

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

As Included in NREPP



BUILDING SOCIAL NETWORKS

**A collection of materials for leading counseling sessions on ways
to build and strengthen social support in recovery**

N. G. Bartholomew & D. D. Simpson
Texas Institute of Behavioral Research at TCU
(August 2005)

TCU Mapping-Enhanced Counseling manuals provide evidence-based guides for adaptive treatment services (included in National Registry of Evidence-based Programs and Practices, NREPP, 2008). They are derived from cognitive-behavioral models designed particularly for counselors and group facilitators working in substance abuse treatment programs. Although best suited for group work, the concepts and exercises can be directly adapted to individual settings.

When accompanied by user-friendly information about client assessments that measure risks, needs, and progress over time, *TCU Mapping-Enhanced Counseling* manuals represent focused, time-limited strategies for engaging clients in discussions and activities on important recovery topics. These materials and related scientific reports are available as Adobe PDF® files for free download at <http://www.ibr.tcu.edu>.

© Copyright 2005 Texas Institute of Behavioral Research at TCU, Fort Worth, Texas 76129. All rights reserved. Permission is hereby granted to reproduce and distribute copies of this manual (except reprinted passages from copyrighted sources) for nonprofit educational and nonprofit library purposes, provided that copies are distributed at or below costs and that credit for authors, source, and copyright are included on each copy. No material may be copied, downloaded, stored in a retrieval system, or redistributed for any commercial purpose without the expressed written permission of Texas Christian University.

TCU MAPPING-ENHANCED COUNSELING MANUALS
FOR ADAPTIVE TREATMENT
BUILDING SOCIAL NETWORKS

Table of Contents

Part 1: Social Networks in Recovery 1
Description: Leader guide for group with topic notes, worksheets, handouts, and discussion questions
Source: TCU / Institute of Behavioral Research. From treatment manual *Straight Ahead: Transition Skills for Recovery* <http://www.ibr.tcu.edu>

Part 2: Support Groups and Your Recovery..... 8
Description: Leader guide for group with topic notes, worksheets, handouts, and discussion questions
Source: TCU / Institute of Behavioral Research. From treatment manual *Straight Ahead: Transition Skills for Recovery* <http://www.ibr.tcu.edu>

Part 3: When Other Family Members Use 17
Description: Discussion activity for group with worksheets and handout
Source: UCLA / Matrix Institute/NDRI/Neurobehavioral Treatment Matrix Institute: <http://www.matrixinstitute.org>

Part 4: Mapping Worksheets..... 21
Description: A set of activity worksheets for use in group discussions or individual counseling
Source: TCU / Institute of Behavioral Research. From treatment manual *TCU Guide Maps: A Resource for Counselors* <http://www.ibr.tcu.edu>

Links of Interest 33
Description: Links to Web sites on strengthening relationships

© Copyright 2004; 2005 TCU Institute of Behavioral Research, Fort Worth, Texas. All rights reserved.

Part 1:

Social Networks in

Recovery

Social Networks in Recovery is part of the *Straight Ahead: Transition Skills for Recovery* manual developed at TCU. This session features a leader's script, with notes, worksheets, and handouts for leading a solution-focused or strengths-based discussion of choosing a supportive network of friends. Participants are invited to think about what qualities they look for in friends who will help them stay true to their recovery goals. Materials for a "mini-lecture" highlight considerations for a strong network.

Source: TCU / Institute of Behavioral Research. From treatment manual *Straight Ahead: Transition Skills for Recovery*

Social Networks in Recovery

Step 1

Introduce the topic of social networks and recovery:

The “experts” who study drug addiction and recovery have long been interested in a special group of recovering people who seem to have stuck to their decisions to quit using without formal treatment. This phenomenon is often referred to as “natural recovery.” When interviewed, these *natural recoverers* frequently mention the changes they made in their social networks as a big part of their recovery process. These changes included making new friends and acquaintances who didn’t use drugs as well as developing strategies for dealing with old friends and family members who still used. In many cases, *natural recoverers* opted to discontinue their associations with users, or at least limit the time they spent with them.

As you continue to make progress in your recovery you may find it helpful to give some thought to the people you include in your social network. For example, *natural recoverers* have noted that they found it very difficult to continue friendships that were centered on using drugs and “partying.” These associations were found to trigger cravings. On the other hand, some *natural recoverers* reported being able to maintain relationships with friends who used drugs, providing the friends were willing not to use around them.

The decision to include or not include people who use drugs in your social network is a personal one. The main thing is to seek out friends who encourage and support your recovery efforts. This session will provide you with a chance to think about friendships and social networks, and to explore your own needs and goals in this area.

Ask, for discussion: *What is friendship?*

Play a popular song about friendship to help set the tone for the discussion. You may want to provide copies of the lyrics so people can follow the words.

Suggestions:

- You’ve Got A Friend* - James Taylor (Carole King)
- Stand By Me* - Ben E. King
- We All Need Somebody (To Lean On)* - Bill Withers
- That’s What Friends Are For* - Dionne Warwick
- Wind Beneath My Wings* - Bette Midler
- If I Could* – Patti LaBelle

Social Networks in Recovery

Lead a discussion about the nature of friendship, using the following questions.

What does this song say to you about the nature of friendship? What do friends contribute to your life?

What are some things you do to keep your friendships with others going?

Are there different kinds of friendships? Describe some of the different kinds of friendships you have now.

Let's talk about friends who have helped you with your recovery goals. What's been the most helpful thing a friend has done for you to keep you on track with what's good for you in recovery?

What about friends who still use? How do you deal with them so that their using doesn't hurt your recovery? What works?

Transition:

One important consideration is to think seriously about the qualities or characteristics of friends that make them important allies in recovery. The next activity requires that you use a little imagination in order to zero in on the qualities of friends who will support you in recovery.

Step 2

Distribute *Starship Straight Ahead* worksheets (page 7) and pencils. Tell participants you want them to take part in an exercise to explore their friendships, especially those friendships that help them stay strong in recovery. **Explain that it is a story exercise**, and encourage them to let themselves go and follow along with it.



Use the following script to lead the story:

A wonderful space being from another planet has come to earth to visit you. The space being is named Zando. Zando tells you about the planet he comes from, explaining that

Social Networks in Recovery

it's a place where you can be the person you always wanted to be and have the life you've always dreamed of having. Zando wants to take you to his planet, and you are eager to go. So you make your plans.

Here's the deal, though. Zando tells you that there are drugs on his planet, too. Because of the atmosphere on his planet, the temptation to use can be very overpowering and strong. But if you use while you are there, well, he paints a very nasty picture of what would happen if you used on his planet. Still, though, because of everything that he's told you, you really want to travel with him. Because this planet offers you the chance to be who you've always wanted to be and have the life you've always wanted. Zando assures you that after a while on his planet, the temptation to use drugs gets very weak and faint, and after a while it won't trouble you any more.

In order to make it easier for you, Zando tells you that you can choose three (3) friends or adult family members to travel with you. He tells you that you should choose the three people who help you the most in your recovery. In other words, the people who support you, encourage you, and give you strength to not use.

Think about it for a minute. Then write the names of the three people you would choose where it says "Support Crew."

Stop the story here, ask some of the following questions and briefly discuss them before continuing:

How was it to pick your *crew*? Easy or more difficult? Why?

How did you decide who would be your *support crew*?

What personal qualities did you look for?

What does each member of your *support crew* do to encourage your recovery?

Continue story:

The day arrives. You, your support crew, and Zando take off to the wonderful planet where you can be happy and live the life you dream of. But wait!! Suddenly, there's a problem with the spaceship. Zando tells you that the ship is overloaded, and that in order to make it, you will have to send one of your support crew back to earth in a

Social Networks in Recovery

special space pod. There's no danger, but it must be done. Repeat: there is no danger to the person who must be sent back. In fact, it will be fun and he or she will be interviewed by Diane Sawyer upon landing. Zando advises you to ask the two people who are most supportive of your recovery to stay with you.

Think about it for a minute, then decide who you will send back to earth in the space pod. Draw a Space Pod on your worksheet and write the name of the person you will send home inside of it. Cross that name off your support crew list.

Stop the story again, ask and briefly discuss some of the following questions before resuming:

How was it to make this choice? Easy or difficult? Why?

How did you feel about making the choice?

What factors related to your recovery influenced your choice of who to send back to earth?

Continue story:

Your journey with Zando continues toward the wonderful planet where you can live the life you've always wanted to lead, as long as you don't use. As you near the planet, you begin to feel some cravings. Zando tells you this will pass, and besides, you have your support crew to help you out when you need them.

But wait! Zando gets a radio transmission. He's informed that new regulations will only allow three passengers to land on the planet at one time. Zando tells you that you must send another member of your support crew back to earth in a space pod. Again there's no danger, but you must decide who to send back. Zando advises you that you will really need a strong support person when you land—so choose wisely.

Who will you send back this time? Write the name inside the Space Pod. Remove that name from your crew list.



Social Networks in Recovery

Stop the story, and lead a discussion using some of following questions:

Was it difficult to make this choice? What made it difficult or easy for you?

How did you feel about having to make this choice?

Why did you keep this person? How is he/she most helpful to your recovery?

If you begin having strong urges to use, how will you ask your support person for help? What will you say? When will be the best time to ask for support?

When you're having a bad day, what's the most important thing a support person can do for you? What is it you need most from your friends?

When you turn to a friend with a problem, what does he/she do that is really helpful? And what does he/she do sometimes that is not helpful? What's the best way to tell a friend that he/she has helped you? How about when a friend is not being helpful—what's the best way to tell him/her?

Step 3

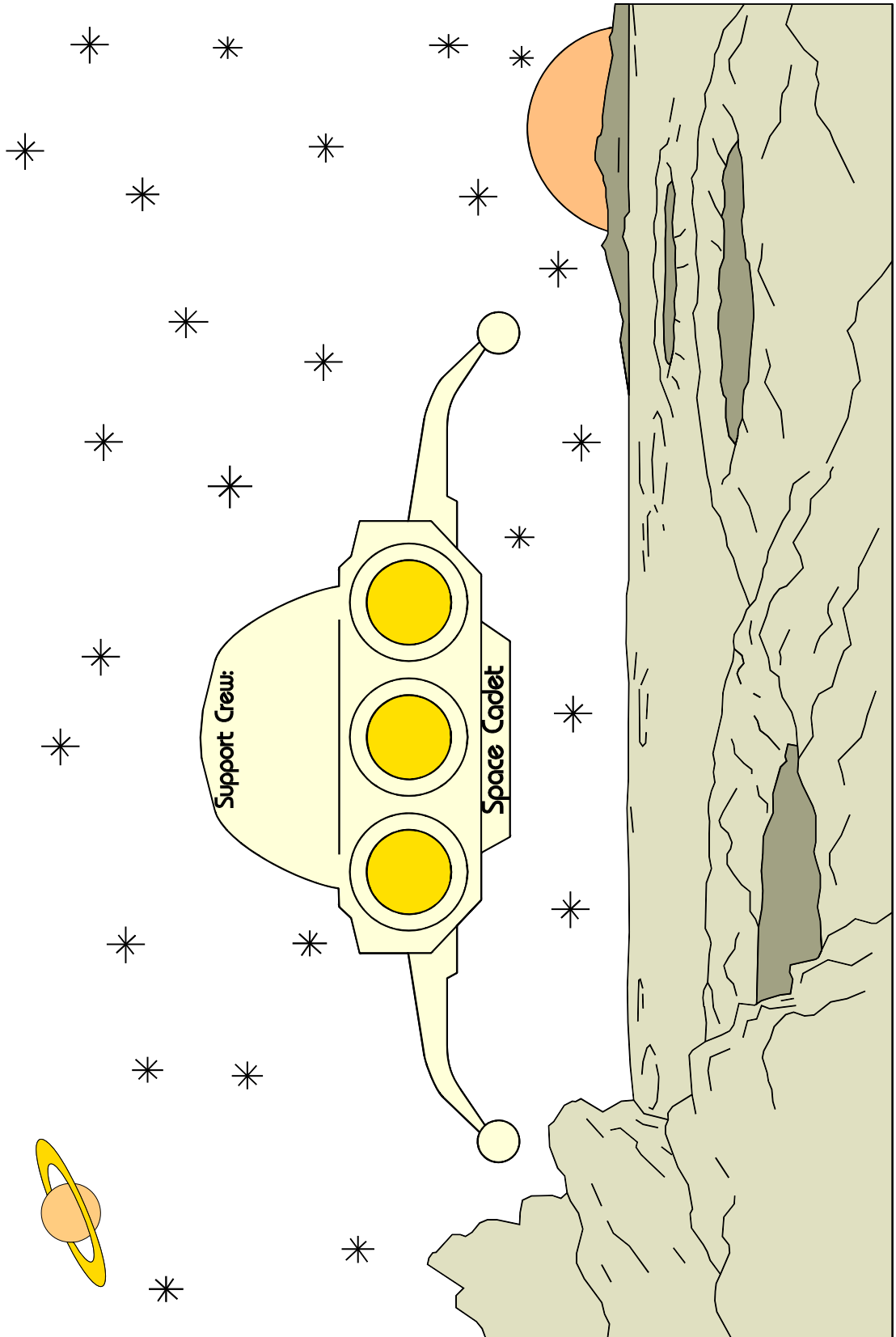
Summarize the discussion:

Zando's planet could really be earth. It holds the opportunity for us to be happy and live life to the fullest. The purpose of this exercise was to help focus attention on the part our social network (our friends, family, and acquaintances) plays in our recovery efforts. The choices you made during the exercise can help you explore the qualities you value in your real-life, earth-bound *support crew* for recovery. You are the best person to decide on the people who help you most, those you can count on, and those who you can trust.

Friends serve a different need for each person. A supportive friend or group of friends can help recovery efforts, if nothing else by simply giving you someone to talk with about your problems. Ultimately, you are responsible for your own recovery. And supportive friends can help keep you in touch with that reality in a caring, nonjudgmental way.

Thank participants for their input.

STARSHIP STRAIGHT AHEAD



Part 2: Support Groups and Your Recovery

Support Groups and Your Recovery is part of the *Straight Ahead: Transition Skills for Recovery* manual developed at TCU. This session features a leader's script, with notes, worksheets, and handouts for leading an open discussion of deciding on and joining a recovery-centered support group. Participants are invited to challenge myths about 12-Step groups and to think about what they need from a support group and what they have to offer to others. Materials for a "mini-lecture" highlight strategies for finding the right group, asking for sponsorship, and checking out alternative groups.

Source: TCU / Institute of Behavioral Research. From treatment manual *Straight Ahead: Transition Skills for Recovery*

Support Groups and Your Recovery

Step 1

Introduce the topic of finding and utilizing a support group:

There are hundreds of different kinds of support groups meeting each day in this country. They're called support groups because the members offer help and support to each other based on personal experiences, rather than on medical or psychological theories. "I know what you're going through 'cause I've been there myself," is the guiding philosophy of most support groups.

AA, NA, and CA are the most widely known groups, with daily meetings available in most areas. As you're probably aware, these groups are for people who want to quit using drugs or alcohol. The meetings are free and open to anyone, and they follow a general philosophy known as The Twelve Steps. These groups provide encouragement and support from people who have "been there," and they're often a good place to meet new friends who have quit using and are serious about recovery.

Support groups have a lot to offer, and thousands of recovering people have benefited from joining a group. Membership in a support group can:

- Help you deal with urges to use or drink
- Provide support and understanding when setbacks occur
- Give you a place to share and hear success stories
- Help fill your spare time
- Introduce you to new people and new ideas

Ask and briefly discuss some of the following questions.

Who has attended 12-Step meetings? How many of you are still attending?

What are the benefits of attending AA or NA? How do these groups help people?

What other types of support groups (other than 12-step) are you familiar with?

Transition:

Today's session is a chance for you to consider (or reconsider) getting involved in a support group in your community. An important consideration is what you, as an

Support Groups and Your Recovery

individual, need and want from group membership. Another is what you, with all you've learned and been through on the road to recovery, can offer to others.

Step 2

Distribute *Support Group Interview* worksheets (page 15) and pencils. Instruct participants to team up with a partner and take turns interviewing each other, using the questions on the worksheets. In other words, *Person A* should ask *Person B* the questions on their worksheet and record the answers. Then *Person B* will ask *Person A* the questions on their worksheet and record the answers. **Allow 10-15 minutes for completion.** Prompt partners to switch at halfway point.

Ask, and briefly discuss participants' ideas from the interview exercise using some of the following questions:

How did it feel to do this exercise? Was it easy or difficult?

How did it feel to discuss your ideas about support groups with another recovering person (e.g. your partner in the exercise)?

What benefits of having a support group did this exercise help you identify?

How would members of a support group benefit from the lessons you've learned in life? What would you be able to contribute to others in the group?
(For those who have a group: What benefits do you bring to your group?)

Transition:

For many people in recovery, finding a support group is a “win-win” situation. A good home group becomes a place to get encouragement and support, as well as a place to offer encouragement and support to others. Getting involved often requires some thought and some research in order to find the “right” group for you.

Support Groups and Your Recovery

Step 3

Distribute *Getting Involved* handout (page 16), and use it to lead a discussion about community resources for support. Encourage participants to use the “Good Ideas” area on the handout to jot down helpful ideas brought up during the discussion. Suggested discussion questions are included for each point on the handout.

Point 1

Shop around until you find one or more AA or NA meetings where you feel comfortable.

It may take a little “detective” work to find the meeting you like best. Especially in larger communities, there are a number of meeting locations, meeting styles (e.g., non-smokers, women-only or men-only), and meeting times to choose from. A general recommendation is to visit meetings before committing to one. If you feel right at home—great! If not, consider another location or time.

What will help you determine if a certain group is right for you?

When will be the best time of day for you to attend meetings?

Who would be a good person to go with you when you “shop around” for a group you like?

Point 2

If you’re dealing with a partner or family member who uses, consider attending Al-Anon meetings as well.

These groups help you learn not to take responsibility for someone else’s alcohol or drug problem. They are also helpful to recommend to your family members or friends who may need some support in helping you stay on track with your recovery.

Support Group and Your Recovery

How can you find out if an Al-Anon group would be helpful for you?

What would you expect to get out of an Al-Anon group?

Who in your family or support group might benefit from Al-Anon?

Point 3

Attend meetings regularly. If things are going rough, consider attending every day.

The best way to get support from a group is by being there. If you're having a rough spell or dealing with difficult cravings, attending a meeting is one way to help you get through it. It's not unusual at 12-Step meetings to hear someone at the back of the room say "I don't really want to talk tonight. I just needed to be here." That's the spirit of what meetings are for.

**What steps will you need to take in order to attend a weekly meeting?
How will you carry out these steps?**

What are some "warning signs" that would tell you to think about going to a meeting?

How can you "make" yourself go to a meeting when you need it? What works for you?

Point 4

As soon as you find a home group, ask for a sponsor.

In AA and other 12-Step meetings, hooking up with a sponsor is considered a serious and important step. Your sponsor becomes someone you can call on when you need support, advice, or encouragement. The relationship is not taken lightly, and like any relationship, both you and your potential sponsor need to be compatible with each other. The meeting secretary can give you advice about how to ask someone to be your sponsor.

How would you go about choosing your sponsor?

What qualities would you need to see in a potential sponsor?

What situations might a sponsor be able to help you with?

Support Groups and Your Recovery

Point 5

Check out other types of groups that can offer you support.

Twelve Step groups are a tried and true source for support. However, they may not fit everyone's style or philosophy. Rational Recovery and Women for Sobriety are examples of other well-established groups. There also are community groups that may serve the purpose of providing support for other concerns or issues you are dealing with, for example, church groups, parenting groups, general mental health support (dealing with depression, anxiety, overeating, etc.). In addition, there are several Internet support groups that can be accessed online.

How might other types of support groups be helpful to you or a family member?

How would you go about choosing an alternate type of support group?

Step 4

Summarize the discussion with some of the following key points:

One of the most important things offered by AA, NA, or any support group is understanding and encouragement as you work on your recovery. Being a member of a support group provides you with a way to handle urges to use (go to a meeting instead!), as well as a place to make new friends.

Support groups are made up of people, and since people aren't perfect, we can't expect groups to be perfect either. Take the time to try out several different groups until you find one where you feel comfortable.

You're the best person to decide if support groups are "your cup of tea." Keep in mind, however, that almost no one who has been successful in recovery has done it alone! If AA or NA aren't to your liking, check out alternate approaches such as Rational Recovery, Save Our Selves, or Women and Men for Sobriety. Ask your counselor for information or call the Reference Desk at your local library for recommended books.

Support Groups and Your Recovery

Form your own group. Meet regularly with friends or acquaintances who are also in recovery to discuss solutions, successes, and what works. Share phone numbers, and agree to be there for each other when the going gets rough. A support group need not be “formal.” Meeting three or four friends for coffee or a meal once a week to discuss staying straight is a perfectly good way to get support. The key is to commit yourself to attending that weekly meeting.

Distribute a directory of community AA, NA, and AL-Anon meeting times. If applicable, include information about alternative groups as well.

Thank participants for their input.

Support Groups and Your Recovery

GETTING INVOLVED

Shop around until you find one or more AA or NA meetings where you feel comfortable. It may take a little “detective” work to find the meeting you like best.

★ *Good ideas -*

If you’re dealing with a partner or family member who uses, consider attending Al-Anon meetings as well. These meetings help you learn not to take responsibility for someone else’s alcohol or drug problem.

★ *Good ideas -*

Attend meetings regularly. If things are going rough, consider attending everyday. You build support by being there. If you’re about to pull your hair out—use a meeting to get you through it. That’s what they’re for.

★ *Good ideas -*

Ask for an AA or NA sponsor. The meeting secretary can give you pointers. Your sponsor is someone you can call on when you need support, advice, or encouragement.

★ *Good ideas -*

Check out other types of groups that can offer you support. Ask your counselor about support groups that may help you in other areas of your life. (For example, church groups, parenting groups, special interest groups, etc.)

★ *Good ideas -*

Part 3:

When Other Family Members Use

When Other Family Members Use provides worksheets and group leader instruction for facilitating a session on ways to deal with family members who may jeopardize recovery, including helping participants become more aware family dynamics and potential triggers. Taken from a core set of materials developed by Matrix, Inc. (at UCLA), and adapted by NDRI, the intervention features an informational worksheet for participants with questions designed to encourage discussions about difficult family situations and ways to handle them successfully.

Source: Neurobehavioral Treatment/NDRI/ Matrix Institute

When Other Family Members Use

Session Notes for Worksheets on Family Issues

The journaling worksheet in this section can be used as a during-group activity or homework assignment for later group discussion. The worksheet asks participants to read and think about issues affecting recovery in situations where family members are still using drugs or alcohol.

It is possible to build an entire group session around this worksheet, or participants can be asked to complete and discuss related issues over the course of the several group meetings. The general instructions for using the worksheet include:

1. Begin with a brief discussion and overview of the discussion topic. In this case, participants would focus on the topic of family support in recovery. The group leader should provide information in the form of a brief mini-lecture or a review of information about the importance of sober social networks covered elsewhere in this module.
2. Distribute copies of the worksheet to participants and ask them to complete it by reading the information and filling in the blanks using their own ideas, feelings, experiences, and opinions to answer the questions.
3. Once all participants have completed their worksheets, lead a discussion of the issues raised by the activity. The leader's job is to gently challenge and provide clarification, as needed. Leaders can choose to process the activity as a large group, or participants can be divided into pairs or triads to discuss their maps before reporting back to the group as a whole.
4. Use open-ended questions to encourage discussion about the key issues raised by participants in completing their maps. Some ideas for general process questions include:

What did you realize about drug/alcohol use in your family from this activity?

What experiences have you had with family members who support your recovery?

What strengths and weaknesses did you identify in your current family situation?

What family member are you most concerned about?

How will you handle that situation?

5. Use Question # 5 as a starting point to lead participants in brief role plays to help encourage and strengthen assertiveness in dealing with family members who use. Place group members in pairs, and have each partner role play how he/she might handle a difficult family member. Stop after each role play to get feedback from the rest of the group on ways to improve these interactions. Get feedback from each role player about his/her feelings and concerns about confronting a family member, refusing drugs/alcohol, or developing a safety plan to avoid being around family members when they use.

When Other Family Members Use

JOURNALING WORKSHEET

People in recovery need to keep their environment as trigger-free as possible. However, when other family members are using drugs or alcohol, this becomes a challenge. Family members who use may bring their own drugs into the home and this may trigger the recovering person, even if drugs brought into the environment are not the recovering person's drug of choice.

- 1) Jot down the first names or initials of family members who use drugs or alcohol. Next to the name, make a note of that person's drug of choice, if you know it. Example: "Billy – beer and pot"; "MP – cocaine."

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The fact that other family members use drugs or alcohol can make recovery even more difficult, especially if we live or spend time with them. As the person in recovery begins to engage in non-drug related activities, other family members can secretly feel "left behind" or abandoned. Often, they may find ways to encourage the recovering person to "come back to the fold" by offering a drink or a toke, or by minimizing the recovering person's problems with addiction.

- 2) Describe a time that this has happened in your family.

As the recovering person gains more control, other family members who use drugs or alcohol may actually begin to use more. Additionally, non-recovering family members can develop feelings of resentment or betrayal toward the person who is "rocking the family boat." It seems that when the balance in family relationships begins to change, one or more family members may resist changing the way things "used to be," even if those old ways were bad for everybody.

- 3) Describe what has been most helpful to you in handling this type of family situation?

When Other Family Members Use

Returning to an environment where other family members still use can be very stressful. Your best bet is to be prepared and to not let it overwhelm you. Remember, your goal for recovery involves total abstinence. A home life where people are using or drinking or where your recovery is not supported can distract you from your goal. Avoid letting the fact that other family members are using become an excuse for a set-back or a relapse justification. Find at least one person in your family who is supportive and discuss things with them.

- 4) List people in your family who would be supportive of your recovery. After each person write how they would be the most helpful to you.

- 5) Use the space below to write a brief description of an issue or concern you have about being reunited with a family member who drinks a lot or uses drugs. You will later role play in group how you would talk with a supportive family member (not the one you are concerned about) to express your concerns about the situation and ask for support.

Adapted from: Neurobehavioral Treatment/NDRI/Matrix/UCLA

Part 4:

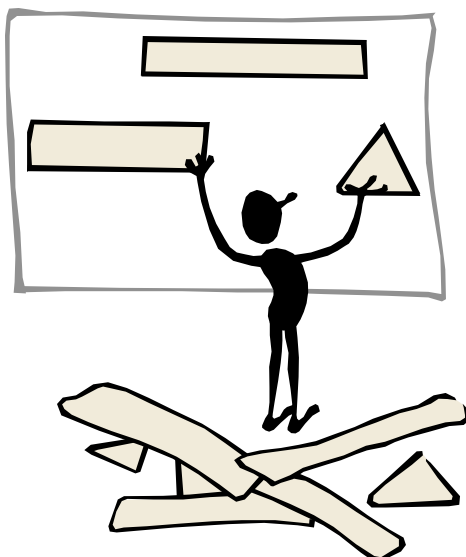
Mapping

Worksheets

These *Mapping Worksheets* were selected from the manual *TCU Guide Maps: A Resource for Counselors* because of their specific focus on social support, 12-Step involvement, and dealing with people who don't support recovery. Each mapping worksheet follows a "fill in the blank" format to encourage participants to consider various cognitive aspects of seeking social support. Once participants complete a worksheet, group discussions and commentary on the qualities of supportive friends, handling problems, and how to seek a 12-Step sponsor can be explored.

Source: TCU / Institute of Behavioral Research. From treatment manual *TCU Guide Maps: A Resource for Counselors*

Mapping Worksheets



Why a “map”?

The purpose of this section is to introduce a promising technique that can be used by counselors to help clients represent and resolve personal issues. There is research that validates the effectiveness of this tool in the counseling process, so we give you some background and a quick look at the major research findings on maps.

Types of Maps. *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** (the focus of this section).

As you can see from the examples, the **nodes** in a map are drawn as enclosed boxes and represent thoughts, actions, or feelings. The map **links** are simple lines with arrows that are labeled to show the direction of influence and the interrelationships among the nodes.

Free or process maps: Using a chalkboard, flip chart, paper and pencil, or computer, client(s) and counselor can work together to create a map of the problem or issue under discussion. For examples of the use of free mapping, see *Mapping New Roads to Recovery: Cognitive Enhancements to Counseling*, Dansereau, Dees, Chatham, Boatler, and Simpson, 1993. Available at www.ibr.tcu.edu).

Information maps: They have been used in academic settings where research has showed them to be powerful study tools. These maps organize facts in a specific content area and present them in an easy-to-remember format. The first research on mapping was done with college students, who could remember more main ideas from maps than from comparable texts.

Mapping Worksheets

Guide maps: These are pre-structured templates with a “fill-in-the-space” format that guides the client’s thinking within a specific framework (e.g., personal strengths, goals), and allows ample freedom for self-expression. In a group setting, a guide map can be used to focus and keep a discussion on track. As an individual activity, it provides a structure for thinking about and organizing to otherwise nebulous personal issues. In group work, the map can provide some assurance that each group member has had a chance to visit a particular issue personally, even if there has been insufficient session time for each of them to air those issues within the group.

Roots and Rationale. Node-link maps have an empirical base in research dealing with the effects of using two dimensional visual representations. These graphic representations are frequently found to be more effective than verbal discourse or written narrative in dealing with complex problems and issues. Flow charts, organizational charts, Venn diagrams, pictures, and graphs can increase communication efficiency by making related ideas easier to locate and recognize, and, as a result, potentially more amenable to inferences and recall. The physical formats of spoken language or written narrative are linear “strings” of ideas. Visual representations, on the other hand, have the capability of simultaneously clustering interrelated components to show complex multiple relationships such as parallel lines of thought and feedback loops.

Problem-Solving: Personal problems may be complex, making them both difficult to analyze and emotionally daunting to resolve. A visual representation such as a node-link map can capture the most important aspects of a personal issue and make alternatives more salient for both the client and the counselor. Because this has the potential to make a problem appear more manageable and a solution more probable, it may diffuse at least some of the anxiety surrounding the issue, as well as increase motivation to work toward a solution.

Evidence-Base: In 1989, maps were first studied as personal management tools for college students in substance abuse prevention research (Tools for Improving Drug and Alcohol Education and Prevention, D.F. Dansereau, Principal Investigator) sponsored by the National Institute on Drug Abuse (NIDA). At the same time, through the NIDA-sponsored DATAR (Drug Abuse Treatment for AIDS Risk Reduction) project, (D. D. Simpson, Principal Investigator) maps were introduced to methadone maintenance clients and their counselors in three urban Texas programs. Findings from this research were quite positive. A second DATAR project (Improving Drug Abuse Treatment for AIDS-Risk Reduction) and the NIDA-sponsored CETOP project (Cognitive Enhancements for the Treatment of Probationers; D. F. Dansereau, PI) confirmed maps as useful counseling tools. The CETOP project did so with a particularly tough client pool, probationers in a criminal justice system treatment program. A summary of major findings from the four research projects follows, with referenced research articles that support each finding.



What Research Reveals About the Impact of Mapping: A Quick Summary



◆ **Memory for the Session:** Maps make treatment discussions more memorable.

- ◆ K. Knight, Simpson, & Dansereau, 1994
- ◆ Czuchry & Dansereau, 1998

◆ **Focus:** Maps increase on-task performance in group sessions and are especially helpful for clients who have attentional problems.

- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ D. Knight, Dansereau, Joe, & Simpson, 1994
- ◆ Joe, Dansereau, & Simpson, 1994
- ◆ Dansereau, Dees, Greener, & Simpson, 1995
- ◆ Czuchry, Dansereau, Dees, & Simpson, 1995
- ◆ Dansereau, Joe, & Simpson, 1995
- ◆ Newbern, Dansereau, Czuchry, & Simpson, 2005

◆ **Communication:** Maps give clients greater confidence in their ability to communicate. This is especially so for non-Anglo clients and clients with limited education.

- ◆ Pitre, Dansereau, & Joe, 1996
- ◆ Dansereau, Joe, Dees, & Simpson, 1996
- ◆ Newbern, Dansereau, & Pitre, 1999

◆ **Ideas:** Maps facilitate the production of insights and ideas, stimulate greater depth, uncover issues, identify gaps in thinking:

- ◆ Dansereau, Dees, Greener, & Simpson, 1995
- ◆ Newbern, Dansereau, & Dees, 1997
- ◆ Pitre, Dansereau, & Simpson, 1997
- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ Czuchry & Dansereau, 1999
- ◆ Dansereau, Joe, & Simpson, 1993

Mapping Worksheets



Quality of the Client & Counselor Relationship

◆ **Rapport**: Mapping facilitates the counselor-client therapeutic alliance.

- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ Dansereau, Joe, & Simpson, 1996
- ◆ Dansereau, Joe, Dees, & Simpson, 1996
- ◆ Simpson, Joe, Rowan-Szal, & Greener, 1996

During Treatment Outcomes
(e.g., issue resolution & more effective life skills)



◆ **Positive Feelings Toward Self & Treatment**: Maps facilitate self-confidence, self-efficacy & problem solving. They can foster positive feelings about personal progress in treatment and positive perceptions of treatment process.

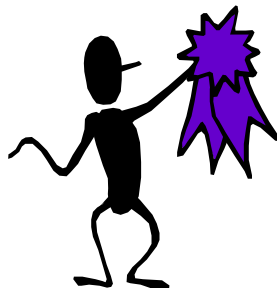
- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ Dansereau, Joe, & Simpson, 1995
- ◆ Dansereau, Joe, Dees, & Simpson, 1996
- ◆ Joe, Dansereau, & Simpson, 1994
- ◆ Pitre, Dees, Dansereau, & Simpson, 1997
- ◆ Czuchry, Dansereau, Dees, & Simpson, 1995
- ◆ D. Knight, Dansereau, Joe, & Simpson, 1994
- ◆ Pitre, Dansereau, Newbern & Simpson, 1997
- ◆ Blankenship, Dees, & Dansereau, in progress
- ◆ Newbern, Dansereau, & Pitre, 1999

◆ **Show Up "Clean"**: Clients who map miss fewer sessions and have fewer positive urinalysis tests for opiates or cocaine.

- ◆ Czuchry, Dansereau, Dees, & Simpson, 1995
- ◆ Dansereau, Joe, Dees, & Simpson, 1996
- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ Joe, Dansereau, & Simpson, 1994
- ◆ Dansereau, Joe, & Simpson, 1995
- ◆ Dees, Dansereau, & Simpson, 1997

Mapping Worksheets

**After
Treatment
Outcomes**
(e.g., sober/clean,
no arrests)



◆ **“Clean” & Free: Clients who have mapped during treatment have fewer positive urinalysis tests for opiates, less needle use, and less criminal activity.**

- ◆ Pitre, Dansereau, & Joe, 1996
- ◆ Joe, Dansereau, Pitre, & Simpson, 1997

Adolescent Treatment: effects similar to adult findings

- ◆ Collier, Czuchry, Dansereau, & Pitre, 2001

“Mapping” as Intervention in Integrated Treatment Process Models

- ◆ Czuchry & Dansereau, 2003
- ◆ Simpson, Joe, Rowan-Szal, & Greener, 1997
- ◆ Simpson, 2004
- ◆ Simpson & Joe, 2004

Conceptual Overviews of Mapping Research

- ◆ Dansereau, Dees, & Simpson, 1994
- ◆ Dansereau, Dees, Bartholomew, & Simpson, 2002
- ◆ Dansereau & Dees, 2002
- ◆ Dansereau (in press – 2005)

Manuals for Counselors (at www.ibr.tcu.edu)

- ◆ Dansereau, Dees, Chatham, Boatler, & Simpson, 1993
- ◆ Dees & Dansereau, 2000
- ◆ Sia, Dansereau, & Dees, 2001
- ◆ Czuchry, Sia & Dansereau, 2002

Mapping Worksheets

Session Notes for Using Guide Maps

The Guide Map worksheets in this section can be used for during-group activities or as homework assignments for later group discussion. The following Guide Maps are included:

Are You Having a Problem With Another Person? (page 28)

Peer Inventory (page 29)

My Plan For Getting A Sponsor (page 30)

It is possible to build an entire group session around one map, or participants can be asked to complete and discuss several maps during the course of the group meeting. The general instructions for using the Guide Maps include:

5. Begin with a brief discussion and overview of the discussion topic. In the case of the Guide Maps in this module, participants would focus on the topic of social support in recovery. The group leader should provide information in the form of a brief mini-lecture or a review of information about social networks covered elsewhere in this module.
6. Distribute copies of a Guide Map to participants and ask them to complete it by filling in the blanks using their own ideas, feelings, experiences, and opinions to answer the questions in the boxes.
7. Once all participants have completed their maps, lead a discussion of the issues raised by the activity. The leader's job is to gently challenge and provide clarification, as needed. Leaders can choose to process the mapping activity as a large group, or participants can be divided into pairs or triads to discuss their maps before reporting back to the group as a whole.
8. Use open-ended questions to encourage discussion about the key issues raised by participants in completing their maps. Some ideas for general process questions include:

What did you learn about yourself as you completed this map activity?

What benefits and drawbacks did you identify for considering other's viewpoints?

What benefits and drawbacks did you identify for your current social network?

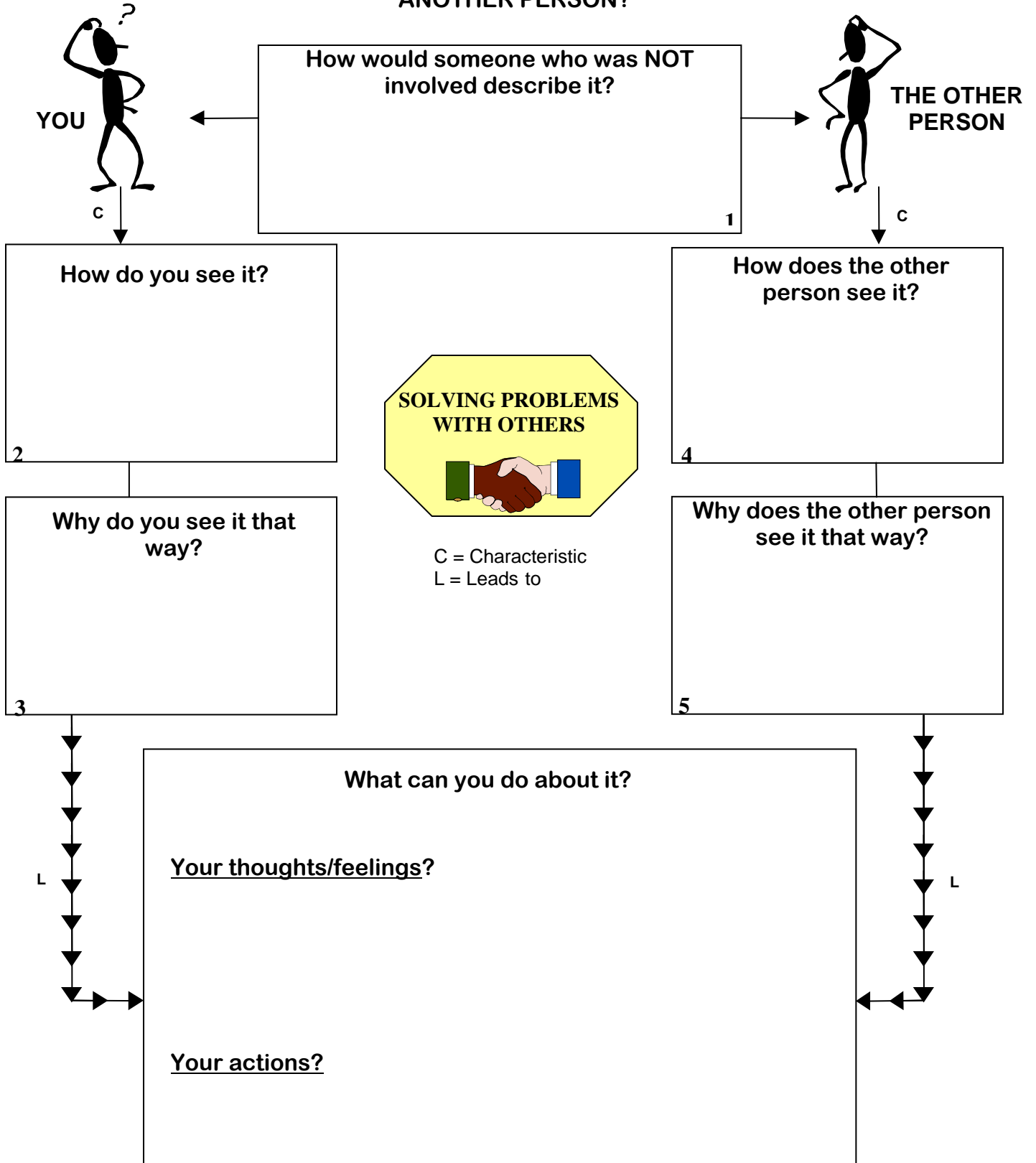
What benefits and drawbacks did you identify for finding a sponsor?

In what ways is it helpful to plan out how to approach a sponsor?

6. Encourage participants to share their mapping worksheets with family, friends, and members of their support network. When appropriate, offer blank copies of the worksheets for participants to complete and discuss with significant others.

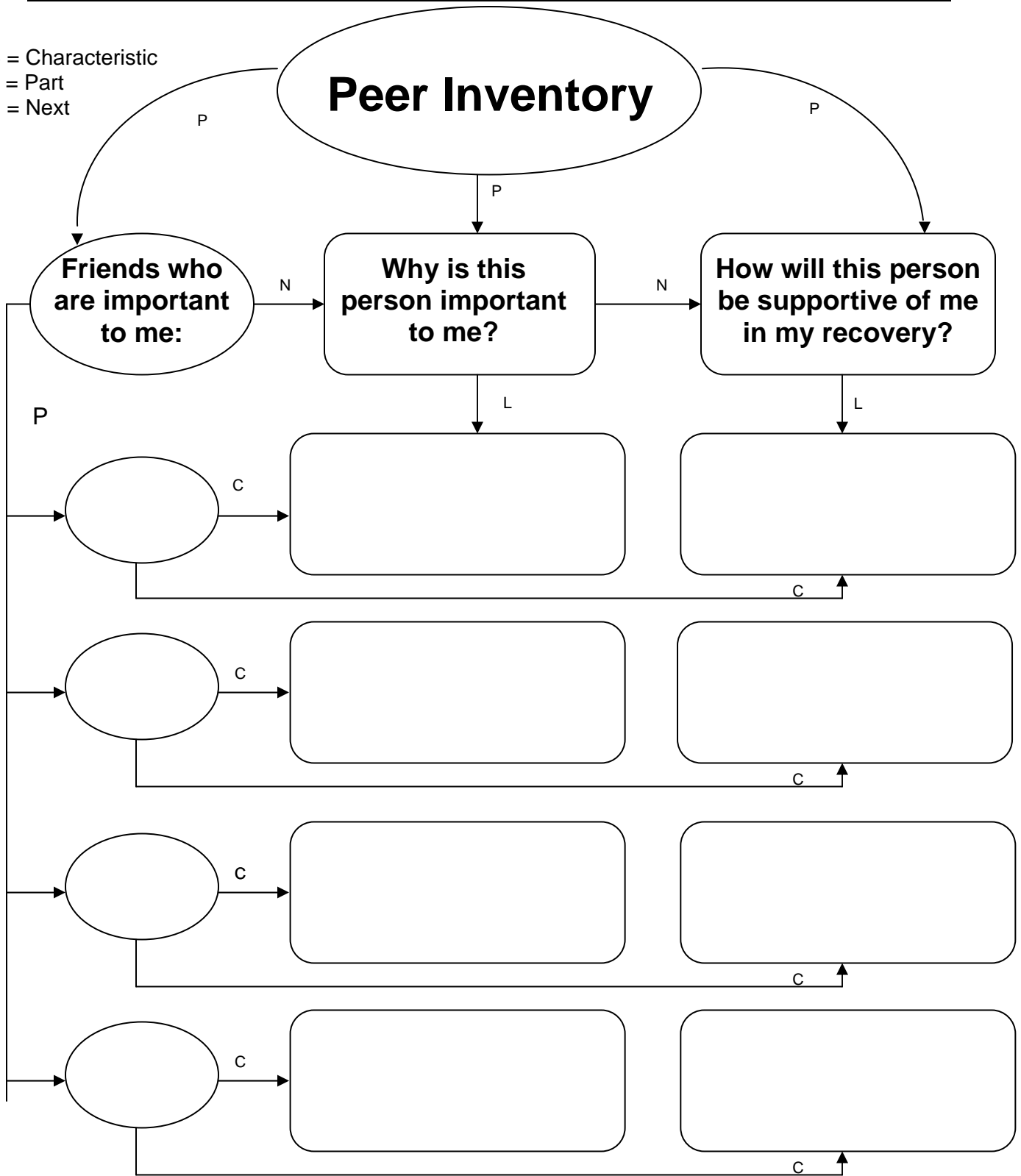
Mapping Worksheets

ARE YOU HAVING A PROBLEM WITH ANOTHER PERSON?



Mapping Worksheets

C = Characteristic
 P = Part
 N = Next



Mapping Worksheets

P = Part
N = Next

My Plan for Getting a Sponsor

P

WHEN

I will get a temporary sponsor on or before this date: _____

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

N

WHO

This is the type of person I am looking for:

(a) At least _____ years of being clean and sober.

(b) General characteristics?

(c) Drug and jail experiences?

N

HOW

This is how I will get a temporary sponsor:

(a) This is where I will look for a temporary sponsor:

(b) This is what I plan to do and say.

HOW

This is how I will get a long-term sponsor:

(a) This is where I will look for a long-term sponsor:

(b) This is what I plan to do and say.

N

This is what I will say and do if that person says "no"

N

Mapping Worksheets

Bibliography and References on Mapping

- Collier, C. R., Czuchry, M., Dansereau, D. F., & Pitre, U. (2001). The use of node-link mapping in the chemical dependency treatment of adolescents. *Journal of Drug Education, 31*(3), 305-317.
- Czuchry, M., & Dansereau, D. F. (1999). Node-link mapping and psychological problems: Perceptions of a residential drug abuse treatment program for probationers. *Journal of Substance Abuse Treatment, 17*(4), 321-329.
- Czuchry, M. & Dansereau, D.F. (2003). A model of the effects of node-link mapping on drug abuse counseling. *Addictive Behaviors, 28*(3), 537-549.
- Czuchry, M., Dansereau, D. F., Dees, S. D., Simpson, D. D. (1995). The use of node-link mapping in drug abuse counseling: The role of attentional factors. *Journal of Psychoactive Drugs, 27*(2), 161-166.
- Czuchry, M., Sia, T. L., & Dansereau, D. F. (2002). *Map Magic*. Fort Worth, TX: Department of Psychology, Institute of Behavioral Research, Texas Christian University.
- Dansereau, D. F. (in press). Node-link mapping principles for visualizing knowledge and information. In S. O. Tergan & T. Keller (Eds.). *Knowledge and information visualization: Searching for synergies*. Heidelberg/New York: Springer Lecture Notes in Computer Science.
- Dansereau, D. F., & Dees, S. M. (2002). Mapping Training: The transfer of a cognitive technology for improving counseling. *Journal of Substance Abuse Treatment, 22*(4), 219-230.
- Dansereau, D. F., Dees, S. M., Chatham, L. R., Boatler, J. F., & Simpson, D. D. (1993). *Mapping new roads to recovery: Cognitive enhancements to counseling*. A training manual from the TCU/DATAR Project. Fort Worth, TX: Institute of Behavioral Research, Texas Christian University.
- Dansereau, D. F., Dees, S. M., Greener, J. M., & Simpson, D. D. (1995). Node-link mapping and the evaluation of drug abuse counseling sessions. *Psychology of Addictive Behaviors, 9*(3), 195-203.
- Dansereau, D. F., Dees, S. M., & Simpson, D. D. (1994). Cognitive modularity: Implications for counseling and the representation of personal issues. *The Journal of Counseling Psychology, 41*(4), 513-523.
- Dansereau, D. F., Joe, G. W., Dees, S. M., & Simpson, D. D. (1996). Ethnicity and the effects of mapping-enhanced drug abuse counseling. *Addictive Behaviors, 21*(3), 363-376.
- Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1993). Node-link mapping: A visual representation strategy for enhancing drug abuse counseling. *Journal of Counseling Psychology, 40*(4), 385-395.
- Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1995). Attentional difficulties and the effectiveness of a visual representation strategy for counseling drug-addicted clients. *International Journal of the Addictions, 30*(4), 371-386.
- Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1995). Node-link mapping for counseling cocaine users in methadone treatment. *Journal of Substance Abuse, 6*, 393-406.
- Dees, S. M., & Dansereau, D. F. (2000). *TCU guide maps: A resource for counselors*. Fort Worth, TX: Institute of Behavioral Research, Texas Christian University.
- Dees, S. M., Dansereau, D. F., & Simpson, D. D. (1994). A visual representation system for drug abuse counselors. *Journal of Substance Abuse Treatment, 11*(6), 517-523.

Mapping Worksheets

- Dees, S. M., Dansereau, D. F., & Simpson, D. D. (1997). Mapping-enhanced drug abuse counseling: Urinalysis results in the first year of methadone treatment. *Journal of Substance Abuse Treatment, 14*(2), 1-10.
- Joe, G. W., Dansereau, D. F., Pitre, U., & Simpson, D. D. (1997). Effectiveness of node-link mapping-enhanced counseling for opiate addicts: A 12-month follow-up. *Journal of Nervous and Mental Diseases, 185*(5), 306-313.
- Joe, G. W., Dansereau, D. F., & Simpson, D. D. (1994). Node-link mapping for counseling cocaine users in methadone treatment. *Journal of Substance Abuse, 6*, 393-406.
- Knight, D. K., Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1994). The role of node-link mapping in individual and group counseling. *The American Journal of Drug and Alcohol Abuse, 20*, 517-527.
- Knight, K., Simpson, D. D., & Dansereau, D. F. (1994). Knowledge mapping: A psychoeducational tool in drug abuse relapse prevention training. *Journal of Offender Rehabilitation, 20*, 187-205.
- Newbern, D., Dansereau, D. F., Czuchry, M., & Simpson, D. D. (2005). Node-link mapping in individual counseling: Effects on clients with ADHD-related behaviors. *Journal of Psychoactive Drugs, 37*(1), 93-103.
- Newbern, D., Dansereau, D. F., & Dees, S. M. (1997). Node-link mapping in substance abuse treatment: Probationers' ratings of group counseling. *Journal of Offender Rehabilitation, 25*(1/2), 83-95.
- Newbern, D., Dansereau, D. F., & Pitre, U. (1999). Positive effects on life skills, motivation and self-efficacy: Node-link maps in a modified therapeutic community. *American Journal of Drug and Alcohol Abuse, 25*, 407-423.
- Pitre, U., Dansereau, D. F., & Joe, G. W. (1996). Client education levels and the effectiveness of node-link maps. *Journal of Addictive Diseases, 15*(3), 27-44.
- Pitre, U., Dansereau, D. F., Newbern, D. & Simpson, D. D. (1998). Residential drug-abuse treatment for probationers: Use of node-link mapping to enhance participation and progress. *Journal of Substance Abuse Treatment, 15*(6), 535-543.
- Pitre, U., Dansereau, D. F. & Simpson, D. D. (1997). The role of node-link maps in enhancing counseling efficiency. *Journal of Addictive Diseases, 16*(3), 39-49.
- Pitre, U., Dees, S. M., Dansereau, D. F., & Simpson, D. D. (1997). Mapping techniques to improve substance abuse treatment in criminal justice settings. *Journal of Drug Issues, 27*(2), 435-449.
- Sia, T. L., Dansereau, D. F., & Dees, S. M. (2001). *Mapping your steps: Twelve step guide maps*. Fort Worth: Institute of Behavioral Research, Texas Christian University.
- Simpson, D. D. (2004). A conceptual framework for drug treatment process and outcomes. *Journal of Substance Abuse Treatment, 27*, 99-121.
- Simpson, D. D., & Joe, G. W. (2004). A longitudinal evaluation of treatment engagement and recovery stages. *Journal of Substance Abuse Treatment, 27*, 89-97.
- Simpson, D. D., Joe, G. W., Rowan-Szal, G. A., & Greener, J. (1995). Client engagement and change during drug abuse treatment. *Journal of Substance Abuse, 7*(1), 117-134.
- Simpson, D. D., Joe, G. W., Rowan-Szal, G. A., & Greener, J. (1997). Drug abuse treatment process components that improve treatment. *Journal of Substance Abuse Treatment, 14*(6), 565-572.

TCU MAPPING-ENHANCED COUNSELING MANUALS
FOR ADAPTIVE TREATMENT
BUILDING SOCIAL NETWORK RESOURCES
Links of Interest

The public information office of **Alcoholics Anonymous** provides information and services for members in English and Spanish:

<http://www.alcoholics-anonymous.org/>

The **American Academy of Child and Adolescent Psychiatry** offers free downloads on a variety of family mental health issues:

<http://www.aacap.org/publications/factsfam/>

A directory of support-related groups and organizations with community or online meetings are listed at **SupportPath**:

<http://www.supportpath.com/>

The **Rational Recovery Website** is at:

<http://www.rational.org/>

Women for Sobriety Website is at:

<http://www.womenforsobriety.org/>