

Based on
**TCU Mapping-Enhanced Counseling
Manuals for Adaptive Treatment**

As Included in NREPP



MAPPING YOUR REENTRY PLAN: HEADING HOME

Mapping Doable Goals

**A collaborative, mapping-based intervention for helping clients
identify goals for reentry and aftercare**

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SPECIAL VERSION FOR CRIMINAL JUSTICE (CJ) POPULATIONS

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>.

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TCU MAPPING-ENHANCED COUNSELING MANUALS
FOR ADAPTIVE TREATMENT

MAPPING YOUR REENTRY PLAN: HEADING HOME
Mapping Doable Goals

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Introduction: Mapping, Collaboration, and Reentry Goals

Mapping, Collaboration, and Reentry Goals introduces the basics of node-link mapping, the use of structured maps for reentry planning, and the use of feedback from a dynamic assessment of client progress to help guide planning. This approach highlights the importance of developing the counselor-client relationship through collaboration. A thoughtful reentry plan with realistic and measurable goals helps focus the working relationship on a more hopeful tomorrow. This chapter is designed as a primer for treatment staff on simple, yet effective strategies to strengthen motivation and engagement in reentry planning.

Introduction

Reentry Planning

The term “reentry plan” is part of the vocabulary from the moment a client enters corrections-based substance abuse treatment programming until (hopefully) that offender is successfully discharged back to the community. But not all reentry plans are the same. In many cases, having a formal reentry plan for each exiting CJ client is a requirement of federal or state regulators. In some cases, reentry 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 job skills”). In other instances, pro-forma reentry 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 plan. Once clients receive all their checks, they are considered to be ready for reentry.



Perhaps one of the biggest “disconnects” between substance abuse treatment providers and their CJ clients centers on reentry 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 reentry 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 corrections-based treatment providers 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 and feedback from a dynamic assessment of progress, 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 reentry 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 as they reenter the community.

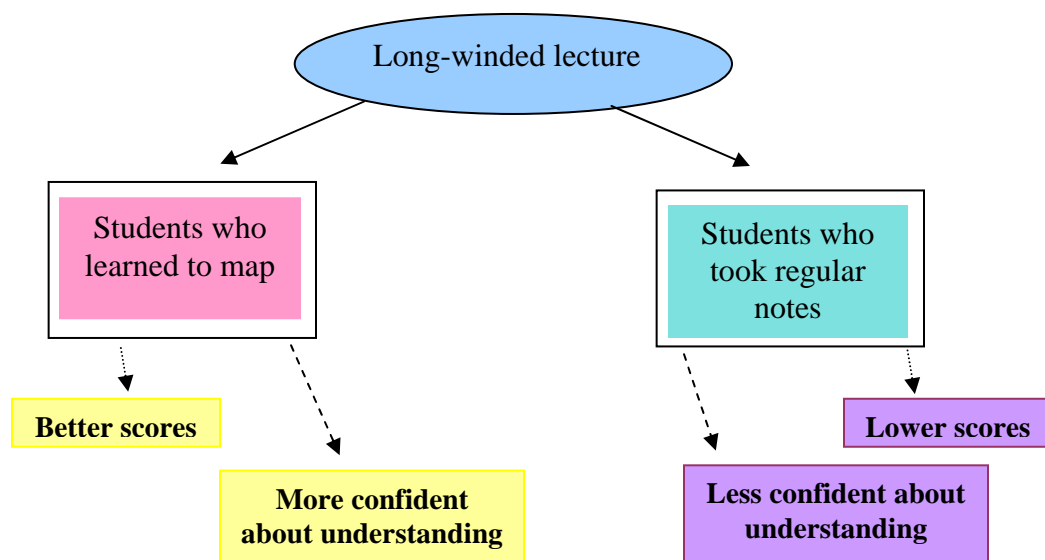
Mapping, Collaboration, and Reentry Goals

What do you mean by “mapping”?

Mapping is a cognitive tool that helps organize information and ideas visually and spatially. Most counselors have been exposed to the usefulness of graphically displaying ideas and connections. For example, Genograms use boxes and lines to help clients “see” the links and 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 visually 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, Collaboration, and Reentry Goals

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 or reentry 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 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 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 guidance.



Mapping, Collaboration, and Reentry Goals

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 reentry 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 when they reenter the community, how they view the change process, and what steps make sense for what they want to accomplish.

When mapping is used 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 reentry planning, counselors help clients develop a clear picture of what they want to be different or improved as they begin life after incarceration. 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 reentry and that the client is the primary determiner of when a particular goal 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.

Mapping, Collaboration, and Reentry Goals

Types of Maps

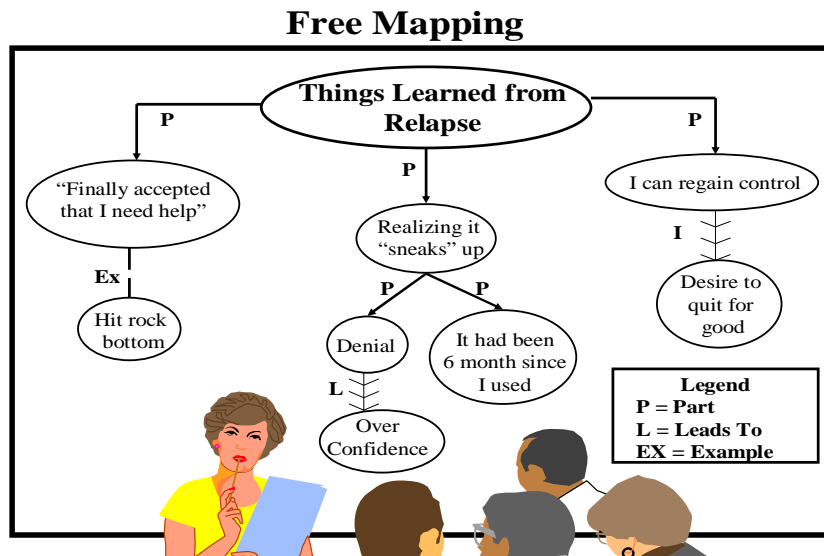
Mapping Categories

As we have discussed, *node-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**

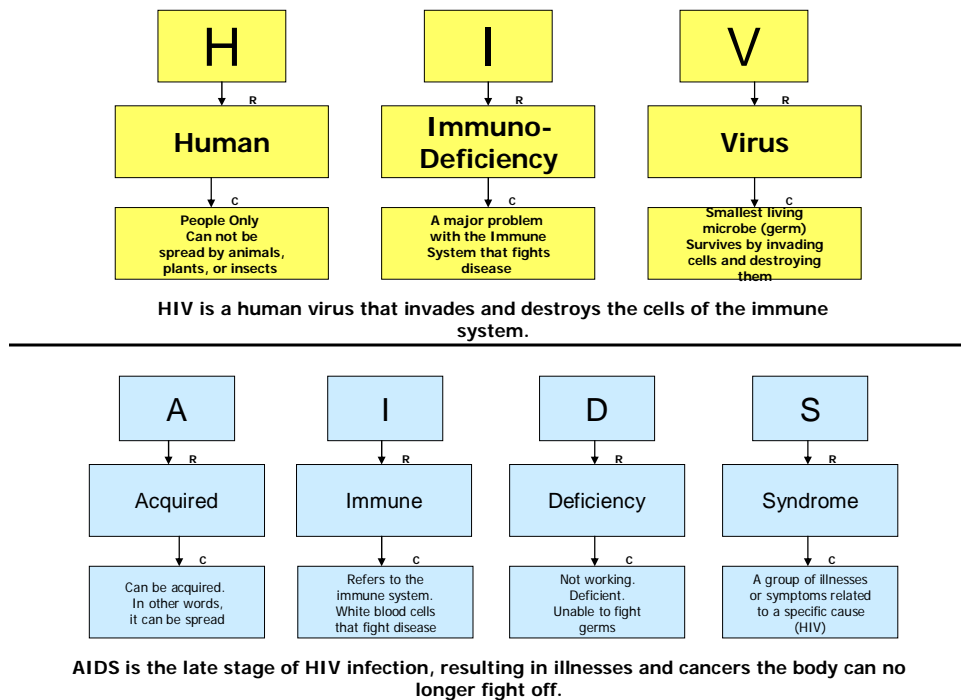
Although the *Mapping Doable Goals* module uses the category of maps called “guide maps,” it is helpful for the potential user of mapping approaches to have a broad overview of all the ways mapping can be used successfully.

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:



Mapping, Collaboration, and Reentry Goals

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.

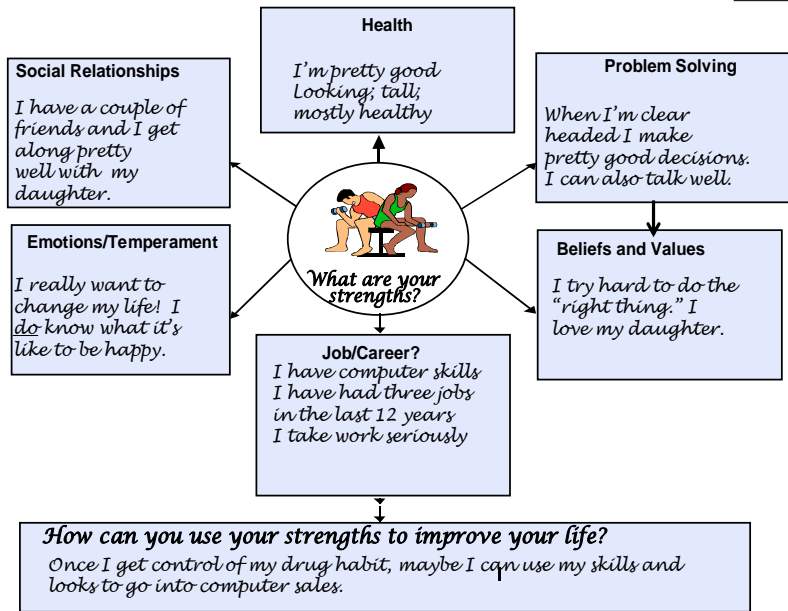


Guide maps: The mapping exercises contained in this manual use guide maps. Guide maps are pre-structured templates with a “fill-in-the-space” format that help guide the counselor-client interaction during a session, while also allowing ample freedom for self-expression. As part of an individual counseling 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.

Mapping, Collaboration, and Reentry Goals

Mapping Guide 1: Exploring Self (Map 1)

Chris: A fictional case study (1):
Strengths



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

Comments:

The Magic of Feedback

As the time approaches for the offender-client to return to the community, counselors are hopeful that what was learned and processed as part of the substance abuse treatment program will be a guide. One way to help clients reflect on what they have already gained from treatment is through sharing *screening and assessment results* with them as a springboard for goal-setting and aftercare planning. In many treatment settings, clients spend a lot of time and effort completing forms they never see or hear about again. Given this, most clients will be interested, if not a little eager, to have the chance to talk about an assessment they have taken.

One recommended assessment instrument for this purpose is the IPASS (Inmate Pre-Release Assessment) designed especially for clients who participated in substance abuse treatment during incarceration (a copy of the IPASS is located in the Appendix). The IPASS is usually completed at least 90 days before release, by both the client and his/her primary counselor while in treatment.

Mapping, Collaboration, and Reentry Goals

The IPASS gathers historical information about a client (crime, drug use, employment, education) as well as information about how the client performed in treatment (engagement, infractions, counselor ratings) to help determine the level of aftercare services that might be needed.

However, for the purposes of this module, information from the IPASS is used to guide feedback given to clients about their progress in treatment, problems they have overcome, and potential challenges for the future. This feedback to the client is organized on a Progress Report Feedback map, with information taken from the assessment items. Session 1 features a more detailed discussion on talking about this feedback map with clients.



Using this manual

The *Mapping Doable Goals* module is designed help establish a good therapeutic alliance, identify client goals for successful reentry, and foster motivation for ongoing work on those goals. Ideally, the 3-session intervention should be completed with clients several months before the actual discharge date. (See guidelines for *Heading Home: Mapping Your Reentry Plan* program).

Each individual session can be completed during an average 50-60 minute office visit. Sessions are built around a set of guide maps and have scripted talking points to help the first-time counselor complete and discuss the maps with clients. After a few initial experiences with using these maps, clinicians will quickly find a way to “make it their own.”

Mapping, Collaboration, and Reentry Goals

Preparation Stage

1. Familiarize yourself with mapping and with the guide maps used in each session. A completed, “case study” example of each map is included for reference.
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 to “role play” with you.
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.
4. Make sure that clients have completed the IPASS or a similar assessment in the weeks before your first session. Allow enough time to score the instrument and to complete a Progress Report Feedback Map (page 19) based on the information.

Working With Clients

1. When first introducing the client to using guide maps, provide a brief explanation of how the maps are used. For example, “maps are tools to help us structure our discussions and better focus on the things that are important to you” or “mapping is a way of looking at things that you may want to work on as a part of reentry.” 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. Assure the client that maps don’t have to be filled up with words. Concise summaries, shorthand, abbreviations, single words, and even pictures can be used to represent the ideas the client wants to focus on. Some areas of a map may contain more words/information than others; some boxes may be left blank.
3. Sit in such a way that you can work on a map as a collaborative project with the client. This might 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. Offer clients a variety of pencils or markers with which to work.
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

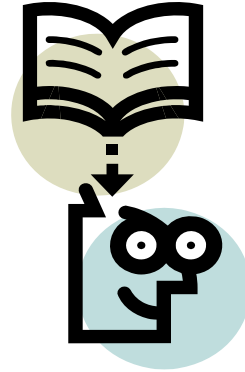
Getting Started: First Maps sets the collaborative tone for subsequent sessions and introduces the client to working with guide maps. The counselor takes the lead in introducing the guide map template. This begins with a review of the Progress Report Feedback map and transitions to guide map discussions that center on the client's experiences, both in the past and present. Clients are then invited to briefly discuss areas of concern and how they have been coping with their concerns. The session ends with an invitation for the client to consider what they hope to have different/better in their lives once they are released.

Getting Started: First Maps

Notes for Session One

A set of guide notes is included for each map, using a "case study" example. Blank copies of each map for you to copy and use with clients follows the guide notes, along with a sample map filled out based on the "case study."

Read over the sample case study maps to get a feel for completing the maps with clients.



The Maps

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

Map 1: A roadmap for perspective on the client's history

Map 2: A review of the Progress Report Feedback map

Map 3: A map for discussing the client's pressing concerns

Map 4: A "homework" map for identifying strengths/resources

Introduce the client to the idea of working on the map worksheets together in the spirit of collaboration and better understanding. Most people begin the reentry process hopeful that their lives can be better. Let the client know that if he/she is able to make a change or address even one small thing as part of the reentry process, 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. Mapping helps you capture ideas without a lot of words. Listen carefully to what the clients says, then add that information as a concise summary. For example: "I was having a hard time back then – I lost my job, then my house" might be summarized on a map as *lost job, then house*.

Map 1: 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 you. If you're okay with it, I'd like to use this sort of road-looking map to take notes as we talk.

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 your life before incarceration, things that happened in the years before jail or prison that you think I should know about in order to be as helpful to you as I can while we work together on your plans for reentry.

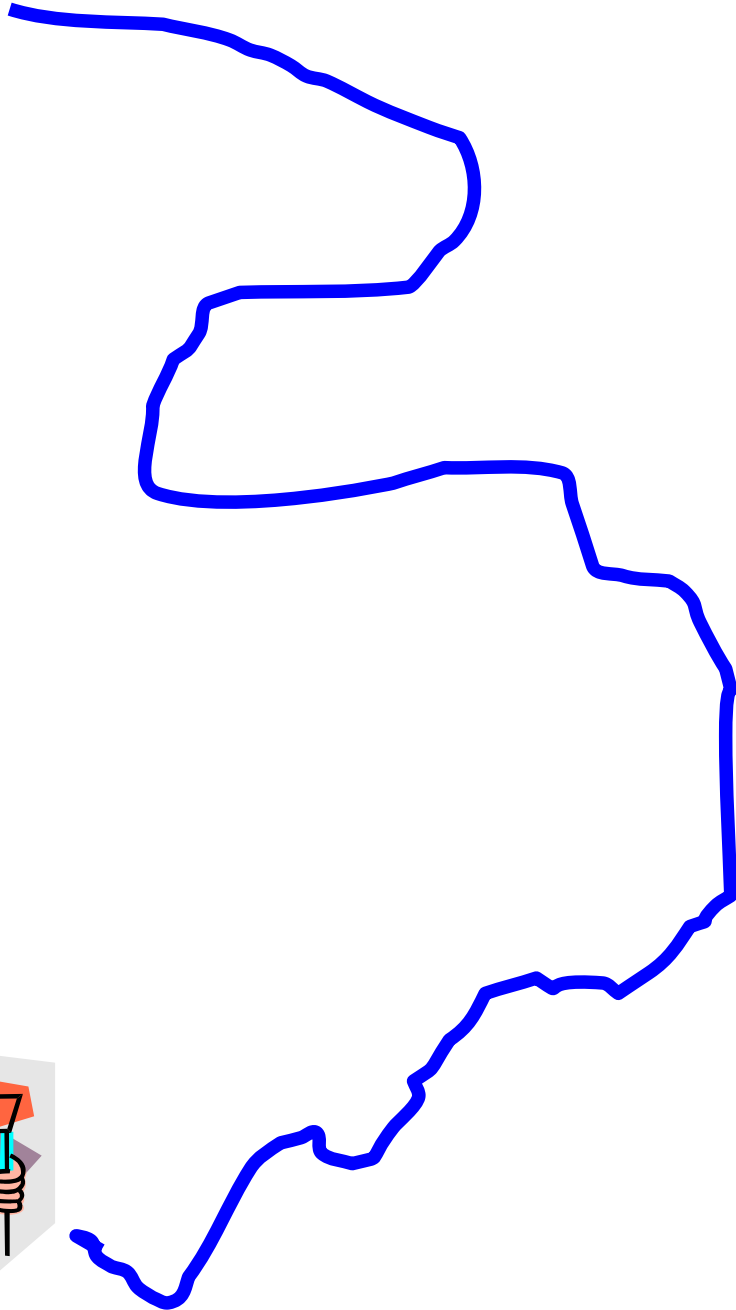
Whatever the timeframe you think makes most sense, we'll start there. Then we will go along the road (so to speak), and you can tell me about events that were important. We'll insert notes about those. Take a minute to think.

2. Work collaboratively with the client to build this map. Engage the client with invitations to join in the construction. For example: *So your divorce was about a year before you lost your mother? or If you started using about 2 years after you started working construction, we would add that about here, right?*
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 *Got 5 years probation* that he did not participate in treatment at that time (*no treatment*).
4. When the client says that the map is finished, conclude the map by summarizing what the client has brought forward. For example: *Your map gives me a good idea about how things were for you before you landed here. Later on, we'll talk some more about how this roadmap might be helpful for your reentry plan.*
5. Transition to the next map: *I have another map I'd like to show you. I filled this one in based on some of the questionnaires and evaluations you have completed over the last few months.*

Getting Started: First Maps

STARTING POINT: 5 YEARS BEFORE

Map 1

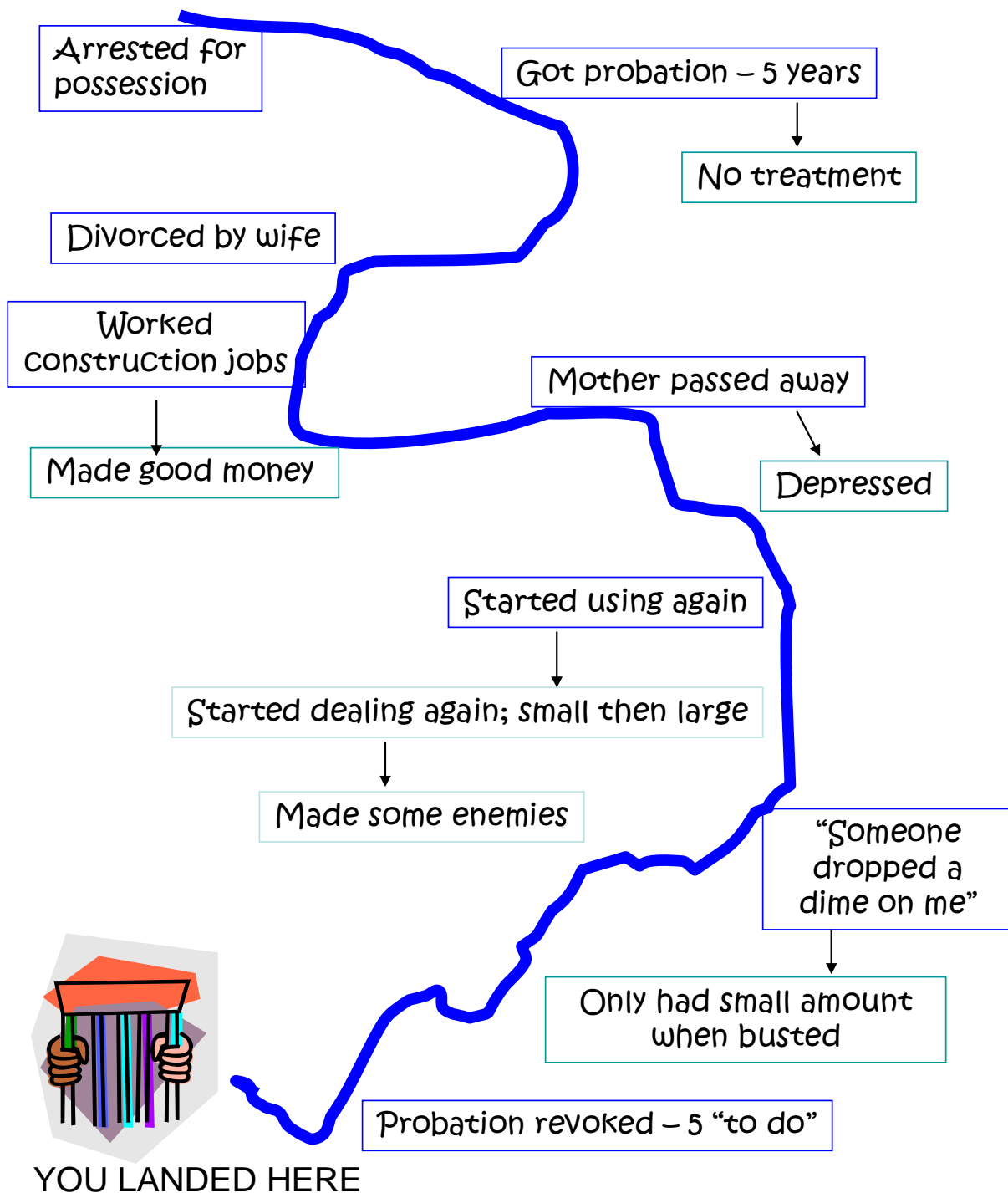


YOU LANDED HERE

Getting Started: First Maps

STARTING POINT: 5 YEARS BEFORE

Map 1



Map 2: Progress Report Feedback Map

1. After transitioning from talking about the client's past before being incarcerated, engage the client in a discussion of the progress made in treatment while serving time and possible challenges for the future that have been identified through an assessment instrument (such as the IPASS). This information should be summarized on the Progress Report Feedback Map that you will prepare in advance of the session.

2. One idea for beginning the discussion is to ask the client about what he/she has found to be the most useful personal outcomes from participation in treatment:

For yourself personally, what has been the most helpful result of participating in treatment while you have been here?

How do you see your participation in treatment as making a difference in the future?

In what ways have you changed for the better since you have been here?

When you get out, what will your ____ (partner, spouse, mother, children) notice that is different about you as a result of taking part in treatment?

(Ask question referencing a significant other who is most relevant to client)

Prompt client with “*what else*” or “*how else*” to help fully explore client's experience of treatment.

3. Introduce the Progress Report Feedback Map and review each of the nodes with the client.

It's good to hear your thoughts about taking part in treatment. I've worked up a map that summarizes some of the results from questionnaires and evaluations that you have completed recently, as you approach discharge and reentry.

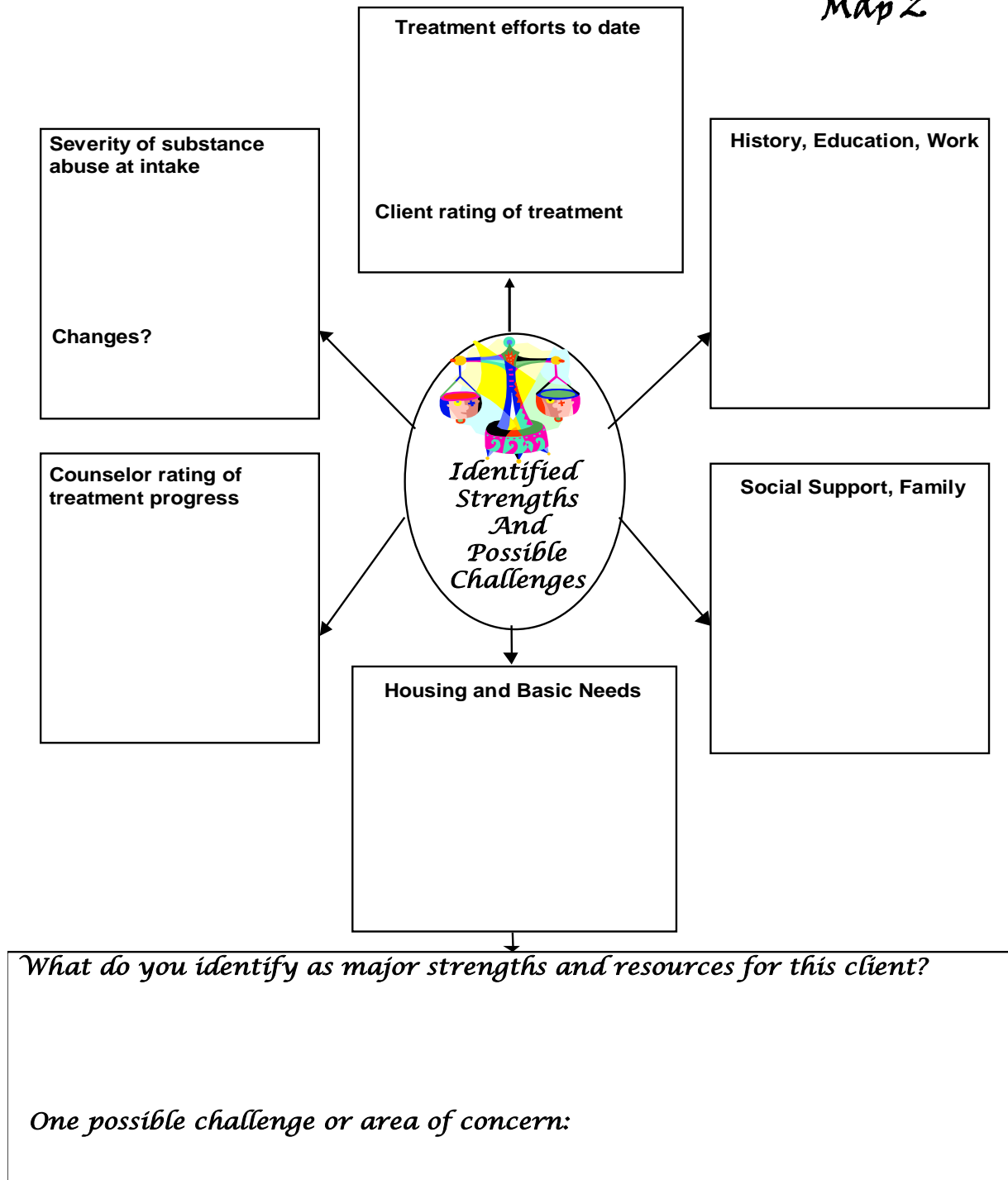
4. Use open-ended questions to encourage the client to reflect on each of the issues addressed in the nodes. Focus discussion on how these issues relate to possible needs, problems, challenges after the client returns home.

5. Transition to the next map: *Based on the things we've been talking about, let's complete another map that can help identify some possible goals for the future.*

Getting Started: First Maps

Progress Report Feedback Map

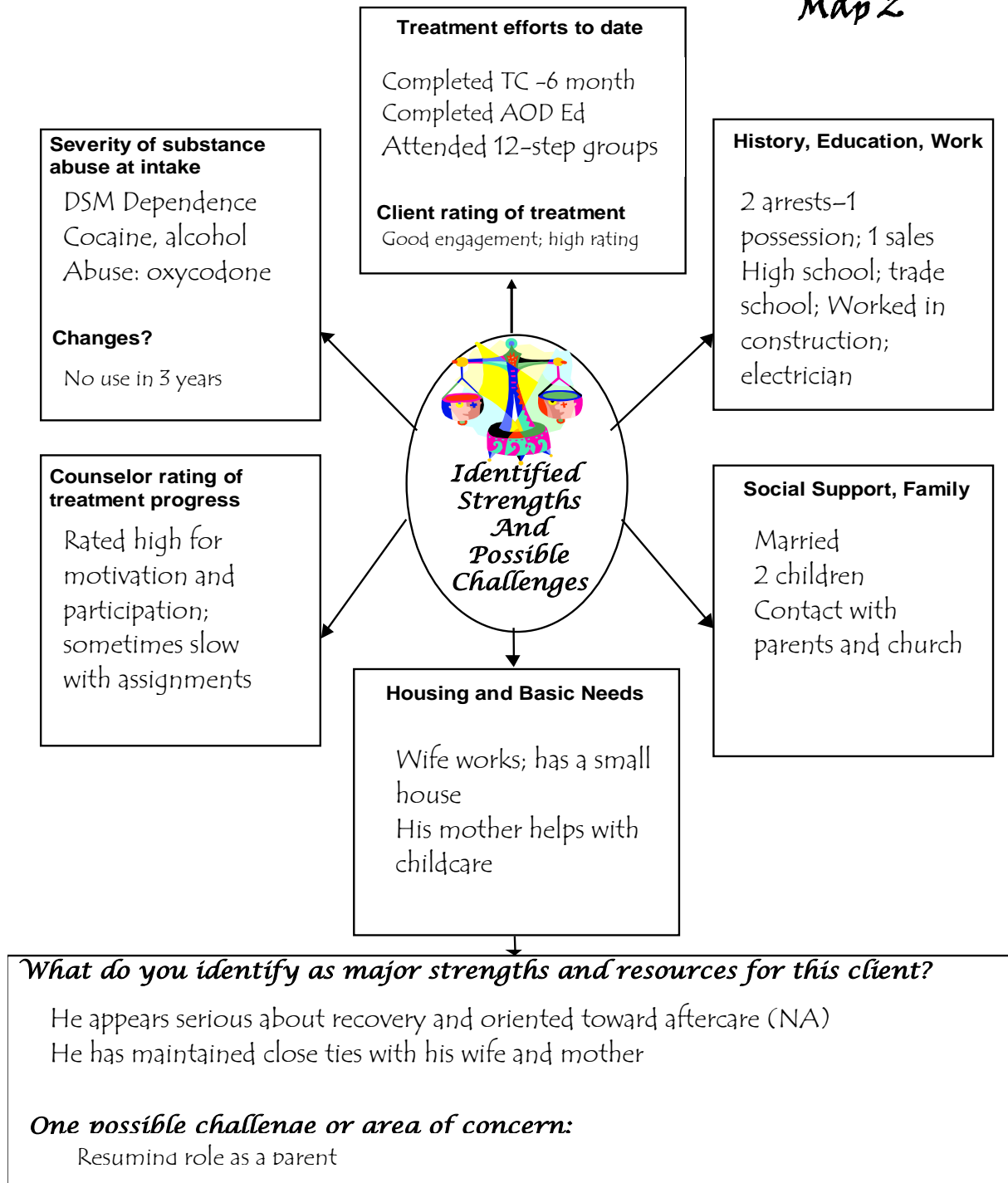
Map 2



Getting Started: First Maps

Progress Report Feedback Map

Map 2



Map 3: Things I Would Like to Change

1. Transition into the next map by turning the client's attention toward his/her possible expectations about reentry. The tone of the map might reflect the general idea of – *What needs to change in order for you achieve your preferred future?*

2. Invite the client to consider how he/she might like his/her life to be different or better as a result of completing treatment and moving toward reentry.

What are some things that you might want to work on as a part of reentry, 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 problem or difficulty you would like to change?

3. After the client describes and discusses each change that might be helpful, ask the client to give some details about how accomplishing that change would make things better:

CLIENT: *The main thing for me will be to figure out how I can move my family back to North Carolina once I'm done with all of this.*

COUNSELOR: *It sounds like you have already been thinking about this. How will moving the family to NC make things better for you?*

4. Work collaboratively with the client to complete the map, filling in the nodes with the client's words and checking frequently with the client to make sure you are noting things the way he/she prefers.

5. End discussion with a summary of the key issues and concerns raised by the client and ideas about how changes will make things better. Transition to homework map:

The next map is one for you to complete on your own between now and our next meeting together.

Getting Started: First Maps

Things I would like to change

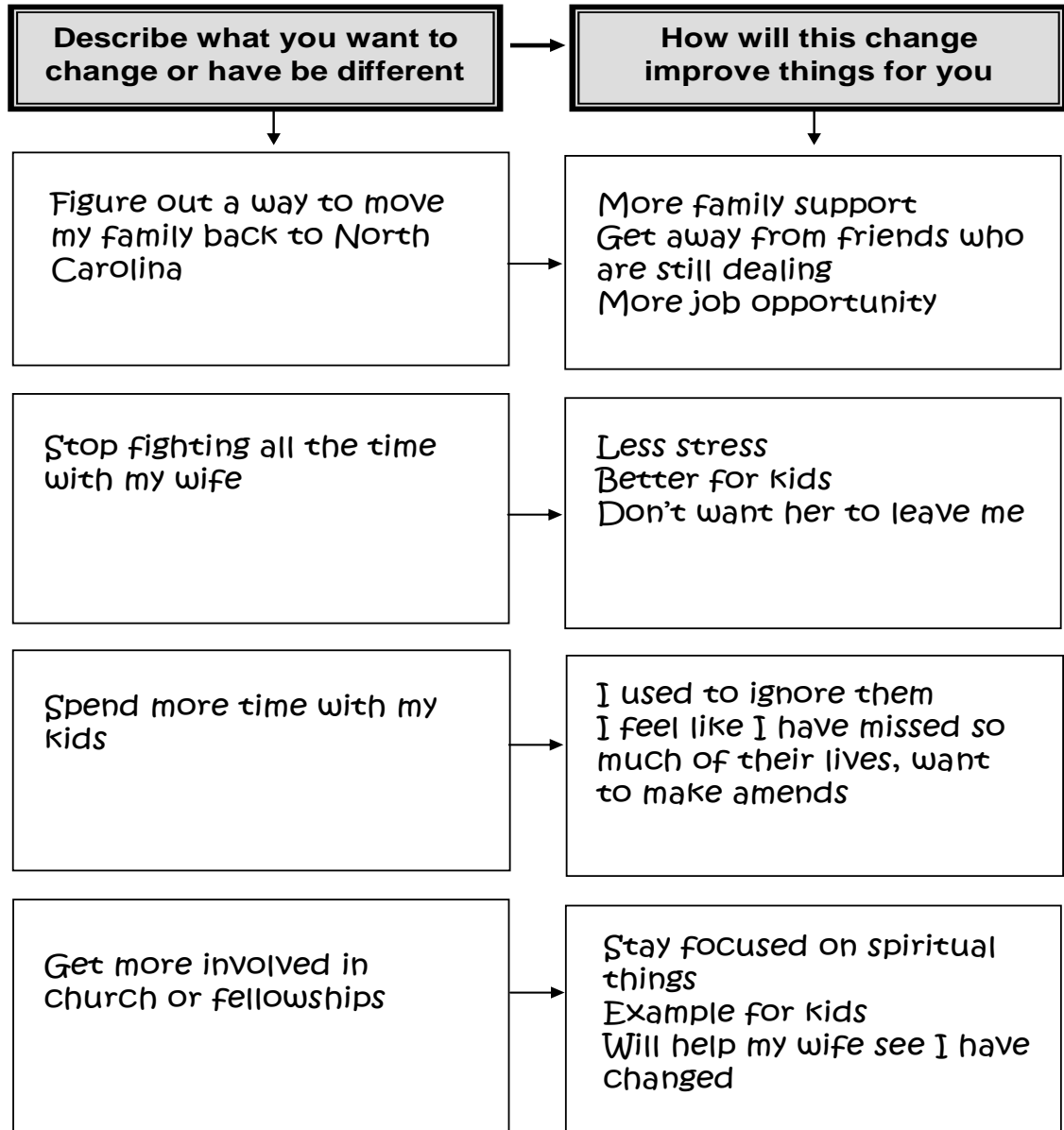
Map 3

| Describe what you want to change or have be different | How will this change improve things for you |
|---|---|
| | |
| | |
| | |
| | |

Getting Started: First Maps

Things I would like to change

Map 3



Getting Started: First Maps

Map 4: Strengths Maps (Homework)

Invite the client to continue thinking about issues that should be addressed as part of reentry and how those might be addressed. In particular, the homework map asks the client to think about personal strengths and resources that are available to help with the work ahead. Give the client a copy of the **Strengths Map** (Map 4), briefly review it, and assign it as “homework”:

I'm impressed with the careful thought you have given to these issues you would like to have improved as a part of reentry.

Between now and our next appointment, I'd like for you to think about yourself and consider the personal strengths and resources you bring to solving these problems. This map has several boxes or “nodes” where you can jot down your thoughts about your strengths.

Push down the tendency to be self-critical. Try to think about and jot down at least one strength you know you have for each of the boxes. Pay attention to yourself and add strengths to your map as you observe them in yourself during the coming week.

Bring this map with you for our next session so you can tell me about those things about you that will help you make the changes you want to make.

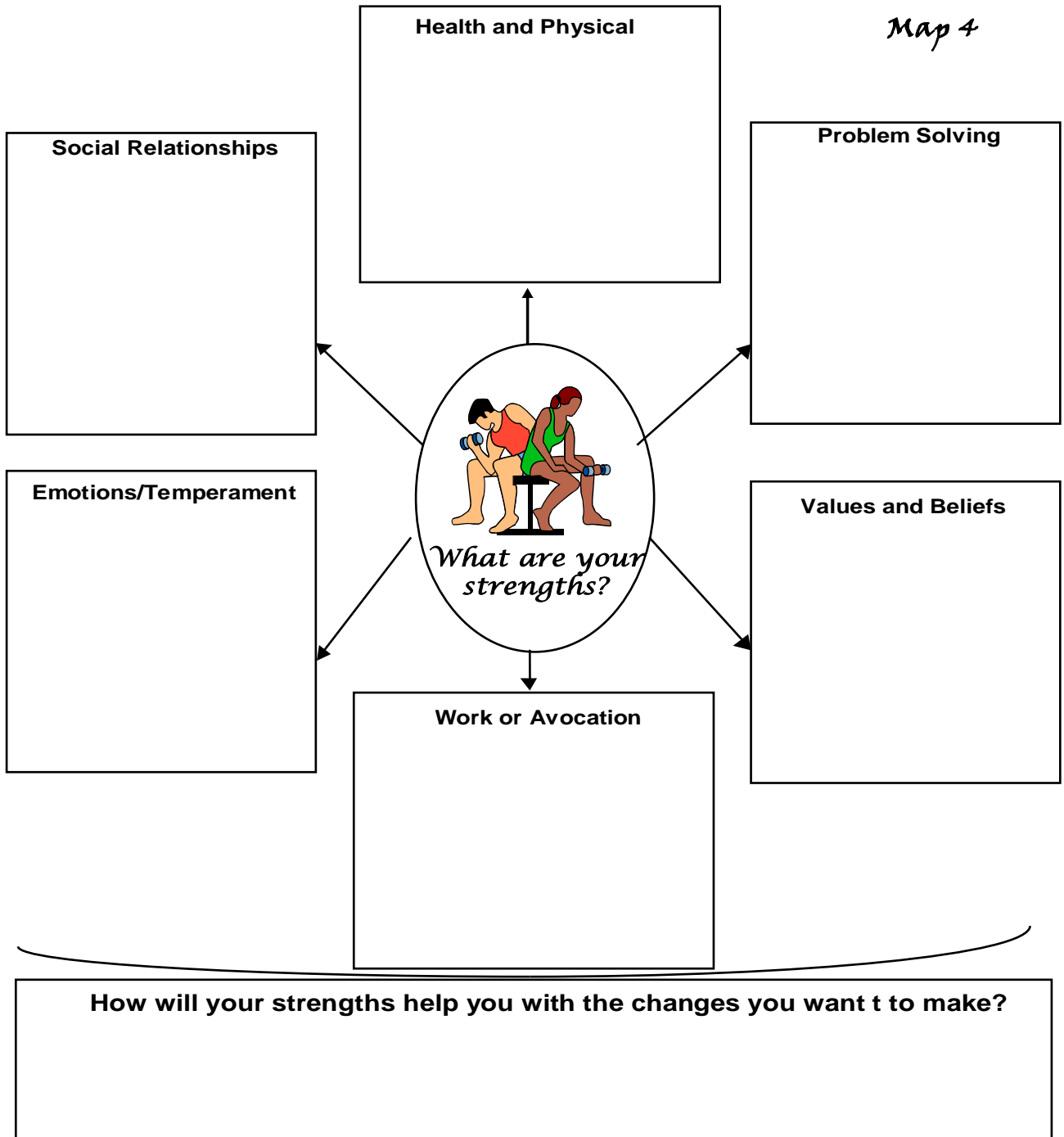
Ending the Session

Thank the client for participating and for giving the activities some thought. 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?

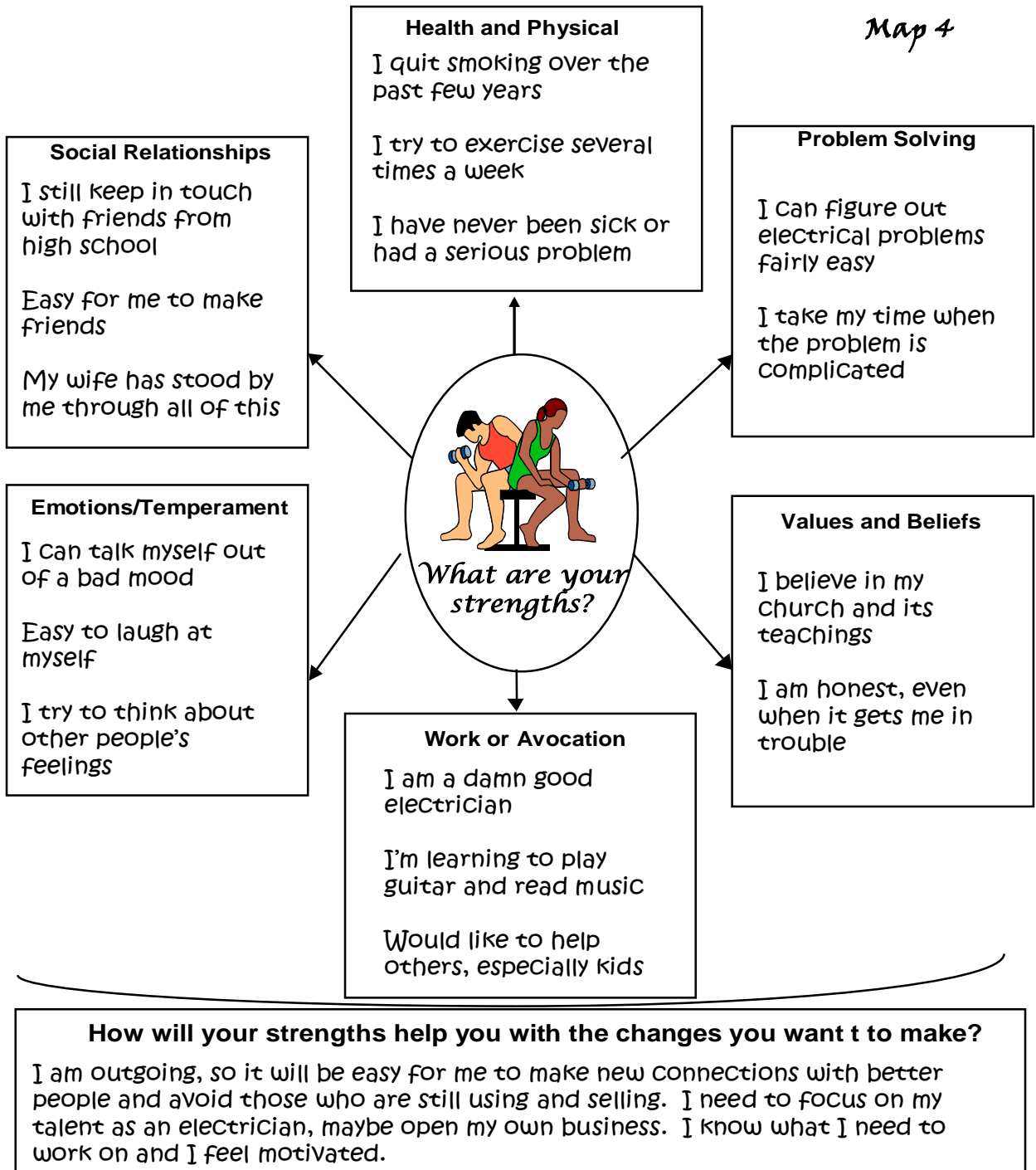
If client's overall rating is lower, ask: *I wonder how we can make these maps more helpful for you. Think about it and let me know at our next session.*

Getting Started: First Maps



Getting Started: First Maps

Map 4



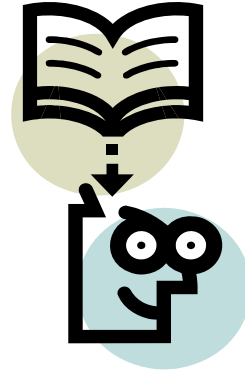
Session 2: Mapping Goals and Strategies

Mapping Goals and Strategies helps clients begin to identify and prioritize salient goals to work on as part of reentry and to narrow those goals down to clear, specific, and practical plans. Clients first review their homework guide map to discuss strengths and resources they bring to the task. A Goal Planning map is used to begin exploration of goals and a subsequent map is used to invite a conversation about specific steps to take first. As homework, a “planning rocket” guide map is used to summarize considerations for working on the goal and provide the client with a reminder of tasks for the coming weeks.

Notes for Session Two

A set of counselor notes is included for each map, using a "case study" example. Blank copies of each map for you to copy and use with clients follows the guide notes, along with a sample map filled out based on the "case study."

Read over the sample case study maps to get a feel for completing the maps with clients.



The Maps

There are 4 maps that provide the focus for this session with the client, including a map for client homework:

Homework Map: Identifying strengths and resources

Map 1: A goal planning map for identifying concerns

Map 2: A map for exploring tasks and steps to reach goals

Map 3: A Planning Rocket map for homework and reference



Homework Review: Strengths Map

1. Allow time at the beginning of session for discussion about the self-study map on strengths and resources. For each of the life areas identified in the nodes, use some of the following process questions to engage the client in conversation.

How did you go about identifying your strengths in this area?

What kinds of good qualities have people told you have when it comes to _____ (e.g., your temperament, your work, your values, etc)?

How do you think you gained this strength?

What things are you aware of that you do to work on this strength?

What would someone who is really close to you (parent, spouse, etc) say is your biggest strength or personal resource?

If client reports not having had the time to complete the map, etc., simply use a blank copy of the map to help the client “catch up” by identifying his/her personal strengths in each of the areas.

2. Summarize the discussion by asking the client to focus how his/her personal strengths will help with the changes the client wishes to make in the future:

In our last meeting, you discussed several things you want to see changes in for the future, when you are finished here and back home.

How will your strengths help you with the changes you want to make?

Which of your personal strengths will serve you the most?

How do you intend to keep working on this strength?

What do you need to remember to keep doing?

3. Transition to the goal planning map:

The maps we will work on today are for looking at some of the important things you want to accomplish once you leave here. Be sure to keep your knowledge about your personal resources in mind as you think about how you will go about making things better for yourself in the future.

Map 1: Goal Planner Map

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

When people think about reentry, it can sometimes feel like a chance for a new start. As we think about it, it may seem like we have more things we want to jump in and change immediately 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. So planning how we want to tackle our goals for reentry makes sense.

Using this map, let's make some notes about the issues that you think about as being the most important or urgent for you to work on during reentry. This can include things you would like to address right now, during these few months before your actual release. It can also include problems or goals you know you'll need to tackle once you are back on the streets.

For example, some clients use these last few months to take part in different kinds of skill-building groups or counseling sessions on topics such as parenting, building better relationships, maintaining motivation to stay off drugs, learning better ways to deal with anger – those sorts of concerns.

So, when you think about going home – What are some things you could start working on now to get you better prepared?

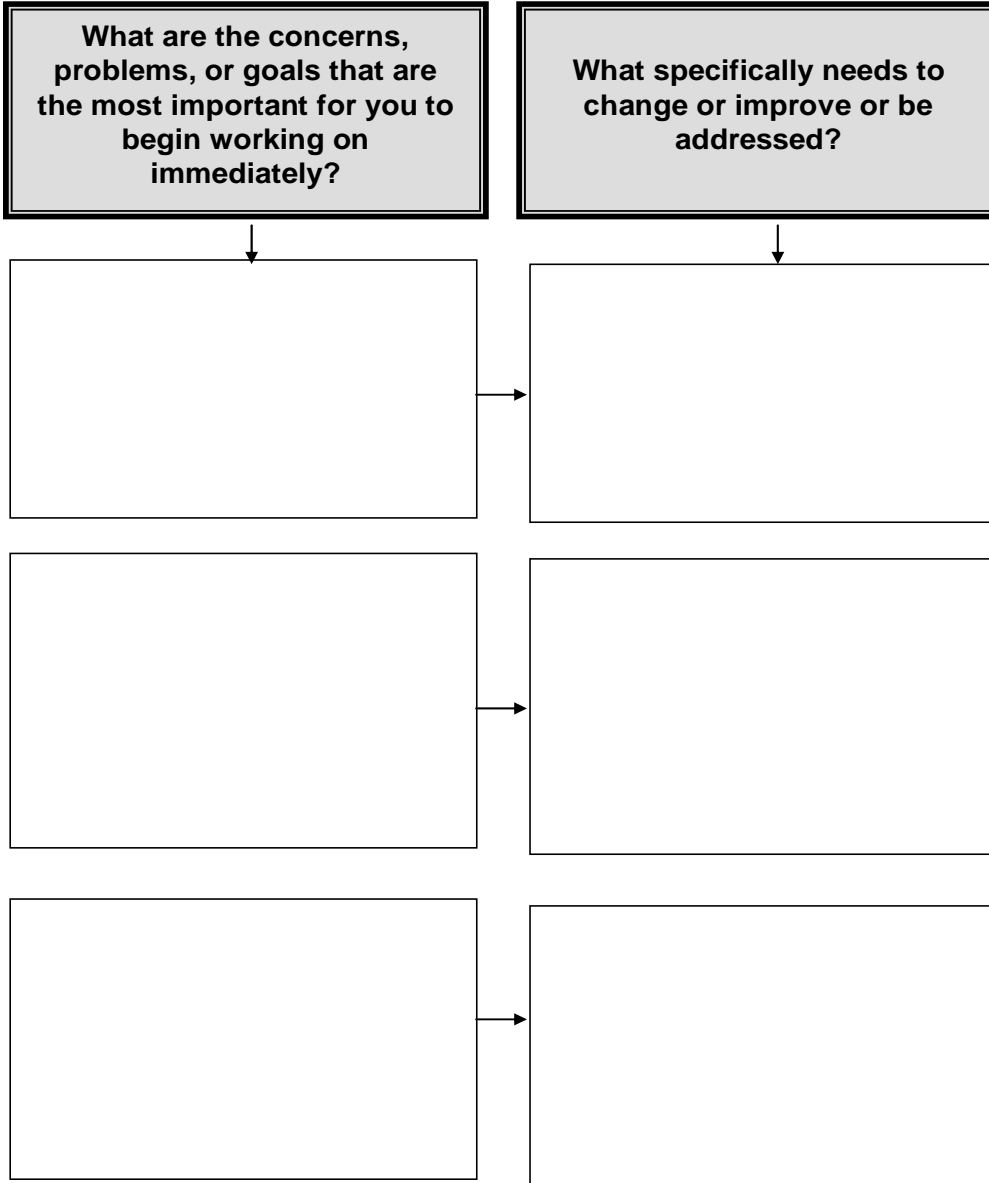
Or, what are some concerns you will need to deal after you're released.

2. Engage the client in completing the map and 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 action now or in the future?
3. Engage the client in discussing issues, concerns, and problems he/she anticipates, along with what specific changes or improvements are needed. Based on his/her responses use this opportunity to direct the client to counseling and groups that are available in the months/weeks before discharge.

Mapping Goals and Strategies

Goal Planner

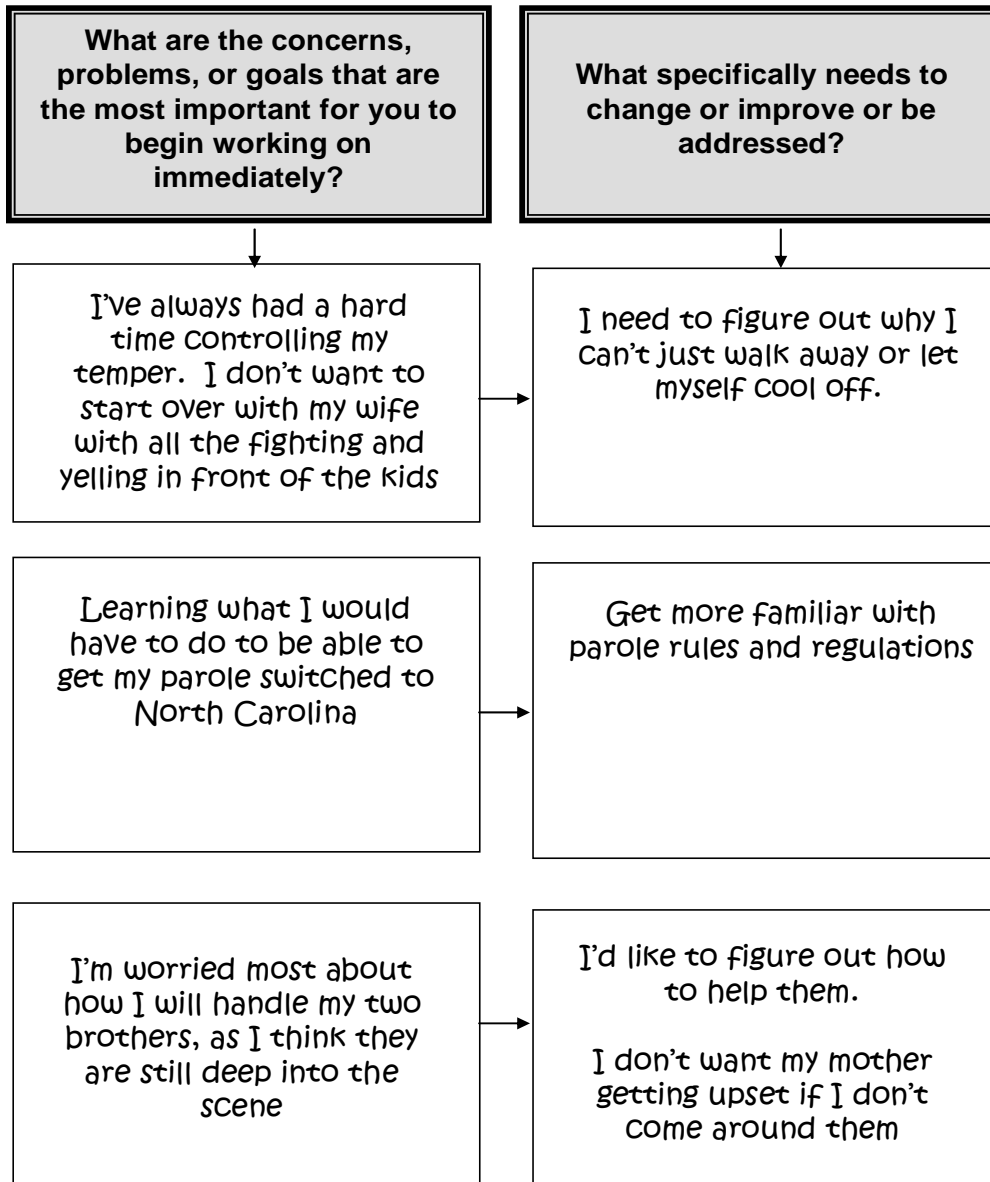
Map 1



Mapping Goals and Strategies

Goal Planner

Map 1



Map 2: Goal Exploration Map

1. Transition to exploring a specific goal by asking the client which of the items on the goal planner map seems the most important or pressing issue.

These all are important to you. Where's the best place to start?

Which one of these is the most important to address first?

2. Introduce the goal exploration map as a way to think about concerns or things we would like to get done in a more productive way:

Some people find it helpful to have a system for thinking-through how we are going to accomplish the things we know we want to do. When our goals and concerns are important, and we don't get them taken care of, we can feel stress and self-doubt.

It's likely you've already spent a lot of time thinking about how you want your life to be once you are released.

Let's use the concern you have identified as most important and put it on a goal exploration map.

3. Engage the client in completing the map. Lead the discussion so that it follows the map's template. In other words, encourage some thought and discussion for identifying a more concrete goal and several steps that might be involved in the goal.

You've said that changing your relationship with your wife is one thing that seems most important for you to address. And that figuring out how to walk away or handle disagreements differently is a thing you want to learn to do.

How might you go about learning that? What's one thing you could do to work on this?

4. Ask follow-up question that help focus the discussion on specific steps and how the step will lead toward the main goal. What needs to happen and be discussed in order for the client to feel motivated and empowered to take action now or in the future?

Mapping Goals and Strategies

Goal Explorer

Map 2

What do you see as your primary concern?

What specific goal do you have?

What are some steps you could take?

How will this step help?



Mapping Goals and Strategies

Goal Explorer

Map 2

What do you see as your primary concern?

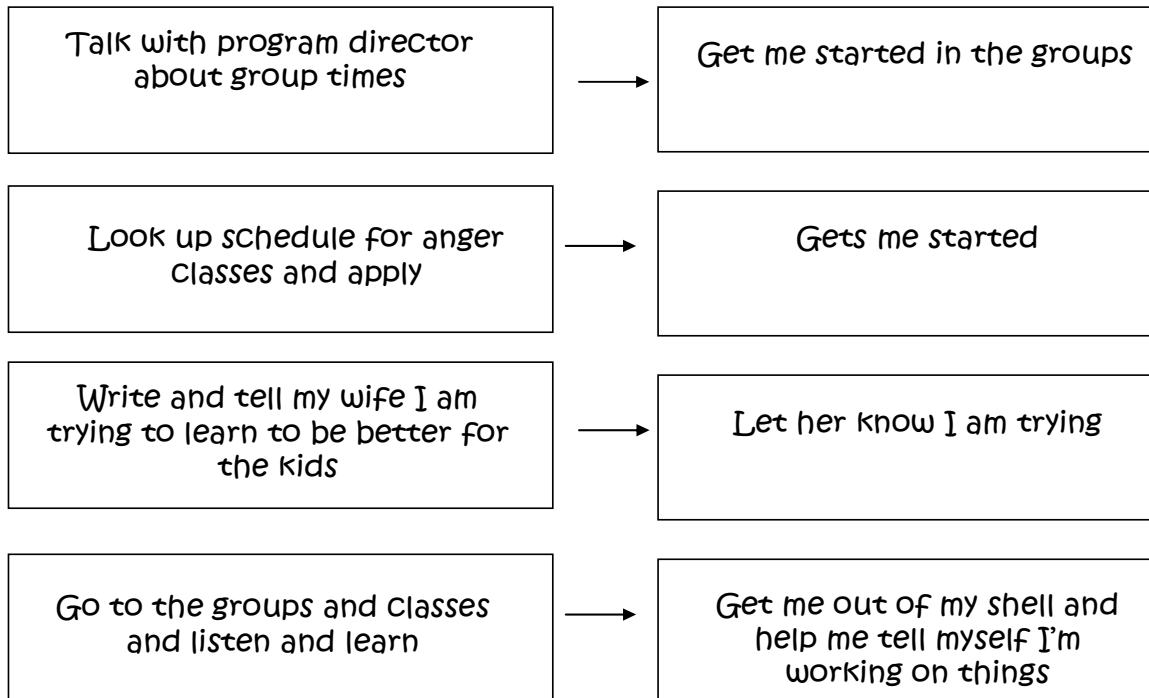
Learn better way to handle disagreements with wife; learn to walk away or handle better

What specific goal do you have?

Attend groups on family relationships; take anger management class

What are some steps you could take?

How will this step help?



Mapping Goals and Strategies

Map 3: Planning Rocket (Homework)

Invite the client to continue working on making thoughtful plans to address his/her concerns and goals for reentry. Give the client a copy of the **Planning Rocket** (Map 4), briefly review it, and assign it as “homework”:

The idea of having a system to think about specific steps to help us take action on important things can take all kinds of shapes.

Between now and our next appointment, I'd like for you to continue thinking about steps and actions for important goals. You can complete the planning rocket for the goal we worked on today. Or, take a stab at using it for another one of the concerns you have identified. Or, maybe one we haven't talked about yet.

One way to help focus on steps is to ask yourself: What is one small, specific thing I can do that will move me toward my goal?

Bring this map with you for our next session and we'll see how you plan to launch your rocket.

Ending the Session

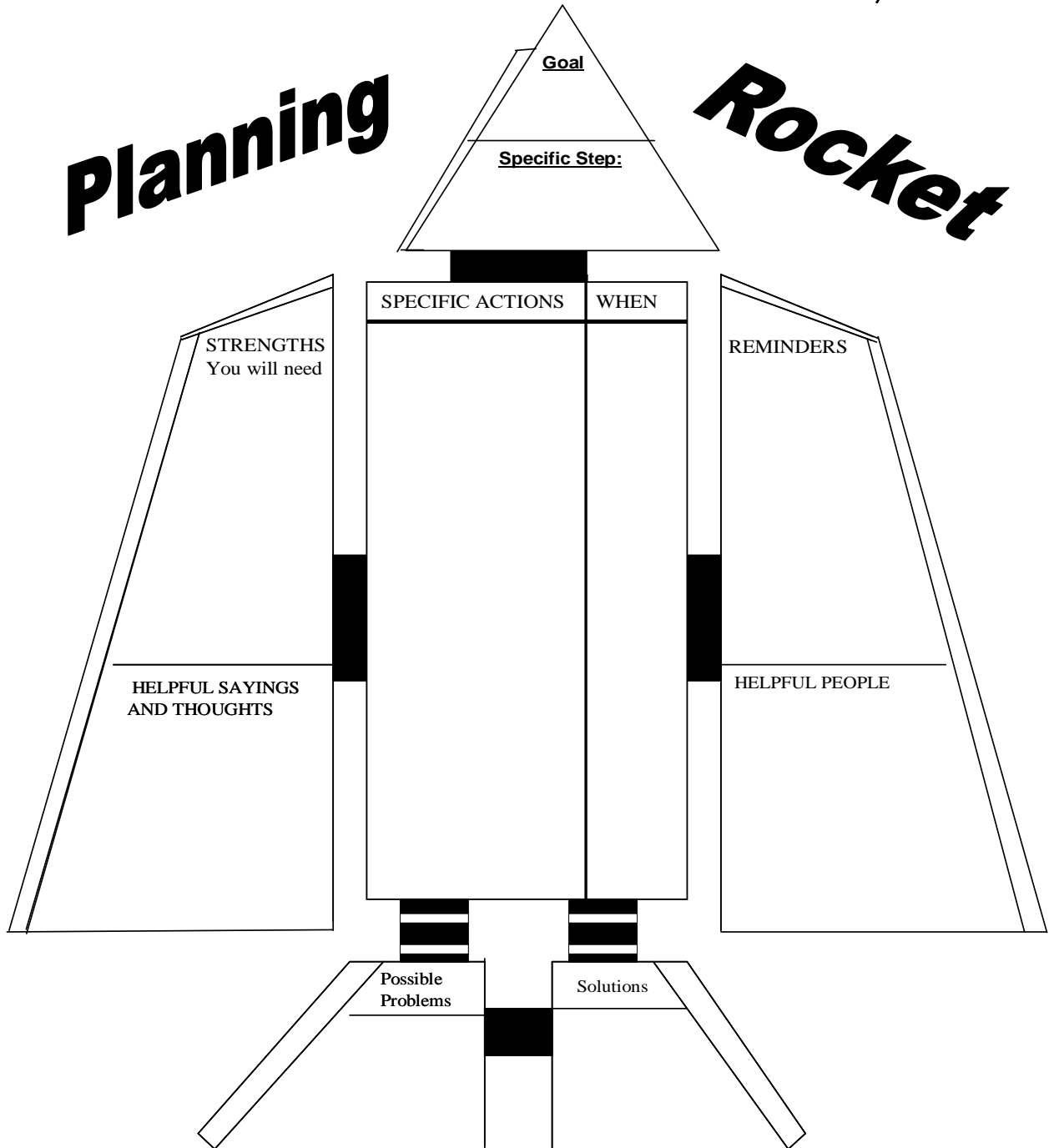
Thank the client for participating and for giving the activities some thought. Briefly ask the client to rate the usefulness of the maps worked on in the session on a scale of 1 to 10. For example:

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?

If client's overall rating is lower, ask: *I wonder how we can make these maps more helpful for you. Think about it and let me know at our next session.*

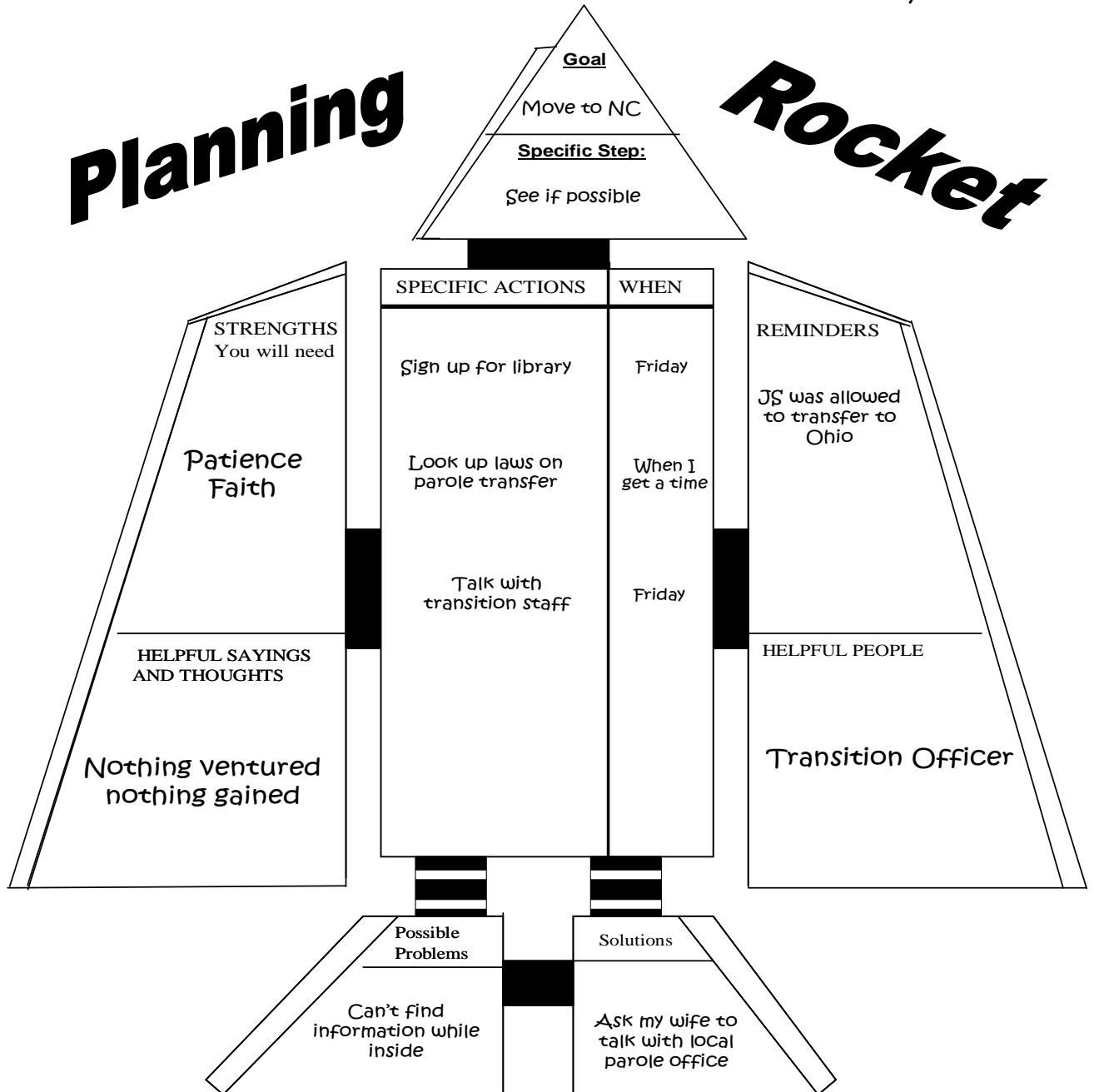
Mapping Goals and Strategies

Map 3



Mapping Goals and Strategies

Map 3



Subsequent Sessions: Mapping Progress and Future Plans

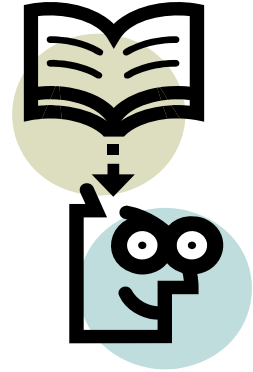
Mapping Progress and Future Plans provides an outline for reviewing use of the planning rocket and transitioning to a discussion about attitudes about aftercare planning. The format outlined in these goal-focused mapping sessions can be used for future sessions with the client. A selection of additional maps for subsequent sessions is included that provide templates for reviewing progress toward goals, discussing successes, exploring set-backs, and engaging in further decision making. Helpful maps from previous sessions also can be used again with clients who may identify new goals and concerns.

Mapping Progress and Future Plans

Notes for Subsequent Sessions

A set of counselor notes is included for each map, using a "case study" example. Blank copies of each map for you to copy and use with clients follows the guide notes, along with a sample map filled out based on the "case study."

Read over the sample case study maps to get a feel for completing the maps with clients.



The Maps

In addition to reviewing the homework map, there are 7 new maps for working with clients in subsequent sessions. These maps are designed to help keep sessions focused on goals, plans, and tasks related to reentry needs.

Homework Map: Review Planning Rocket map

Map 1: A map for discussing attitudes about future tasks

Map 2: A map for exploring successes

Map 3: A map for exploring set-backs

Map 4: A map for weighing decisions

Map 5: A map for updating goals

Map 6: A map for charting and discussing new goals

Map 7: A map for exploring a picture of the future



Mapping Progress and Future Plans

Homework Review: Planning Rocket

1. Allow time at the beginning of the session for discussion about using the planning rocket map. Review and briefly discuss each of the nodes in the map in relation to the stated goal and tasks.

What made you decide to focus on this goal? How is it important to you?

What will it take for you to address the specific actions you have described?

What is most helpful about the reminder you placed on the rocket?

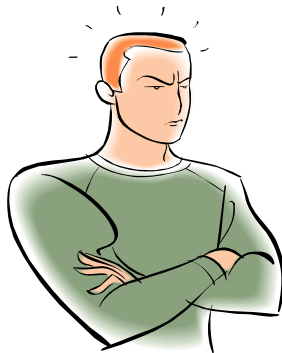
How will you use the strengths you have identified?

What other helpful sayings or thoughts have crossed your mind?

How will you help yourself remember the solutions you listed if you encounter problems?

2. If client reports not having had the time to complete the map, etc., simply use a blank copy of the map to help the client “catch up” by identifying his/her personal strengths in each of the areas.
3. Summarize the discussion and transition into an exploration of attitudes and the impact of having a negative or positive attitude about making changes and taking the needed steps to reach goals.

In our meetings, we have been discussing your goals for reentry, along with the steps needed to reach those goals. Sometimes when we begin to work on goals, we find that our attitude may get in the way. I'd like to use a new map to give you a chance to talk about your thoughts and feelings about getting things done for a successful reentry.



Mapping Progress and Future Plans

Map 1: Attitudes Map

1. Transition to the exploration of attitudes by engaging the client in a discussion about attitudes:

Today's mapping worksheet provides a chance to take a look at thoughts and attitudes you may have had recently that could have an impact on your success in reentry planning. One way to get started is to ask:

What have I been saying to myself or thinking about lately that could have a negative impact on making plans and getting things done?

2. Complete the attitude map with the client by listening to his/her feelings about an area of reentry that he/she identifies as having negative or ambivalent feeling about. Listen reflectively as the client works through the nodes of the map and discusses how the negative attitude is supported and ideas for developing and practicing a more positive outlook.
3. Once the map has been completed and discussed, ask processing questions to help the client further consider the impact of attitude on making changes:.

When did you first notice this attitude forming?

How do certain attitudes affect your behavior in other areas?

How can you begin to measure that you are having more positive thoughts and fewer negative ones about _____?

When you are having more positive thoughts, how will people notice it?

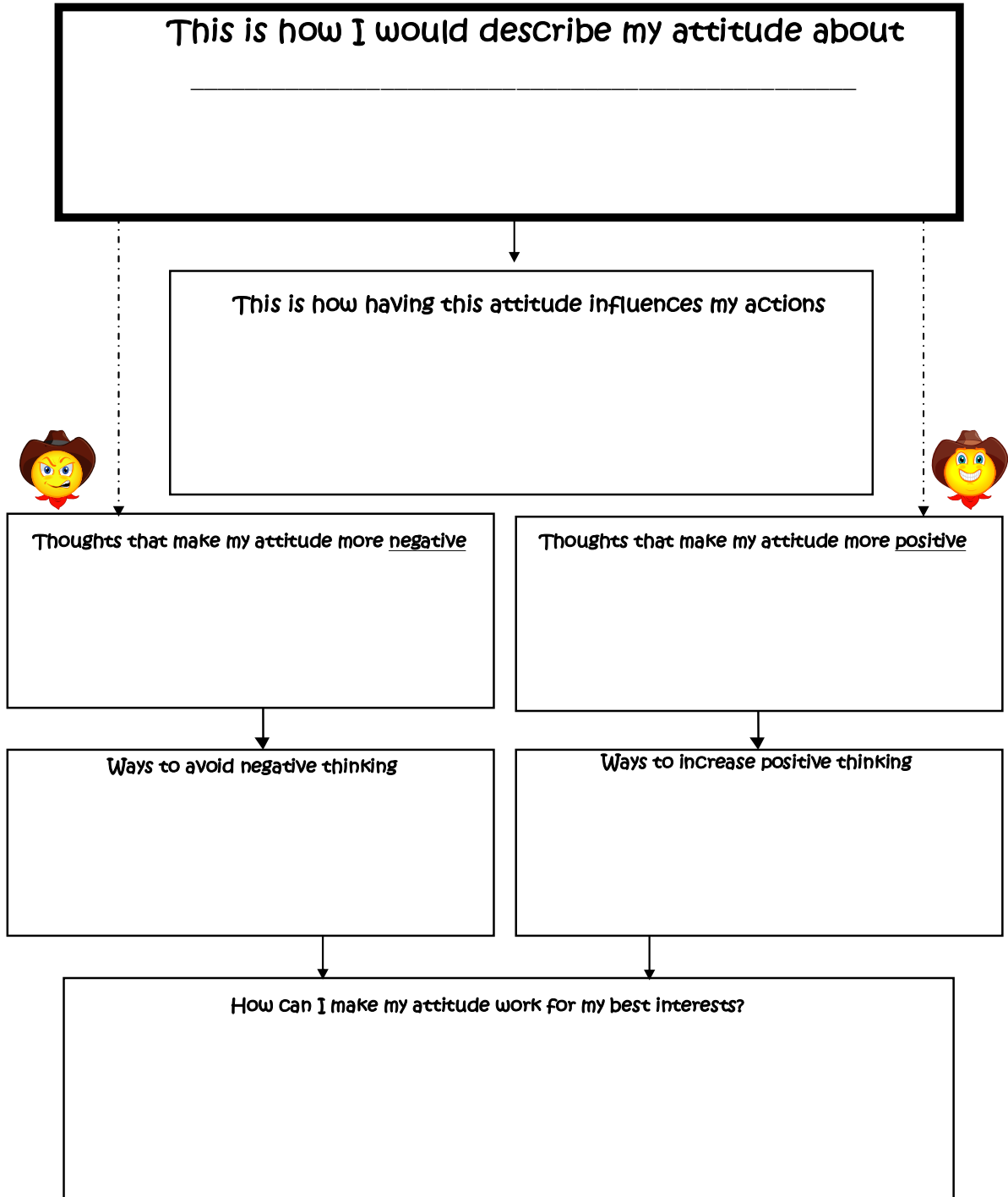
When you are having more positive thoughts about _____, what will you notice about yourself that is different?

4. Summarize the discussion. Transition to one of the subsequent maps or assign it as homework, based on what the client identifies as the next useful area of exploration.



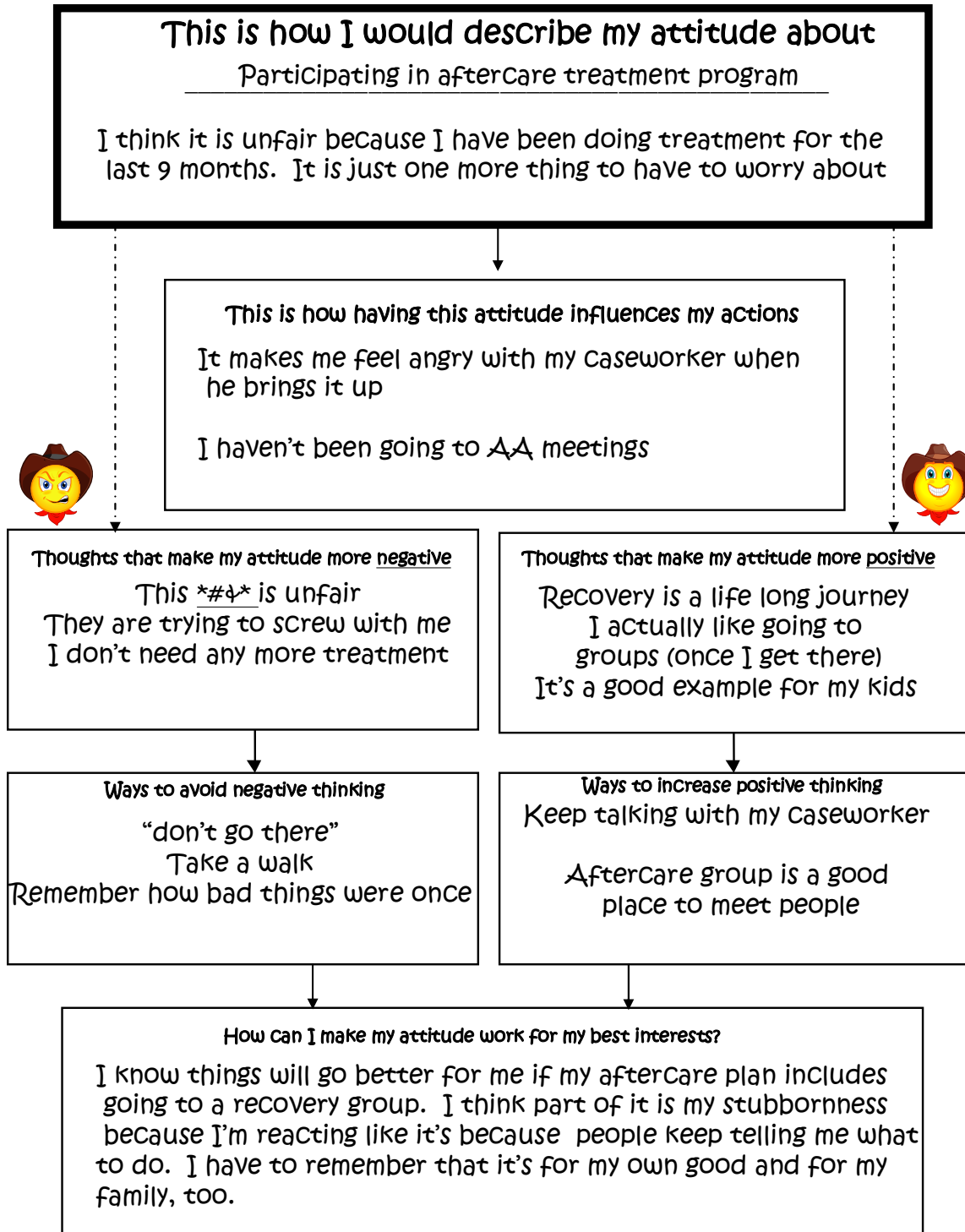
Mapping Progress and Future Plans

Map 1



Mapping Progress and Future Plans

Map 1



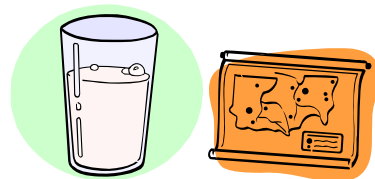
Subsequent Maps

The set of maps for subsequent sessions provide a format for continuing discussions about the client's concerns, goals, and tasks for reentry. These maps can be used individually or several can be worked on in the same session.

Subsequent mapping sessions can follow the format that has been outlined in earlier sessions in this module. That is, begin the session with a map that has been assigned for homework or self-study. After discussing the core issues identified by the client, use the remainder of the session to work on one or two maps that seem relevant to issues the client is working on.

This open presentation of further maps allows programs to pace the number and frequency of individual counseling sessions, based on the pragmatics of what is possible. Ideally, continuing with weekly individual mapping sessions throughout the transitional period back into the community is suggested. However, we have packaged these subsequent maps to allow flexibility.

Got More Maps??



There are several larger collections of maps available for free downloading at www.ibr.tcu.edu. These address a variety of treatment issues, including maps that focus on 12-steps, maps for examining relapse, and health-focused maps on issues such as HIV prevention, exercise, and relaxation.

Mapping Progress and Future Plans

Map 2: Success Map

1. Suggest the success map based on client's report of something having gone well, either recently or in the past.

It sounds like you've been busy since the last session and that you had a success. It can be a good idea to take a close look at how we get things to happen. Take a look at this map ...

2. Complete the success map with the client. Listen reflectively as the client works through the nodes of the map and discusses how the success happened and what has been learned.
3. Once the map has been completed and discussed, ask processing questions to help the client further consider aspects of his/her successful action.

At the time, did you think about _____ as a "success"?

You seem to have carefully thought about what might work in this situation.

In what other situations have you used this kind of thinking?

You noted that through this success you learned _____ about yourself. What else did you learn about yourself?

Who else will be (was) affected by your success? What would (did) they say?

When you have done _____ (whatever needs to happen next), what will you notice that is better in your life?

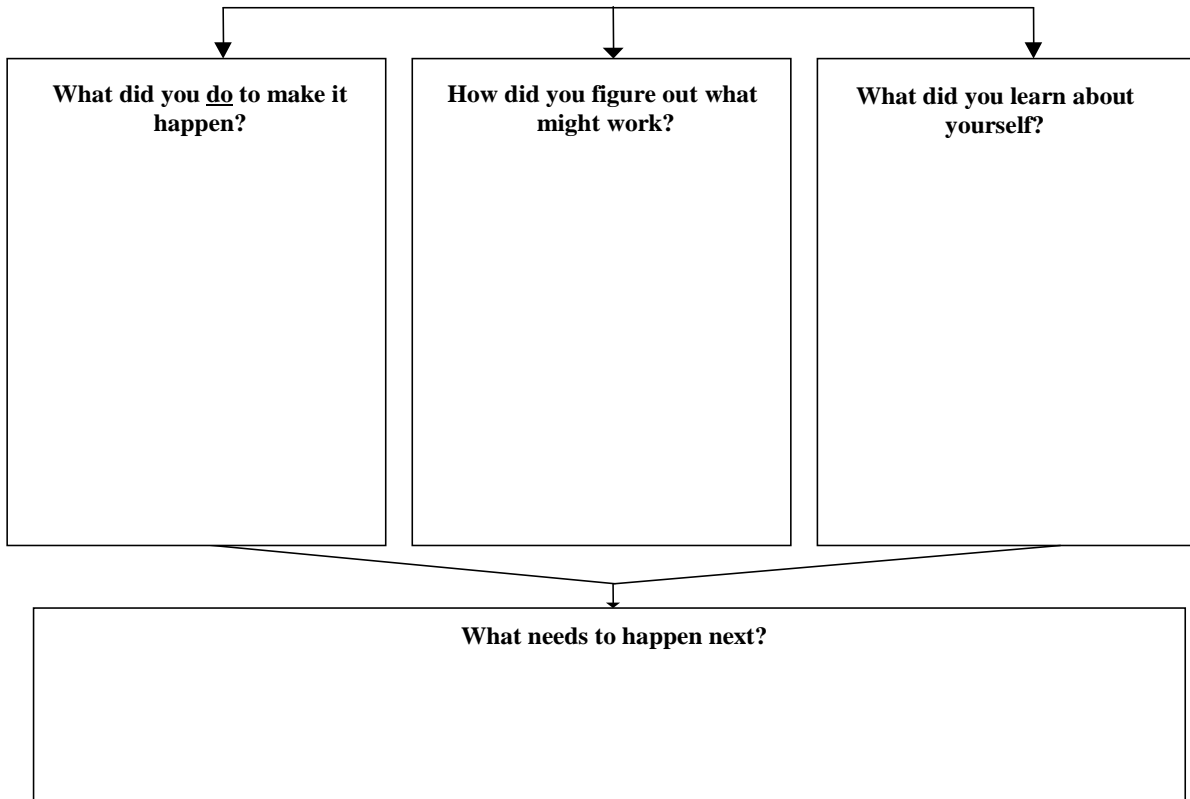
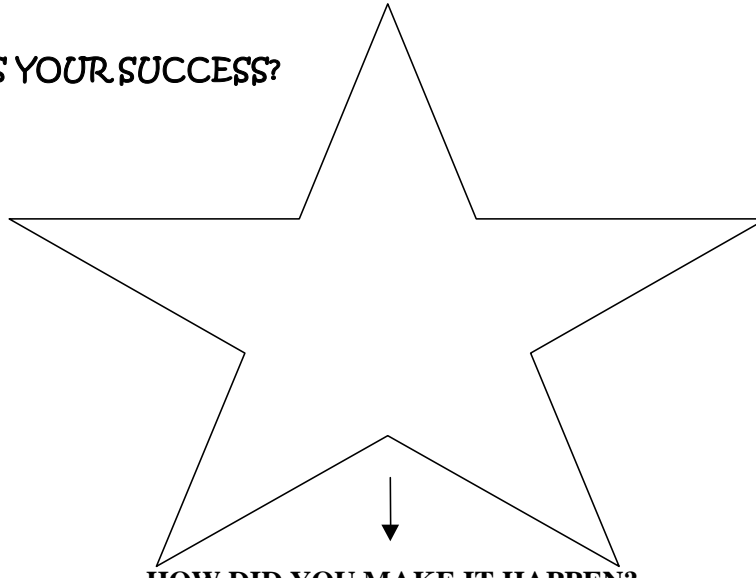
4. Summarize the discussion. Transition to one of the subsequent maps or assign it as homework, based on what the client identifies as the next useful area of exploration.



Mapping Progress and Future Plans

WHAT WAS YOUR SUCCESS?

Map 2



Mapping Progress and Future Plans

WHAT WAS YOUR SUCCESS?

Map 2

Got signed up for a class on
communication in relationships



HOW DID YOU MAKE IT HAPPEN?

What did you do to make it happen?

Kept after counselor
for information

Talked with other staff
about how to sign up

How did you figure out what
might work?

Waited for counselor
after visitation hours

What did you learn about
yourself?

I must really want
to show her that
I have changed

What needs to happen next?

Start attending the classes/groups. Listen and ask questions.
Talk to my wife about what I am doing and ask her to think about taking
a class, too.
Keep in mind how bad things had gotten

Mapping Progress and Future Plans

Map 3: Brick Wall Map

1. Suggest the brick wall map based on client's report of having a set-back or other experience that did not turn out as desired, either recently or in the past.

So testing yourself by going to the bar with friends didn't work out so well. In this map, it's shown as sort of running into a brick wall...

2. Complete the brick wall map with the client. Listen reflectively as the client works through the nodes of the map and discusses how the set back happened and what was learned.
3. Once the map has been completed and discussed, ask processing questions to help the client further consider different aspects of the set back:

At the time you _____, did you wonder if you might be heading for a brick wall? What did you tell yourself?

What other thoughts or action did you have leading up to _____.

Who else will be (was) affected by your set back? What advice might they give you (did they give you) about what happened?

How did you figure out what to do to keep things from being worse?

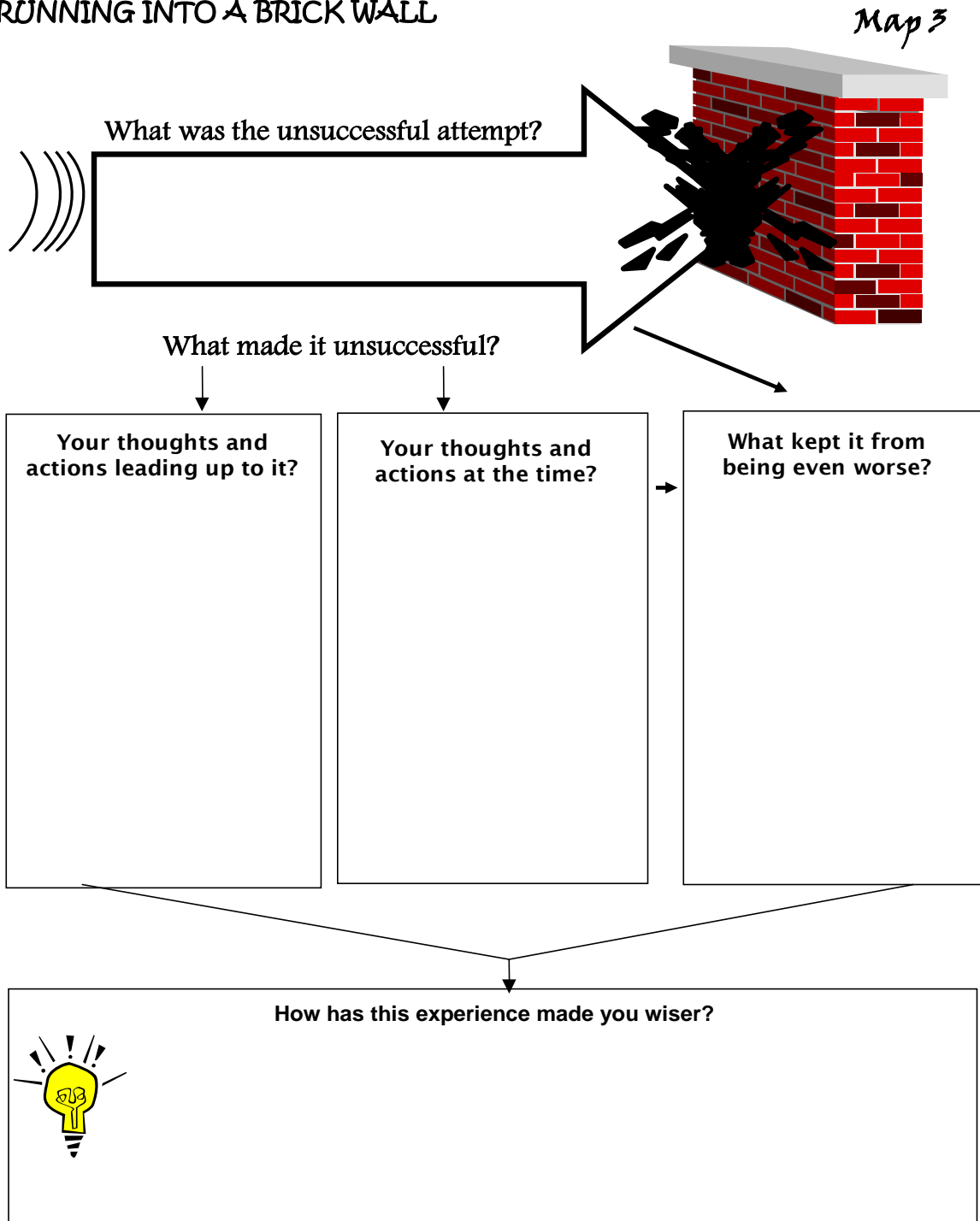
You noted that what happened made you wiser by _____. How will you use this new wisdom in the future?

4. Summarize the discussion. Transition to one of the subsequent maps or assign it as homework, based on what the client identifies as the next useful area of exploration.



Mapping Progress and Future Plans

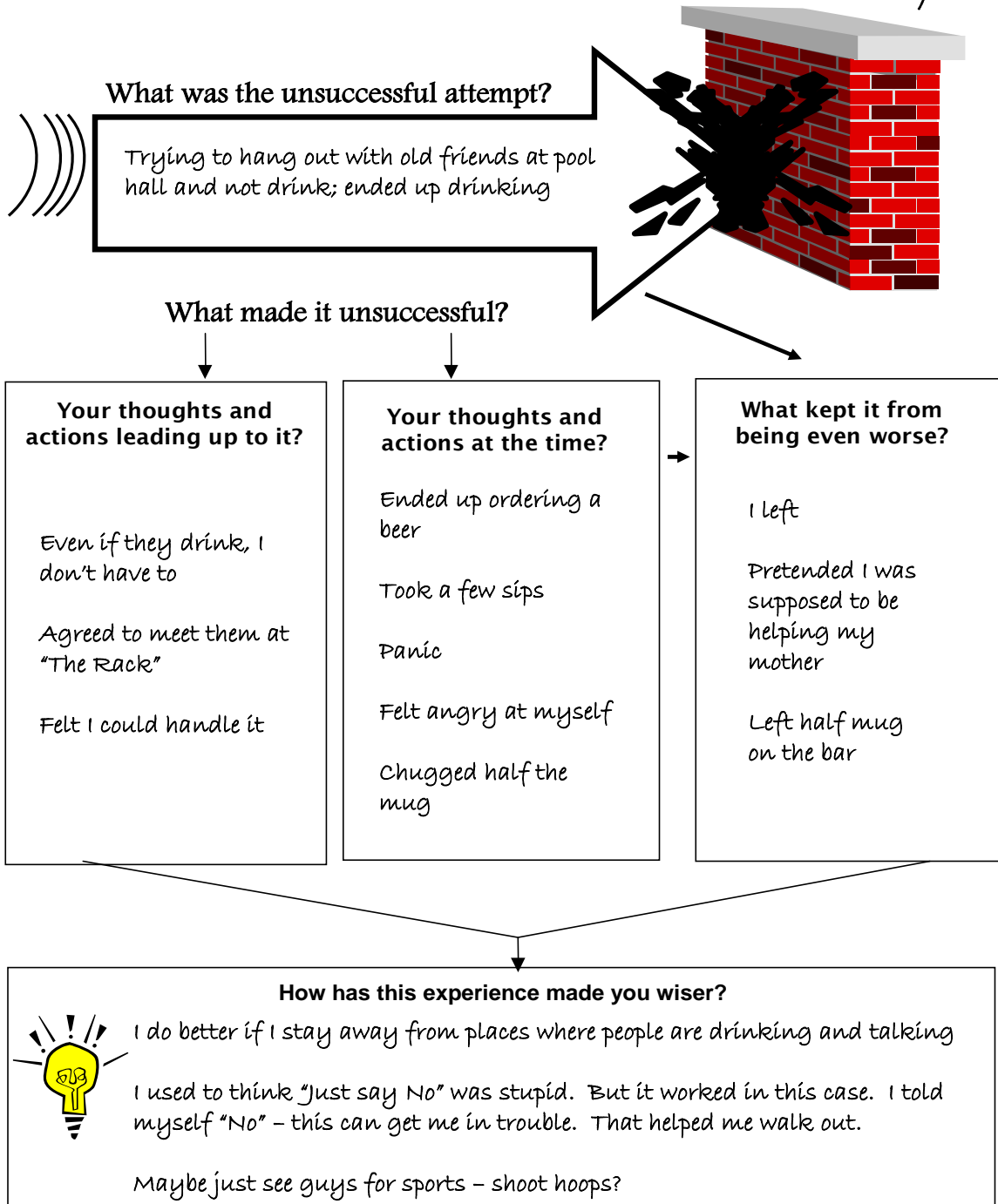
RUNNING INTO A BRICK WALL



Mapping Progress and Future Plans

RUNNING INTO A BRICK WALL

Map 3



Mapping Progress and Future Plans

Map 4: Decision Map

1. Suggest the decision map based on client's report of having difficulty or ambivalence about making a decision toward pursuing a goal or task.

Based on what you've told me, you seem to be stuck. On the one hand, _____ seems a good idea, but you are also thinking about _____. This map can help with looking closely at both sides....

2. Complete the decision map with the client. Listen reflectively as the client works through the nodes of the map and discusses the pros and cons of each choice in the decisional balance.
3. Once the map has been completed and discussed, ask processing questions to help the client further discuss thoughts and feelings about the decision:

What got you to thinking that you needed to make a firm decision about _____?

There are 3 boxes for possible choices and consequences. If you had to add one more box to each list, what would you put in those boxes?

Who else will be (was) affected by your set back? What advice might they give you (did they give you) about what happened?

What else have you considered might be positive about _____ (one of the choices)? And what else might be negative about that choice?

What will tell you or give you confidence that the choice you picked is the best one for right now?

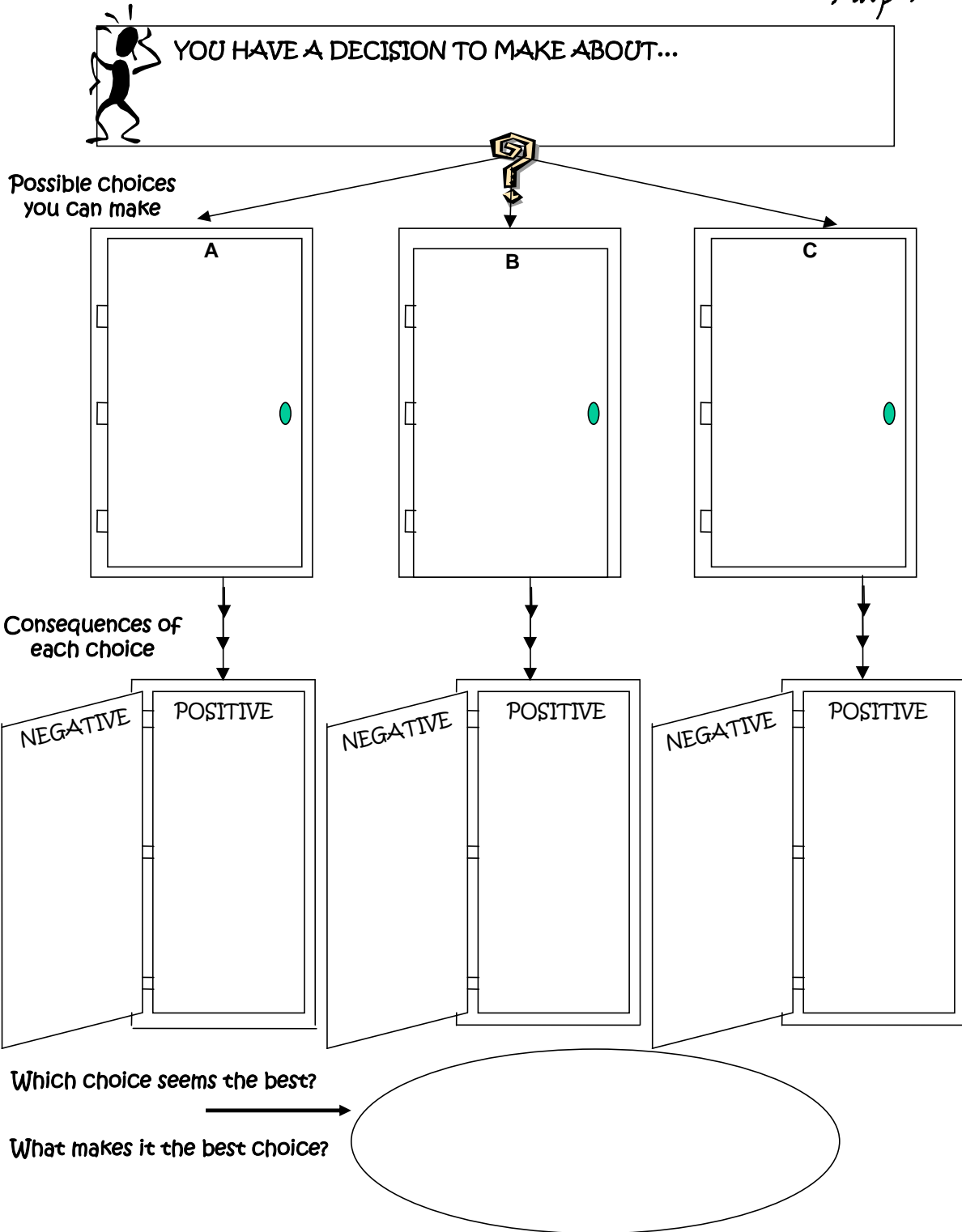
How will you evaluate it?

4. Summarize the discussion. Transition to one of the subsequent maps or assign it as homework, based on what the client identifies as the next useful area of exploration.



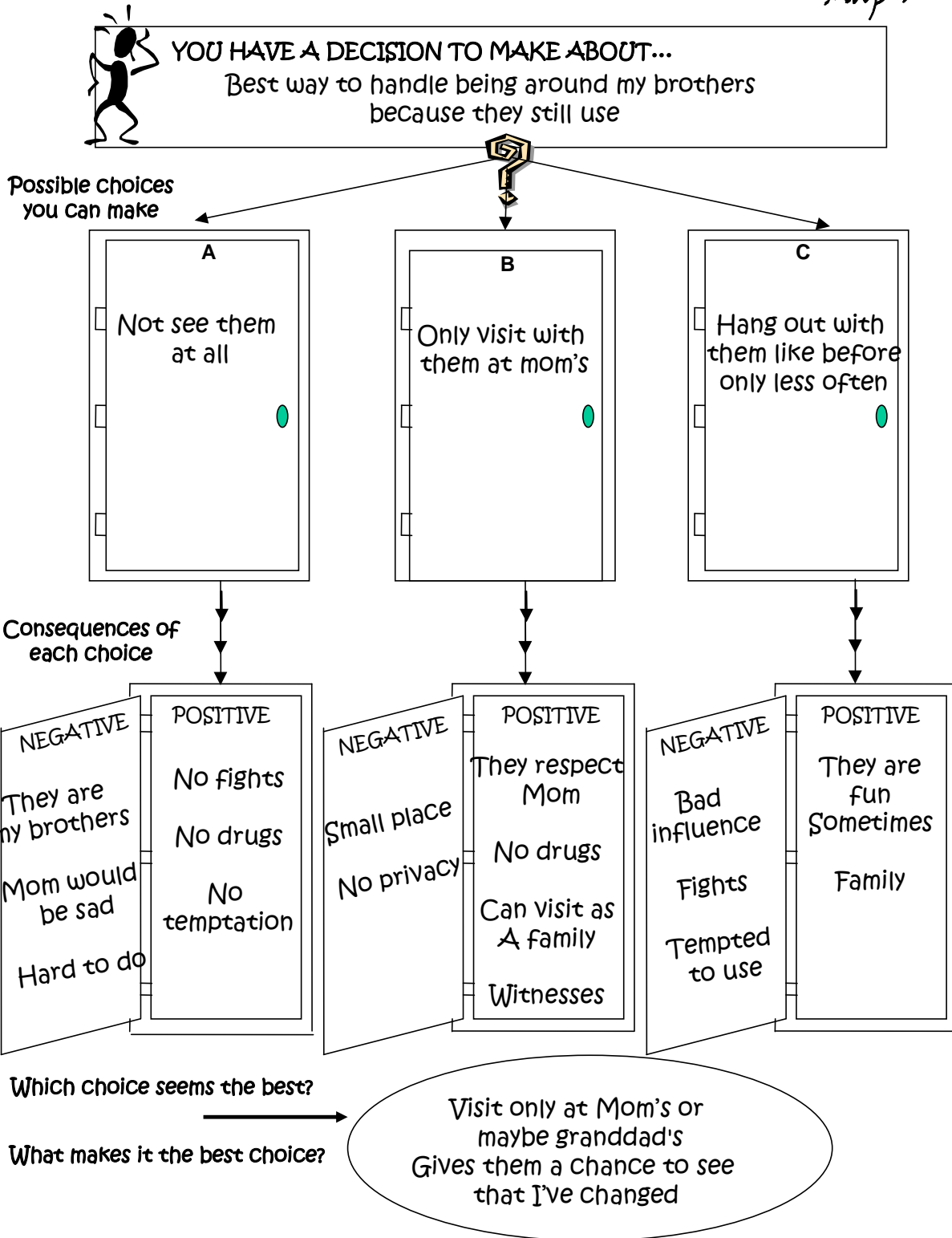
Mapping Progress and Future Plans

Map 4



Mapping Progress and Future Plans

Map 4



Mapping Progress and Future Plans

Map 5: Plan Update Map

1. Suggest the plan update map when a “check up” session to assess progress and future tasks seems relevant. This map is also suitable for working on a client’s report of having made some progress toward completing tasks.

Let’s review where you are today, based on the goals and areas of concern you said you wanted to address as part of your reentry plan.

2. Complete the plan update map with the client. Listen reflectively as the client works through the nodes of the map and discusses progress, tasks completed, and ideas for things to tackle next.

3. Once the map has been completed and discussed, ask processing questions to help the client further talk about commitment to working on goals:

*It looks like you have been making some good progress on _____.
What helped you get this step done?*

You’ve noted that you’ve not started any work toward _____. Is this still a valid goal for you, or do you want to reconsider or change it?

*Who else has noticed that you have made progress in working on _____?
How did you tell them you were able to make progress?*

In addition to _____, what else is left to do so that you will have addressed your goal of _____ in the way you want to?

What gives you the motivation and confidence to keep working on these goals?

4. Summarize the discussion. Transition to one of the subsequent maps or assign it as homework, based on what the client identifies as the next useful area of exploration.



Mapping Progress and Future Plans

Reentry Plan Update

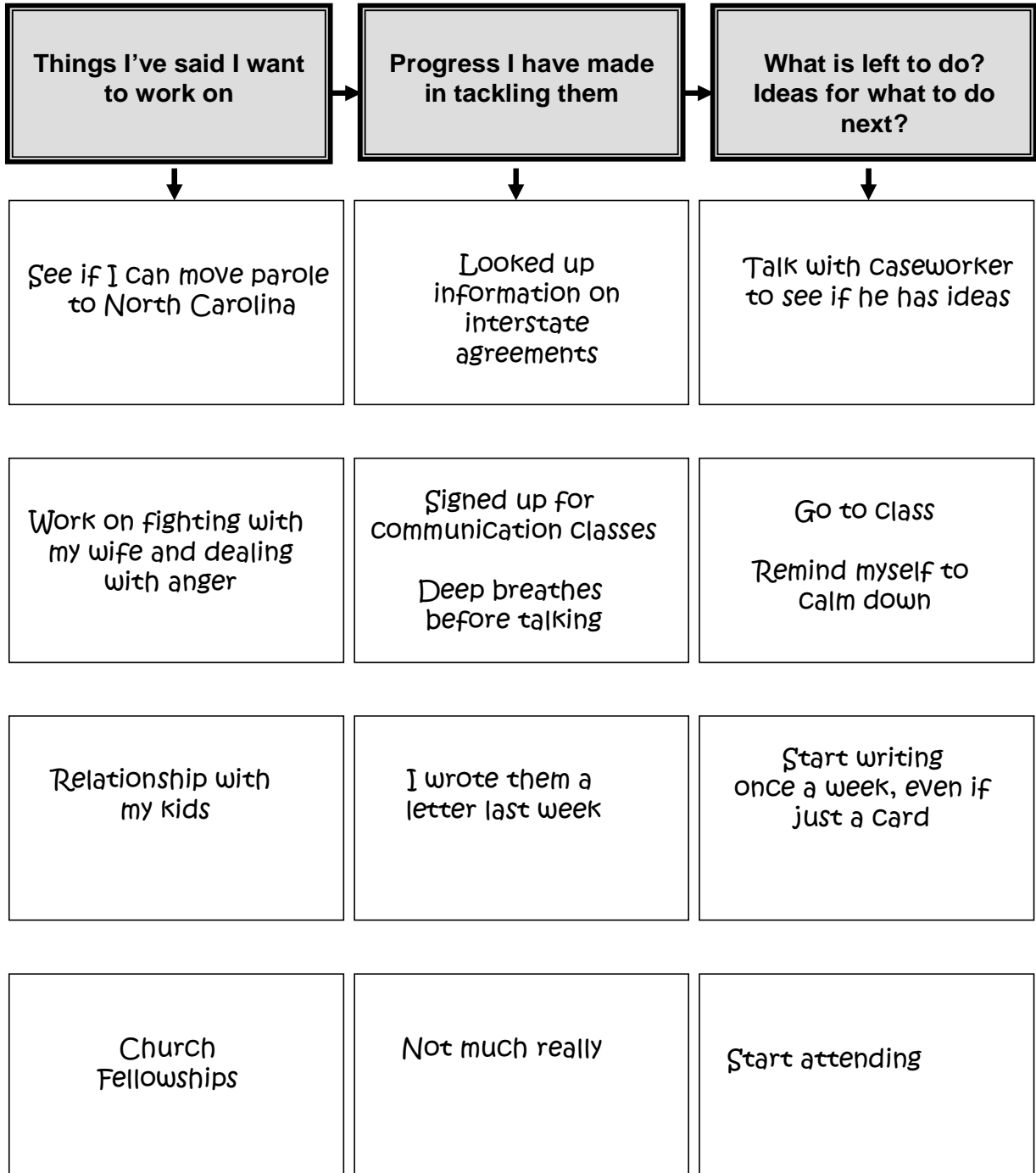
Map 5

| 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? |
|------------------------------------|---------------------------------------|--|
| | | |
| | | |
| | | |
| | | |

Mapping Progress and Future Plans

Reentry Plan Update

Map 5



Mapping Progress and Future Plans

Map 6: New Goal Map

1. Suggest the new goal map when the client discusses adding a new goal for reentry or decided to change or amend a previous goal.

Based on what you've been saying, I wonder if _____ might be a goal you want to work on as well. This map can help you explore it.

2. Complete the new goal map with the client. Listen reflectively as the client works through the nodes of the map and the new or amended goal, the steps to take, and possible problems and setbacks.

3. Once the map has been completed and discussed, ask processing questions to help the client flesh out his/her thoughts about the new goal:

What kinds of thoughts have you been having that would make _____ be the next goal you would like to tackle?

You've listed several key strengths that will help you reach this goal. What are some others?

You noted that _____ will be a useful person in helping you reach this goal. What advice would they give you about how to move forward?

You added to the map that _____ might be a problem in working on this goal. How have you dealt successfully with this in the past?

What else can you say to yourself or think about that will help you stay motivated to work on this?

4. Summarize the discussion. Transition to one of the subsequent maps or assign it as homework, based on what the client identifies as the next useful area of exploration.



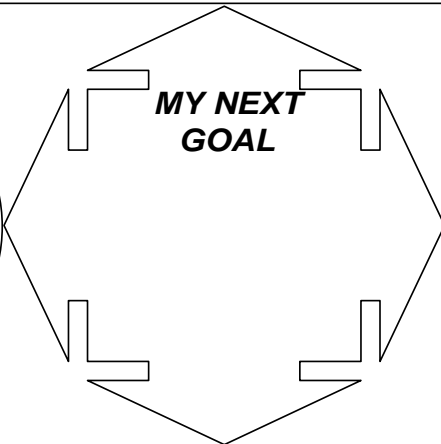
Mapping Progress and Future Plans

Next Goals

Map 6

| Specific Actions | When |
|------------------|------|
| | |

Helpful people
& useful thoughts



Strengths you
have or need

Possible Problems



Solutions

Mapping Progress and Future Plans

Next Goals

Map 6

| Specific Actions | When |
|---|-------------------|
| Tell Mom I'm going to quit; ask for support | Tonight |
| Buy a box of patches and read directions | By tomorrow |
| Start putting on a patch each day | I'll start Monday |
| Cut back on number of cigarettes a day | Start tonight |



| Possible Problems |
|--|
| I use cigarettes when I am feeling anxious – they relax me |
| People at work smoke |
| I truly enjoy smoking cigarettes |



| Solutions |
|--|
| Remind myself that tobacco raises blood pressure |
| Stay at my station when they go for smoking breaks |
| Chew gum; mints |

Mapping Progress and Future Plans

Map 7: Future Map

1. Suggest the future map to help client renew motivation and commitment to change by discussing his/her vision of a preferred future.

As you work on the things you want to accomplish in order to have a successful reentry, it's helpful to step back and look at the "big picture."

2. Complete the future map with the client. Listen reflectively as the client works through the nodes of the map and builds a picture of how he/she would like to have things be in the future.
3. Once the map has been completed and discussed, ask processing questions to help the client create a more detailed picture of the desired future:

Your picture of what you want for your family in the future includes _____ and _____. What would your wife (husband, partner) add to this picture of family life? What would your children add?

What is different about what you hope for in terms of friends and how things have been with friends in the past?

How did you develop your preferences for a living situation? What else would you want to have different or better in the future?

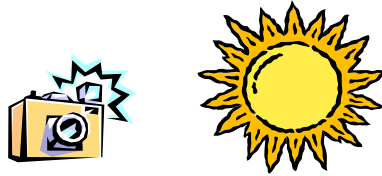
You've noted that you have plans for work and your career. What are some of the key strengths that you bring to your work?

I like what you said about _____ being a common thread amongst the things you want for your future. How did you come to realize these things shared this common thread?

5. Summarize the discussion. Transition to one of the subsequent maps or assign it as homework, based on what the client identifies as the next useful area of exploration.

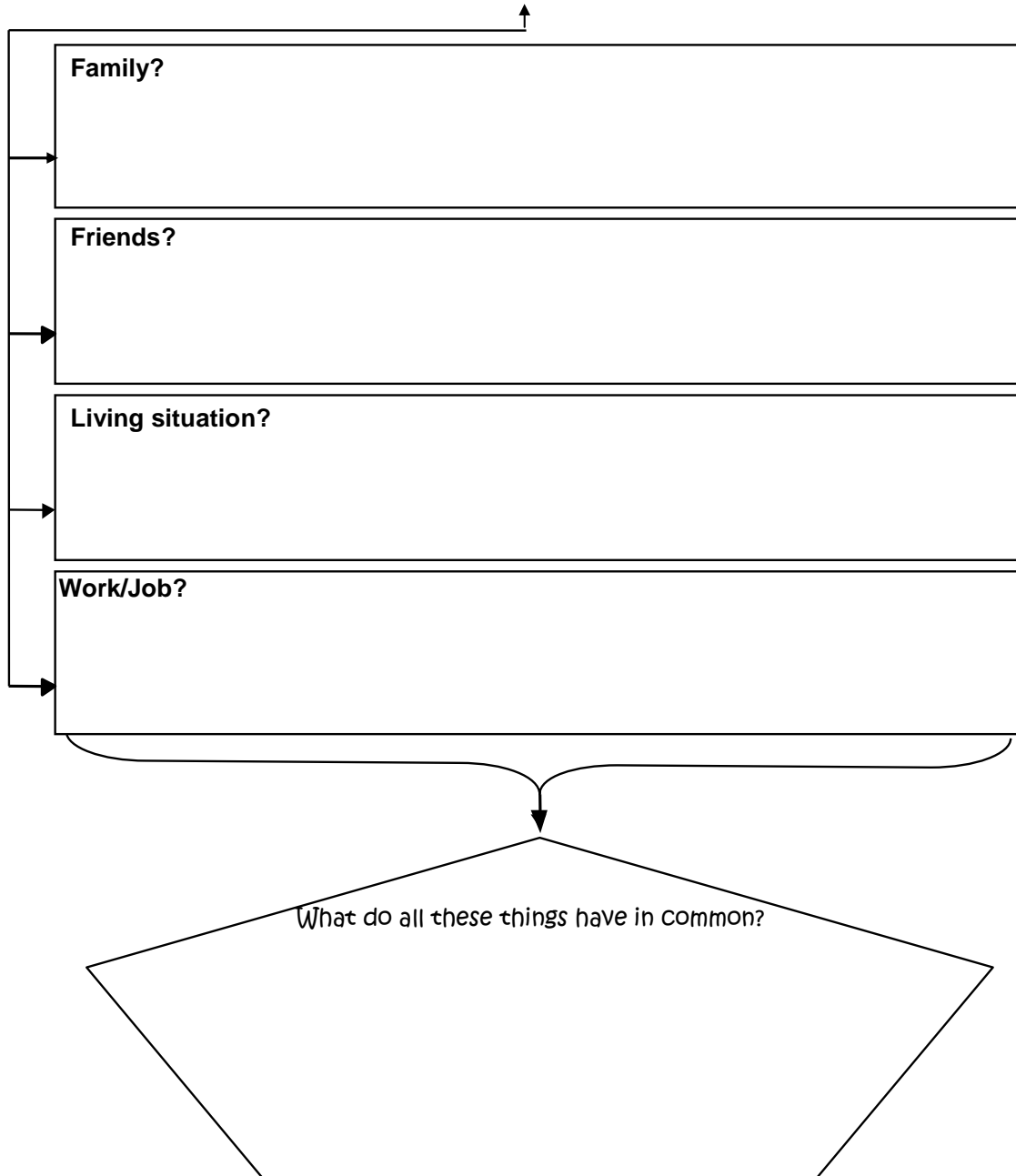


Mapping Progress and Future Plans

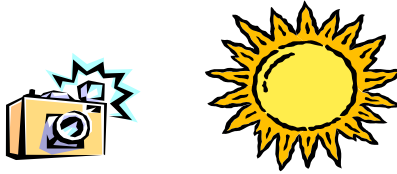


Map 7

WHAT DO YOU SEE WHEN YOU PICTURE
THE FUTURE YOU WANT FOR YOURSELF?

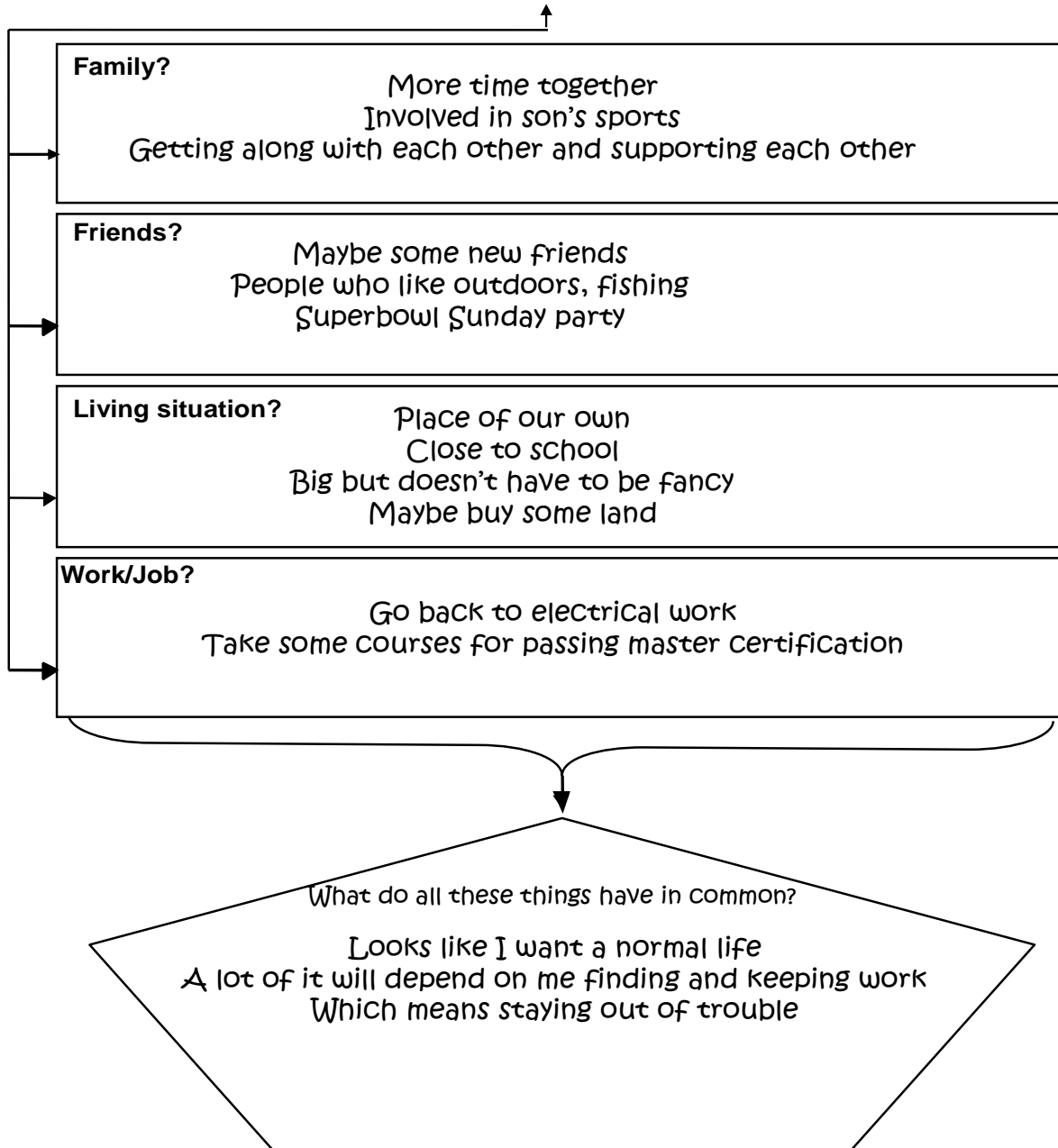


Mapping Progress and Future Plans



Map 7

WHAT DO YOU SEE WHEN YOU PICTURE
THE FUTURE YOU WANT FOR YOURSELF?



Appendix



Appendix: Mapping Bibliography

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Part 1

| |
|--------|
| Answer |
|--------|

1. Altogether, about how many times during the **5 years** before being locked up were you arrested or taken into custody?..... |__|__|__|
Times

2. Altogether, about how many times during your life have you ever been in prison (not including this time)? |__|__|__|
Times

3. How old were you the first time you committed a crime? |__|__|__|
Years Old

4. Have you ever been on probation or parole and had it revoked? Yes No

5. Were you unemployed during the year before prison?..... Yes No

6. a. How many years of school have you completed?..... |__|__|
Years

b. Have you graduated from high school or completed your GED? Yes No

7. a. Were you married or living with a partner before prison (this time)? Yes No

b. If yes, were you happy with the relationship? Yes No

8. During the 6 months before prison, did your friends use drugs?..... Yes No

Part 2

Note: “**Drugs**” include alcohol.

During the last 12 months (before being locked up) –

| |
|--------|
| Answer |
|--------|

1. Did you use larger amounts of drugs or use them for a longer time than you had planned or intended? Yes No
2. Did you try to cut down on your drug use but were unable to do it? Yes No
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?..... Yes No
4. Did you get so high or sick from drugs that it –
 - a. kept you from doing work, going to school, or caring for children? Yes No
 - b. caused an accident or put you or others in danger? Yes No
5. Did you spend less time at work, school, or with friends so that you could use drugs?..... Yes No
6. Did your drug use cause –
 - a. emotional or psychological problems?..... Yes No
 - b. problems with family, friends, work, or police? Yes No
 - c. physical health or medical problems? Yes No
7. Did you increase the amount of a drug you were taking so that you could get the same effects as before?..... Yes No
8. Did you keep taking a drug to avoid withdrawal or keep from getting sick? Yes No
9. Did you get sick or have withdrawal when you quit or missed taking a drug?..... Yes No
10. Which drug caused you the MOST serious problems? [FILL IN ONE OF THE CIRCLES BELOW]
 - None Marijuana Tranquilizers or sedatives (downers)
 - Alcohol Cocaine or crack Hallucinogens
 - Inhalants Other stimulants (uppers) Opiates

Part 3

| |
|---------------|
| Answer |
|---------------|

1. Do you want to enter a drug treatment program after you leave prison?..... Yes* No

*If yes, what treatment modality would you prefer? Residential/In-patient
 Outpatient
 Other (specify)

Fill in the circle that shows how much you agree or disagree with each item based on your interactions with the treatment staff.

| | DISAGREE STRONGLY | | | NOT SURE | | | AGREE STRONGLY |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 2. During the treatment program, treatment staff have been... | | | | | | | |
| a. easy to talk to. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. easy to understand. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. listening to you. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. organized and prepared. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. treating you with respect. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. helping you solve problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. supportive of your progress. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. helping you with your recovery. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. happy with your progress. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

