Based on

TCU Mapping-Enhanced Counseling Manuals for Adaptive Treatment

As Included in NREPP

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

Mapping-Enhanced Counseling: An Introduction

An overview with case examples of ways to incorporate mapping-enhanced counseling into your practice

N. G. Bartholomew and D. F. Dansereau
Texas Institute of Behavioral Research at TCU
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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.

Table of Contents

Introduction: TCU Mapping-Enhanced Counseling

What is TCU Mapping-Enhanced Counseling?

This manual will introduce you to TCU Mapping-Enhanced Counseling (TMEC) and show you some ideas about how to use it. The TCU/IBR Website (www.ibr.tcu.edu) contains the references, abstracts and other free downloadable manuals that will help you incorporate TMEC into your program. This Website also contains information about assessments and other complimentary interventions that can be used with TMEC, as well as models that show how this integration can be accomplished to facilitate client and organizational change.

TMEC makes use of graphic representations, primarily node-links mapping, to enhance client and counselor communication and thinking. The maps that are the basis of TMEC use boxes (nodes) and lines (links) to visually illustrate clients' thoughts, feelings, and actions and how they relate to each other. There are three basic types of maps:

Free maps that are drawn "from scratch" as counseling proceeds or as homework.

Guide maps are "fill in the blanks" templates selected from a collection that covers a variety of common counseling topics. Guide maps are completed by filling in nodes for discussion during the session or as homework.

Information maps are prepared independent of the clients by outside experts or counselors to present key topics. Information maps are used primarily during psychoeducational sessions.

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

It is important to understand that TMEC can be used as a framework for most group and individual counseling methodologies, including cognitive behavioral, psychodynamic, motivational enhancement, or 12-step-oriented. In essence, TMEC provides an approach-independent visual adjunct to spoken language.

What are the origins of TMEC?

TMEC evolved from earlier work on graphic representation to improve the communication and thinking of teachers and students. The success of visual approaches, in particular node-link mapping, in education led to applications in counseling starting in 1989. Since then, mapping has undergone extensive research and development in a variety of counseling arenas.

What is the evidence for the effectiveness of TMEC?

There are over 20 studies that show that clients randomly assigned to TMEC have better during and after treatment outcomes than clients who are randomly assigned to "counseling as usual." In addition to this empirical evidence, there is also substantial pragmatic evidence represented by the adoption of TMEC by numerous counselors and counseling agencies in the U.S. and other countries (e.g., England and Italy). There are also key published articles that provide background and guidance on the use of mapping (see Appendix).

How do I learn to implement TMEC?

There are three ways to learn TMEC: (a) receive formal workshop training, (b) be taught by colleagues, or (c) self–study the materials that appear on the IBR Website (www.ibr.tcu.edu). There are strong indications that all three approaches can be successful. Regardless of the approach, the following points should be emphasized:

1) *There are many ways to create and use node-link maps*. A "good" map is one that facilitates discussion and thinking. It is important to remember that mapping is an adjunct to good counseling, not a goal in itself.

2) *Counselors will need time to explore (in some cases by trial and error) how to merge mapping with their preferred approaches and their clients' needs.* After learning the "nuts and bolts" of TMEC, it will take a counselor some time to evolve a version of this counseling technique that feels comfortable and effective.

3) *Peer and supervisor support and collaboration make the adoption of TMEC much easier*. A culture of TMEC creates opportunities for brainstorming and constructive feedback. Counseling session maps also can be used to facilitate discussions about clients' issues and progress as part of supervision.

What manuals are available for learning TMEC?

There are several manuals available through the IBR Website that can be used to learn the core elements of TMEC (www.ibr.tcu.edu and click on "Manuals"):

The present manual, ***Introduction to TCU Mapping-enhanced Counseling,*** is a good place to start. You'll find an overview of node-linking mapping, guide maps, and examples of using TMEC in both individual and group sessions. Others include:

> ***Mapping New Roads to Recovery***: ***Cognitive Enhancements to Counseling –*** This mapping "primer" features step-by-step information and practice exercises. It details the use of free mapping (i.e., maps made by counselors and clients from scratch) and contains examples of counseling session maps.

TCU Guide Maps: A Resource for Counselors – This manual presents a collection of fill-in-the-blank maps that cover numerous counseling topics.

Mapping Your Steps: Twelve Step Guide Maps – This is a more targeted manual that provides guide maps for learning and processing the information in 12 step programs.

In addition, the IBR Website also features several topic-specific manuals for group counseling that use mapping as a primary strategy. Among them:

Straight Ahead: Transition Skills for Recovery – This manual uses guide maps and information maps for relapse prevention and building social support for recovery.

Getting Motivated to Change – This manual uses mapping worksheets to help clients visualize decisional balances, self-identify motivations for change, and plan goals.

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

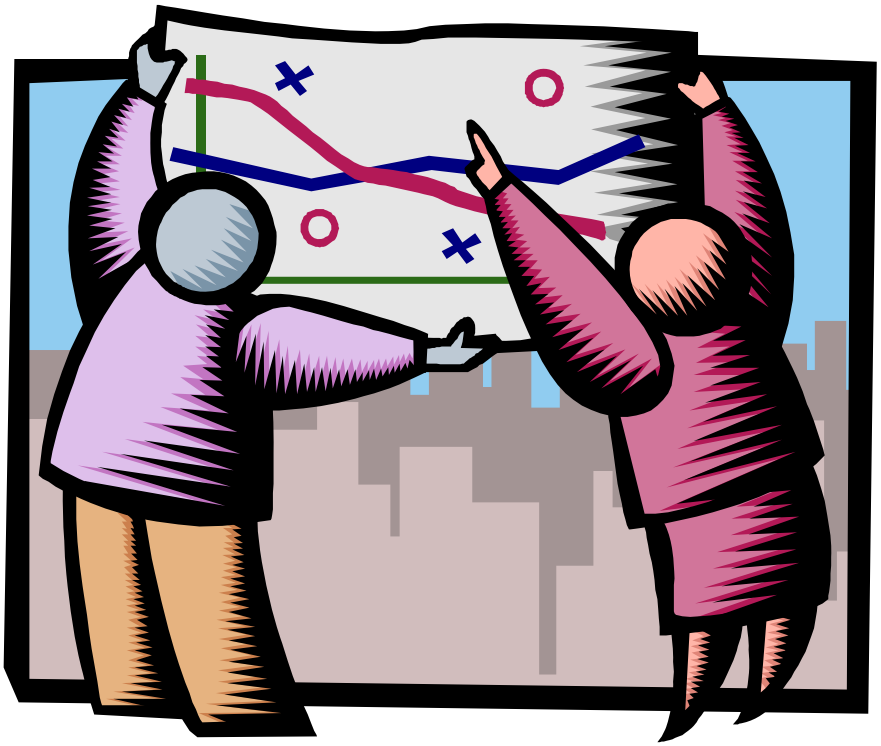
Unlock Your Thinking, Open Your Mind – This manual uses mapping to focus on identifying and changing unproductive cognitive distortions that interfere with treatment and recovery.

How does TMEC fit with client assessments?

TMEC has been shown to be especially useful in providing clients with feedback based on assessment instruments that are used to inform treatment planning or during-treatment monitoring. The *TCU Client Evaluation of Self and Treatment* (CEST) is one of several available instruments that help chart client characteristics at Intake and throughout treatment. The TCU manual, ***Using Client Assessments to Plan and Monitor Treatment,*** provides a concise overview of the utility of the CEST assessments for addressing client treatment needs and progress. This manual is available for download at the IBR Website (www.ibr.tcu.edu).

In Part 3 of this manual, case studies are used to illustrate how assessment results can be incorporated into a mapping session to help client engage in identifying issues and concerns they wish to address as part of treatment. TMEC offers a focused strategy for pulling clients into the planning and monitoring process, while at the same time engaging them in important issues and discussions important for recovery.

PART 1:
Overview of Mapping-Enhanced Counseling Strategies

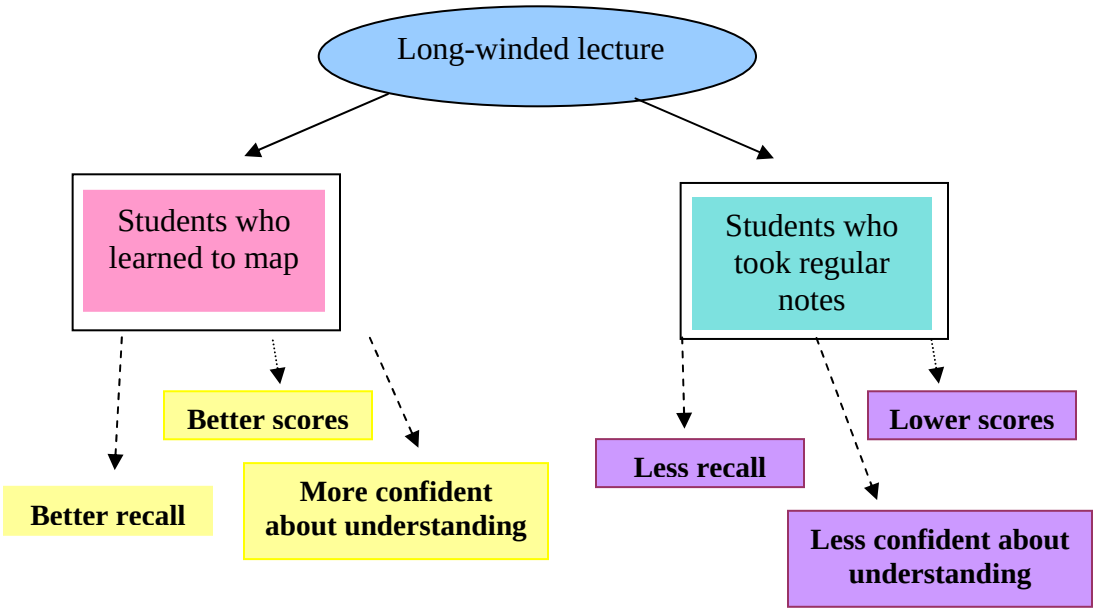


What is "node-link mapping"?

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

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

Figure 1. Simple map of early mapping research



Mapping as a Counseling Tool

Mapping was adapted for use as a counseling tool beginning in 1989 as part of a long-range project to enhance addiction treatment and study therapeutic process. A key element – that mapping appears to help foster understanding and support better recall – was seen as potentially beneficial to the counseling relationship both for individual and group applications.

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

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

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

Finally, TCU Mapping- Enhanced Counseling is listed in SAHMSA's National Registry of Evidence-based Practices and Programs (NREPP). In treatment settings interested in fidelity and adherence to protocol when following evidence-based practices, the nature of the mapping intervention itself (i.e. producing visual representations) provides for easy documentation. The maps themselves document the frequency, focus, and application of their use. In addition, the number of maps produced, the types of maps used, the topics addressed, and the client's involvement in the mapping process provide accurate evidence of counselor-level and client-level adherence to mapping-enhanced counseling practices.

Mapping and Collaboration

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

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

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

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

Types of Maps

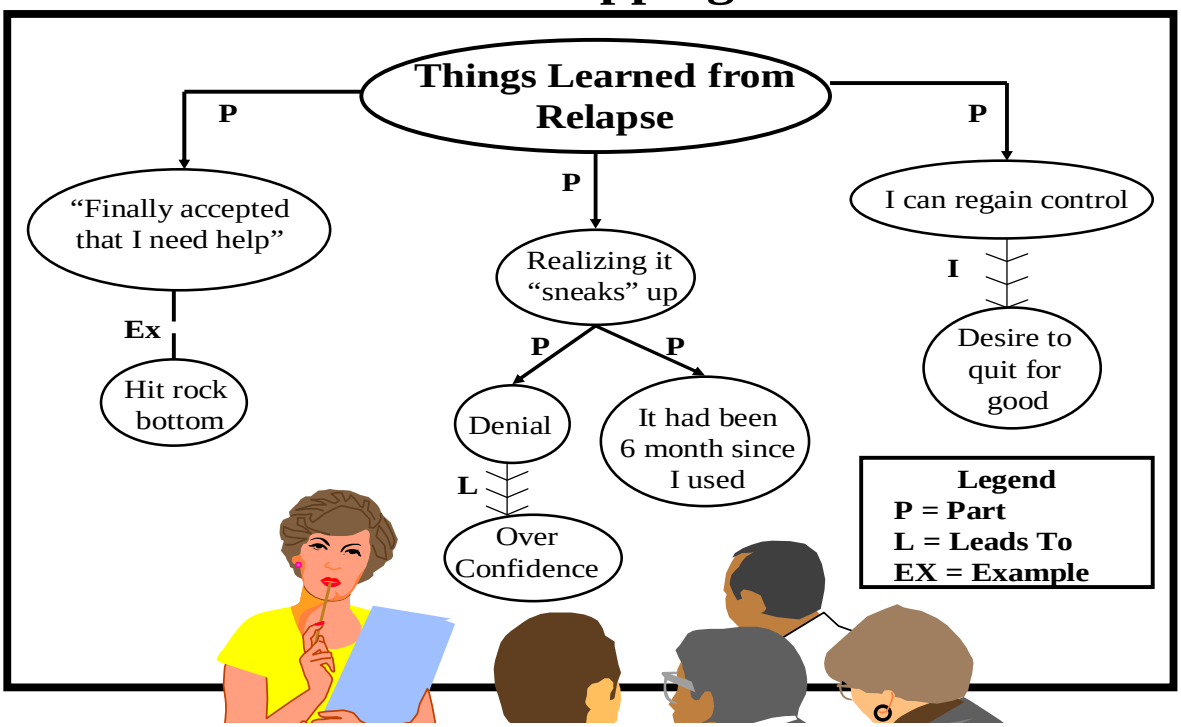
Mapping Categories

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

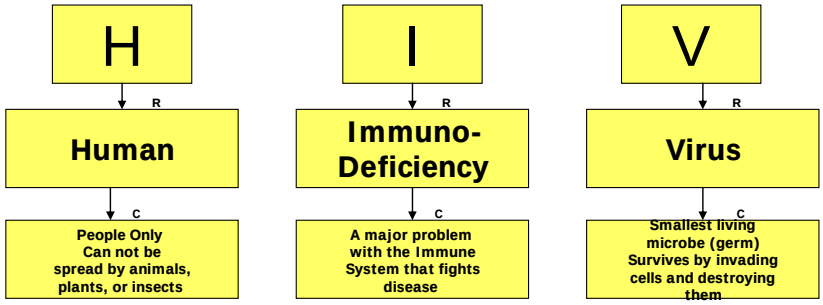
- **Free** or **process** maps
- **Information** maps
- **Guide** maps

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. When possible, both counselor and client(s) should have pencils or markers so that co-creation of the map is facilitated. Here is an example of a free map 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 then led a process discussion on the issues that were raised:

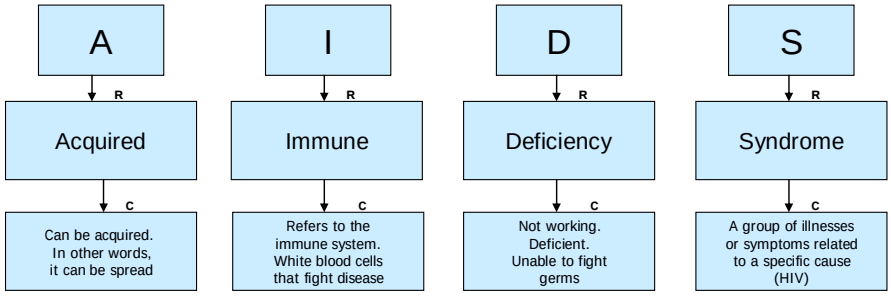
Free Mapping



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

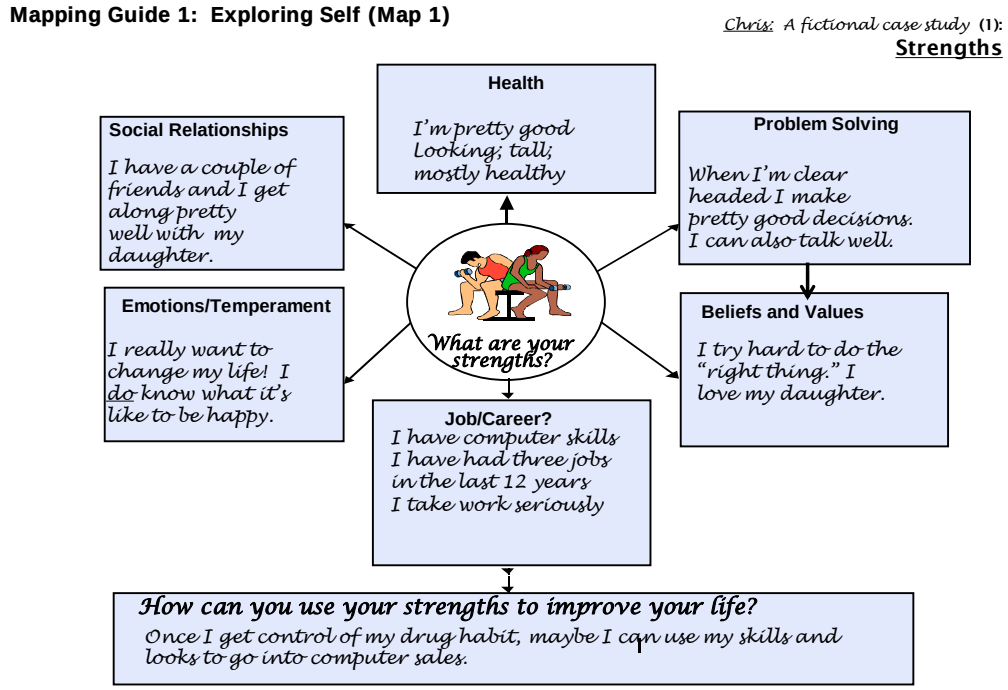


HIV is a human virus that invades and destroys the cells of the immune system.



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

Guide maps: 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.



The Mapper's Dozen

Mapping-enhanced counseling strategies are useful for establishing rapport and therapeutic alliance, identifying client goals for treatment, and fostering motivation for working on those goals as part of treatment. *The Mapper's Dozen* is a collection of 12 multi-purpose guide maps that can be customized for different needs and issues in individual or group settings. These maps, along with examples of different customizations, are included in the following chapter.

To get ready for using guide maps with clients, familiarize yourself with *The Mapper's Dozen* and how you might use them. Prepare the client for this new approach to working together. Give the client an explanation about what maps are: "Maps are tools to help us structure our sessions and discussions. They can help us "see" some of the things we may talk about." Frequently validate and affirm clients' responses in during mapping sessions.

PART 2:

The Mapper's Dozen

The Maps

The following collection of node-link guide maps can be used to generate ideas and discussion around a multitude of counseling issues. The maps can be a step in treatment planning, a way to highlight a particular concern, a handout activity for groups, or a "homework" assignment to keep clients focused between sessions.

There really is no secret or prescribed way to use these maps. There is no "right" or "wrong" way to add them to counseling or group routines. In fact, although we have worked extensively with maps over the years, we continue to discover new and innovative ways to use them with our clients. Or we hear from other counselors and clients about the successful ways they have used a particular guide map to address issues.

This "no right or wrong" approach stems from what we believe is the magic of using node-link maps in the first place – that being the cognitive enhancement of visually and spatially displaying information, tasks, personal narratives, problems, or envisioned solutions. The overall "gestalt" of a completed map, in combination with a chance to process it in group or individual counseling, is a key factor in its effectiveness.

So what is the best way to begin incorporating these guide maps into clinical work? We recommend rehearsal and practice to become familiar with the maps themselves. First, make yourself copies of the maps and take some time to review them. Next, choose a personal problem, event, decision, or circumstance (or more than one) and practice using some of the maps to think the issues through. This is a simple self-training idea that allows you "try the maps on" and experience their utility for yourself. You also may want to role play working with the maps with a friend or colleague. Spending a little time to familiarize yourself with the maps and to engage in some self-training will help you anticipate how your clients might respond to the maps, as well as give you clues about what kinds of processing and discussion questions that might work best.

It has been our experience that once counselors become familiar with these guide maps, finding the best ways to use them becomes almost intuitive. Maps can be used effectively with almost any treatment model or theory a clinician might prefer.

The guide map templates contained in this collection also are available in an electronic format (Microsoft PowerPoint 2007) that can be edited for customization. There are several examples in the following collection that show ways of changing the wording of questions or expressions within the maps to better focus them on treatment areas you might want to address with your client. In addition, having the collection in electronic format allows clinicians to translate the maps into other languages to better meet the needs of clients. To download the PowerPoint version of The Mapper's Dozen, visit the IBR Website at ibr@tcu.edu and click on "Resources."

"ROAD" Maps

Description:

Simple maps based around a visual road metaphor. Space is provided on each side of the "road" to create nodes with relevant ideas, events, memories, or proposed tasks.

Purpose:

Three examples of different customizations of this guide map are included.

The first – "***You are here and you want to get there***" – can be used as an adjunct to helping clients' identify steps and tasks that are needed to reach a more long-term goal.

The second – "***When did the present difficulty start/you are here today***" – offers clients a visual structure for exploring events, decisions, behaviors, and feelings that may have contributed to a problem the client is experiencing in the here and now.

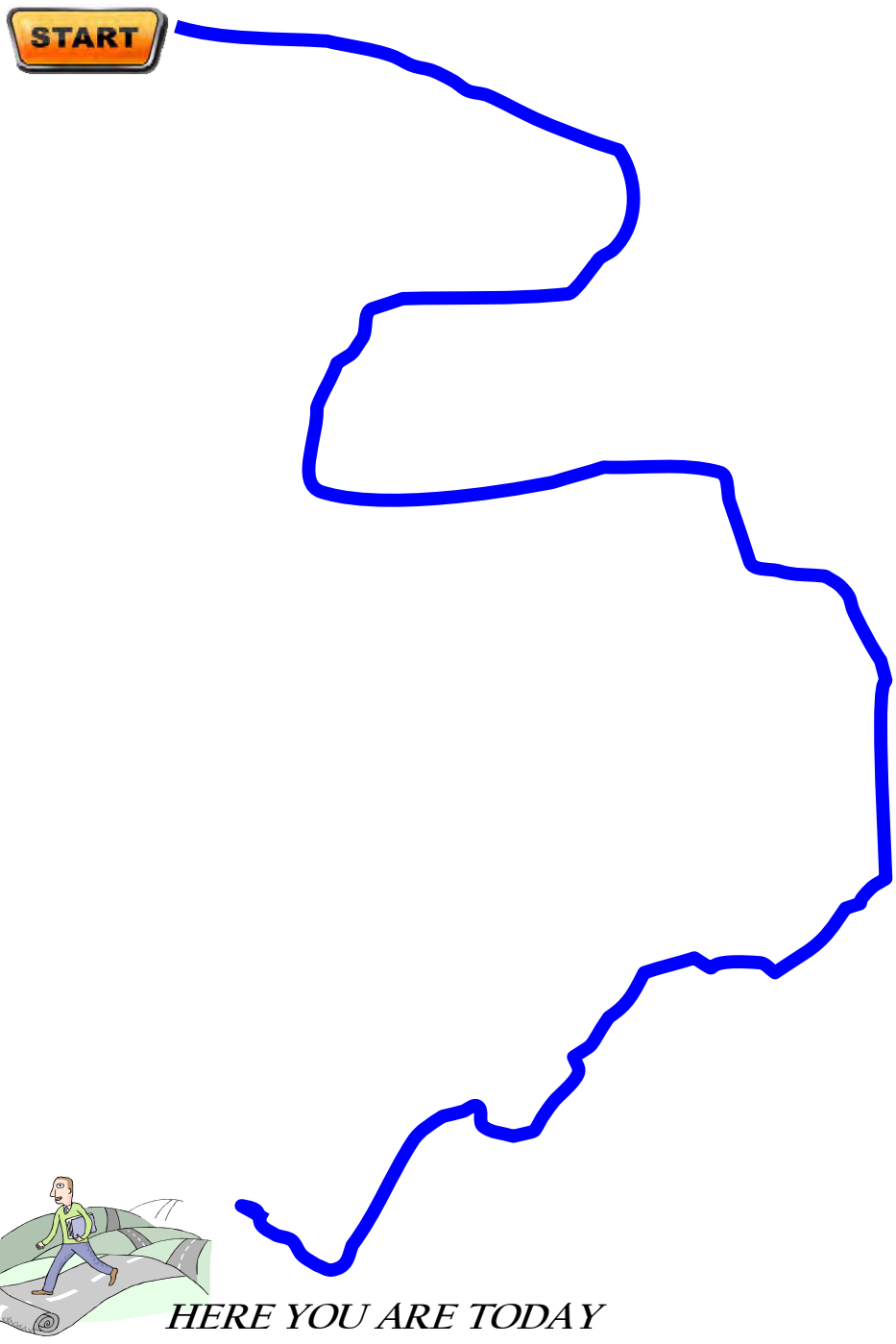
The last one – "***Starting point/year/you are here***" – can serve as a template for clients' to organize and discuss more general aspects of their recent personal history or a recent period of time.

YOU ARE HERE

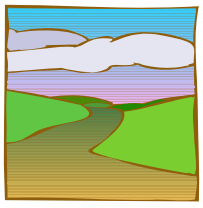
YOU WANT TO GET HERE

When did the present difficulty start?

Add significant events, decisions, etc. since then

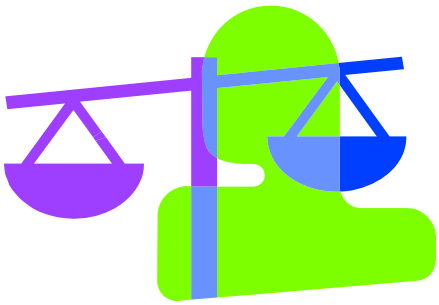


STARTING POINT
YEAR _____



YOU ARE HERE

Decisional Maps



Description:

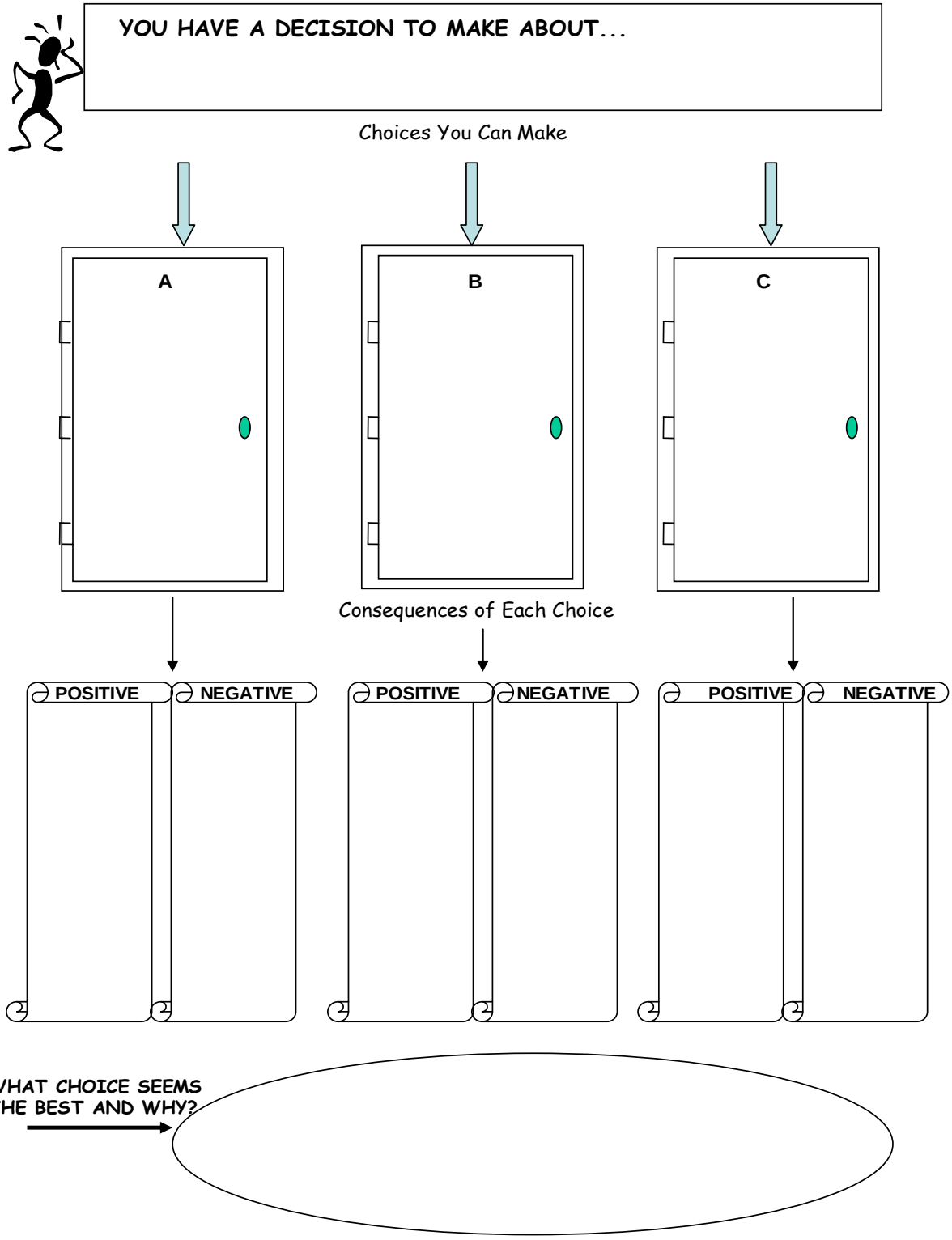
Structured maps based around a visual metaphor of opening different doors. Space is provided for clients to describe the decision or plan they are considering, the choices available, the risks/benefits of these choices, and some thoughts about what seems best to do.

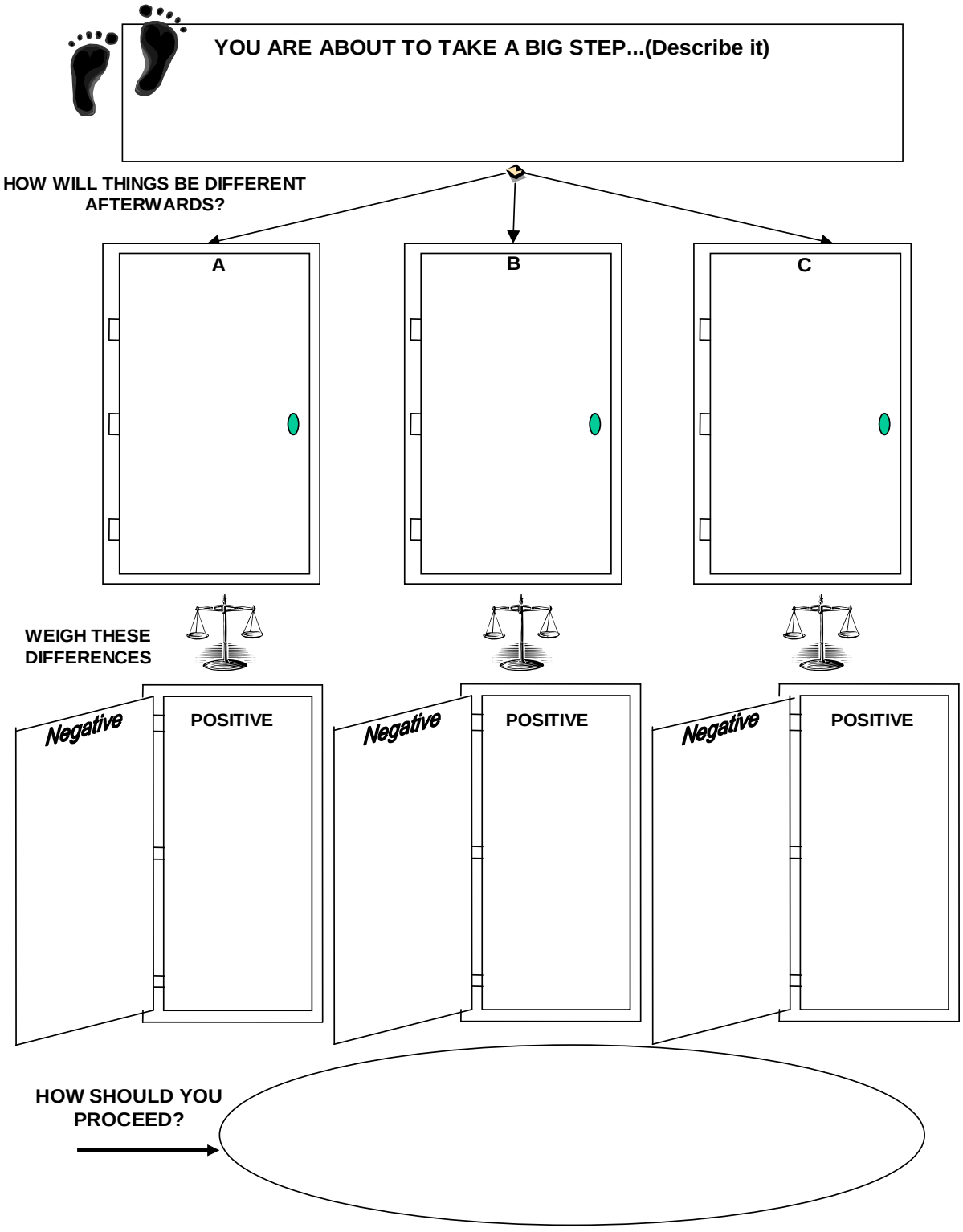
Purpose:

Two examples of this guide map are provided.

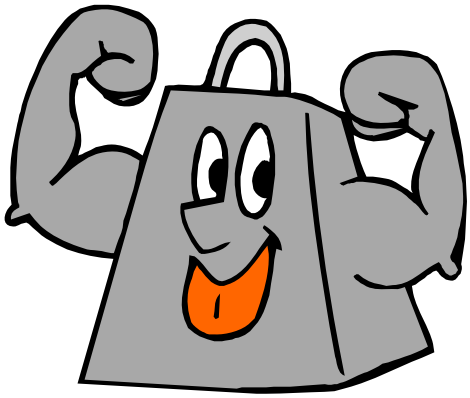
The first – "***You have a decision to make about***…" – provides a general decisional balance worksheet for considering decisions, choices, the "pros and cons" of the available choice, and a preliminary decision based on the information.

The second – "***You are about to take a big step***" – offers clients a structure for exploring the potential benefits or consequences of a decision the client may have already made or be on the verge of making by inviting them to explore how things will be different once they have proceeded with their plan or decision.


YOU HAVE A DECISION TO MAKE ABOUT...
Choices You Can Make
A
B
C
Consequences of Each Choice
POSITIVE
NEGATIVE
POSITIVE
NEGATIVE
POSITIVE
NEGATIVE
WHAT CHOICE SEEMS THE BEST AND WHY?


YOU ARE ABOUT TO TAKE A BIG STEP...(Describe it)
HOW WILL THINGS BE DIFFERENT AFTERWARDS?
A
B
C
WEIGH THESE DIFFERENCES
Negative
POSITIVE
Negative
POSITIVE
Negative
POSITIVE
HOW SHOULD YOU PROCEED?

Strengths Maps



Description:

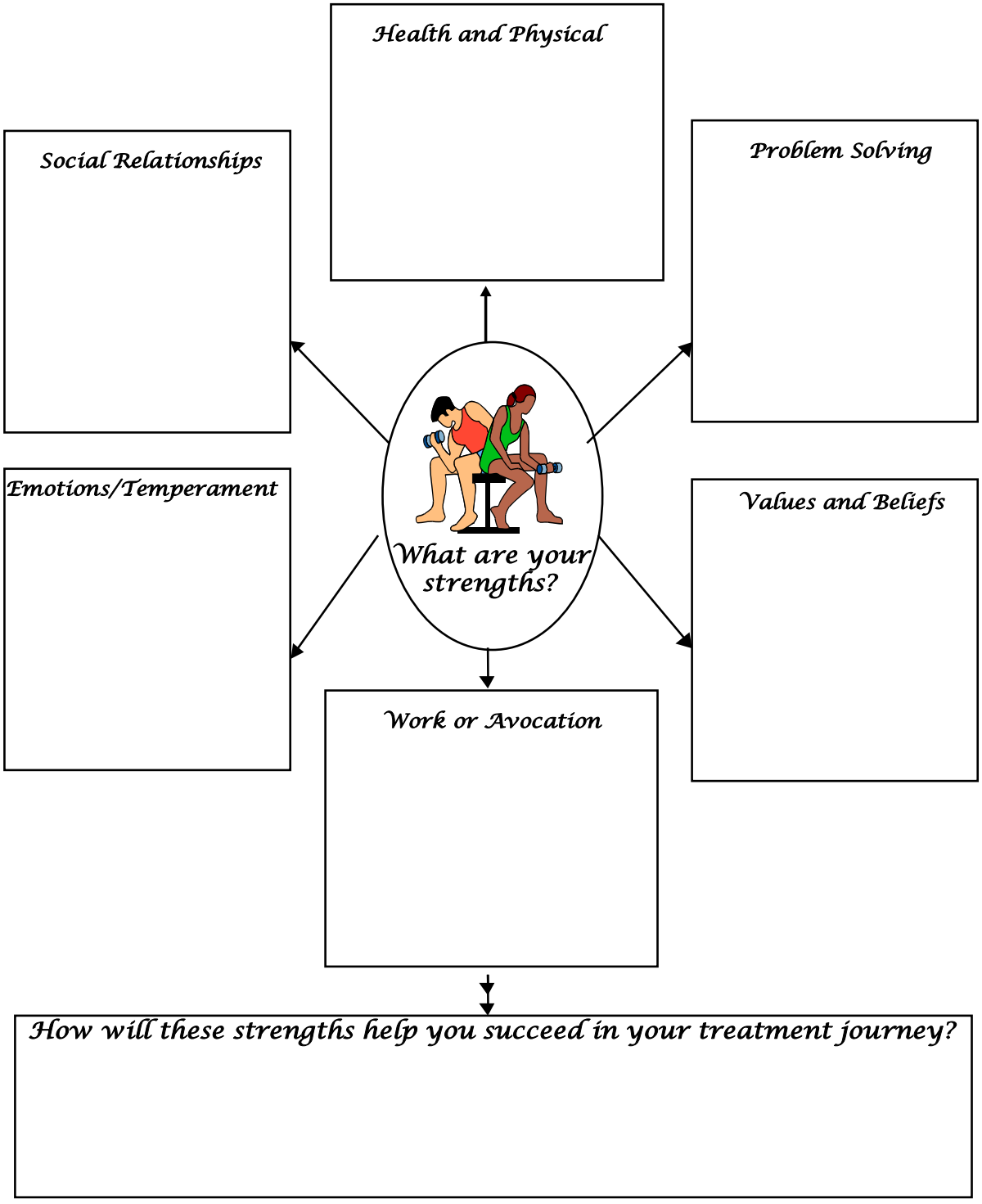
The center node invites clients to consider their strengths in a visual metaphor for the “parts of the self” and to consider how these strengths benefit them.

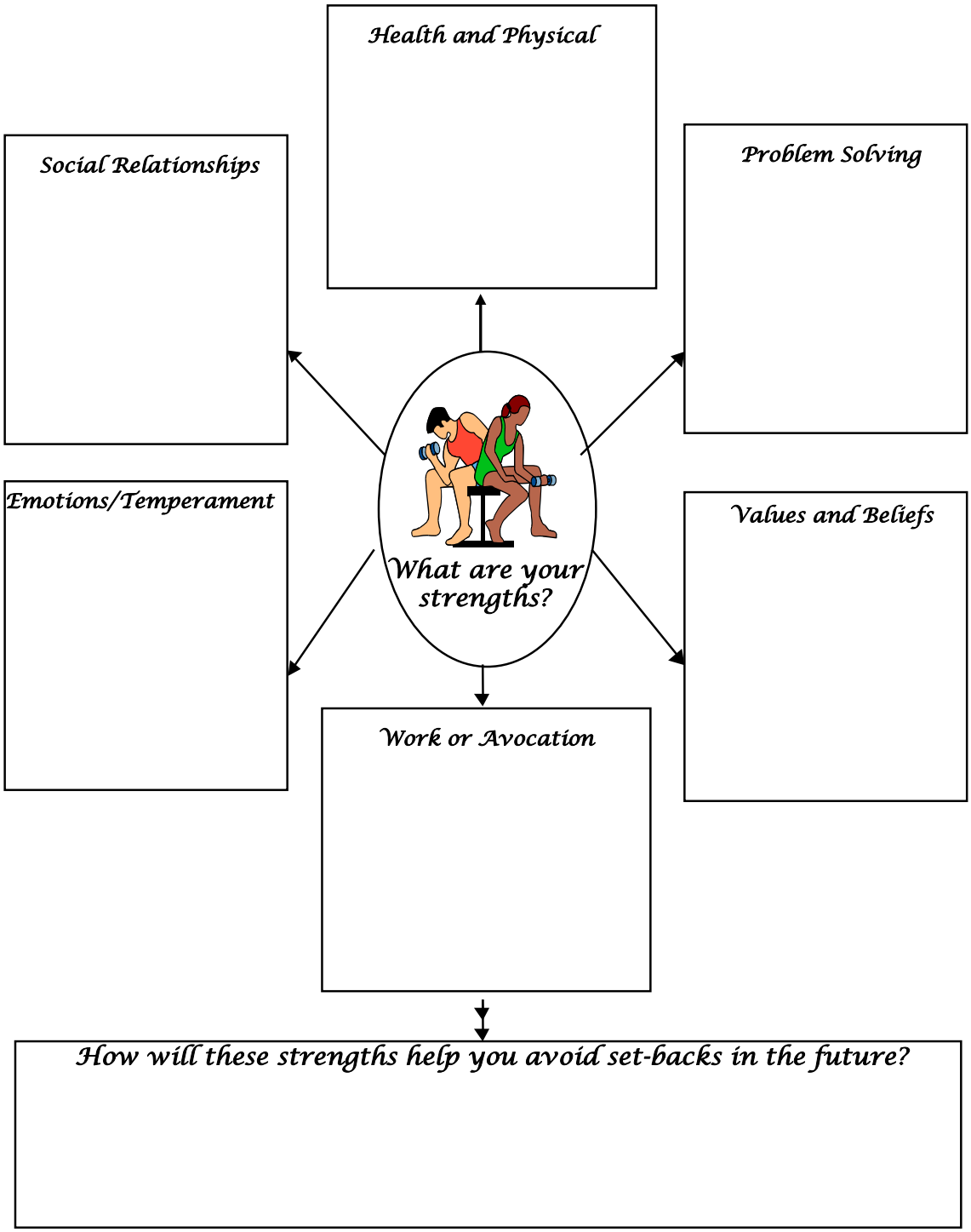
Purpose:

Examples of two core strengths map are included. It is often one of the first maps counselors use with a client to help with rapport building and motivation.

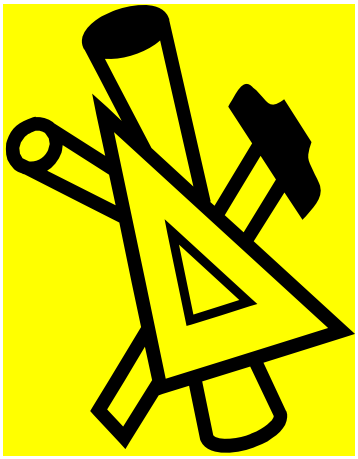
This is a good map for clients to complete and keep with them as a reminder and affirmation of the personal resources they have available for dealing with problems, making decisions, or getting through a difficult time, by inviting them to explore how things will be different once they have proceeded with their plan or decision.

Simple customizations of the map are possible by changing the stem questions in the last node or by changing the descriptors of different parts of self.


Health and Physical
Social Relationships
Problem Solving
Emotions/Temperament
Values and Beliefs
What are your strengths?
Work or Avocation
How will these strengths help you succeed in your treatment journey?


Health and Physical
Social Relationships
Problem Solving
Emotions/Temperament
Values and Beliefs
What are your strengths?
Work or Avocation
How will these strengths help you avoid set-backs in the future?

Planning Maps



Description:

Guide maps that help walk clients through establishing "SMART" goals (specific, measurable, attainable, realistic and timely) and considering resources they can call on to help them prevail.

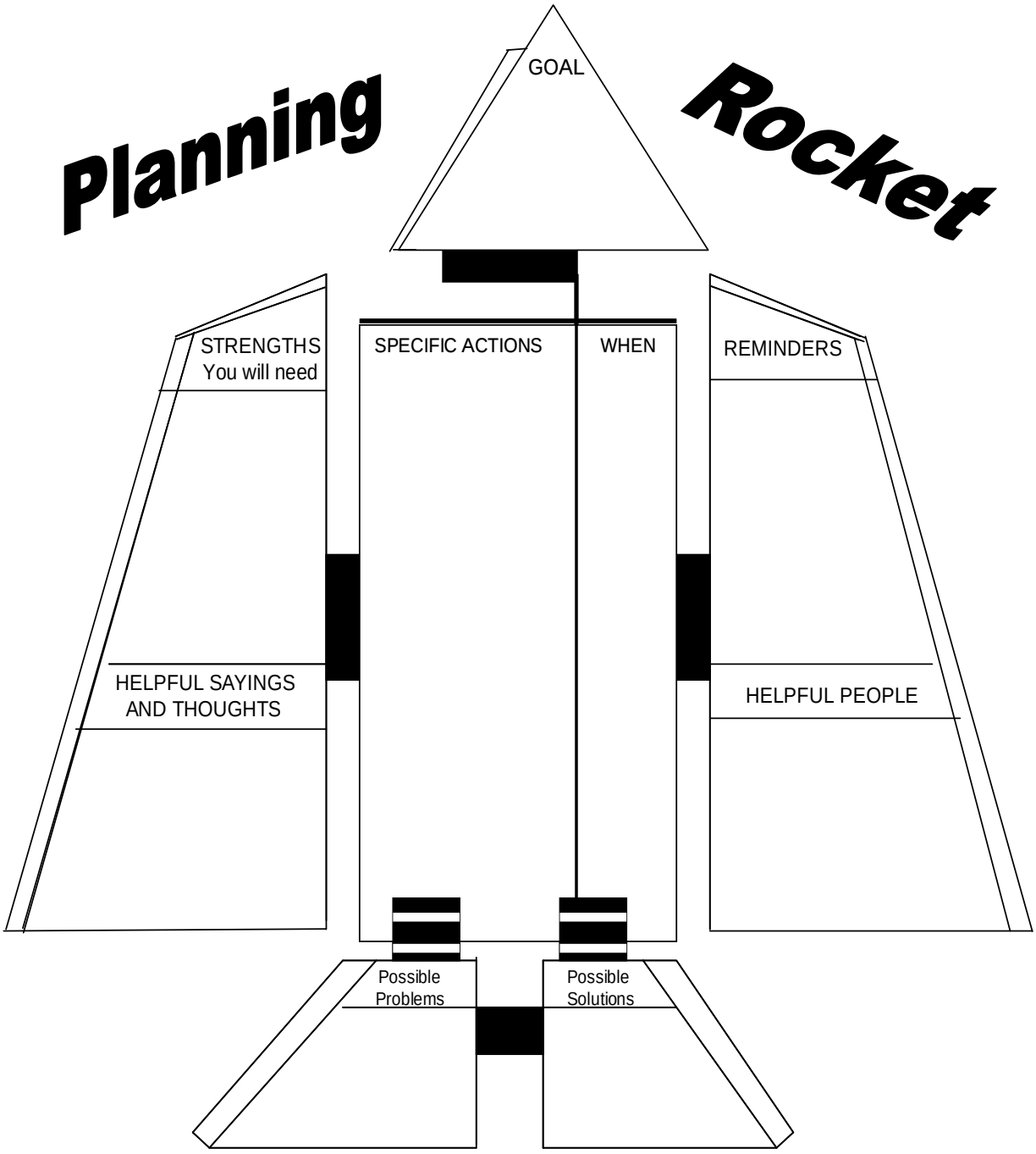
Purpose:

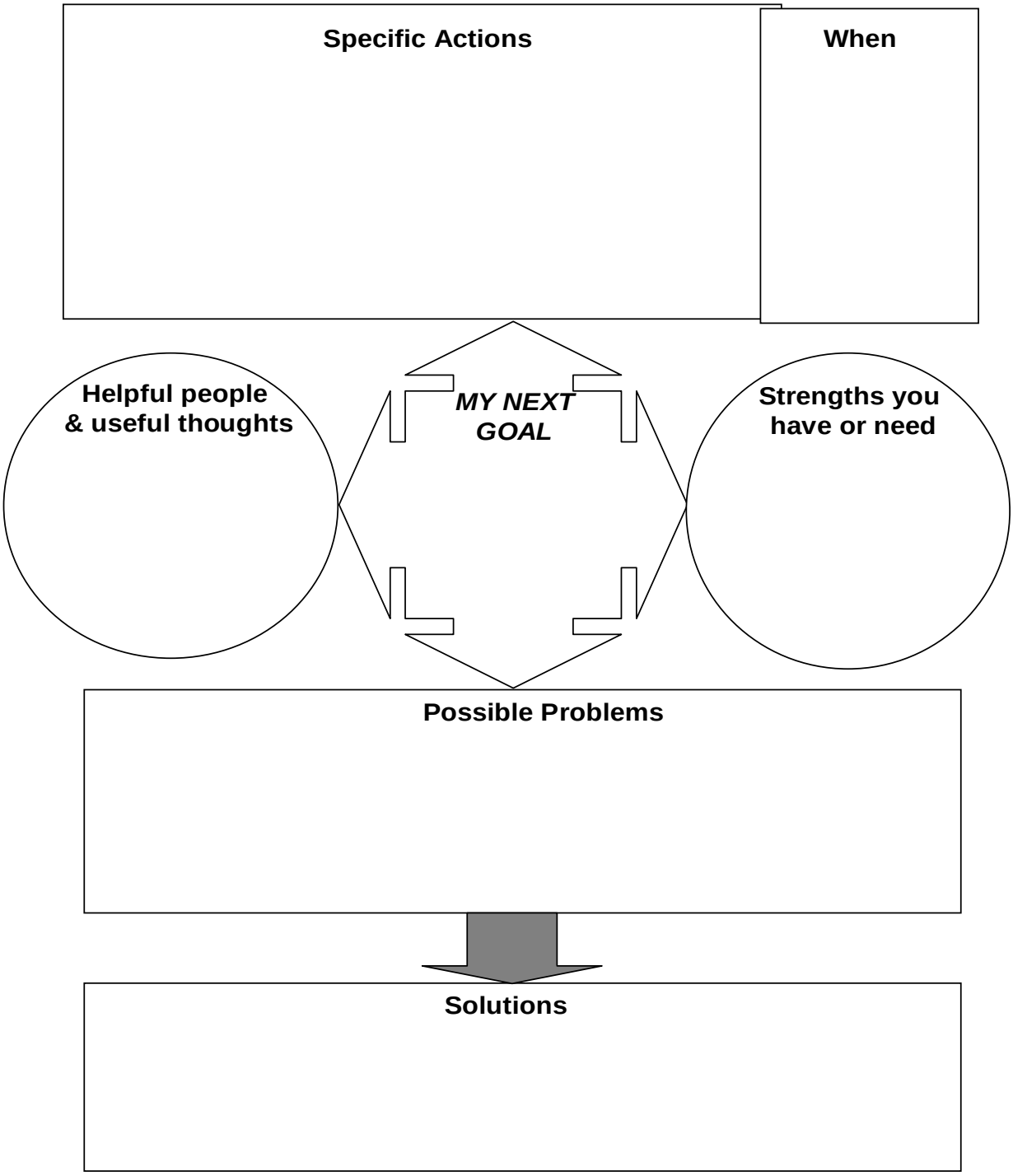
Three examples of these planning maps are included:

The first – "***Planning Rocket***" – organizes the planning process with the visual metaphor of the goal as a rocket about to blast off.

The second – "***My next goal***" – uses a basic visual format to invite clients to consider steps, timelines, possible challenges, and personal strengths related to their goal.

The last one – "***What is your primary concern***" – approaches the planning process from a slightly different perspective by inviting clients to think about why each of the needed steps/tasks toward the goal are important.


Planning
Rocket
GOAL
STRENGTHS
You will need
SPECIFIC ACTIONS
WHEN
REMINDERS
HELPFUL SAYINGS
AND THOUGHTS
HELPFUL PEOPLE
Possible
Problems
Possible
Solutions


Specific Actions
When
Helpful people & useful thoughts
MY NEXT GOAL
Strengths you have or need
Possible Problems
Solutions

What is your primary concern at this time?

What specific goal do you have?

Goal:

Steps needed toward your goal	*What makes this step important?*

Outcomes Maps

Description:

Guide maps for exploring the events, choices, and actions that were associated with either a "successful" or "unsuccessful" outcome the client has experienced.

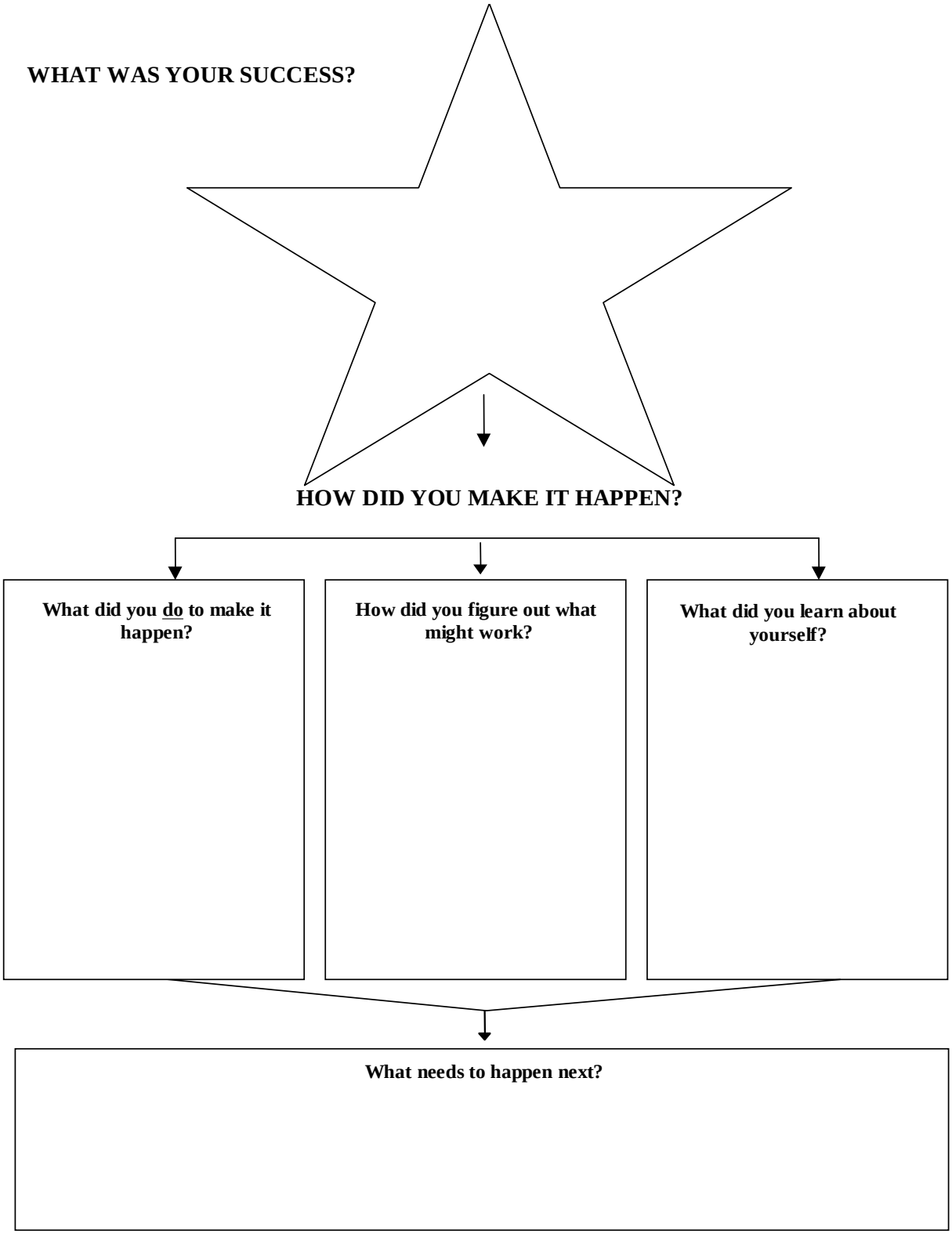
Purpose:

Three examples of these outcome maps are included:

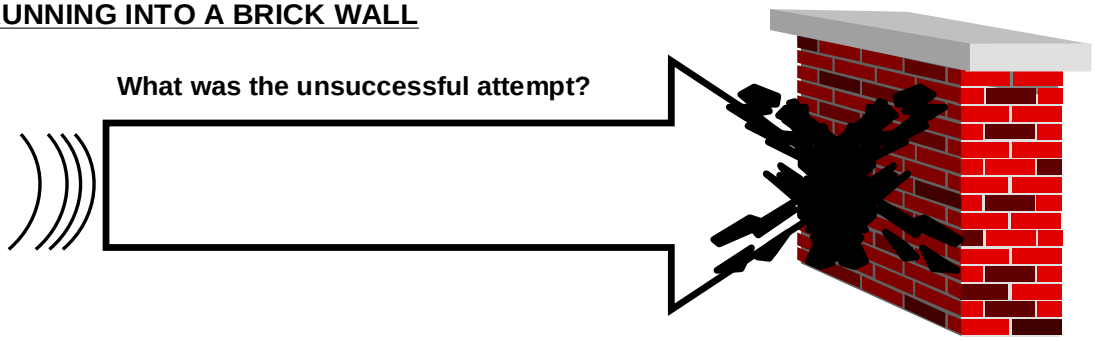
The first – "***What was your success***" – guides the client in revisiting a successful decision or outcome using the visual metaphor of a star.

The second – "***Brick wall***" – uses the metaphor of "running into a brick wall" to help the client consider outcomes of an unsuccessful choice or decision and how to avoid having it happen again.

The last one is a customization of the "***Brick wall***" that changes the perspective of an unsuccessful attempt or outcome by inviting clients to consider what they did to keep things from being worse.


WHAT WAS YOUR SUCCESS?
HOW DID YOU MAKE IT HAPPEN?
What did you do to make it happen?
How did you figure out what might work?
What did you learn about yourself?
What needs to happen next?

RUNNING INTO A BRICK WALL



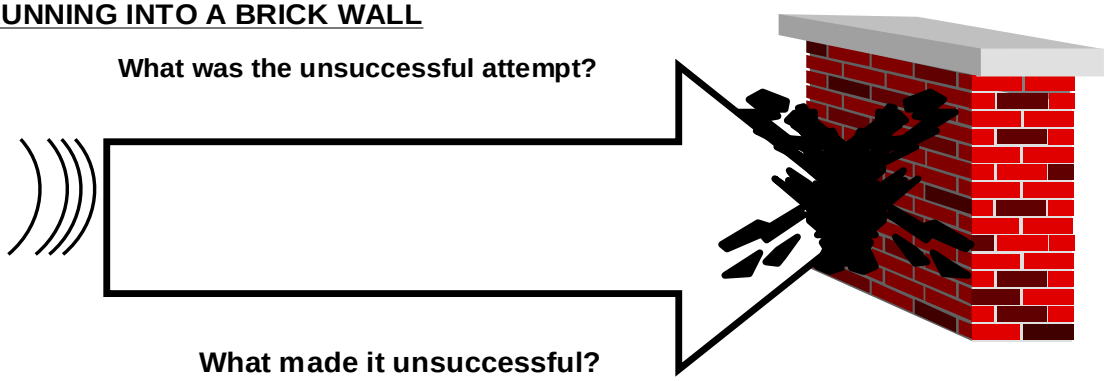
What made it unsuccessful?

Your actions?	Your thoughts?	Describe how this has happened to you before?

What can you do differently next time?

RUNNING INTO A BRICK WALL

What was the unsuccessful attempt?



What made it unsuccessful?

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

How has this experience made you wiser?

Relationship Maps

Description:

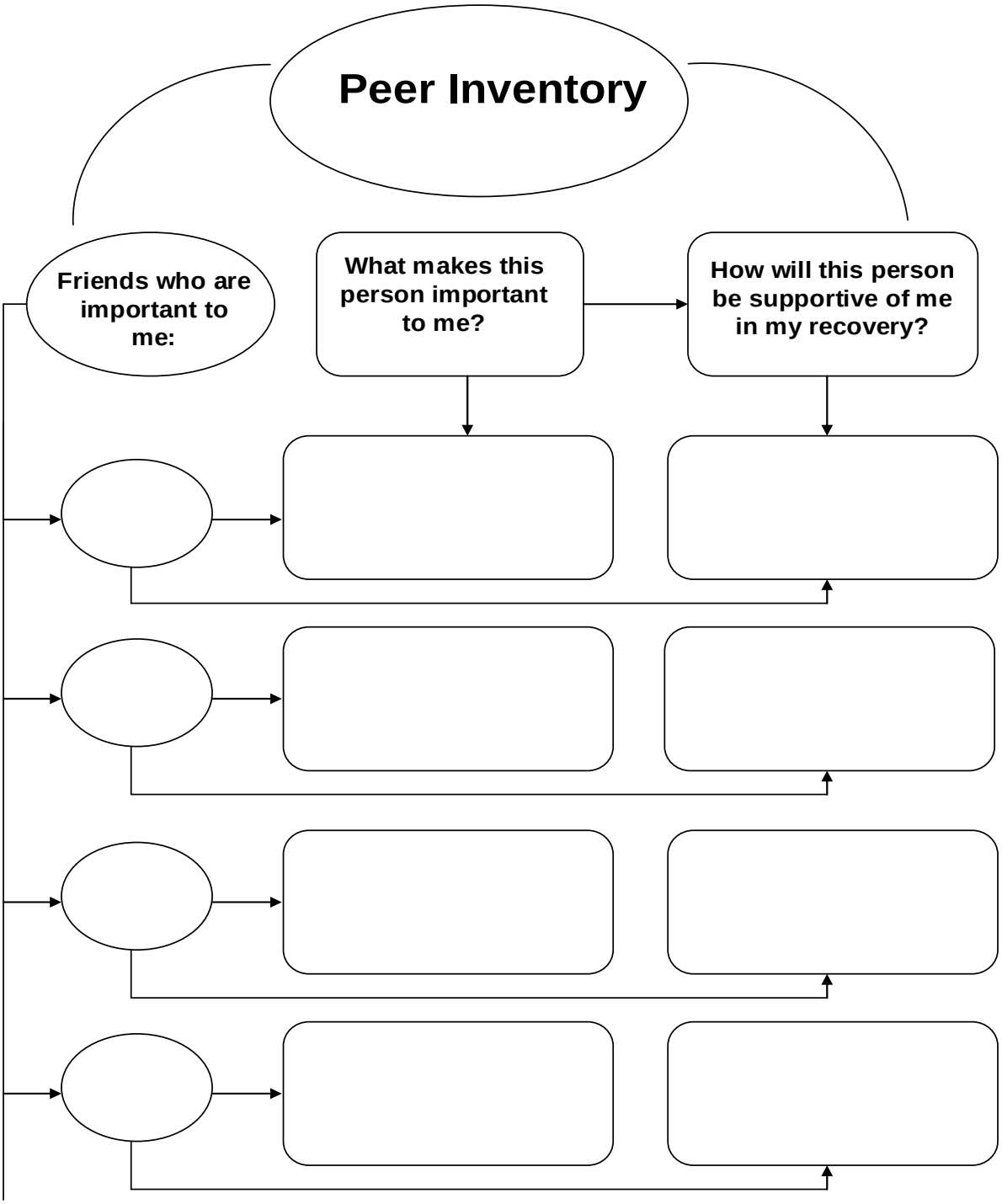
Structured maps for identifying positive or supportive social relationships and for improving communication.

Purpose:

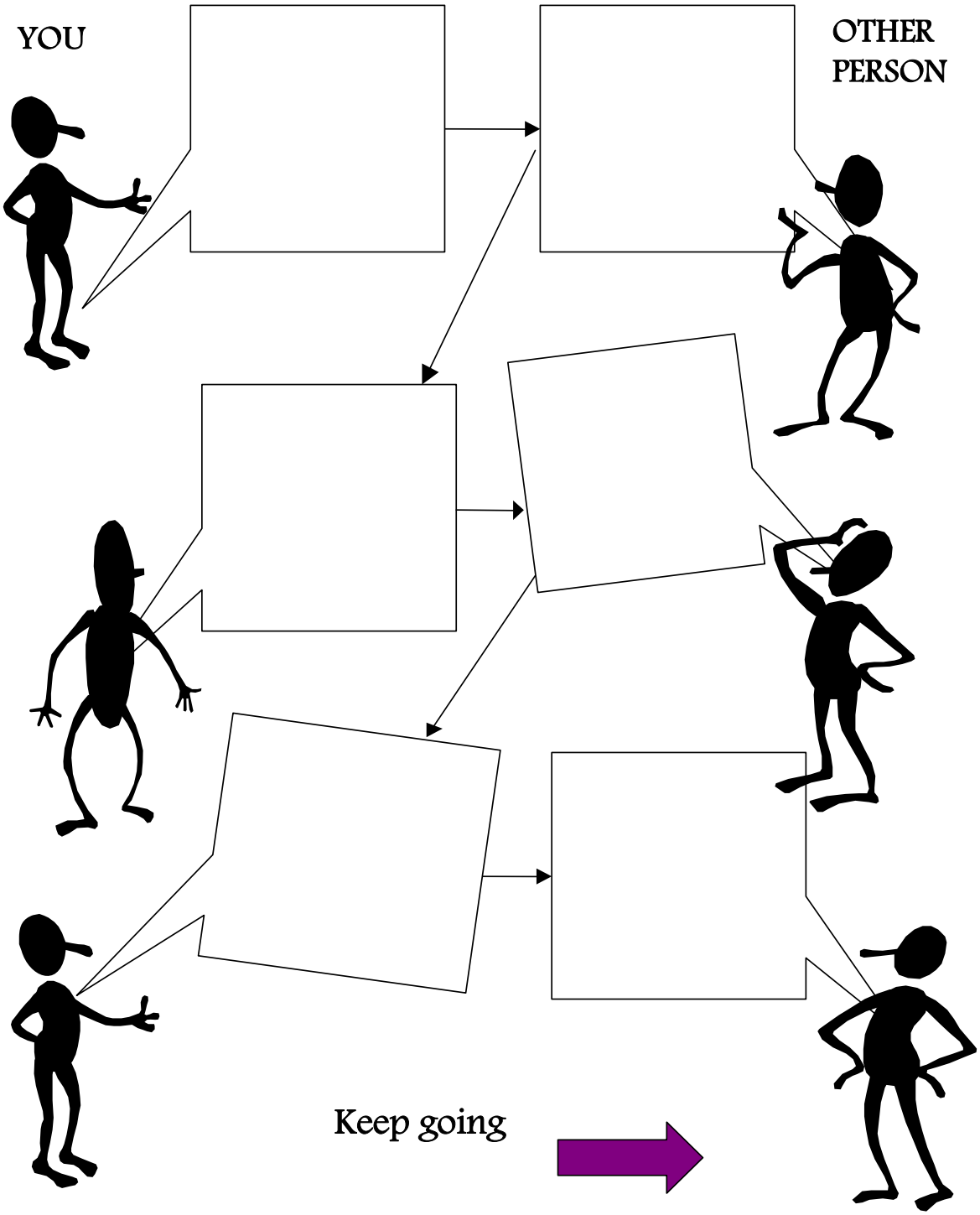
Two examples of this guide map are provided.

The first – "***Peer inventory***" – provides a general structure for considering people who are a support for recovery and what makes these people helpful to the client.

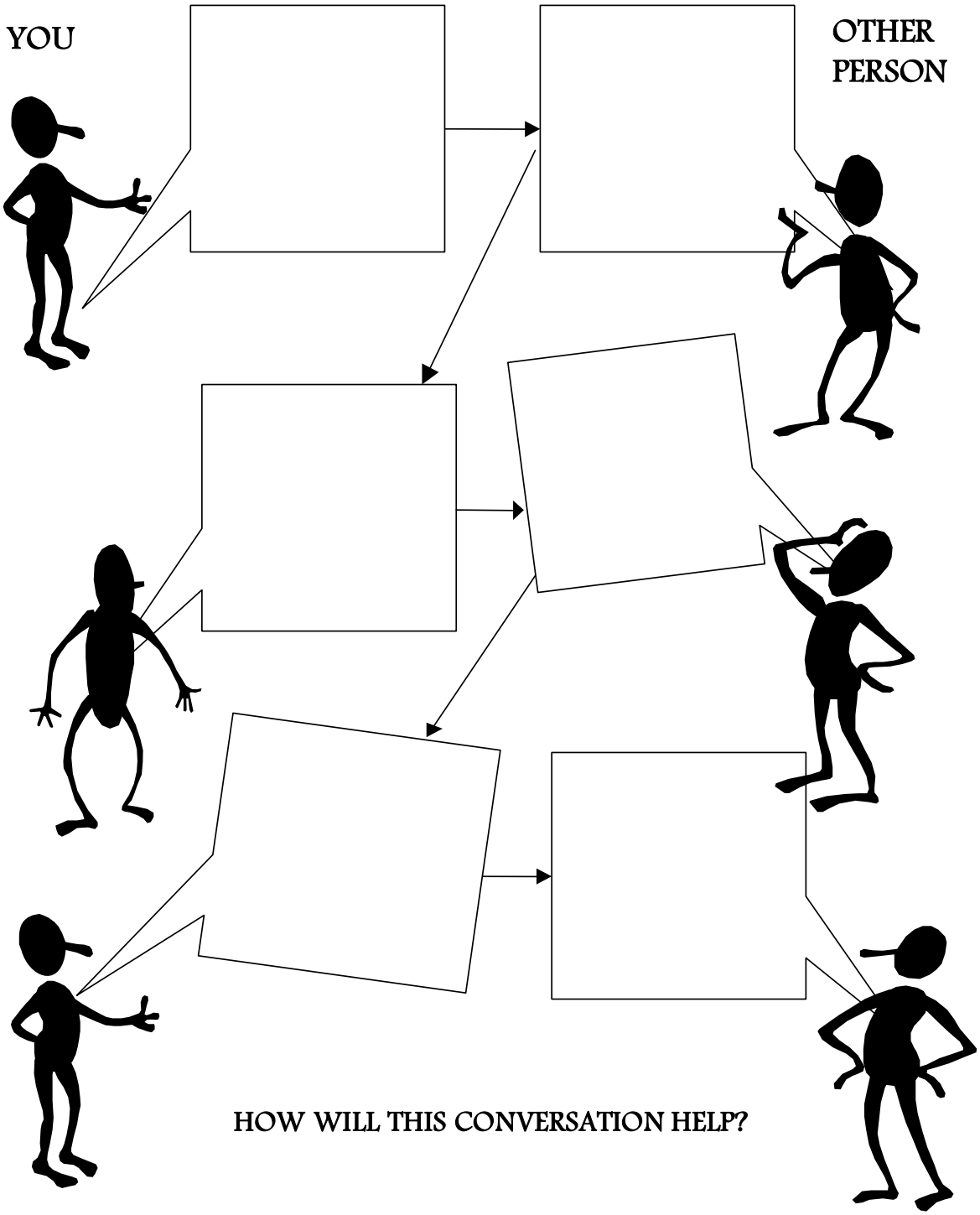
The second – "***An important conversation***" – offers clients a visual suggestion of the "back and forth" of communicating effectively with others. It allows clients to plan ways to communicate assertively about a particular issue or request and to anticipate how the other person might respond.


Peer Inventory
Friends who are important to me:
What makes this person important to me?
How will this person be supportive of me in my recovery?

AN IMPORTANT CONVERSATION

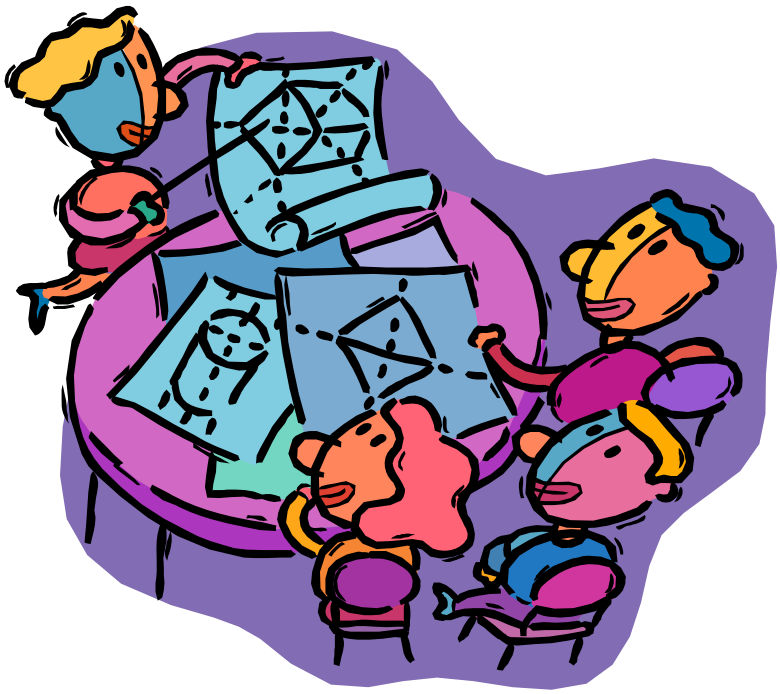


MORE CONVERATION



PART 3:

Case Studies with Maps



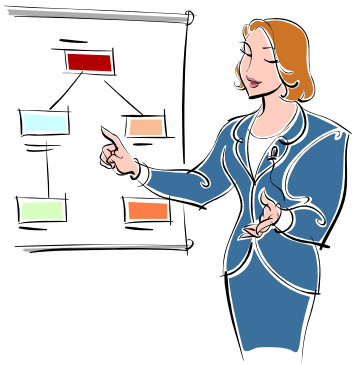
A Few Examples to Get You Started

As we pointed out earlier, most guide maps can be used in a number of ways. What follows are three "case study" examples, using selections from the *The Mapper's Dozen*. Two are presented for working individually with clients and the third is an example of using guide maps in a group session.

Free-mapping, a free-handed mapping technique, also is illustrated in a case study that highlights working with adolescent clients in a group setting. Naturally, free-mapping is also suitable for working with adults or working individually with any client. Likewise, guide maps work well with adolescents. The Power Point version of *The Mapper's Dozen* also allows for customization of these guide maps, using language and terminology that youth can relate to.

The following are some of the general benefits of using maps in individual and group counseling sessions:

- ✓ Provides a workspace for exploring problems and solutions
- ✓ Helps illustrate cause and effect, feedback loops, and other patterns
- ✓ Focuses attention on the topic at hand
- ✓ Provides easy reference to earlier discussions
- ✓ Provides a method for getting "unstuck"
- ✓ Creates memory aids for client and counselor
- ✓ Helps the client think in clearer and more systematic way



Tony's Uncertainty

Tony entered treatment about 6 weeks ago. He completed the Intake assessments after 3 weeks in treatment. He was arrested for possession and is attending treatment as part of a court-ordered probation agreement that also includes weekly random UA tests. His treatment program requires that he attend 3 times a week for 2 groups and 1 individual/family session with his primary counselor.

Tony entered treatment after his girlfriend left with their two children following his arrest. She had complained about his continued drug use and his increasing irritability and angry outbursts. He had promised her several times that he had quit using, only to get caught high again. Tony maintains that his use is not really a problem and that his girlfriend is bossy and unreasonable. He shows up for his scheduled appointments, but has been heard complaining to staff that treatment is "a joke" and that he really doesn't need to be there because the weekly drug tests alone are all he needs. Tony and his counselor met last week to review his assessment results and develop plans for treatment.

Here is a brief overview of Tony's Intake assessment:

Measures of motivation/desire for help: Tony scored lower than average in this area, indicating some ambivalence and resistance to being in a treatment program.

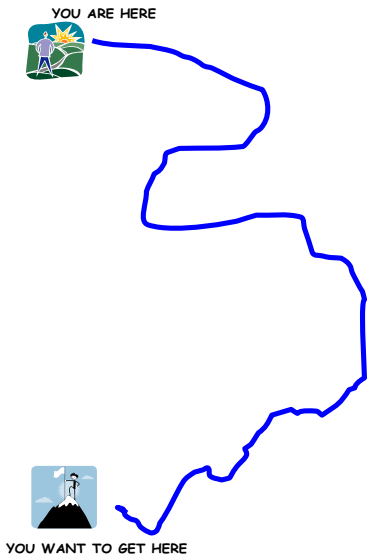
Measures of psychological functioning: Tony's scores on self-esteem are lower than average for the program. He also reports some problems with anxiety and depression.

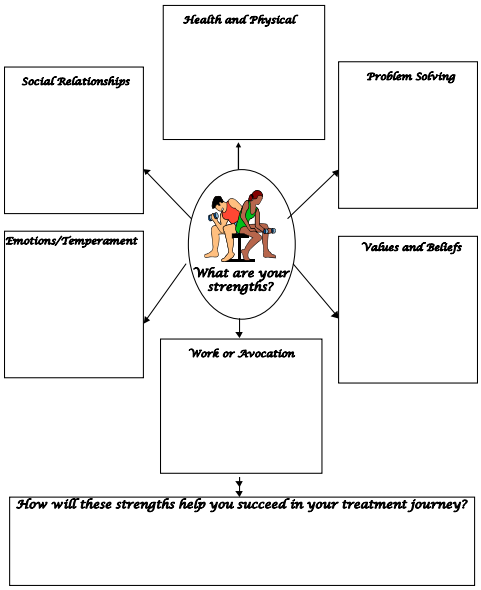
Measures of social functioning: Tony shows mid-range problems with hostility, risk taking, and social support.

Measure of treatment engagement/satisfaction: Tony's scores also indicate he is having trouble engaging and participating in treatment, with low rating of rapport with staff and overall satisfaction with the program.

Preparation

The counselor decides to use one of the "road" maps and the "strengths" map (thumbnails below) to build rapport and help Tony articulate something he would like to change as a result of treatment. She has copies of these ready to use during the session. She sets the counseling room so that there is a surface that can be used to write on with enough space around it for both she and the client to work on the maps collaboratively. (The corner area of a desk with room for chairs one either side is one idea.)





The Session

The counselor welcomes Tony to the counseling session and devotes the beginning minutes to "check-in" and listening to any issues or new concerns Tony may have for the meeting. During the working portion of the session, the counselor directs the focus to Tony's Intake assessment.

CO*: I was wondering if you'd had any more thoughts about what we talked about last week. What did you learn from reviewing your assessment results?*

Tony: *I have to be here. I don't like it much, but I also don't want to blow probation. That's one thing I remember that came up.*

CO: *I am very impressed by your efforts to maintain your probation. You never miss a group or a session with me. Maybe it means a little more because I understand that you don't want to be here.*

CO: (Continuing) *But you come anyway – gas for the car, your time, the general hassle of coming 3 times a week, all this, and still you make yourself come.*

Tony: *Yeah.*

CO: *I wonder if there might be something that would make being here worthwhile for you. You'll be here for 6 months. Seems a shame to put all that effort into something and not get much for your efforts. The question might be – If it were possible for you to get something useful out of being in treatment, even maybe just the slightest bit useful, what might that be? Let's look at it this way…*

The counselor produces a copy of the "road" map and shows it to the client. (A completed example is shown at the end of this case study). At this point the counselor might need to rearrange seating so that both can see the map as it is worked on.

CO: (Referencing the map): *You are here, today. And down here at the end of the road is where you want to get to. The curvy road line represents the next 5-6 months. What would you like to see different in your life when you get here at the end?*

Tony: (After a long pause): *Once all this is behind me, I want to be able to visit with my kids. My "ex" got a lawyer and has it tied up in family court. The judge in that case is waiting to see how I do with this program before deciding on custody and visitation.*

CO: (Writing across the bottom of the map): *"Be able to visit your kids." I've written that next to "you want to get here." So if you could walk this road in a*

way that would likely impress that judge, impress him so much he would never rule against you being able to see your kids, what needs to happen?

Tony: (After a long pause): *Keep coming here, I guess.*

CO: (Creating a node across the top of the road portion): *"Keep coming to treatment." I've written that up here, close to the top." What else?*

Tony: *Stay clean.*

CO: (Creating another node): *"Stay clean." I've written that here. What else?*

Tony: *Maintain employment and pay child support.*

CO: (Creating another node): *"Working and paying your child support." I've put that here. What else?*

Tony: *I can't think of anything else.*

CO: *What about other things that the judge or the lawyers might ask about? Didn't you say your ex called the cops on you a couple of times when you would get into fights? What would the judge want to hear that is new or different about that?*

Tony: *Learn anger management; get a hold on my temper.*

CO: (Creating another node): *"Anger management and temper control." I've written that here. What else?*

Tony: *Parenting classes or family counseling. Something like that. My "ex" told the judge my kids were afraid of me.*

CO: (Creating another node): *"Parenting classes to be a better parent." I've written that here. What else?*

Tony: *I imagine he is going to want some kind of report from here (this program) that tells him I took it seriously and learned everything I needed to.*

CO: (Creating another node): *"Good treatment report; evidence of progress." We'll put that one here. What else?*

Tony: *That's a lot already.*

CO: *You did manage to list a good number of things that will likely help you get where you want.*

At this point, the counselor reviews the map with the client, using listening and reflection skills should the client want to elaborate or add details. Any further salient information also can be added to the map.

The counselor might then transition to the "strengths" map.

CO: *So one thing that might be useful for you as a result of spending time in treatment is that maybe it can help you win visitation with your children. And one thing that you pointed out is that a good report from this program showing that you were engaged and participating and learning things would be helpful.*

Tony: *Yeah.*

CO: *And of the things on your map, this one might be challenging because you don't much like being here.*

Tony: *Don't get me wrong, being here ain't <u>that</u> bad, it's not like it's awful or I can't stand it. But having to come here 3 times a week does take some getting used to.*

CO: *Tell me about it…you can imagine what it's like to have to come here everyday. Let me show you another map.*

The counselor shows a copy of the "strengths" map to the client. (A completed example is provided at the end of the case study.)

CO: *I'd like for us to use this map to look at the talents and resources you have to draw on that can help you along the road to visiting your children we just worked on. Take a minute to look at how this one is laid out. It is asking about what you know about your strengths in various areas of life. This might be what you are aware of or things that other people have told you that they see in you.*

Tony: *Okay.*

CO: (After allowing some time for Tony to look at the map). *These nodes around the center are not in any special order. We can talk about them in whatever order you prefer.*

Tony: *The first one that comes to mind is that I actually am physically strong and in good health, despite all my bad habits. I started running again after I got busted.*

CO: *I'll just jot those down inside that node – "physically strong," Good health," and "sticking to an exercise program."*

Tony: *Over on this one, I've always been a good problem solver, I think. My mom always calls on me when there's a problem because she says I have good ideas and can talk to people.*

CO (Writing in the "problem solving" node): *Okay. "Good problem solver," "have good ideas," "can talk to people,"* and *"helps others (Mom) with problems."*

Tony: *Values and Beliefs...What does this mean?*

CO: *Your values and beliefs that you see as personal strengths.*

Tony (After a pause): *I'm loyal – if I'm your friend then I have your back. I'm trying to get back in church, because I do believe in God or some kind of higher power. I also believe in family.*

CO: (Writing in the node) *"Loyal," "got your back," "belief in God/higher power,"* and *"believe in family."*

Tony: *On this next one – what does avocation mean?*

CO: *It's a fancy word for things you like to do or your interests. Maybe like hobbies or things you do outside of work that you see as strength.*

Tony: *My bosses have always told me that I am a good worker when I show up. I am a good all around handyman and can do just about anything on a construction site. I like music and I play the harmonica. Better than Dylan.*

CO: (Writing in the node) *"Good worker," "all around handyman," "can do anything on a construction site,"* and *"play the harmonica better that Bob Dylan."*

Tony: *Over here, I'm mostly level headed. I don't throw my feelings all over the place. I have a good sense of humor.*

CO (Writing in the emotions/temperament node): *"Level headed," "don't throw feelings around," "good sense of humor."*

Tony: *In social relations, my relationship with my mother is what keeps me strong these days. Like I said, family is everything. I generally get along pretty well with most people.*

CO (Writing in the node): *"relationship with mother," "family," "get along well with most people."*

Tony: *In social relations, my relationship with my mother is what keeps me strong these days. Like I said, family is everything. I generally get along pretty well with most people.*

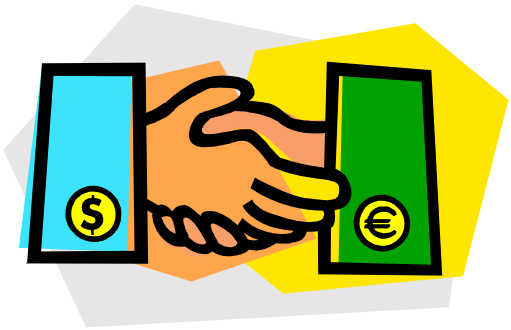
To complete the bottom node – "How will these strengths help you succeed in your treatment journey" – the counselor might engage the client in discussing the question at length, bringing in considerations from the "road" map." At

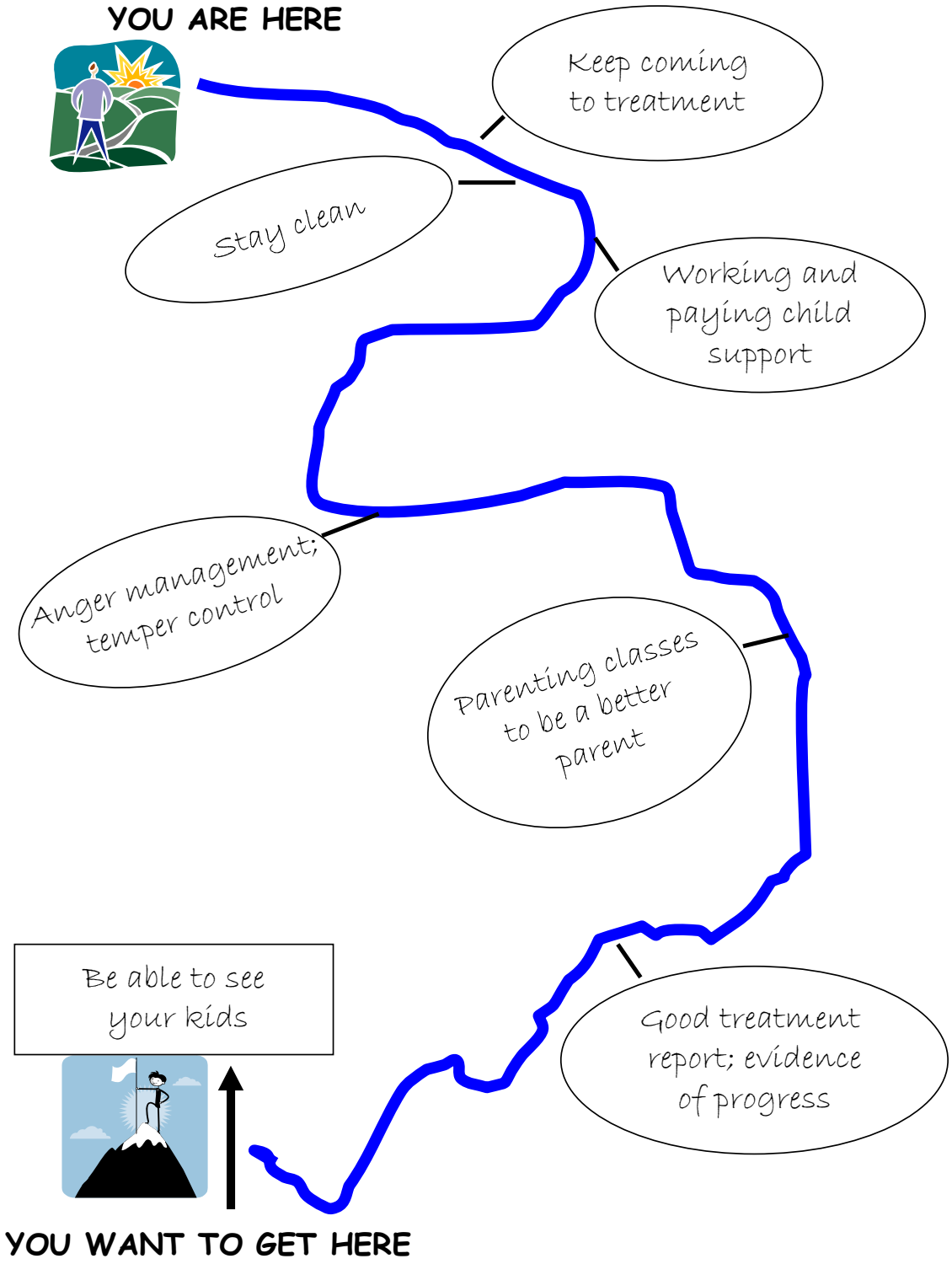
the end of this conversation, a brief summary can be added to the node. Or the client can be given a "homework" assignment to complete the bottom node on his own, and bring it back for more discussion at the following session.

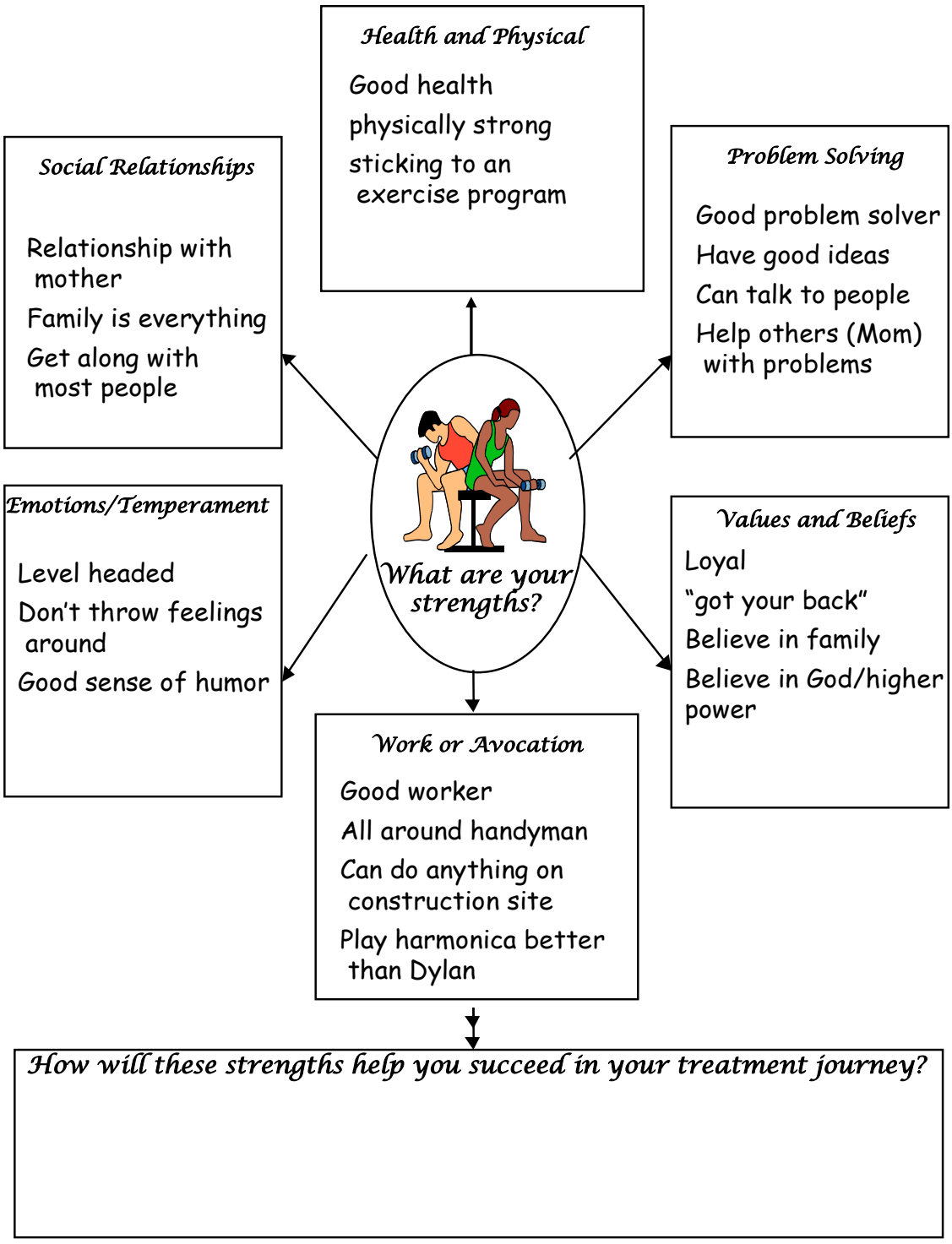
Conclusion:

This case presentation is somewhat "speeded up" to walk through a general approach to working with maps with clients. Good clinical work is always interactive; therefore a counselor may choose to ask follow-up questions around any of the issues, ideas, people, feelings, or events a client adds to the map. The conversation with the client can then flow back and forth, with a focus on the map. The primary goal of the session is not 100% completion of the maps (although this may happen). The ultimate goal of the session is collaborative interaction with the client around ideas that visual display may evoke. To this end, a map can be started in one session and completed during the next, or sent with the client as "homework" to complete.

We think it is a good idea for clients to leave the session with a copy (or the original) of the maps they completed. For some clients, these can serve as helpful reminders of the session or of the tasks they want to complete.




YOU ARE HERE
Keep coming to treatment
Stay clean
Working and paying child support
Anger management; temper control
Parenting classes to be a better parent
Be able to see your kids
Good treatment report; evidence of progress
YOU WANT TO GET HERE


Health and Physical
Good health
physically strong
sticking to an exercise program
Social Relationships
Relationship with mother
Family is everything
Get along with most people
Problem Solving
Good problem solver
Have good ideas
Can talk to people
Help others (Mom) with problems
What are your strengths?
Emotions/Temperament
Level headed
Don't throw feelings around
Good sense of humor
Values and Beliefs
Loyal
"got your back"
Believe in family
Believe in God/higher power
Work or Avocation
Good worker
All around handyman
Can do anything on construction site
Play harmonica better than Dylan
How will these strengths help you succeed in your treatment journey?

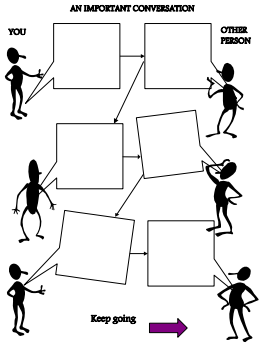
Jean's Progress Report

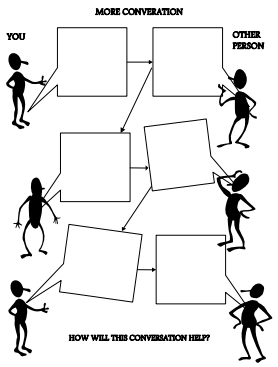
Jean entered treatment about 4 months ago. She completed several assessments as part of her program's mid-treatment progress monitoring. Jean is a registered nurse. She entered treatment voluntarily after a series of problems at work because of prescription pain killer and alcohol abuse. Her treatment program includes 1 group per week and 1 individual/family session with her primary counselor at least twice a month.

Jean entered treatment because her EAP recommended treatment after she talked with a counselor about some of the risks she had been taking at work. She entered the program immediately and has attended and participated well over the past 4 months. Jean and her counselor reviewed her assessment scores at their previous meeting. In asking about her treatment needs, Jean reported she had not had any problems stopping the prescription pain medications but struggles with alcohol cravings and feels desperate to get some advice.

Preparation

The counselor decides to use the "conversation" maps (see thumbnails below) to help Jean work through an issue that was raised in their previous session. Jean had discussed the trouble she sometimes has in "saying no" to her boyfriend's invitations to "just have one or two" with him. The counselor has 4 copies of the maps ready to use during the session – 2 for the beginning and 2 to use as homework. He sets the counseling room so that there is a surface that can be used to write on with enough space around it for both he and the client to work on the maps collaboratively.





The Session

The counselor welcomes Jean and devotes the beginning minutes to "check-in" and listening to any issues or concerns Jean may have for the meeting. During the working portion of the session, the counselor directs the focus to the previous week's discussion of concerns that came up during the review of Jean's mid-term assessment.

CO*: When we talked last week, you indicated that you felt you needed more opportunity for individual counseling based on some of the things you have been dealing with lately. How are you holding up this week?*

Jean: *About the same. I did try to talk with Ed (*boyfriend) *about how I needed for him to stop trying to get me to drink with him. It's like he just doesn't get it! He says he will "make" me stop at 1 or 2 drinks. He really believes that he can somehow "train" me to drink responsibly because he has never had a drinking problem.*

CO: *You are strong in your resolve. A lot of people would have caved under that kind of constant pressure. How do you hold up?*

Jean: *At first it wasn't so easy – but now he is making me so angry that it somehow makes it easier to be, you know, defiant. He tries to use it against me that I am somehow unable to drink like a "normal" person. He's even said that to me lately – "I don't want to spend the rest of my life with someone who can't drink like a normal person."*

CO: *How are you able to stand up to that?*

Jean: *I can tell you that I am on the phone with my sponsor a lot these days. Also, my oldest and best friend quit drinking about 5 years ago, so I call on her a lot, too. She says I should dump the guy because he can't respect my choices. She thinks he is a control freak.*

CO: *What do you think?*

Jean: *I think I need to find a way to tell him to stop pressuring me about social drinking. I am perfectly happy with my diet coke or my lemonade when we are out or at a party. I don't have to go around announcing to people what I am drinking. With the exception of Ed, no one ever asks or cares. When I started this program it was just a little thing – now it is almost all we ever talk about!*

CO: *Whatever it is that pushes Ed to try to convince you to drink with him is getting more intense, rather than calming down. What have you been considering as a next step?*

Jean (Tears come): *I am at the point of just ending it. I love him, I swear I do, but I am starting to think that the whole relationship has been like this – him telling me how he thinks I should handle different problems. I used to think he was just taking care of me, but now I feel like I'm being punished for not going along with his ideas.*

CO: *It sounds like you have had some important discussions with Ed up until now, and also like you still have some talking to do. It might be useful to use some of our time today to think through how you might get your ideas across to Ed so that he understand how serious this is for you.*

The counselor produces a copy of the "important conversation" map and shows it to the client. (A completed example is provided at the end of the case study.) The counselor provides a clip board for the client to write on.

CO: *This mapping worksheet looks a little like a comic strip with blank boxes for you to write in the dialogue for an important conversation. This type of "rehearsal" can be helpful for thinking about what you really might want to say to Ed, and to anticipate how he might respond. I have this set up on a clip board. I'd like for you to take a shot at writing out a conversation. Take a few minutes to plan a totally new approach with Ed, in terms of what you might say to him, using this set of maps. They key word here would be "new." Try not to use the maps to rehash an old conversation – go for something different.*

Jean: *I'll give it a try. But I think I've already used up all my creativity and patience with Ed.*

CO: *I'll give you some time to work on it.*

The counselor allows the client time to work on the conversation map. The counselor uses the time to focus on another light task (notes, reading) as the client completes the map, while also keeping an eye on progress. When the client has completed work on the map, the counselor invites discussion.

CO: (Inviting Jean to pull around so both can study the map and taking a minute to read over the map.) *Tell me about this conversation. After you finished it and read it over, what occurred to you?*

Jean: (After a pause) *I guess my first thought was – this is just more of the same. Then I thought, maybe this isn't the conversation I should be having at all. I mean another attempt to get him to see it from a different angle.*

CO: *What would the other conversation be about?*

Jean: *I think I am getting to the point where I will leave if he doesn't stop. I have invited him here for a family session, I've given him Al-Anon groups, I've ask him to come to AA with me and talk to some of the older members there – he refuses. I just don't get why he is so glued to this subject.*

CO: *You have done a lot to help him see your point of view and nothing seems to work. So the "other" conversation might be about splitting up?*

Jean: (After a pause) *Maybe. Or at least a stronger warning that I am less and less willing to live with his constant harping about so-called "normal drinking."*

CO: *That would be a different conversation. How about using another of these maps as a guide to get you started.*

At this point, the counselor could provide the client with another copy of the "important conversation" map and invite her to complete it again for discussion at that time.

In some circumstances, the counselor may want to stop at the end of the first map and do psychoeducational work with the client around assertiveness, communication skills, dealing with resistance from others, etc. The second set of maps could then be given as a homework assignment for the client to think about and work on, and discuss at a later session.

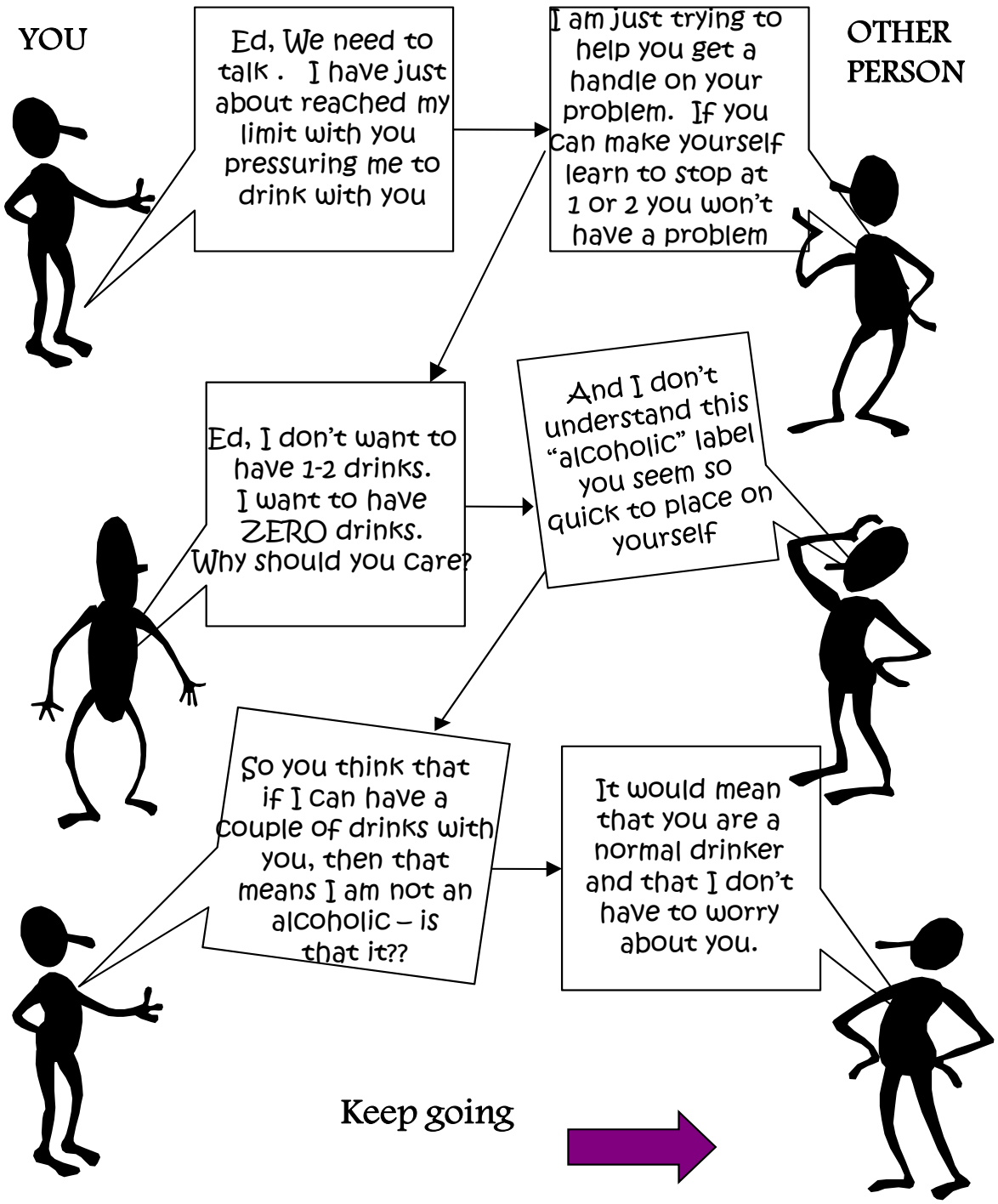
Conclusion:

This case presentation focused on one way to use the featured conversation maps. In a real session, the counselor may have wanted to ask follow-up questions around how the client completed the map.

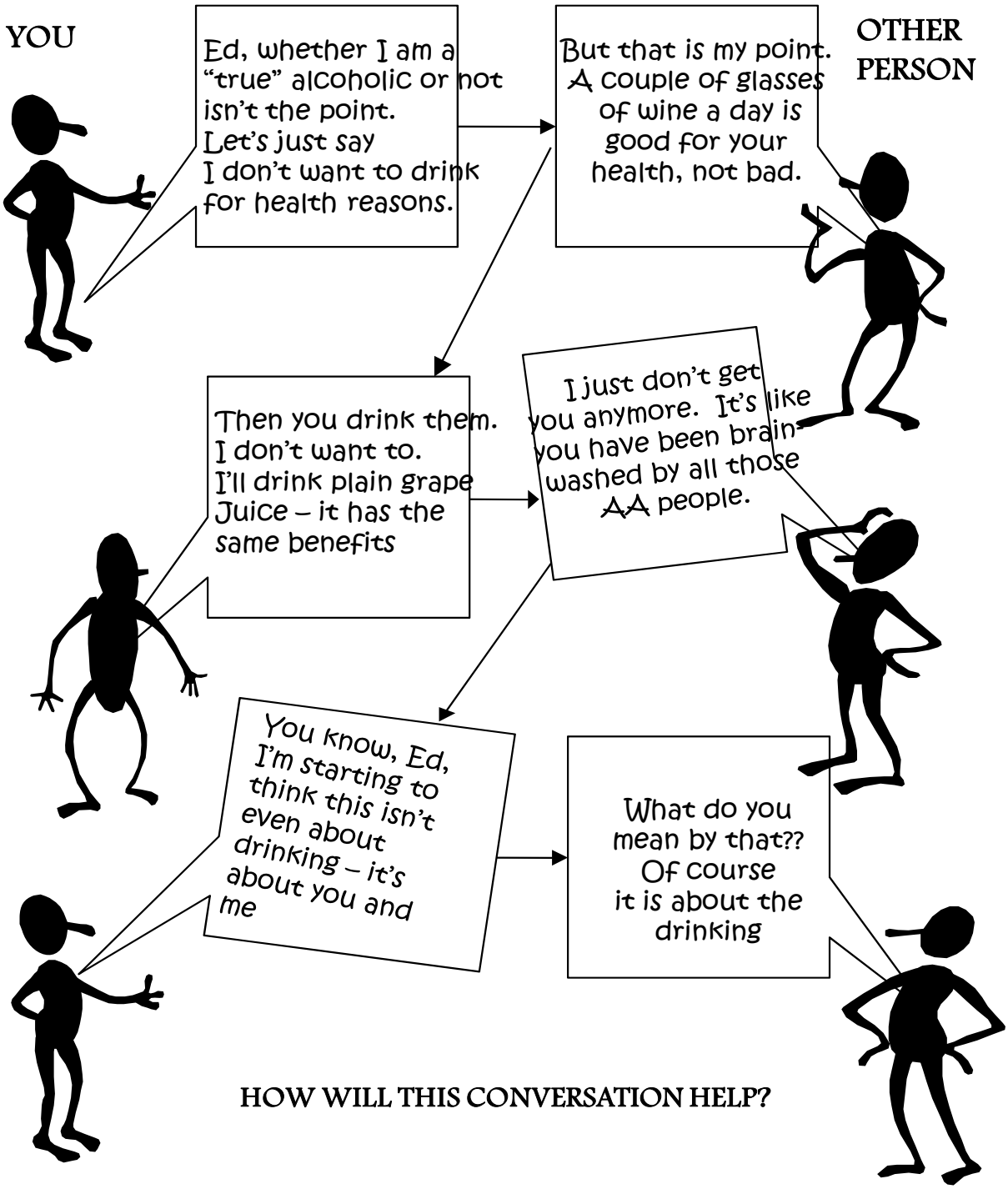
Another possibility that can be seen from this case is consideration of other useful maps as issues are raised in the session. For example, after hearing from Jean that she might be thinking of leaving her boyfriend, Ed, if he couldn't find a way to be more supportive of her recovery, the counselor may have decided to use one of the "decisional maps" (pp. 43-45) for either in-session discussion or as homework.

As mentioned previously, we think it is a good idea for clients to leave the session with a copy (or the original) of the maps they completed. For some clients, these can serve as helpful reminders of the session or of the tasks they want to complete.

AN IMPORTANT CONVERSATION



MORE CONVERATION



HOW WILL THIS CONVERSATION HELP?

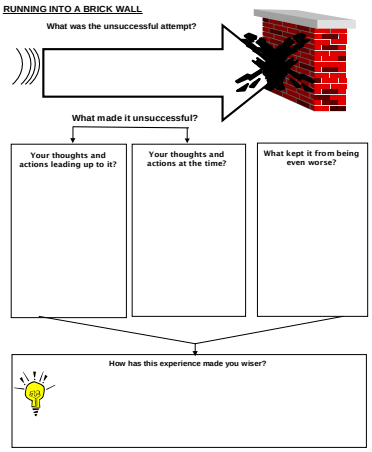
Group Topic: Relapse Awareness

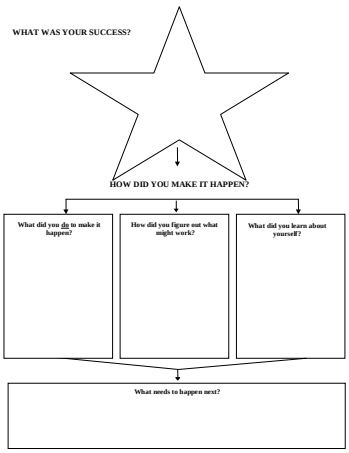
The Group meets once a week for 90 minutes. Its members are mostly mandated to be there, either from the courts or through the region's child protection agency. Group members are expected to attend 36 groups to complete the program, as well as 6 sessions of individual and/or family counseling.

In the previous month, the counselor noticed that one commonality among all group members is that they uniformly gave lower ratings to a "peer support" scale on a recent set of assessments. The scale reflects the sense of attachment and the benefit clients report getting from their fellow program participants. These low reports may reflect poor group cohesion. The counselor senses that the reason may be that the groups are "open," with new members arriving almost weekly, reducing the sense of closeness and trust among members. To address this finding, the counselor decides to use guide maps to help increase group participation and interaction.

Preparation

The counselor decides to use two of the "outcomes" maps – *running into a brick wall* and the *success* map (thumbnails below) to discuss issues related to relapse and to increase the amount of interaction among members. The counselor makes copies of these maps to use as handouts in the group and makes sure extra pencils or pens will be available.





The Session

The counselor welcomes the group and devotes the beginning minutes to "check-in" and listening to any issues or concerns members may have for the meeting. During the working portion of the session, the counselor directs the group's focus to the topic of relapse awareness and reviews basic relapse information (e.g. triggers, self-talk, feelings and moods, over confidence, people and places, etc.).

An outline of session steps might include:

Step 1

Engage group members in a didactic brief review and discussion of general relapse awareness information.

Step 2

Introduce mapping worksheets as an interesting way to think about both challenges and successes in recovery. Distribute *brick wall* map worksheets to participants and ask them to complete one after first reviewing the layout.

> *Let's look at this first mapping worksheet. It shows an arrow smashing into a brick wall as a visual representation of something not going well. And as we have just discussed, many people relapse one or more times before finally succeeding in staying off drugs or alcohol. So this exercise will be about a relapse or set back that you can remember.*
>
> *For this exercise, in the top box – "unsuccessful attempt – write something that has to do with staying clean or having a relapse. So someone might write in the top box: "Staying away from meth" for example. Or "Went to a party and ended up drinking." However you might describe the relapse or setback.*
>
> *Next, complete your own map by answering the questions in the boxes, based on what you remember about the relapse or set-back. This would be your thoughts and feelings before the setback, your thoughts and feelings at the time you relapsed, and what kept it from being worse. In*

the last box, make some notes about what you learned from the experience – how it made you wiser.

Allow time for participants to complete their maps. Do several "walk arounds" as the group works – to help keep members on task and to answer any questions about the exercise that may come up as the group works.

Step 3

Once participants have completed their worksheets, place them in pairs. The counselor may want to assign the pairings to help assure that members interact with someone they never talk to or with members new to the group. The dyads are then encouraged to take turns sharing their maps with each other.

Allow time for participants to take turns talking with their partner about their maps and their relapse or set-back experience. As they work, walk around several times to help the group stay on task or to answer any questions.

Once participants have finished talking with each other, the following types of questions can be used to process the activity:

What kind of similarities did you see between your experience and your partner's experience?

What are some of the thoughts and feelings that leading up to the relapse that were discussed?

What about thoughts and feelings during or right after the relapse?

Very often, a relapse or set-back isn't as bad as it could have been – What did your partner tell you, in terms of what kept his/her relapse from being worse than it was?

What are some examples of what people learned from the set-back – How did the whole experience make you wiser?

Step 4

After the processing discussion, tell participants you want to do an activity that focuses on the "other side of the coin." Distribute *success/star* map worksheets to participants and ask them to complete them after first reviewing the layout.

> *This next mapping worksheet is about success. It shows a big star as a visual representation of doing very well at something, the sweet smell of success. We noted that sometimes people experience relapse. However, sometimes people find themselves in a situation where the relapse danger is/was high, and they manage to get through it without using or having a set-back.*
>
> *In the top, star-shaped box – "what was your success" – write something that has to do with avoiding a relapse. So someone might write in the top box: "I left the party as soon as someone brought out some weed" for example. Or "I ran into an older dealer and pretended I didn't see him." However you might describe something successful that you did to avoid a set-back.*
>
> *Complete your map by answering the questions in the boxes, based on what you remember about the incident. In the first box, you would describe what you actually did, in the next one, some notes about how you figured out what you should do, and in the next one, what you learned about yourself in the process. In the last box, make some notes about what needs to happen next, in terms of successfully avoiding relapses in the future.*

Allow time for participants to complete their maps. Do several "walk arounds" as the group works – to help keep members on task and to answer any questions about the exercise that may come up as the group works.

Step 5

Once participants have completed their worksheets, assign them to pair up with another member. Make sure that participants pair with a new partner – not the same partner they had for the first activity. The counselor may want to assign the

pairings to help assure that members change partners randomly. The dyads are then encouraged to take turns sharing their maps with each other.

Allow time for participants to take turns talking with their partner about their maps and their successful avoidance of relapse. As they work, walk around several times to help the group stay on task or to answer any questions.

Once participants have finished talking with each other, the following types of questions can be used to process the activity:

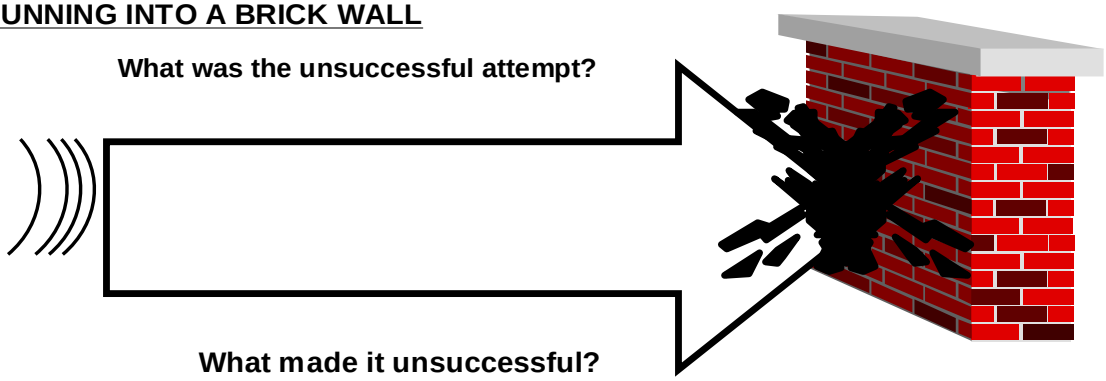
> *Let's discuss some of the successes in the group – give me some examples of the ways relapse was successfully avoided.*
>
> *What was it that your partner actually did to prevent having the set-back?*
>
> *How did your partner figure out what was the best thing to do in that situation?*
>
> *On your own map, what did you feel you learned from your successful experience avoiding relapse? What did you learn about yourself?*
>
> *What are some examples of what people wrote about the next steps? Having been successful in "heading off" as relapse, what needs to happen next or next time there is a relapse threat?*

Conclusion:

This case presentation provides one example of how group-based mapping activities can be used to address treatment issues identified through assessment. In this case, the counselor was interested in improving group cohesion and interaction, while at the same time reviewing relapse awareness / prevention information. The guide maps were used to address issues from the assessment without interfering with the "routine" components of the treatment plan (i.e. relapse prevention). The assessment also revealed that the hostility and risk-taking scales for the group as a whole were elevated. In subsequent sessions, the counselors may choose other guide maps to work with the members around those issues as well. As we have mentioned each time, we think it is a good idea for clients to leave the session with a copy (or the original) of the maps they completed. For some clients, these can serve as helpful reminders of the session or of the tasks they want to complete.

RUNNING INTO A BRICK WALL

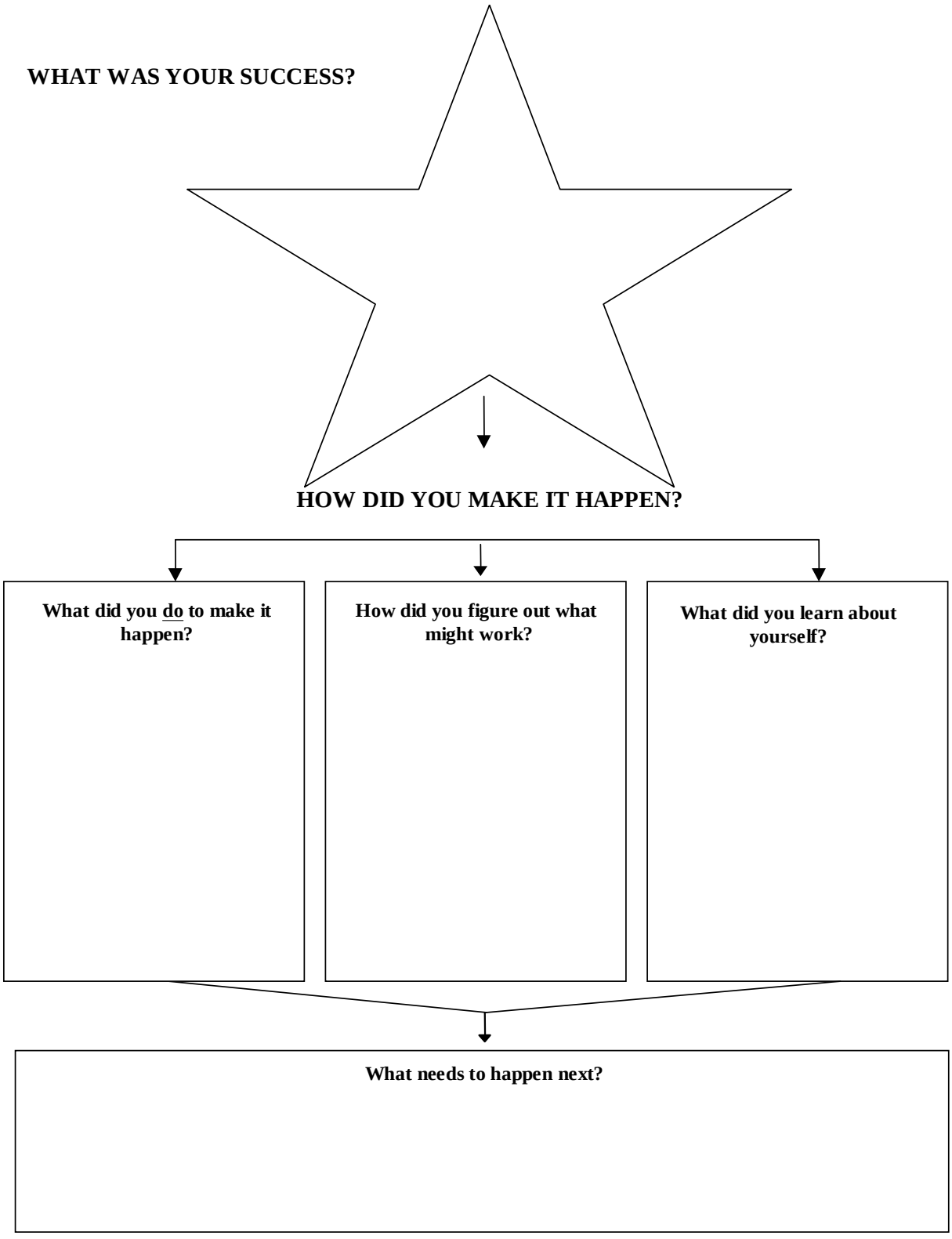
What was the unsuccessful attempt?



What made it unsuccessful?

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

How has this experience made you wiser?


WHAT WAS YOUR SUCCESS?
HOW DID YOU MAKE IT HAPPEN?
What did you do to make it happen?
How did you figure out what might work?
What did you learn about yourself?
What needs to happen next?

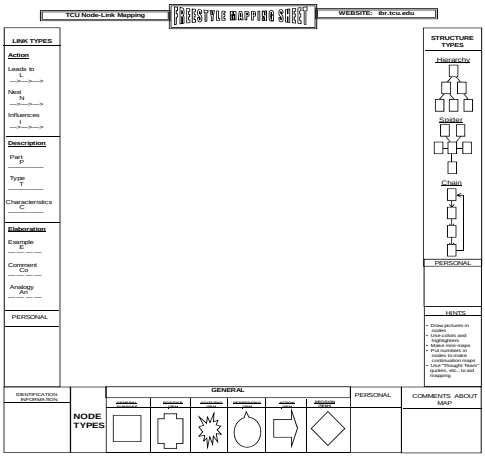
Helping Mary "get it"

Mary, a high school junior, has been attending a court-mandated outpatient group for adolescents based on having been caught in the company of several other teens smoking marijuana on the school campus. She was sent to an alternative school and has been ordered to attend 6 months of outpatient group counseling; however, successful completion of the program is also based on "progress targets," and failure to reach targets can result in a recommendation for additional treatment time. Mary has been in the program almost 2 months and the group counselor has been concerned about her resistance and disengagement from the program.

In a previous group, several members had given Mary a "pull-up" (based on TC terminology for calling someone's attention to a potential problem) for continuing to hang out with some of the same kids with whom she got in trouble. The counselor decides to use free-mapping to help the group help Mary to think about the risks of staying close with former friends who still use.

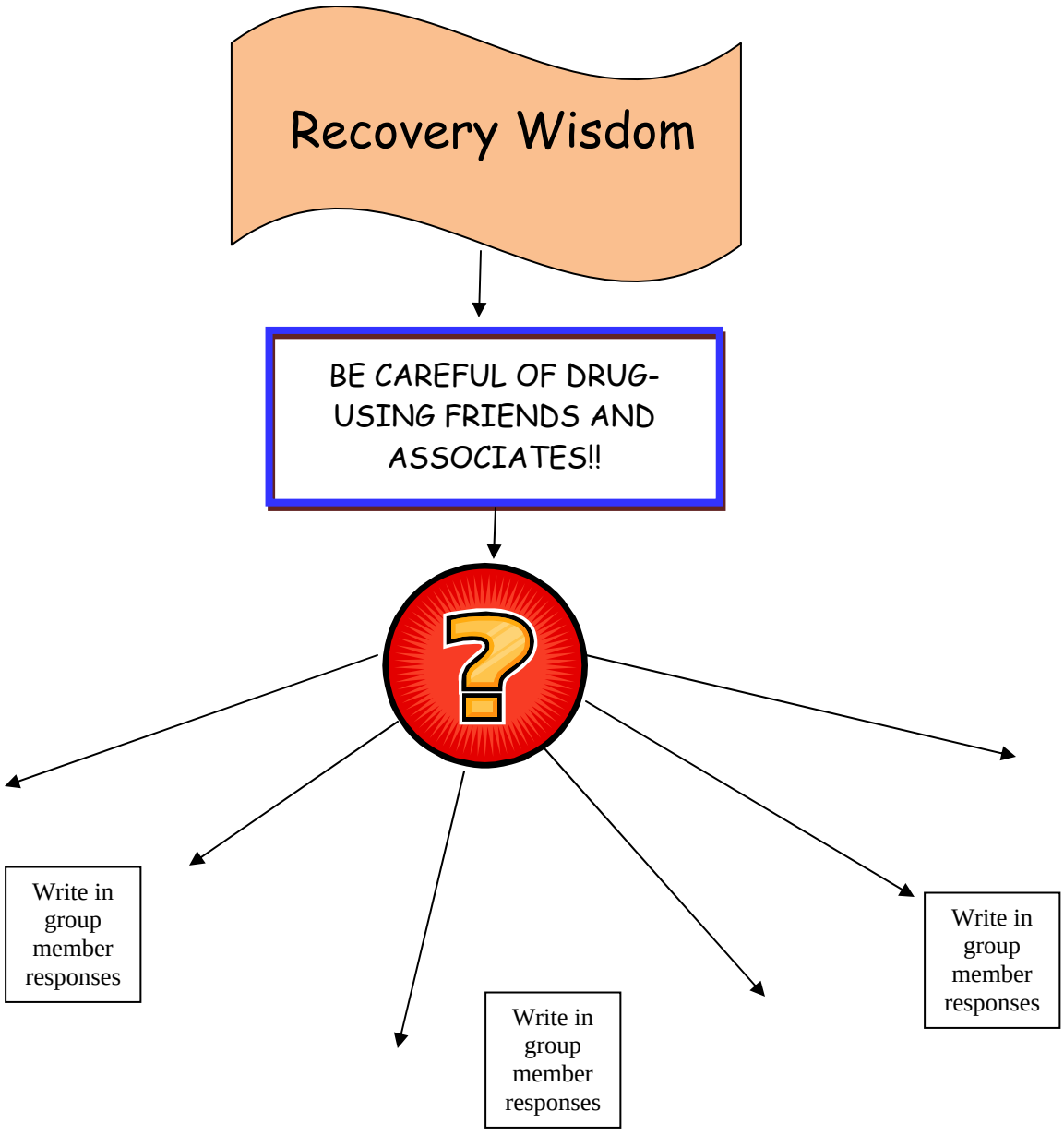
Preparation

Free maps are produced "free hand" during a group or individual counseling session. Free mapping can be done on paper, erasable board, or flip chart – just about any writing surface. The ***Free Map Template*** (see thumbnail below and handout at the end of this section) provides an workspace for free mapping with a border that serves as a "flash card" to remind you of different map configurations, nodes, and link types that can be used in creating a free map. Naturally, as you gain experience with using free maps to create these helpful visual representations with clients, other configurations and link ideas will likely come to mind that reflect your personal style.



To prepare for the free mapping session with Mary's group, the counselor reviews lay-out ideas and decides to use a "spider" type configuration. A key discussion idea the counselor wants the group to focus on is identifying the "wisdom" behind the accepted warning of avoiding drug-using friends and associates.

The counselor uses a *Free Map Template* to sketch out his ideas about how he would like the final "product" to appear on the erasable board during the group. This includes what will be contained in the "starter nodes" to focus the discussion and where he wants to add the nodes generated by the group members. His planning sketch is illustrated below:



The Session

The counselor welcomes the group, and after a "check in" moves on to the working portion of the session. The counselor directs the group's focus to the previous week's session and the issues that had been raised about Mary continuing to hang out with her old drug-using friends.

After a brief, open discussion about "tried and true" concerns related to relapse risks, he invites the group to join in helping him "lay out" some of the concerns about drug using acquaintances.

First, the counselor free maps the "starter nodes" from his planning sketch on an erasable board or flip chart – a node with "recovery wisdom" written inside linked to a node stating "Be careful of drug-using friends and acquaintances" linked to a node with a big question mark (or the question "why?" or "how come?")

The counselor begins engaging the group as he draws the starter nodes:

CO: Okay, so let's draw this out and see where we get to. First we have this big body of knowledge and wisdom out there about addiction and recovery – let's call that "recovery wisdom." And part of that wisdom is this idea: "Be careful of drug using friends and acquaintances"? So the question for you to think about becomes "Why?" In other words, how come it is NOT such a good idea to keep hanging out with people who still use drugs??

Group Member: It can be really hard for guys, cause they don't want to look weak or scared, so if a friend offers dope, a guy might have to accept just to save face.

The counselor adds a condensed version of the group member's idea as one of the nodes coming off the question mark node

CO: So maybe we could call that "guy stuff." Guy's don't want to lose face in front of their boys, so they might be tempted to give in and use. Very good observation. What else?

Group Member: Well, if they are still using and you run into them and they offer it, you could just end up thinking – "what the hell, I may as well use, too."

CO: Right. When we see someone doing something, even if it's the wrong thing, it may be easier for use to join in and do it with them. I'm seeing that this group has some wisdom. What else?

Group Member: Just plain old temptation. That's all. You be hanging with people smoking and all that – you just get tempted.

CO (This comment is added as a node): Keeping it simple – just plain old temptation.

Group Member: It's also like auto-pilot or something. One time after I had quit the last time I was with some friends who were smoking. They passed it to me and I just took a hit before I even thought about what I was doing. Then I was like all saying – "get this stuff out of my face, what have I done." It's like I didn't even think.

CO (Adding this to the free map): Auto-pilot. Just like you are hypnotized or something. You can accidentally just join in without thinking. What else?

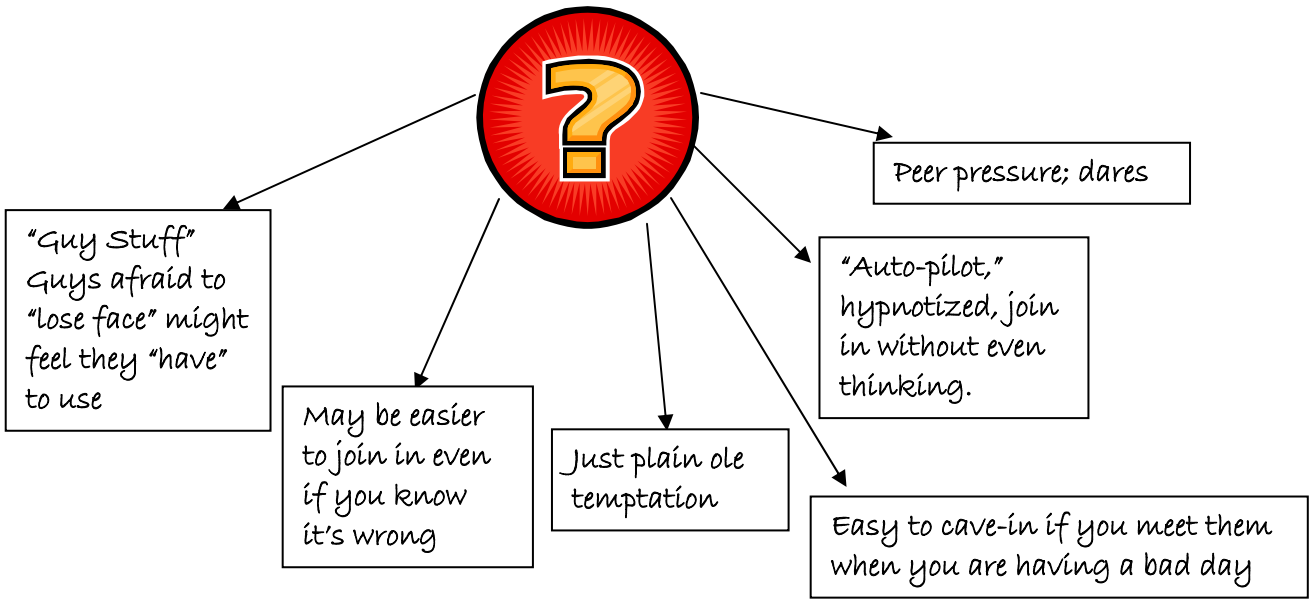
Group Member: Sometimes those that are using will put pressure on you – like dare you or tell you how good it is.

CO (Adding this): Right. Peer pressure is alive and well, no matter how old you are, sometimes. Let's get one or two more ideas up here.

Group Member: For me, the real danger would be running in to a friend who might have some dope on a day when I am all stressed out or all down or something. I would be really weak to say no if I was all stressed out.

CO (Adding this): Got it! It is easy to cave in when you have had a bad day or you are feeling stressed or down.

Once the counselor has elicited from the group a number of ideas related to the core question, he uses the group ideas on the free map to summarize the discussion before moving on to the next activity.



CO (Summarizing the free mapping activity): Let's review what we have come up with so far. We started out by talking about the recovery wisdom that urges us to be careful around friends who still use. You guys came up with some very good reasons, such as "guy stuff," in that guys might try to save face by using or that just seeing someone else use might make us want to use, and plain old temptation could sneak up on you around others who use. Then there is "auto-pilot" – you could just join in without even thinking. Also, peer pressure. And last but not least – if you are all stressed out and run into some friends getting high, you may give in more easily and use yourself.

CO (Continuing): Now, I want to break this down even more, but I want to have you all talk among yourself. So for this next part, pick a partner and I'm going to ask each set of partners to come up with some "deeper" ideas. The "deeper ideas" I'm looking for are ideas about how someone can fight back if they find themselves facing some of the things we have been talking about. In other words – say a guy runs into some other guys who are using, and he is afraid to lose face – What should he do? What can he do? These are the ideas we want to uncover.

The counselor distributes a *Free Map Template* to each of the pairs. He then assigns each dyad one of the answers from the "why" nodes generated by the group:

CO: Okay. John and Jessica. You are going to work on this one: "Guys saving face". You two make me a free map about 'What can a guy do to not get caught up in this"

CO: Sam and Jose. You work on "peer pressure." You two make a map about ways that people can answer back when they feel peer pressure.

CO: Mary and Jean. You work on running into a using friend when you are all stressed out. Make a map with all the things someone should do if they find themselves in this kind of situation.

The counselor goes on to make assignments to each dyad. As the group members work in pair to create their maps, the counselor walks around, keeping people on task, answering questions, and providing clarification, as needed.

When each dyad has completed their work, the counselor leads them in reporting their free map to the larger group. They can read the ideas they generated to the larger group, or if time allows, they can use the erasable board or flip chart to draw out their map for the larger group as they explain it.

The counselor uses their ideas and responses of formulate discussion questions as this process unfolds. After all members have reported their maps to the larger group, the counselor then summarize the key ideas from the day's discussion before closing the group.

Extra copies of the *Free Map Template* can also be distributed as homework, with group members being asked to create their own free map on a related issue to report back to the group at the next meeting.

We strongly recommend using this type of free mapping activity as a springboard for teaching clients how to use mapping ideas and templates in their daily lives for planning, organizing, and problem solving.

TCU Node-Link Mapping

FREESTYLE MAPPING SHEET

WEBSITE: ibr.tcu.edu

LINK TYPES

Action

Leads to
L
—>—>—>

Next
N
—>—>—>

Influences
I
—>—>—>

Description

Part
P
_____

Type
T
_____

Characteristics
C
_____

Elaboration

Example
E
— — — —

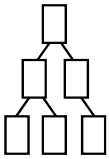
Comment
Co
— — — —

Analogy
An
— — — —

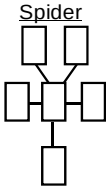
PERSONAL

STRUCTURE TYPES

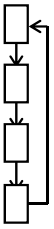
Hierarchy



Spider



Chain



PERSONAL

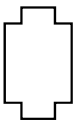
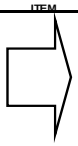
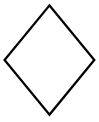
HINTS

- Draw pictures in nodes
- Use colors and highlighters
- Make mini-maps
- Put numbers in nodes to make continuation maps
- Use "Thought Team" quotes, etc., to aid mapping

IDENTIFICATION INFORMATION

NODE TYPES

GENERAL

GENERAL PURPOSE	POSITIVE ITEM	AGITATING ITEM	DEPRESSING ITEM	ACTION ITEM	DECISION ITEMS
					

PERSONAL

COMMENTS ABOUT MAP

Appendix

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