recovery wins the game.

### ***Reviews of Downward Spiral***

Over the past few years, Julie Bailey, CADC, a counselor with Preferred Family Healthcare in St. Louis has corresponded with one of the game's creators. Every 3 or 4 months she asks clients in her residential treatment programs for young adults who have finished playing the *Downward Spiral* to send their thoughts and comments. Here is a selection of reviews:

*"Thank you very much for the game. It was scary to know that the things that the cards said were true. It will make you think. Thank you, J."*

*"I really enjoyed playing Downward Spiral. I was very surprised at how accurate the cards I received related to my actual drug life. I think the game would be great for high school age and up. Signed, A recovering drug addict, G. P.S. By the way, I died in the game."*

*"I was chosen to read the cards to the players at my table and reading these cards effected and related to a lot in my life. It made me think if I had played this game 10 years ago I would have many years of sobriety. Sincerely, DO."*

*"I thought the most important part of the game was how closely the outcomes mirrored real life. Sincerely, EL"*

*"I loss my job, loss personal accomplishment, unprotected sex, broken promise, brother don't like me no more. Everything that happen to me in the game has happen to me in real life. This game is brillent." (not signed)*

### ***Peer Facilitation***

Peer facilitators have a role in the TRIP intervention by serving as "hosts" and assistants for activities related to the *Downward Spiral* game. This includes the actual playing of the game and the processing activities that follow each "game day."

"Senior" program clients that are further along in their treatment endeavors are selected to serve as peer facilitators based on their progress in the program, their leadership and

## ***TREATMENT READINESS AND INDUCTION PROGRAM***

---

interpersonal skills, and their interest in serving as a peer facilitator. The peer facilitator role is viewed as a privilege and a serious commitment.

Those invited to serve as peer facilitators will be given training and coaching from TRIP counselors to prepare them for their roles. Those who successfully complete the training will (1) be familiar with the playing and purpose of the *Downward Spiral* game, (2) understand the dynamics of small group activities and discussions, and (3) be able to use effective interpersonal and facilitator skills.

Peer facilitators will be given a Leadership certificate to acknowledge completion of the training and their participation in helping facilitate the *Downward Spiral* game. See the *Peer Facilitation Handbook* included in the Appendix for example of these materials and instructions on leading peer facilitator training.

### **What's contained in the TRIP Modules?**

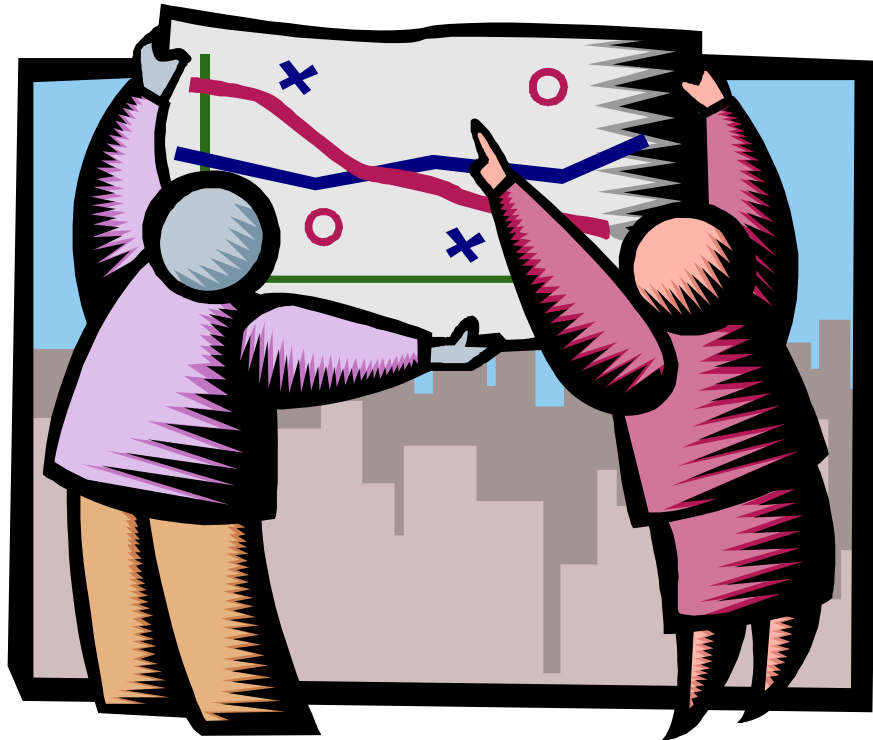
The TRIP modules are designed with flexibility that allows certain activities to be conducted in “open” groups, depending on the needs and census flow of the treatment facility. TRIP modules contain two activities, with the exception of Module 4, or “game day” for playing the *Downward Spiral* game. The game is the sole activity for this module and it is recommended that extra time be allotted (at least 90 minutes) to fully explain the rules and allow for a good “dose” of actually playing the game.

Materials for each module will include: (1) A syllabus outline and rationale for each module, (2) detailed descriptions of each activity, including instructions for leading the activity in a group or individual session, along with discussion and processing questions, and (3) templates for all mapping handouts and activities from which photocopies can be made.

A syllabus with sample activities for each of the 8 TRIP modules follows, along with examples of counselor and client feedback forms that will be completed for each activity. In addition, a detailed description of mapping-enhanced counseling strategies is included.



# *More about Mapping-Enhanced Counseling*



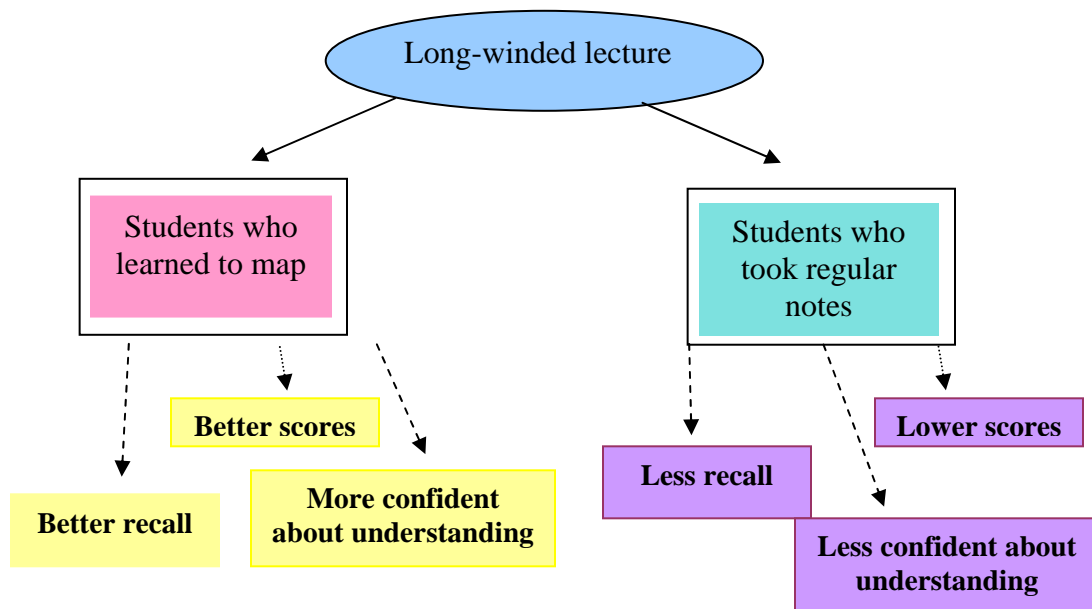


## What is mapping-enhanced counseling?

TCU Mapping-Enhanced Counseling is listed in SAHMSA’s National Registry of Evidence-based Practices and Programs (NREPP). Mapping is a cognitive-enhancement 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 using boxes to record central ideas in shorthand (“nodes”). These nodes 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 had better recall, did better on tests, and felt more confident about understanding the lecture than did students who took the usual scripted type of notes (see Figure 1). There seems to be something about graphically displaying information that helps us better understand meanings and be able to recall the information (hopefully when we need to use it).

Figure 1. Simple map of early mapping research



## **Mapping as a Counseling Tool**

Mapping was adapted for use as a counseling tool beginning in 1989 as part of a long-range project to enhance addiction treatment and study therapeutic process. 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 to help 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.

In treatment settings interested in fidelity and adherence to protocol when following evidence-based practices, the nature of the mapping intervention itself (i.e., producing visual representations) provides for easy documentation. The maps themselves document the frequency, focus, and application of their use. In addition, the number of maps produced, the types of maps used, the topics addressed, and the client’s involvement in the mapping process provide accurate evidence of counselor-level and client-level adherence to mapping-enhanced counseling practices.



### **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 may 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.

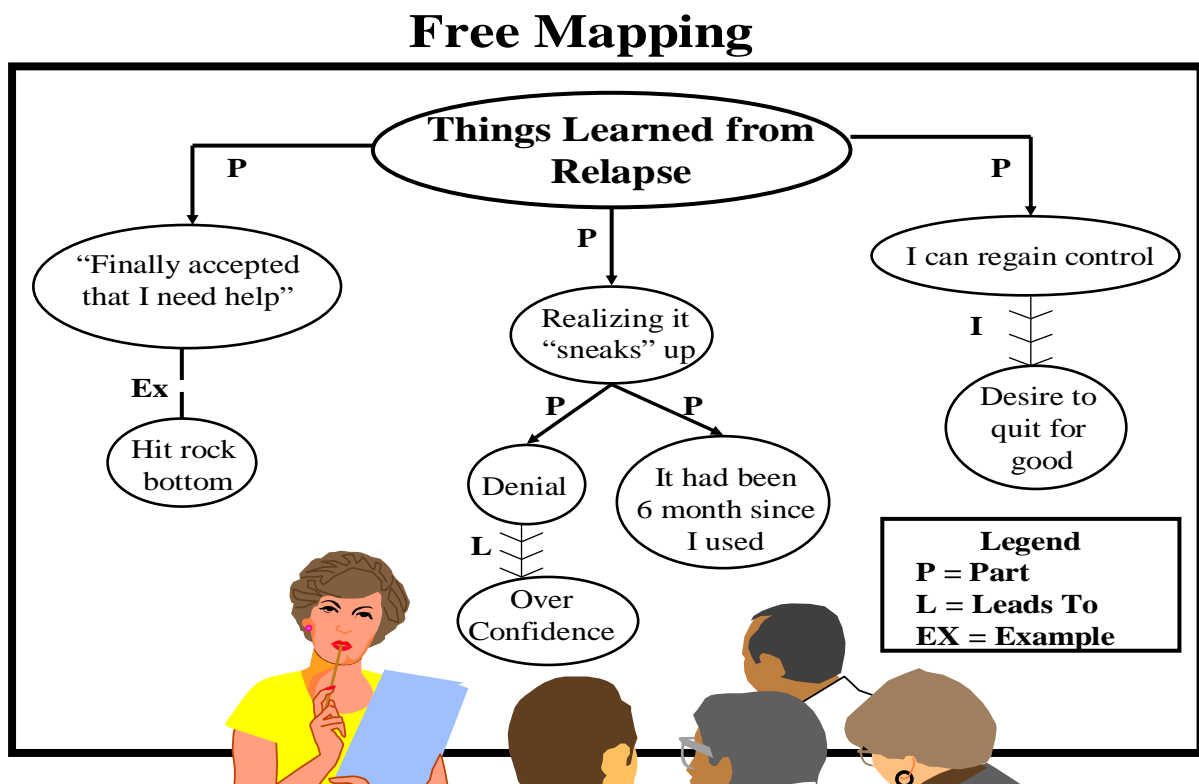
# Types of Maps

## Mapping Categories

As noted, *node-link maps* are tools that can visually portray ideas, feelings, facts, and experiences. There are three broad categories of these maps:

- ◆ **Free style** (“free”) maps
- ◆ **Information** maps
- ◆ **Guide** maps

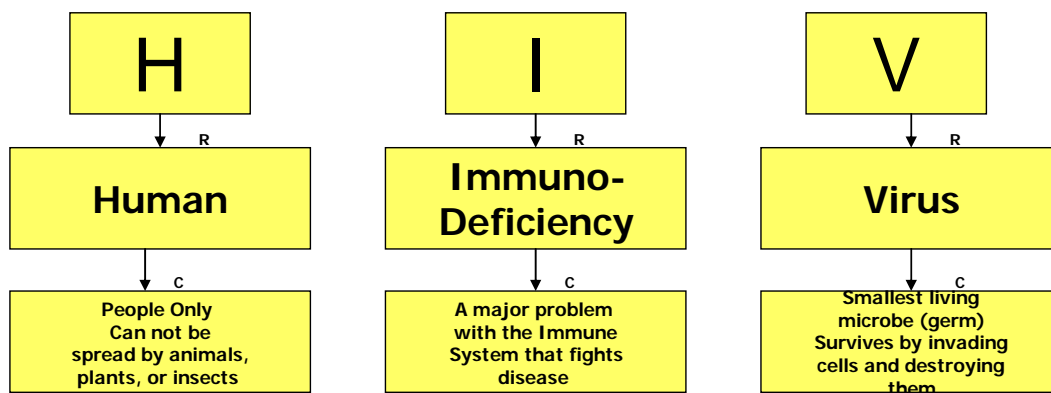
**Free style or “free” maps:** Using an erasable board, flip chart, or paper and pencil, client(s) and counselor can work separately or together to create a map of the problem or issue under discussion. The counselor may take the lead in briefly explaining mapping to the client(s) and providing a starting point for creating the map. When 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 used as a process map and created during a group session on “relapse.” In this case, the counselor created the map on an eraser board with group members’ input and then led a process discussion on the issues that were raised:



## **TREATMENT READINESS AND INDUCTION PROGRAM**

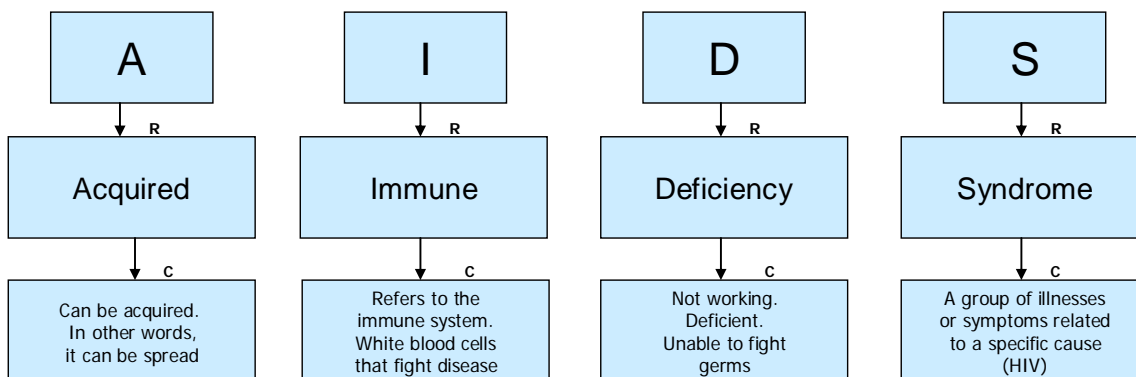
---

**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:** 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.

## ***TREATMENT READINESS AND INDUCTION PROGRAM***

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.

### **SAMPLE GUIDE MAP**

