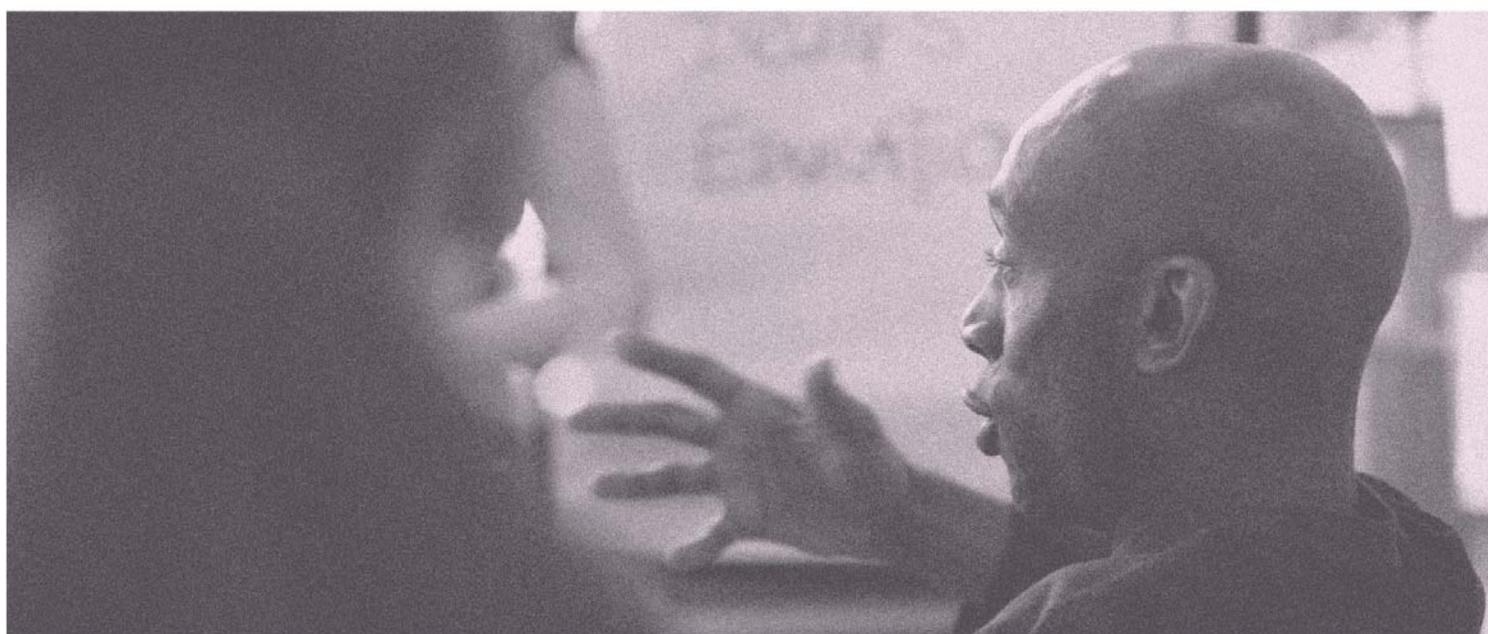


# ROUTES TO RECOVERY PART 4

The BTEI care planning manual:  
mapping achievable goals



EFFECTIVE TREATMENT  
CHANGING LIVES

[www.nta.nhs.uk](http://www.nta.nhs.uk)

## **The care planning manual: mapping achievable goals**

A collaborative, mapping-based intervention for helping keyworkers and clients identify effective treatment goals.

Authors: E. Day and D. Best, University of Birmingham; N.G. Bartholomew, D.F. Dansereau, and D.D. Simpson, Texas Institute of Behavioural Research at TCU

March 2008

## **Treatment effectiveness initiatives**

The National Treatment Agency's treatment effectiveness strategy (NTA, 2005) was launched in June 2005. It incorporates mechanisms and initiatives to improve the effectiveness of drug treatment, in line with the Government's National Drug Strategy objectives. The strategy identifies treatment engagement and delivery as areas where the quality of interventions could be improved. Effective care planning is proposed as one mechanism by which treatment quality can be both improved and measured.

This project is a collaboration between the NTA, Texas Institute of Behavioral Research (IBR at Texas Christian University) and The University of Birmingham. It proposes a method of care planning that builds on an evidence-based model of service improvement adapted for use in England. The model is summarised in Simpson (2004) and the IBR publication 'Research Roundup' (Fall-Winter 2004/05) Volume 14 (see [www.ibr.tcu.edu](http://www.ibr.tcu.edu)).

A wide variety of node-link mapping materials are available as Adobe PDF files for free, easy downloads at [www.ibr.tcu.edu](http://www.ibr.tcu.edu)

This manual is an adaptation of material first produced by TCU Institute of Behavioral Research ([www.ibr.tcu.edu](http://www.ibr.tcu.edu)), together with new material developed at the University of Birmingham. TCU has granted the University of Birmingham permission to adapt their material for the purpose of producing and publishing this manual.

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# **Introduction**

## **Background to care planning and node-link mapping**

This section introduces the basics of node-link mapping, the use of structured maps for assessment and care planning, and the use of feedback from a dynamic assessment of client progress to help guide planning. This approach highlights the importance of developing the keyworker-client relationship through collaboration.

### **The importance of care planning**

Care planning is a core requirement of structured treatment in England, as defined by the NTA's Care Planning Practice Guide (see [www.nta.nhs.uk](http://www.nta.nhs.uk)). Care planning is the process of setting goals and interventions based on the needs identified by an assessment and then planning how to achieve those goals with the client.

Although having a formal care plan for each client is an NTA requirement, little attention has been paid to how care plans are developed, and there is a danger that they become an administrative document that feels like a burden for both keyworker and client. In some cases, care plans are generated in a standardized manner and then filed away, primarily so that future auditors can note programme compliance. Keyworkers working with clients may not even refer to these plans or refer to them only in generalities (ie, "Mary needs to work on her job skills").

The process described in this manual goes some way towards turning the process of Care Planning into an effective intervention in its own right. There are a number of key features to the process described:

- Using a node-link mapping technique, the client is encouraged to consider all the potential problem areas in their life, and prioritise the ones that are important to them (even if these don't relate to drug or alcohol use). This ensures that the whole process is collaborative, and involves joint input from worker and client
- The keyworker helps the client to set specific, realistic and time-limited goals, which are then reviewed on each visit to the treatment centre. This gives the whole treatment episode a structure, on which other interventions can be built.

This manual assumes that keyworking is an essential part of effective treatment of drug problems. However, it also acknowledges that keyworkers have a range of abilities in delivering therapeutic interventions. It therefore aims to equip treatment staff with a basic method of interacting with clients, which can then be supplemented by a range of other interventions depending on client need and staff competence and confidence. It forms part of a wider treatment process model (see [www.ibr.tcu.edu](http://www.ibr.tcu.edu)), which includes a range of short, focused interventions that have node-link mapping as a common structure. Research evidence shows that using such node-link mapping techniques, it is possible to improve engagement in treatment and therapeutic alliance, and enhance problem solving skills.

The manual doesn't assume any high level academic knowledge, or experience or training in a psychological intervention. However, clinical supervision of the process is

enhanced by the use of node-link maps, which can be copied and kept in the clinical file. The tools presented here are flexible, and can be used in conjunction with existing paperwork. Alternatively these maps can be adapted to suit the needs of the keyworker and their clients.

### What is node-link mapping?

We often use maps from a road atlas to find out where we are, to work out how to go from place to place, and to give directions to other people. As well as showing how cities, towns, lakes and shopping centres are connected to one another, visual maps can also show how feelings, actions, thoughts, and facts are connected. The adage “a picture is worth a thousand words” captures the fact that many people prefer a visual map to sets of verbal directions, and a body of research conducted by the team at the Institute of Behavioral Research in Texas confirms that maps of thoughts and actions communicate better than words (Dansereau & Cross 1990, Dansereau 1986, Evans & Dansereau 1991, Lambiotte, Dansereau, Cross & Reynolds 1989).

Node-link mapping was first studied as a handy tool for helping students take better notes during lengthy college lectures. In these studies, some students were taught to take notes by placing key ideas in boxes called ‘nodes’ that were connected to other nodes with lines (‘links’) representing different types of relationships. The final product often resembled a map or flow chart of the lecture. Other students took notes as they would usually take them. The results showed that students who used this ‘node-link mapping’ system did better on tests and felt more confident about understanding the lecture than did students who took traditional notes (see figure 1.). There seems to be something about visually displaying information that helps us better understand things and recall key ideas (hopefully when we need them).

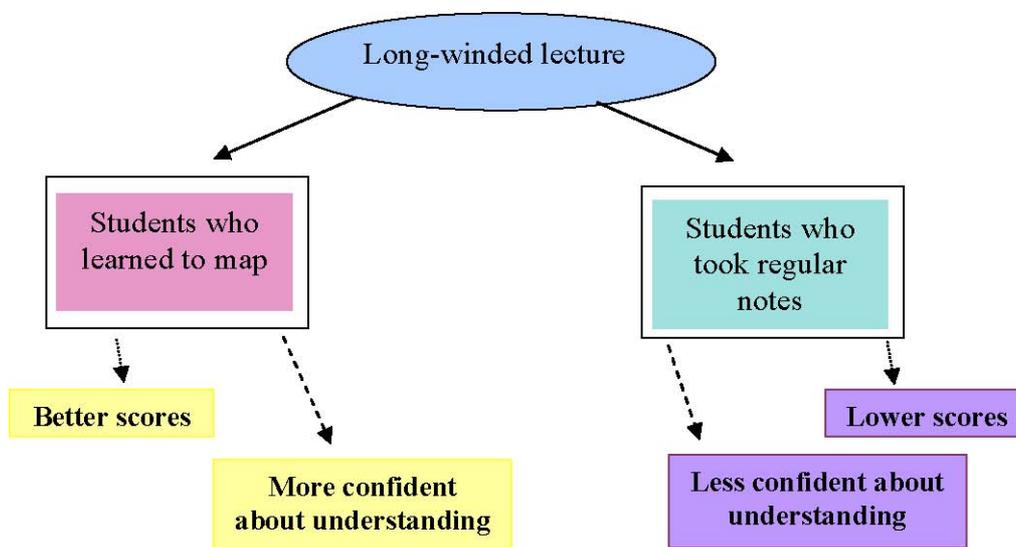


Figure 1: Simple map of early mapping research

The ‘node-link map’ is a simple idea. The circles or boxes are the nodes, and usually contain concepts, objects, actions, and feelings rather than towns or cities. The links between the circles or boxes represent relationships between their contents.

## 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.

Although this manual uses the category of maps called 'guide maps', it is helpful for the potential user of mapping approaches to have a broad overview of all the ways mapping can be used successfully.

**Free or process maps:** using an erasable board, flip chart, or paper and pencil, client(s) and keyworker can work together to create a map of the problem or issue under discussion. The keyworker should take the lead in briefly explaining mapping to the client(s) and providing a starting point for creating the map. However, when at all possible, both keyworker and client should have pencils or pens available to facilitate the joint creation of a map. Figure 2 shows an example of a free map or process map created during a group session on 'relapse'. In this case, the counsellor created the map on an eraser board with group members' input and led a process discussion on the issues raised:

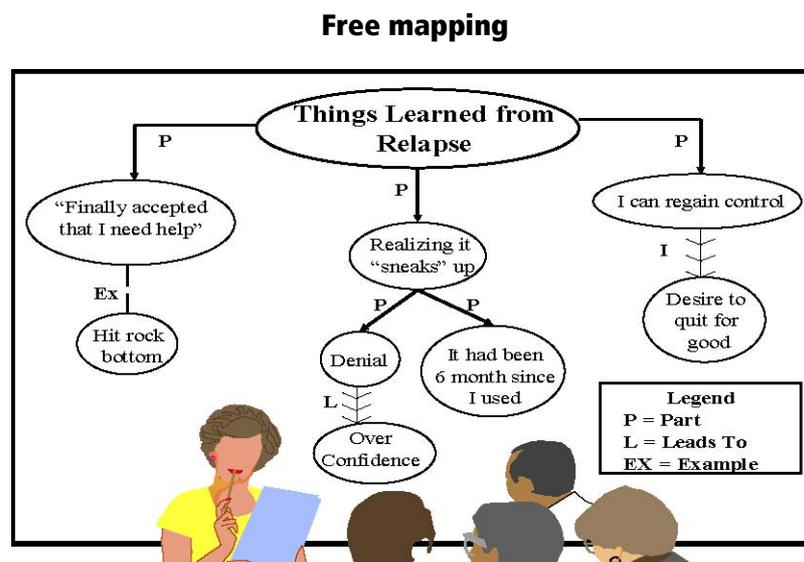
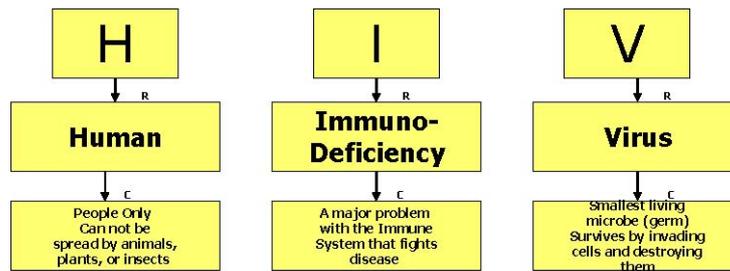
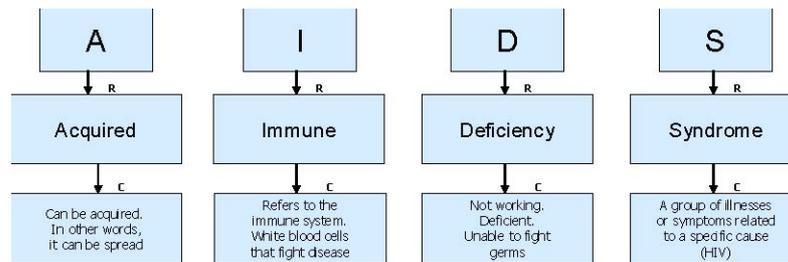


Figure 2: an example of free mapping

**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 organise 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 (see figure 3).



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

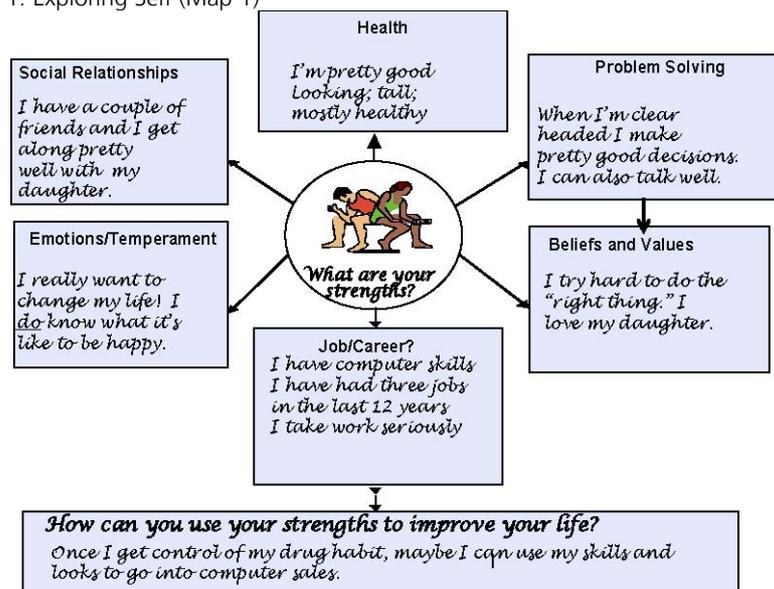


AIDS is the late stage of HIV infection, resulting in illnesses and cancers the body can no longer fight off

Figure 3: an example of an information map

**Guide maps:** the mapping exercises contained in this manual use guide maps. Guide maps are pre-structured templates with a 'fill-in-the-space' format that help guide the counsellor-client interaction during a session, while also allowing ample freedom for self-expression. As part of an individual counselling 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, guide maps can be used to focus and keep a discussion on track. An example is given in figure 4.

Mapping guide 1: Exploring Self (Map 1)



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

Figure 4: an example of a guide map

## **Mapping as a keyworking or counselling tool**

Mapping has evolved as a counselling tool over the course of more than 15 years of application and research. A key element – that mapping appears to help foster understanding and support better recall – is potentially beneficial to the keyworking relationship.

Mapping serves two major functions in the keyworking process. First, it provides a communication tool for clarifying information and sharing meaning between keyworker and client. It can be used effectively with whatever therapeutic orientation or style a keyworker or counsellor 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 care planning or treatment issues (around goals, for example) can be picked up where they were left off at the end of the previous session. Clients may also be offered copies of maps they have worked on in session to help with focus and task completion between visits.

Using mapping as a tool assists the keyworker 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. However, mapping can help make treatment conversations more memorable, help clients focus, and give clients confidence in their ability to think through problems and develop solutions.

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

## **Mapping and collaboration**

Collaborative counselling 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 in detail what needs to change in their lives as they move through treatment, how they view the change process, and what steps make sense for what they want to accomplish.

When mapping is used to engage the client, this type of collaboration is naturally facilitated. Maps are co-created, and the content of a map – the thoughts, ideas, and issues – are those raised and identified by the client. The map provides a focal point for this work as the keyworker or counsellor 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 care planning, keyworkers help clients develop a clear picture of things they want to change as they enter drug 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, behaviours, and perceptions.

Within this framework, the keyworker accepts that a client's goals may change during the process of treatment and that the client is the primary determiner of when a

particular goal should be amended. Likewise, the keyworker accepts that a client's most salient and meaningful goals will often not reference alcohol or drug use. For example, saving a marriage or relationship, getting and keeping a job, regaining a driver's licence, or committing to an educational course are more commonly identified goals. Ending or controlling substance use becomes one of the factors or ways to achieve these major goals.

## **The importance of feedback**

An important part of this intervention is the use of feedback on a client's situation as part of the collaborative process. Good quality assessment of a client's problems is a crucial part in developing an individually-tailored treatment package. However, there is a danger that focusing on data-driven assessment questionnaires may be off-putting for clients, and disrupt the delicate initial relationship between client and treatment service. Research across many therapeutic settings suggests that the formation of a strong therapeutic alliance between client and therapist predicts good initial engagement and retention in treatment. Therefore it is crucial that the results of any screening and assessment done at treatment entry are shared with the client as a springboard for goal-setting and care planning. In many treatment settings, clients spend a lot of time and effort completing forms they never see or hear about again. Given this, most clients will be interested, if not a little eager, to have the chance to talk about an assessment they have taken.

The Treatment Effectiveness Initiative in Birmingham and other parts of the West Midlands has used the Client Evaluation of Self at Intake (CESI) as a tool to help plan care. In addition, the data collected as part of the Treatment Outcome Profile (TOP) is also a useful tool.

## **Using this manual**

This manual is designed to help establish a good therapeutic alliance, enhance the assessment of a client's problems, identify client goals for successful treatment, and foster motivation for ongoing work on those goals. The approach described may be used with clients that are new to treatment, or with existing clients. The process is summarized in figure 5.

- **Clients new to treatment:** follow the process from the top left hand corner of figure 5. Ideally, the three-session intervention should be started with clients after issues of prescribing have been addressed (i.e. the opioid dependent client has started on a prescription of methadone or buprenorphine).
- **Clients established in treatment:** start the process either from session 2.

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

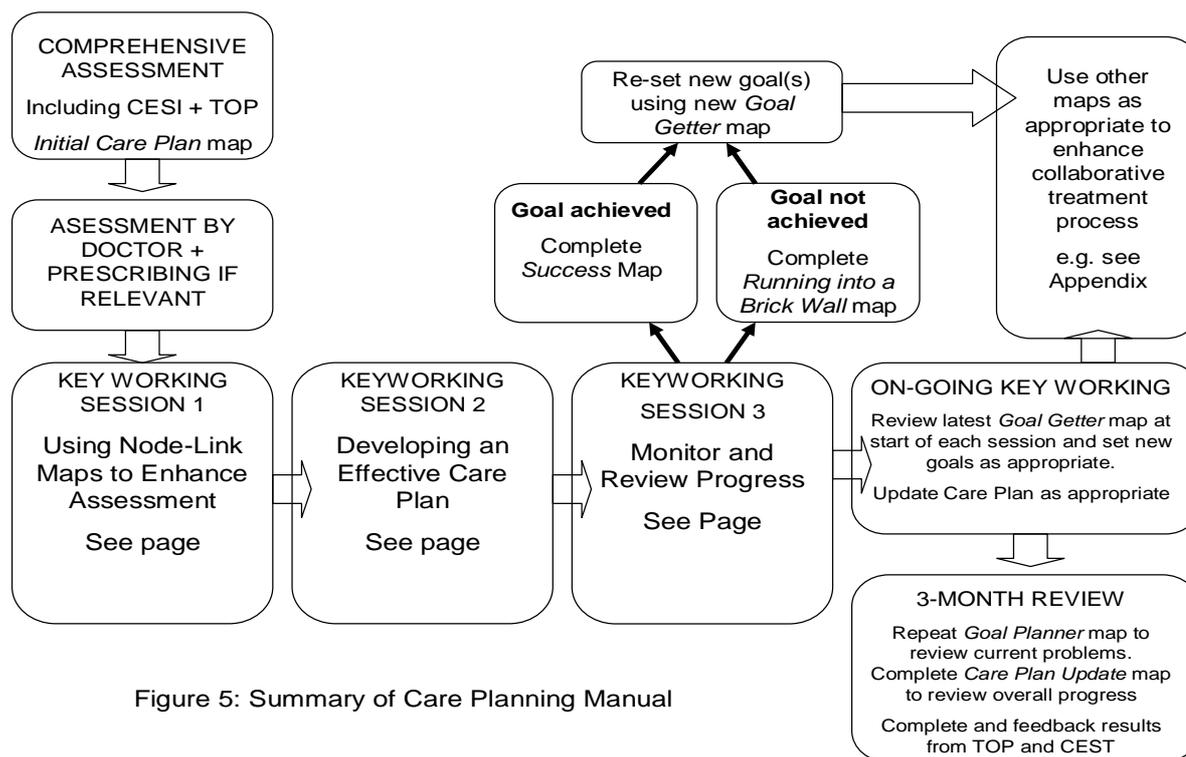


Figure 5: Summary of Care Planning Manual

## Preparation stage

- Familiarise yourself with mapping and with the guide maps used in each session. A completed 'case study' example of each map is included for reference in Appendix 3
- Practice using these guide maps ahead of time. This can be done by completing some of them for yourself, or by inviting a colleague to role play with you
- Make copies of all the maps, organised by session. One easy way to do this is to make a folder for each session to store copies of that session's guide maps. Some clients may want more than one worksheet, so be prepared with extras
- With a client new to treatment, spend some time reviewing the initial assessment documentation completed by the client. Allow enough time to complete an Assessment Feedback Map (page 20) based on the information.

## Working with clients

- When first introducing the client to using guide maps, provide a brief explanation of how the maps are used. For example, "maps are tools to help us structure our discussions and better focus on the things that are important to you," or "mapping is a way of looking at things that you may want to work on as a part of treatment" You may want to further add: "Some people have found these maps to be helpful for 'seeing' things more clearly and remembering important ideas."
- Assure the client that maps don't have to be filled up with words. Concise summaries, shorthand, abbreviations, single words, and even pictures can be

used to represent the ideas the client wants to focus on. Some areas of a map may contain more words/information than others; some boxes may be left blank

- Sit in such a way that you can work on a map as a collaborative project with the client. This might mean sitting around a table or inviting the client to move to the corner of the desk so that both counsellor and client have a clear view of the worksheet. Offer clients a variety of pencils or markers with which to work
- Frequently validate and affirm clients' responses during mapping sessions. There are no 'right' or 'wrong' responses for completing a map. In the spirit of collaboration, counsellors' responses should most frequently reflect interest and curiosity about the clients' perspectives.

## **Session 1**

### **Getting started: using maps to enhance assessment**

**Getting started: first maps** sets the collaborative tone for subsequent sessions and introduces the client to working with guide maps. The keyworker takes the lead in introducing the guide map template. This begins with an opportunity for the client to describe their current situation, and to review a recently completed comprehensive assessment document, or the achievements of treatment so far. The focus then moves onto a discussion about areas of concern and changes that the client would like to make in their life through treatment. The session ends with an invitation for the client to consider the positive factors that can support their efforts in treatment.

**Further reading:** see appendix 1 (p48)

**Notes for session 1:** a set of guide notes is included for each map. Blank copies of each map for you to copy and use with clients follow the guide notes. Sample maps filled out based on the case study are given in appendix 3. Read over the sample case study maps to get a feel for completing the maps with clients.

### **The maps**

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

- **Map 1:** a map for exploring the client's views about their current situation ('Me Today')
- **Map 2:** a map summarising key elements from the initial comprehensive assessment process ('Assessment Feedback')
- **Map 3:** a map for discussing the client's pressing concerns ('Things I Would Like to Change')
- **Map 4:** (homework) a map for identifying strengths/resources ('Strengths').

Introduce the client to the idea of working on the map worksheets together in the spirit of collaboration and better understanding. Most people begin the treatment process hopeful that their lives can be better. Let the client know that if he/she is able to make a change or address even one small thing as part of treatment, then that is some measure of success.

Convey that you are interested in carefully understanding the client's perspective and that the maps are helpful for focus and concentration. Mapping helps you capture ideas without a lot of words. Listen carefully to what the clients says, then add that information as a concise summary. For example: "I was having a bad time back then – I lost my job, then my house" might be summarised on a map as 'lost job, then house'.

## **Map 1: 'Me Today'**

1. Use some of these ideas to introduce the first map to the client (map 1.1 p19):

I'd like to start today by talking about you. If you're okay with it, I'd like to use this map to get a summary of how you see your life today. You gave us a lot of information when you completed the initial assessment process, and I am going to come back to that in a minute. However, much of this involved you answering questions that we set. Now I want to hear your views on your situation in your own words.

I am going to use this map to take notes as we talk. To get us started, I'll write down some of the things you tell me, but I want you looking over my shoulder to make sure I get it right. Drugs or alcohol are clearly a problem for you, or else you wouldn't be here today. However, I want to hear about other areas of your life too, both good and bad. We can write whichever categories are most important to you in the boxes, but others have used some of these titles at the bottom.

Imagine this piece of paper is going to form a summary of your life as it is now, so that someone that didn't know you could understand your situation just using this one piece of paper. Do you think you can do that? Take a minute to think.

2. Work collaboratively with the client to build this map. Engage the client with invitations to fill in parts of the map. Try to encourage the client to discuss their whole situation, and not just drug-related issues. Convey the idea that you are interested in helping them tackle more than just drug issues, and that other problems might be related. Encourage the recording of positive information (e.g. about children, family, employment, skills) as well as problems. For example:

How do you spend your free time at the moment? How did you spend it before you started using drugs? What would you do if you had unlimited money/time? What is your mood like most of the time? How would your friends describe you?

3. When the client says that the map is finished, conclude the map by summarising what the client has brought forward. For example:

Your map gives me a good idea about how things are for you at the moment. I can see that drugs have caused you a lot of problems, and there are other difficulties in your life. However, I can also see that you have a lot of other talents and abilities.

4. Transition to the next map:

I have another map I'd like to show you. I filled this one in based on some of the questionnaires and evaluations you have completed as part of the initial assessment process.

## **Map 2: 'Assessment Feedback'**

1. If the client is new to treatment, continue the theme of talking about the client's current situation by presenting a summary of the findings from the various assessments done at initial intake (e.g. comprehensive assessment document, scales such as the Treatment Outcome Profile (TOP) or the Client Evaluation of Self at Intake (CESI), drug screening results, blood tests etc). This information should be summarised on the assessment feedback map (map 1.2, p 20) that you will prepare in advance of the session. This map provides a way of gathering key elements of this information on one

sheet of paper. Going over it with the client, in conjunction with the 'Me Today' map, enables the keyworker to demonstrate that they have understood all of the client's concerns, and prepares the foundations of a client-focused care plan.

A similar process can be done with clients that are established in treatment, except the focus will be in progress and achievements so far. Alternatively, data from the most recent three-month review (e.g. TOP data) can be used.

2. Introduce the Assessment Feedback Map and review each of the nodes with the client.

It's good to hear your thoughts about how you see your life at the moment. I've drawn up a map that summarises some of the results from questionnaires and evaluations that you completed as part of your assessment, and I hope that this will help us to decide which are the most important problems to tackle in treatment.

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

4. Transition to the next map:

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

### **Map 3: 'Things I Would Like to Change'**

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

2. Use map 1.3 ('Things I would like to change', p 21) to invite the client to consider how he/she might like his/her life to be different or better as a result of entering treatment.

What are the things that you might want to work on in treatment that could make the most difference in your life, either now or in the future? How would you describe the problem or difficulty you would like to change?

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

**Client:** The main thing for me will be to work out how I can get back to work.

**Keyworker:** It sounds like you have already been thinking about this. How will getting back into employment make things better for you?

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

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

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

#### **Map 4: 'Strengths' (homework)**

Invite the client to continue thinking about issues that should be addressed as part of treatment and how these might be tackled. In particular, the homework map asks the client to think about personal strengths and resources that are available to help with the work ahead.

Give the client a copy of the Strengths map (Map 1.4, p 22), briefly review it, and assign it as 'homework':

I'm impressed with the careful thought you have given to the issues you would like to tackle during treatment.

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

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

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

#### **Ending the session**

Thank the client for participating and for giving the activities some thought. Make sure the client is given a copy of all the maps produced in the session, and put another copy in the clinical casenotes. Briefly ask the client to rate the usefulness of the maps worked on in the session on a scale of 1 to 10. For example:

I'm interested in how useful you found these maps that we worked on today. Overall, if 1 equals 'not useful' and 10 equals 'very useful', how would you rate the maps and our discussions?

If client's overall rating is lower, ask: I wonder how we can make these maps more helpful for you.

Think about it and let me know at our next session.

#### **Other potential maps**

As the keyworker becomes more familiar with the idea of using visual node-link maps to facilitate and enhance treatment sessions, it is anticipated that they may stray off the 'script' outlined in this manual. Free maps are the ultimate tool for experienced worker, but other guide maps may also be useful for linking assessment with care planning. These are presented in appendix 2 (p 54):

'Why Should I Give up Drugs?'/ 'My Health'/ 'My Emotions'/ 'Life Story'/ 'My Social Network'/ 'Peer Inventory'

# Maps for Session 1

Map 1.1 'Me Today'      Client: \_\_\_\_\_      Date: \_\_\_/\_\_\_/\_\_\_

Keyworker: \_\_\_\_\_

The diagram consists of a central rounded rectangular box containing the text "Me Today". Six arrows radiate from this central box to six surrounding empty rounded rectangular boxes, arranged in two columns of three. The top-left box is positioned above the central box, the top-right box is to the right, the middle-left box is to the left, the middle-right box is below the central box, the bottom-left box is below the middle-left box, and the bottom-right box is below the middle-right box.

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

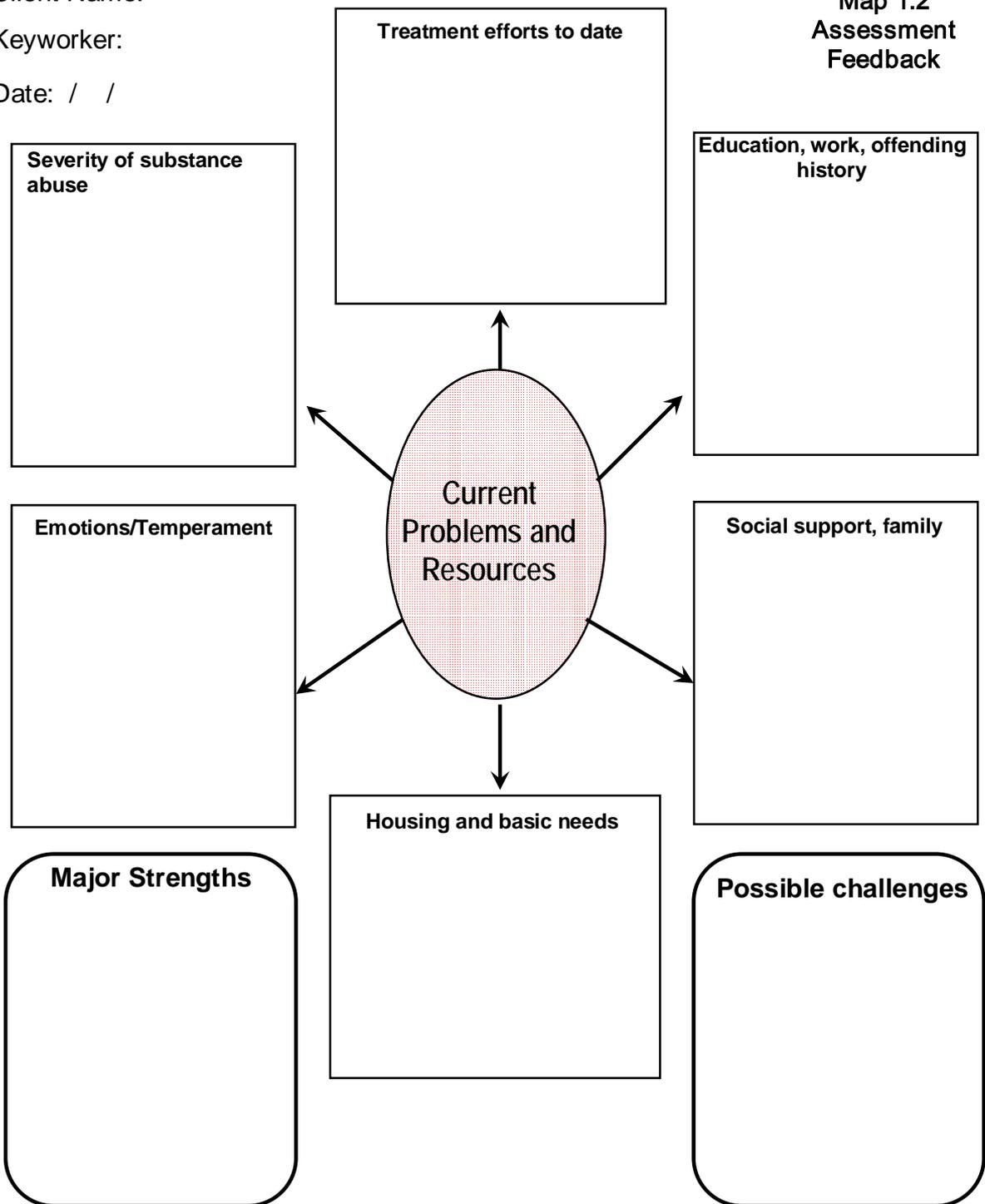
**Areas to consider:**  
 Family Health Emotional Interests Education Fun Work Friends

Client Name:

Keyworker:

Date: / /

**Map 1.2  
Assessment  
Feedback**



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

### Map 1.3 Things I would like to change

|                                  |  |
|----------------------------------|--|
| Describe what you want to change | How would life be different if it happened |
|                                  |  |
|                                  |  |
|                                  |  |
|                                  |  |
|                                  |  |

(Use back if needed)

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

Client Name:

Keyworker:

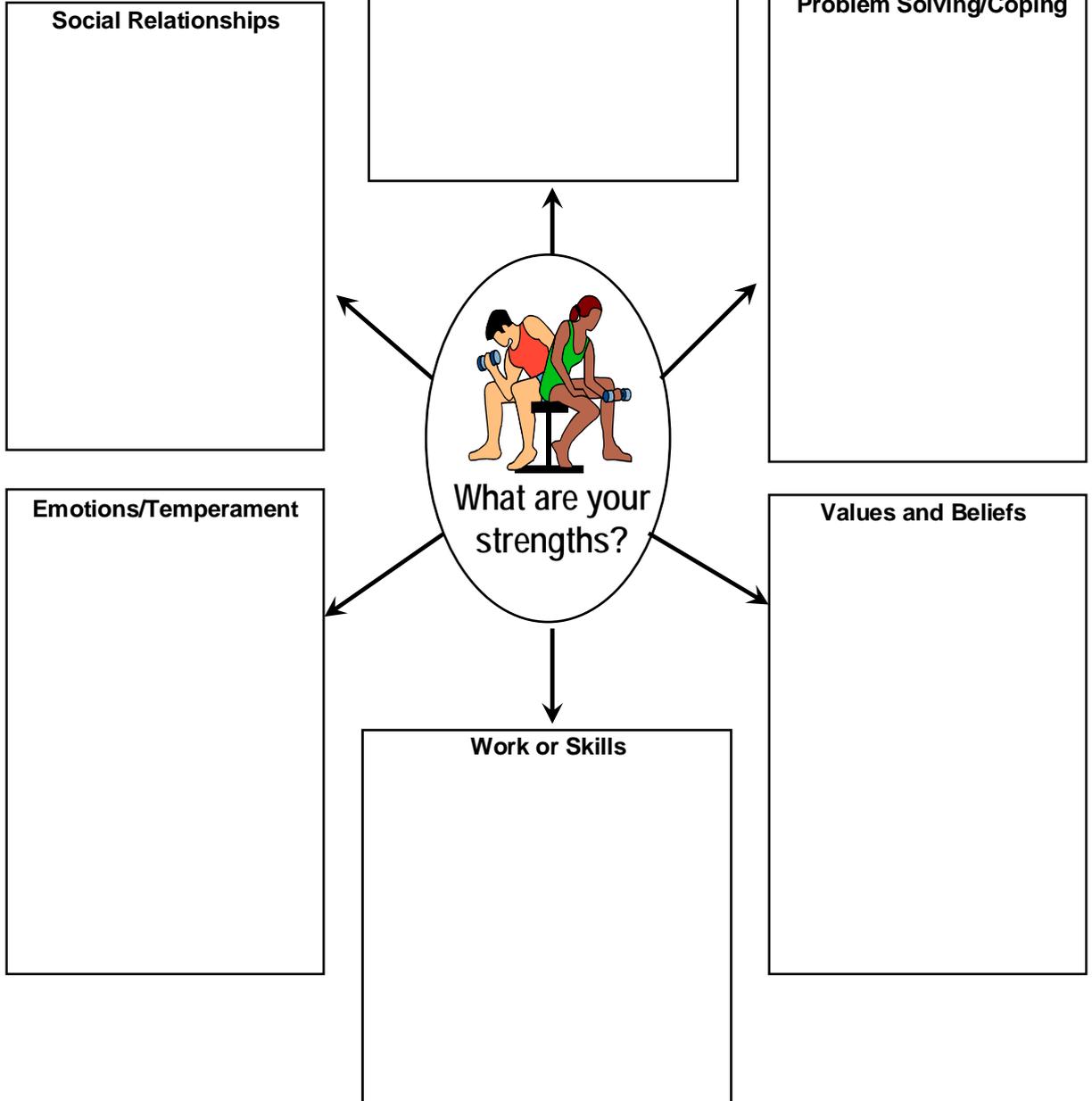
Date: / /

Client Name:

Keyworker:

Date: / /

### Map 1.4 Strengths



Client Name:

Keyworker:

Date: / /

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

## **Session 2**

### **Developing an effective care plan**

Developing an effective care plan helps clients begin to identify and prioritise salient goals to work on as part of treatment and to narrow those goals down to clear, specific, and practical plans. Clients first review their homework guide map to discuss strengths and resources they bring to the task. The 'Goal Planner' map is used to begin exploration of goals and these are drawn up as a care plan. The 'Goal Getter' map is then used to invite a conversation about specific steps to take first. As homework, the client is invited to tackle the first tasks on the 'Goal Getter' map, ready for review at the next treatment session. Copies of the care plan and 'Goal Getter' maps are given to the client and provide a reminder of tasks for the coming weeks.

**Further reading:** useful materials on goal setting and treatment planning can be found in 'Chapter 5: CRA Treatment Plan' in Clinical Guide to Alcohol Treatment: The Community Reinforcement Approach by Robert J. Meyers & Jane Ellen Smith, The Guilford Press, New York, 1995.

**Notes for session 2:** a set of guide notes is included for each map. Blank copies of each map for you to copy and use with clients follow the guide notes. Sample maps filled out based on the case study are given in appendix 3. Read over the sample case study maps to get a feel for completing the maps with clients.

### **The maps**

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

- **Homework map:** review 'Strengths' map from previous session
- **Map 1:** a map that ensures all possible problem areas are considered (the 'Goal Planner')
- **Map 2:** a (summary) care plan map capturing the top priority problem areas
- **Map 3:** a 'Goal Getter' map to explore each chosen problem in detail and to set SMART goals.

## **Homework review: 'Strengths'**

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

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

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

How do you think you gained this strength?

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

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

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

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

In our last meeting, you discussed several things you want to change for the better. How will your strengths help you with the changes you want to make? Which of your personal strengths will serve you the most? How do you intend to keep working on this strength? What do you need to remember to keep doing?

3. Transition to the goal planning map:

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

## **Map 1: 'Goal Planner'**

1. Transition to the 'Goal Planner' map (map 2.1, p 32) by reviewing general problem solving models with client:

Our task for the rest of this session is to draw up a plan for tackling your problems. However, before we can do that, we need to be absolutely sure which problems we are tackling. Sometimes when people first come for treatment, it seems that nothing else in their life matters other than the drugs. However, as we have discussed already, there are lots of other issues that we could look at that are just as important.

Sometimes these problems follow on from using drugs, but sometimes they are part of the reason that you started using the drugs in the first place [Give an example e.g. using drugs to help calm down, to aid sleep, or because all of your friends use]. It is often helpful to check that we know clearly which are the important problems for you, so that we can tackle them one-by-one, and in the right order.

As we think about it, it may seem like we have more things we want to try to

change immediately than we realistically have time and energy to do. It's also true that sometimes when we take action in one area, other areas get better without as much effort. So planning how we want to tackle our goals for treatment makes sense.

Using this map, let's make some notes about the issues that you think about as being the most important or urgent for you to work on during treatment. This can include things you would like to address right now, but it can also include problems or goals you know you'll need to tackle in the long run in order to live a drug-free life.

For example, some clients use treatment sessions to improve their skills e.g. in solving problems in their life, being able to say 'no' to others, or to increase their range of interests or activities. Others focus on topics such as parenting, building better relationships, maintaining motivation to stay off drugs, learning better ways to deal with anger – those sorts of concerns.

2. Show the client the 'Goal Planner' map, and also have the Goal Planner Rating Sheet (p33) ready to show the client.

This map contains nine areas where you (or indeed any of us) might be experiencing problems.

I would like you to go through each area in turn, and score your current satisfaction with this part of your life between 1 and 10. Use this extra sheet (Goal Planner Rating Sheet) to help you.

For example, if you score 'Physical Health' as a '1' this means you cannot imagine your physical health could be any worse than it is at the moment. Alternatively, a score of '10' would mean that you couldn't imagine feeling any better.

3. When the client has completed all nine scores, go through each of the areas and discuss what the score means to the client. For example

You have rated 'Money' as a '3'. What would have to happen to make it a '7'? or a '10'?

Try to get a deeper understanding of what the client means by the score, and how it could be improved. Write down exactly what they say for each area in the larger boxes in the middle of the map – this information provides the basis for a potential goal that could be set for the client to achieve. For example

'You scored 'Money' as a '3', but in order for it to be a '7' you would have to get rid of all the debts that you have to dealers and other friends. In order for it to be a '10', you would need to get a well paid job, or win the lottery!

4. The task is now to prioritise the problem areas in order to find the best one (or a 'top three') to work on first. These may be the three areas with the lowest scores, but not always. Remember that by agreeing to tackle a 'middle-ranking' problem, you may have more chance of early success, thus building the client's confidence. Spend some time ranking the problems in terms of importance to the client, coming up with at least the first three. Useful material on goal setting can be found in 'Chapter 5: CRA Treatment Plan' in Clinical Guide to Alcohol Treatment: The Community Reinforcement Approach by Robert J. Meyers & Jane Ellen Smith, The Guilford Press, New York, 1995.

## Map 2: 'Care Plan'

1. Having spent some time exploring the full potential range of problem areas, the task now is to draw up a Care Plan (p34) to structure the initial attempts to tackle these difficulties.
2. Choose the top three problem areas identified from the Goal Planner map, and enter them in the column on the left of the Care Plan.
3. Transfer the information relating to these areas from the larger text boxes on the 'Goal Planner' map, and enhance this with any other relevant detail.
4. Start to plan goals to tackle each of the three problem areas identified.

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

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

Let's use the three problems that you have identified as most important and try to break them down into small and achievable steps.

5. Transition to the 'Goal Getter' map. This takes one of the goals identified on the Care Plan, and breaks it down into smaller steps, as well as reminding the client of other support that they may have to achieve these goals.

## Map 3: 'Goal Getter'

It is useful to break down individual goals into smaller steps that are 'SMART'

**Specific:** make the step as specific as possible and express it in positive terms.

Do you want to stop using cannabis or cut down your use? How much money do you want to save each week?

**Measureable:** you will need a way to evaluate progress and work out if the client is achieving each step towards their goal.

How will you know if you have cut down your use? Will you measure this in money? Number of days used? Number of times used? How will you know when you are feeling less depressed?

**Achievable:** is the step achievable? Does the client have the resources necessary to achieve each step? Can any obstacles be identified and removed before starting?

**Realistic:** setting unrealistic steps or goals is counterproductive, as it is likely to end in failure. If a client fails to achieve a step, this leads to demoralisation, and potentially to a drop in motivation. Therefore make all the steps set in the early stage of the Care Planning process overly simple, to ensure that the client has every chance of succeeding. Then praise them extensively for achieving the step/goal.

**Time-limited:** all steps must have a review date attached to them. At first, this should be as close as possible to the date that the goal was set on, allowing quick feedback and progress.

1. Invite the client to continue working on making thoughtful plans to address his/her concerns and goals to be achieved during treatment. Give the client a copy of the 'Goal Getter' map (p35), and explain how to use it:

Your number one priority identified on the Care Plan was to increase your level of exercise. Can you think of any way of doing this?

Engage the client in completing the map. Lead the discussion so that it follows the map's template. Start by breaking down the goal into a number of smaller steps, following the principles described above. Encourage some thought and discussion about identifying a more concrete goal and several steps that might be involved in the goal:

You've said that changing your relationship with your wife is one thing that seems important for you to address. Part of this is working out how to walk away or handle disagreements differently. How might you go about learning that? What's one thing you could do to work on this?

Once the steps to achieve a certain goal are established, enquire about possible problems that the client might encounter. At this point it is common to realize that the steps set to achieve the goal are still too large and difficult to achieve, and they may need further revision.

Add information about the client's strengths and social supports that might help them achieve their goal.

At the end of the session the client will be expected to attempt to achieve the steps set one or more 'Goal Getter' maps. Make sure that a review date has been set, and that this is followed-up (it might be done over the phone or face-to-face).

### **Ending the session**

Thank the client for participating and for giving the activities some thought. Make sure the client is given a copy of all the maps produced in the session, and put another copy in the clinical case notes. Briefly ask the client to rate the usefulness of the maps worked on in the session on a scale of 1 to 10. For example:

I'm interested in how useful you found these maps that we worked on today. Overall, if 1 equals 'not useful' and 10 equals 'very useful', how would you rate the maps and our discussions?

If client's overall rating is lower, ask:

I wonder how we can make these maps more helpful for you. Think about it and let me know at our next session.



1 2 3 4 5 6 7 8 9 10

It can't get any worse.....It can't get any better

## Goal Planner Rating Sheet

Give each area of the *Goal Planner* map a score between 1 and 10 to show how happy you are now with this area of your life

1 = *it can't get any worse*

5 = *not unhappy, but not happy either*

10 = *it can't get any better*

# Care Plan

Sheet Number: \_\_\_\_\_

Client Name: \_\_\_\_\_

Keyworker Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Problem Area

Summarise the Problem

Goals for tackling this problem

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

Client Signature: \_\_\_\_\_

Keyworker Signature: \_\_\_\_\_

Review Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ / \_\_\_ / \_\_\_

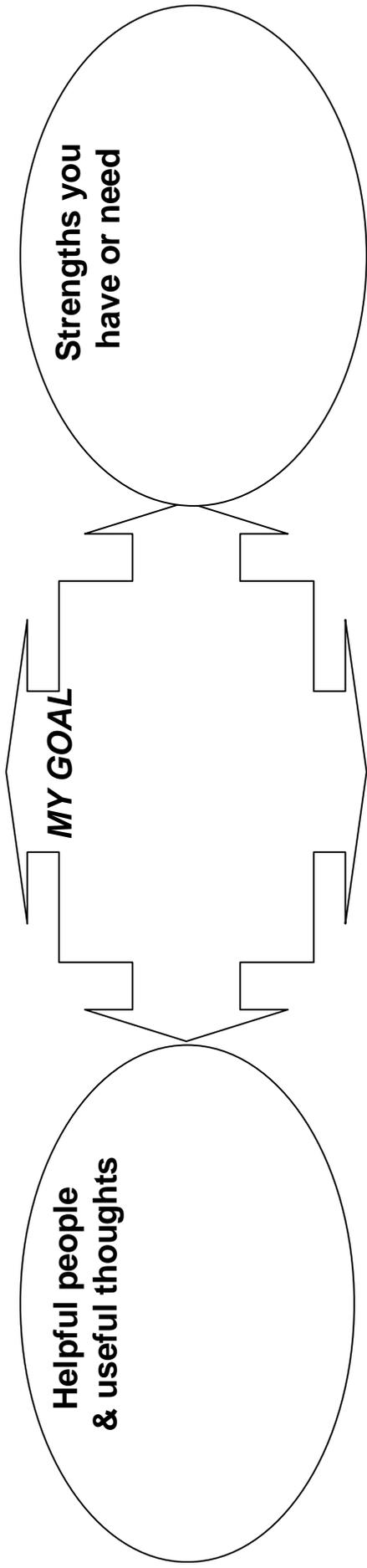
Map 2.4 'Goal Getter'

Client:

Keyworker:

Date: \_\_\_/\_\_\_/\_\_\_

|                         |             |
|-------------------------|-------------|
| <b>Specific Actions</b> | <b>When</b> |
|-------------------------|-------------|



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

## **Session 3 and beyond**

### **Mapping progress and future plans**

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

**Further reading:** see appendix 1, p48

**Notes for subsequent sessions:** a set of guide notes is included for each map. Blank copies of each map for you to copy and use with clients follow the guide notes. Sample maps filled out based on the case study are given in appendix 3. Read over the sample case study maps to get a feel for completing the maps with clients.

### **The maps**

In addition to reviewing the 'Goal Getter' map set as homework, there are 4 new maps for working with clients in subsequent sessions. These maps are designed to help keep sessions focused on goals, plans, and tasks related to the clients treatment needs.

- **Homework map:** review 'Goal Getter' map
- **Map 1:** a map for exploring successes ('What Was Your Success?')
- **Map 2:** a map for exploring set-backs ('Running into a Brick Wall')
- **Map 3:** a map for making difficult decisions ('Decision')
- **Map 4:** a map for updating goals ('Care Plan Update').

## Homework review: 'Goal Getter'

1. Start the session by discussing the progress in achieving the steps outlined in the 'Goal Getter' map created at the end of the previous session. Review and discuss each of the steps identified on the map in relation to the stated goal and tasks.
2. If the client has been successful in achieving any of the steps on the 'Goal Getter' (or Care Plan) map, praise their achievements. Use the 'Success' map (map 3.1, p 44) to reinforce this achievement, and to gather information about techniques that may be useful again in the future.
3. Alternatively, if the client hasn't been successful in achieving one or more steps, praise any success that they may have had, but move on to the 'Running into a Brick Wall' map (map 3.2, p45) to help structure a discussion about what went wrong. It is likely that the step was too large or complicated to complete in the time set, and time may be usefully spent in trying to break it down into smaller components.
4. Exploration of steps or goals often leads to a difficulty in making an important decision. The 'Decision' map (map 3.3, p46) can help a client to develop good decision-making skills.

## Map 1: 'What Was Your Success?'

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

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

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

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

You seem to have carefully thought about what might work in this situation. In what other situations have you used this kind of thinking?

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

Who else will be (was) affected by your success? What would (did) they say?  
When you have done \_\_\_\_\_ (whatever needs to happen next), what will you notice that is better in your life?

4. Summarise the discussion. Transition to setting further goals/steps using the 'Goal Getter' map (or one of the subsequent maps) or assign it as homework, based on what the client identifies as the next useful area of exploration.

## Map 2: 'Brick Wall'

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

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

2. Complete the 'Brick Wall' map with the client. Listen reflectively as the client works through the nodes of the map and discusses how the set back happened and what was learned.

3. Once the map has been completed and discussed, ask processing questions to help the client further consider different aspects of the set back:

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

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

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

How did you figure out what to do to keep things from being worse? You noted that what happened made you wiser by \_\_\_\_\_. How will you use this new wisdom in the future?

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

## Map 3: 'Decision Map'

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

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

2. Complete the 'Decision' map with the client. Listen reflectively as the client works through the nodes of the map and discusses the pros and cons of each choice in the decisional balance.

3. Once the map has been completed and discussed, ask processing questions to help the client further discuss thoughts and feelings about the decision:

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

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

Who else will be (was) affected by your set back? What advice might they give you (did they give you) about what happened? What else have you considered might be positive about \_\_\_\_\_ (one of the choices)? And what else might be negative about that choice?

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

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

#### **Map 4: 'Care Plan Update'**

1. Suggest the 'Care Plan Update' map when a check up session to assess progress and future tasks seems relevant. This map is also suitable for working on a client's report of having made some progress toward completing tasks.

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

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

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

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

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

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

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

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

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

#### **Ongoing keyworking**

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

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

This open presentation of further maps allows programmes to pace the number and frequency of individual keyworking/counselling sessions, based on the pragmatics of what is possible. Ideally, continuing with regular goal/step setting throughout treatment is suggested. A review of a 'Goal Getter' map is a useful start to any keyworking session. Alternatively the broader goals may be reviewed using the Care Plan or the

'Care Plan Update' maps. Administering the 'Goal Planner' map every three to six months can also be a useful way of ensuring that important problem areas are not missed.

### **Got more maps?**

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

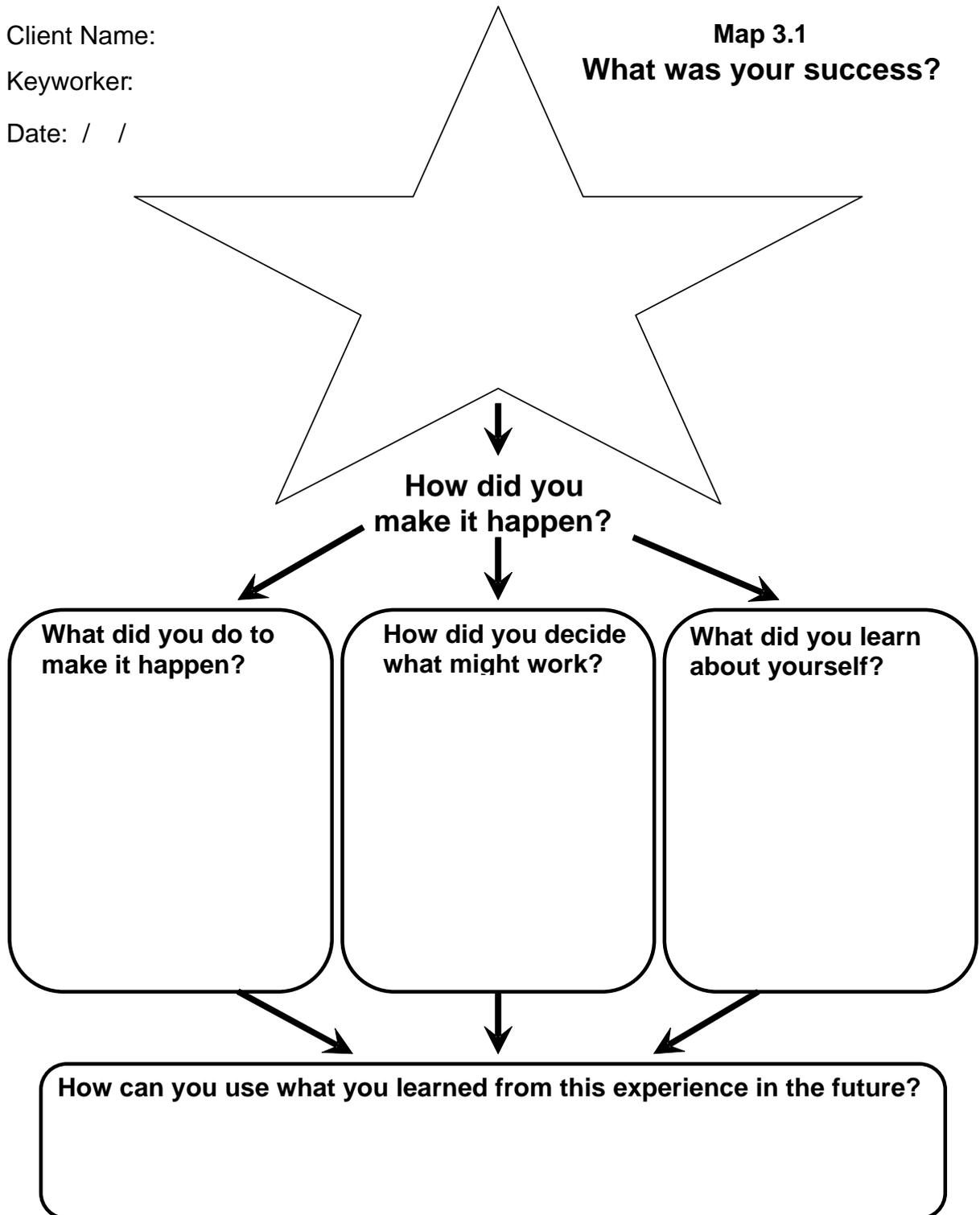
## Maps for Session 3 and beyond

Client Name:

Keyworker:

Date: / /

### Map 3.1 What was your success?



How useful was this map and discussion?

Not Useful 1-2-3-4-5-6-7-8-9-10 Very Useful

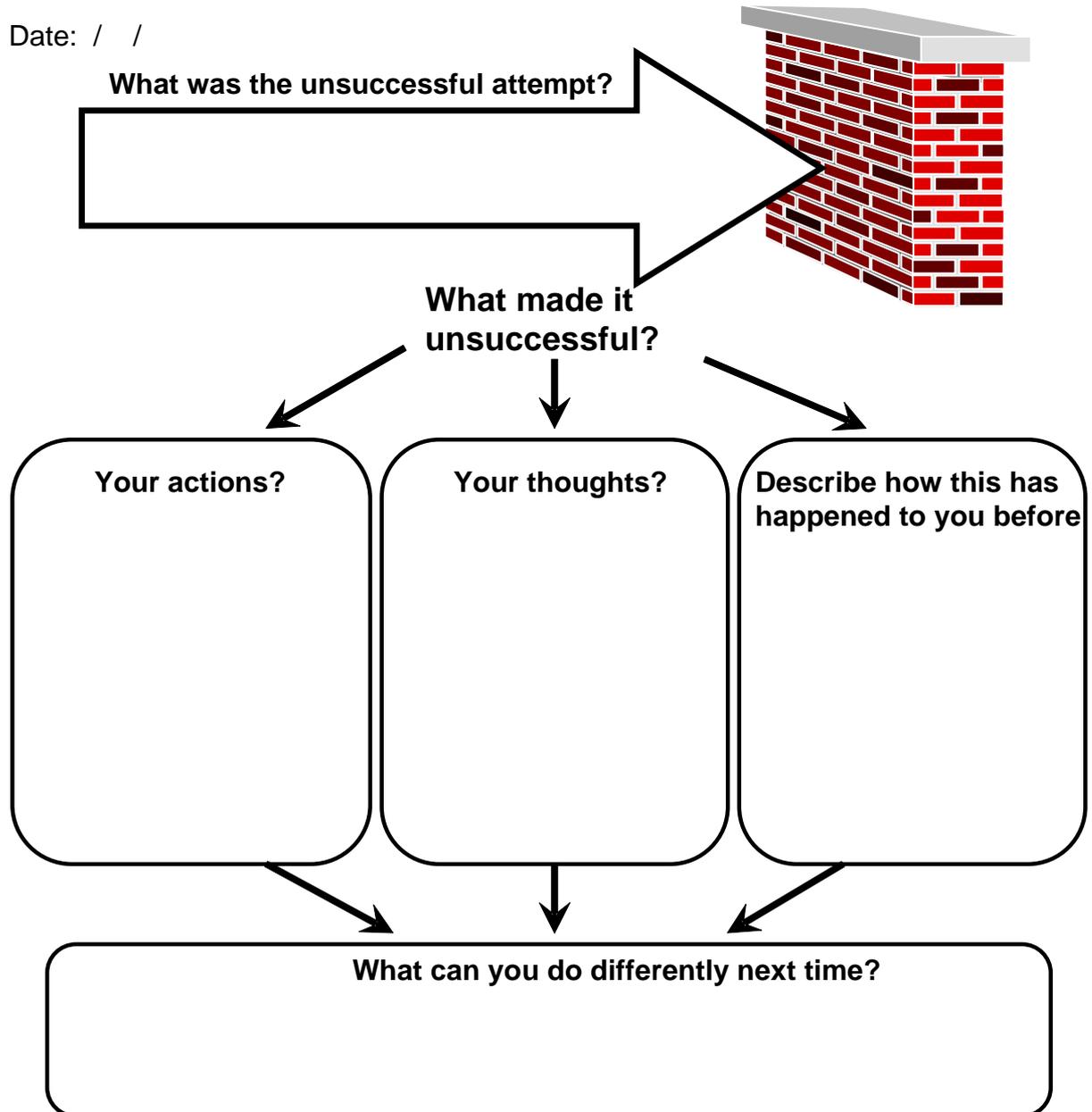
Comments:

Client Name:

Keyworker:

Date: / /

### Map 3.2 Running into a Brick wall



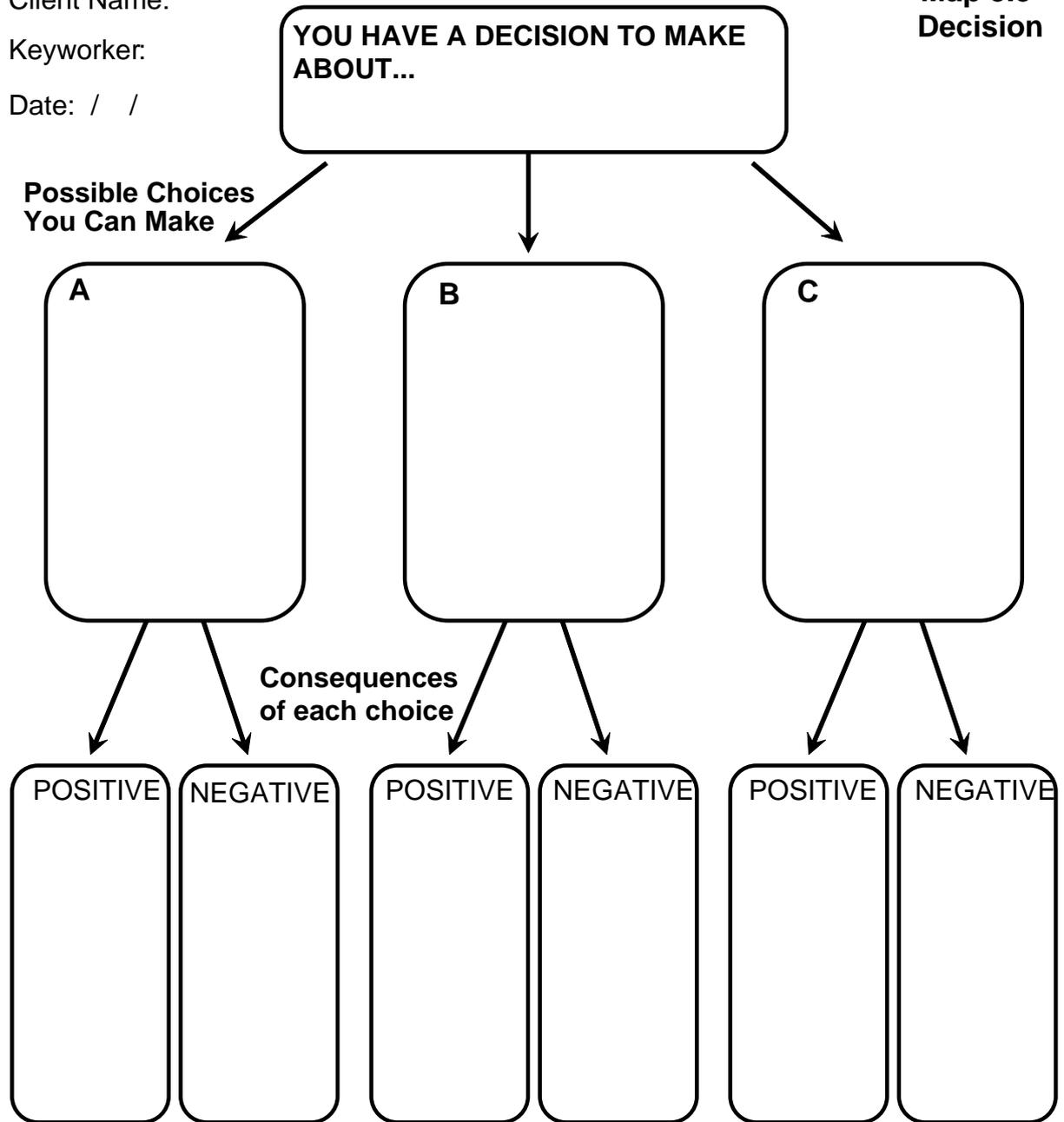
How useful was this map and discussion?  
Not Useful 1-2-3-4-5-6-7-8-9-10 Very Useful  
Comments:

Client Name:

Keyworker:

Date: / /

**Map 3.3  
Decision**



**WHICH CHOICE SEEMS THE BEST?**



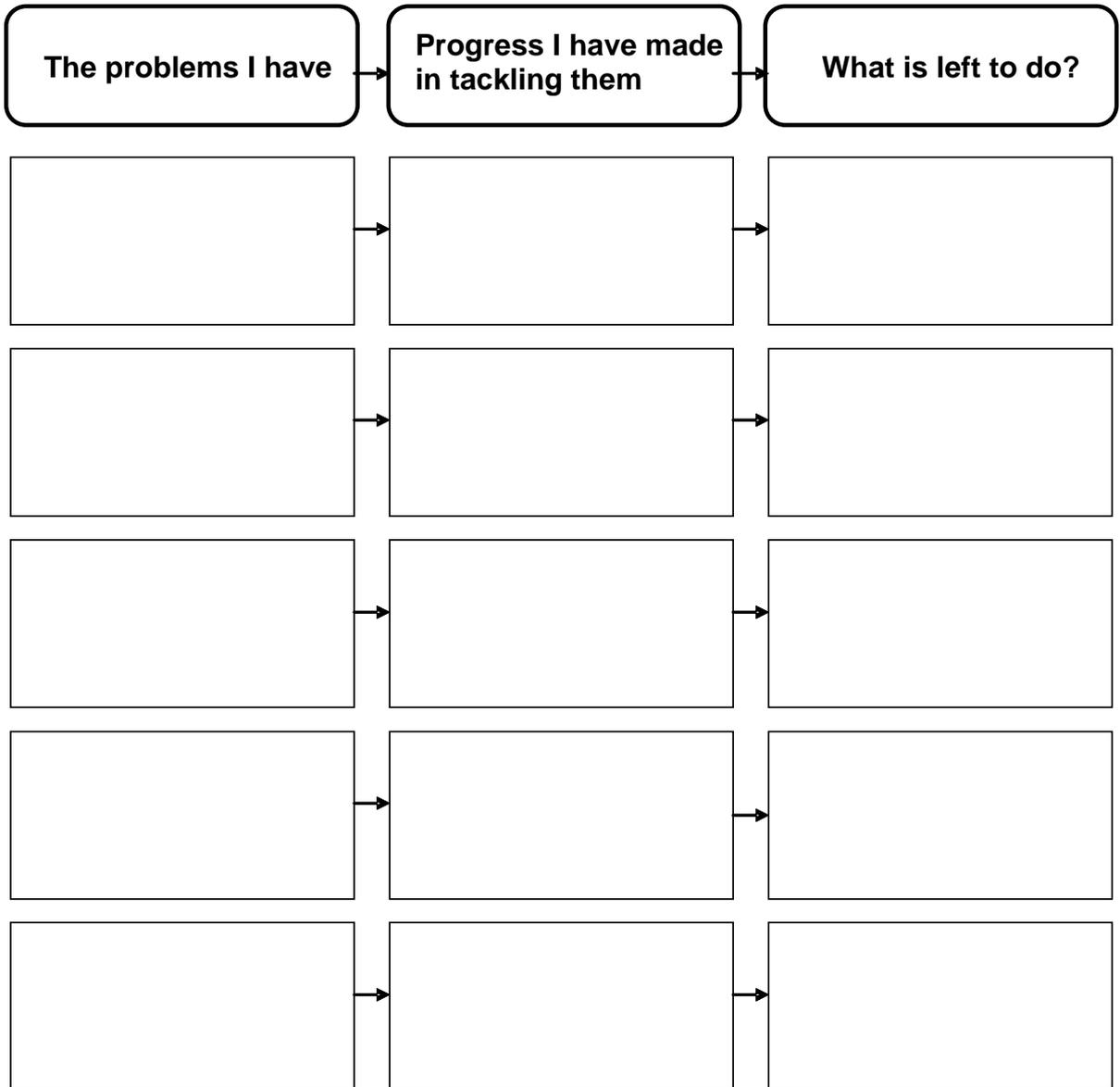
How useful was this map and discussion?  
Not Useful 1-2-3-4-5-6-7-8-9-10 Very Useful  
Comments:

**Map 3.4  
Care Plan  
Update**

Client:

Keyworker:

Date: \_\_/\_\_/\_\_



(Use back if needed)

Client Signature:

Keyworker Signature:

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

## **Appendix 1:**

### **The research evidence for node-link mapping**

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, organisational 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 (Greeno, 1980; Larkin & Simon, 1987; Mayer & Gallini, 1990). Spoken language or written narrative are in physical formats that produce 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.

Complexity often makes personal problems both difficult to analyze and solve, and emotionally daunting. A visual representation such as a node-link map can capture the most important aspects of a personal issue and make alternatives more obvious for both the client and the keyworker/therapist. 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.

In 1989, maps were first studied as personal management tools for college students in substance abuse prevention research funded by the National Institute on Drug Abuse (NIDA) in the USA. Later, maps were also introduced to heroin dependent clients and their counsellors in three urban Texas methadone clinics as part of the DATAR project (Drug Abuse Treatment for AIDS Risk Reduction). Positive findings from this research led to the use of node-link maps in the CETOP project (Cognitive Enhancements for the Treatment of Probationers). Again, this confirmed node-link maps as useful counselling tools, this time with a particularly complex client group (probation violators in a criminal justice system treatment program). Some of the maps in this manual were initially created by Don Dansereau and colleagues for the DATAR and CETOP projects, and then modified by counsellors in the studies to suit their clinical needs. Others were created in drug services in Birmingham and the North-West region of England as part of the BTEI and ITEP projects.

Research evidence now exists to support the use of node-link mapping in drug treatment sessions. The following provides a summary of the potential benefits:

### **Quality of the therapy session**

**Memory for the session:** maps make treatment discussions more memorable (K. Knight, Boatler, & Simpson 1991, K. Knight, Simpson, & Dansereau 1994)

**Focus:** maps increase on-task performance in group sessions and are especially helpful for clients who have problems maintaining attention (Dansereau, Dees, Greener &

Simpson 1995, Dansereau, Joe & Simpson 1993, D. Knight, Dansereau, Joe & Simpson 1994, Joe, Dansereau & Simpson 1994, Czuchry, Dansereau, Dees & Simpson 1995, Dansereau, Joe & Simpson 1995).

**Communication:** maps give clients greater confidence in their ability to communicate. This is especially so where English is not the first language and clients with limited education (Pitre, Dansereau & Joe 1996, Dansereau, Joe & Simpson 1996, Blankenship, Dees & Dansereau 1997, Newbern, Dansereau & Pitre 1999).

**Ideas:** maps facilitate the production of insights and ideas. They can help to:

- stimulate greater session depth (Dansereau, Dees, Greener & Simpson 1995, Newbern, Dansereau & Dees 1997)
- identify gaps in thinking (Pitre, Dansereau & Simpson 1997)
- uncover psychological issues (Collier, Czuchry, Dansereau & Pitre XXXX, Czuchry & Dansereau XXXX, Dansereau, Joe & Simpson 1993)
- provide greater breadth (Dansereau, Joe & Simpson 1993).

### **Quality of client & therapist relationship**

Mapping facilitates the counsellor-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 and 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 XXXX, Newbern, Dansereau & Pitre 1999)
- Arrive for sessions drug-free: 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).

### **After Treatment Outcomes (e.g. sober/drug-free, no arrests)**

- 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 & Simpson 1997).

## Mapping Bibliography

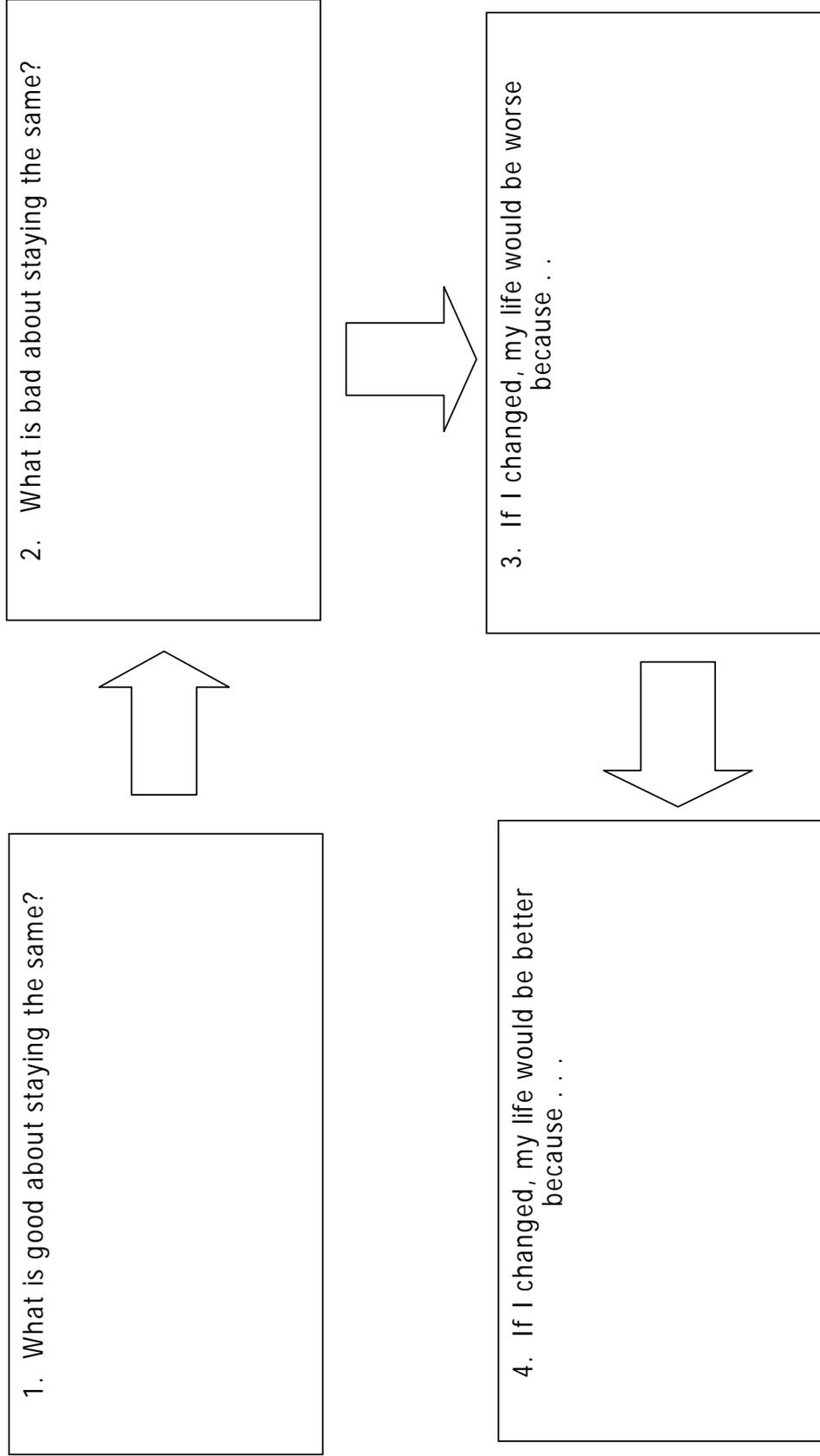
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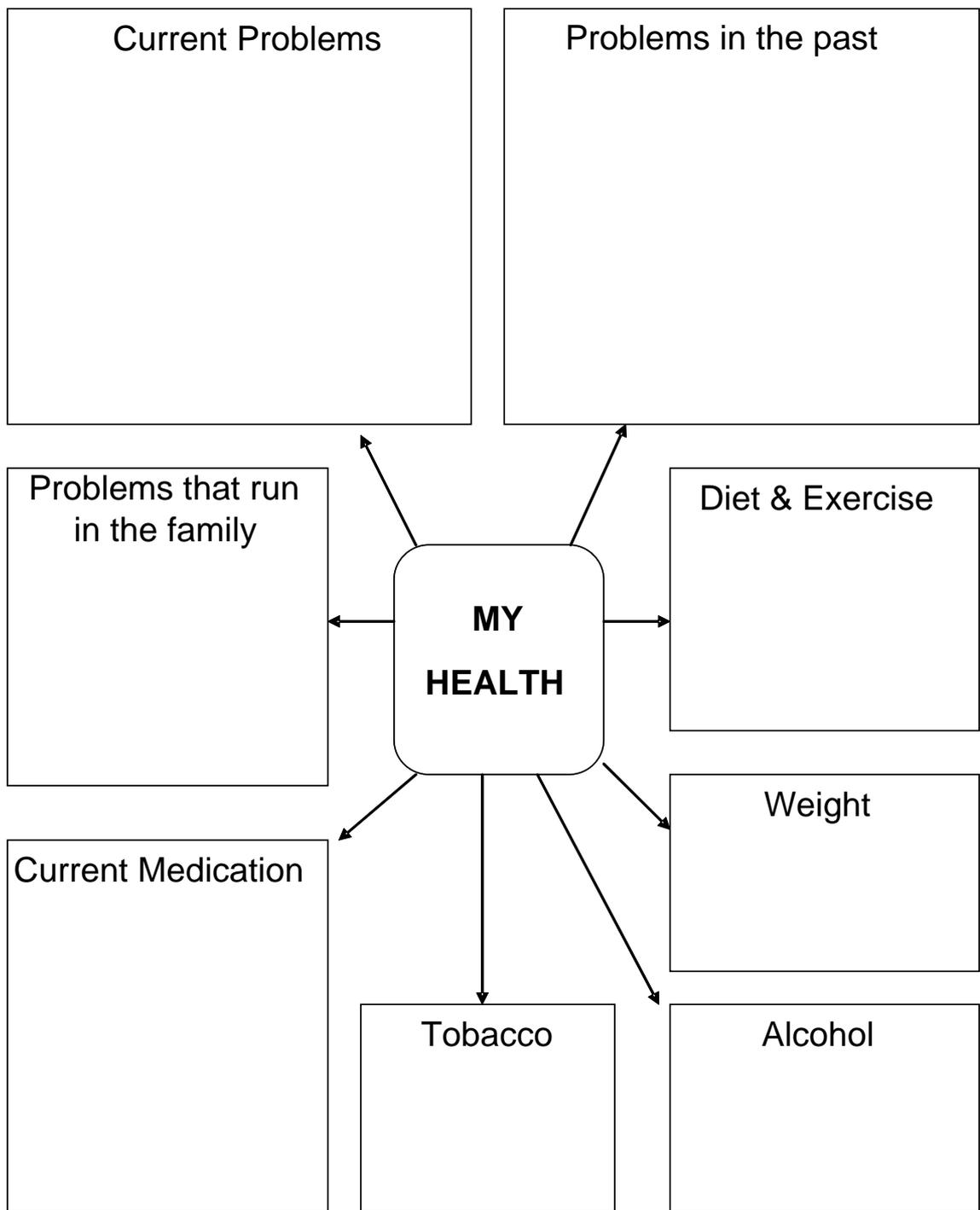
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## **Appendix 2:**

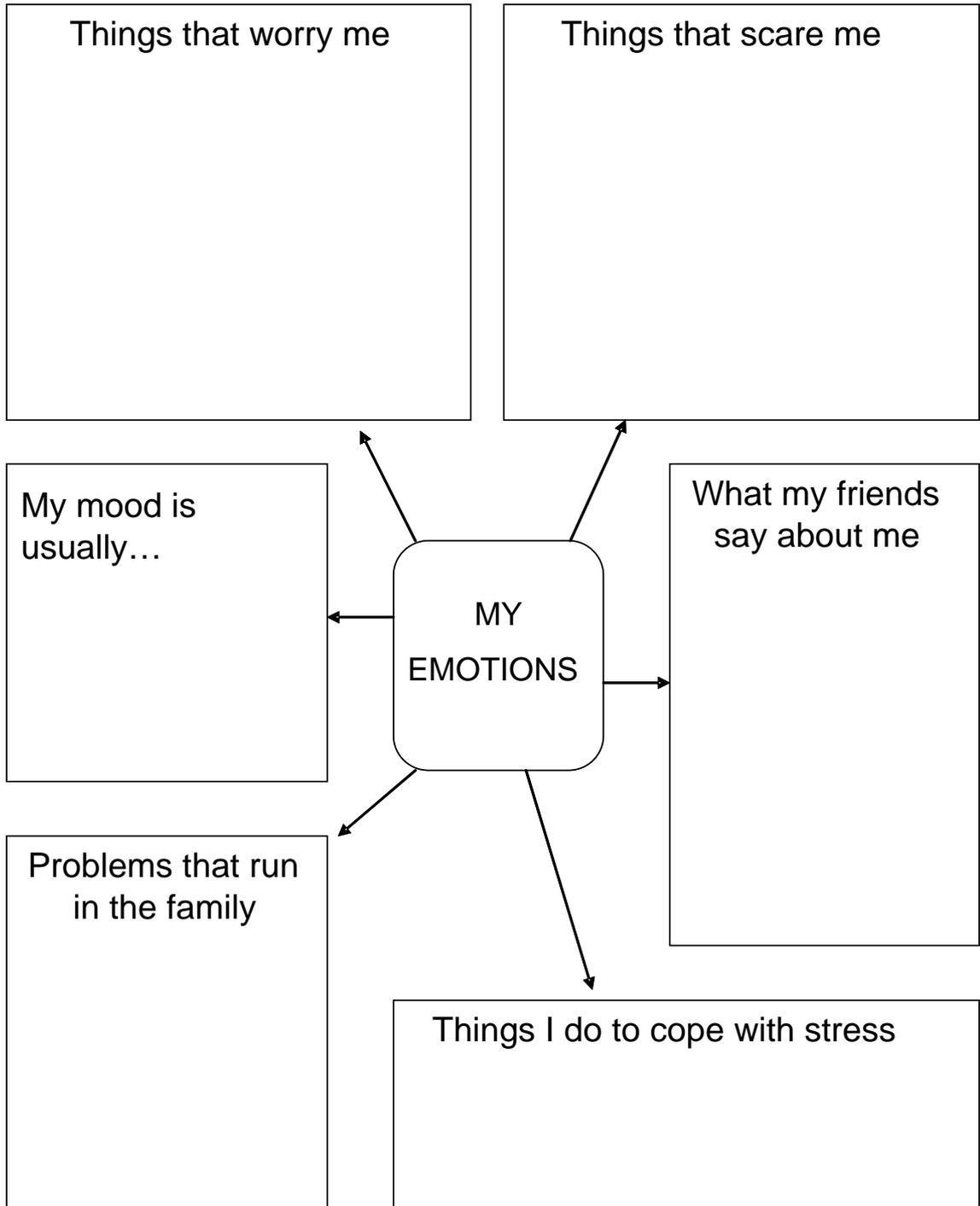
Extra guide maps for enhancing assessment. See also [www.ibr.tcu.edu](http://www.ibr.tcu.edu)

## Why should I give up drugs?





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

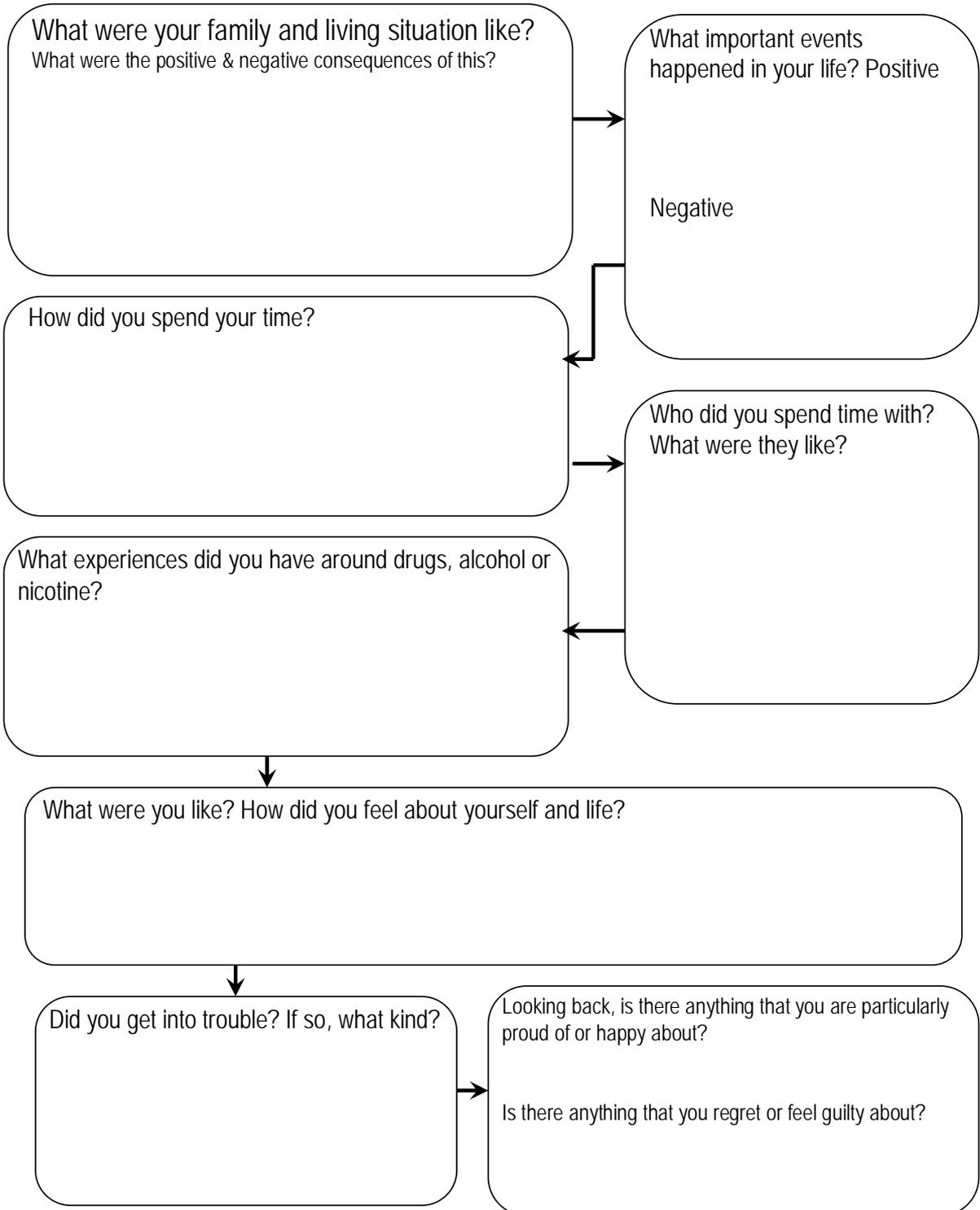


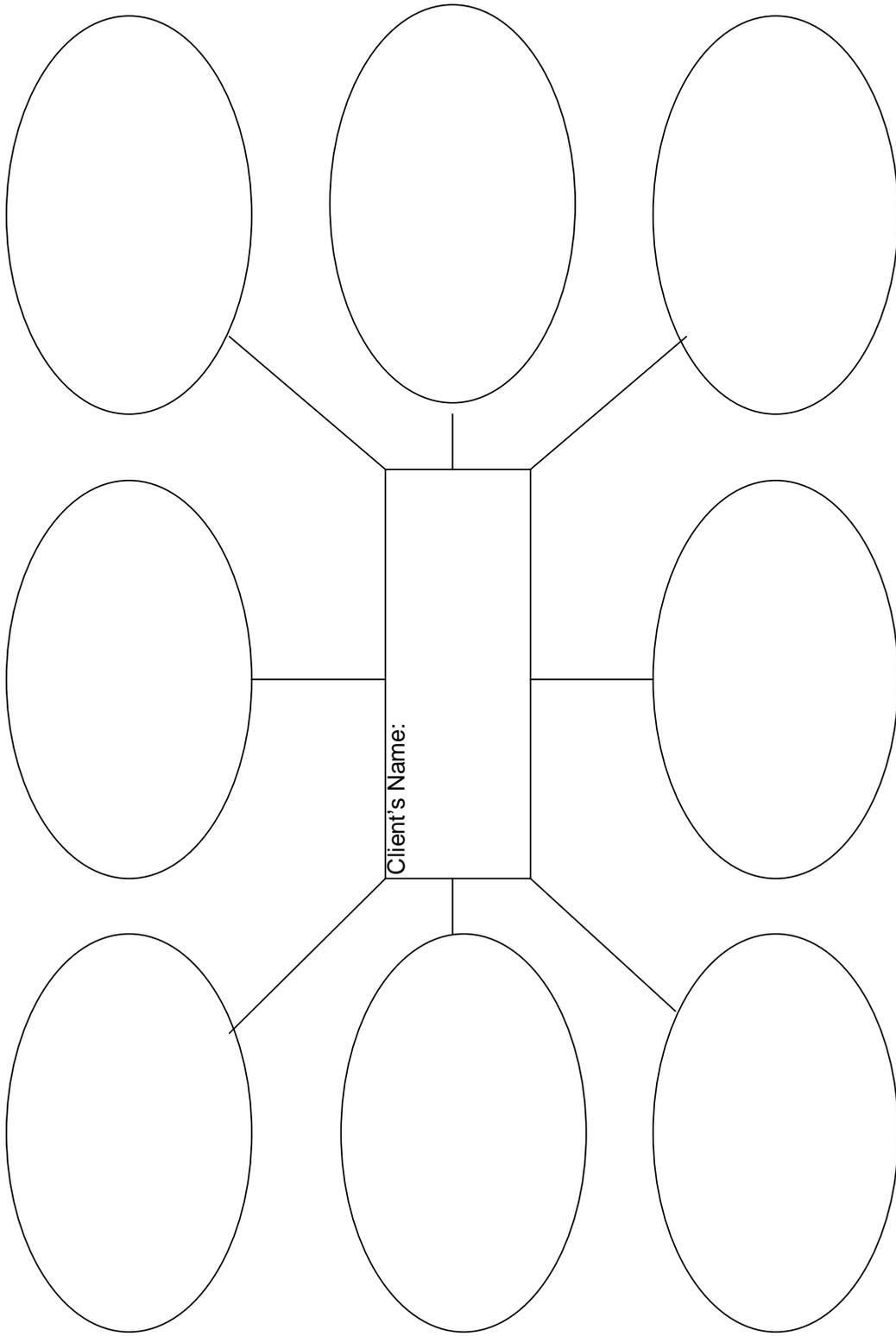
How useful was this map and discussion?  
 Not Useful ~~1-2-3-4-5-6-7-8-9-10~~ Very Useful  
 Comments:

**MY LIFE STORY** Age to

NAME:

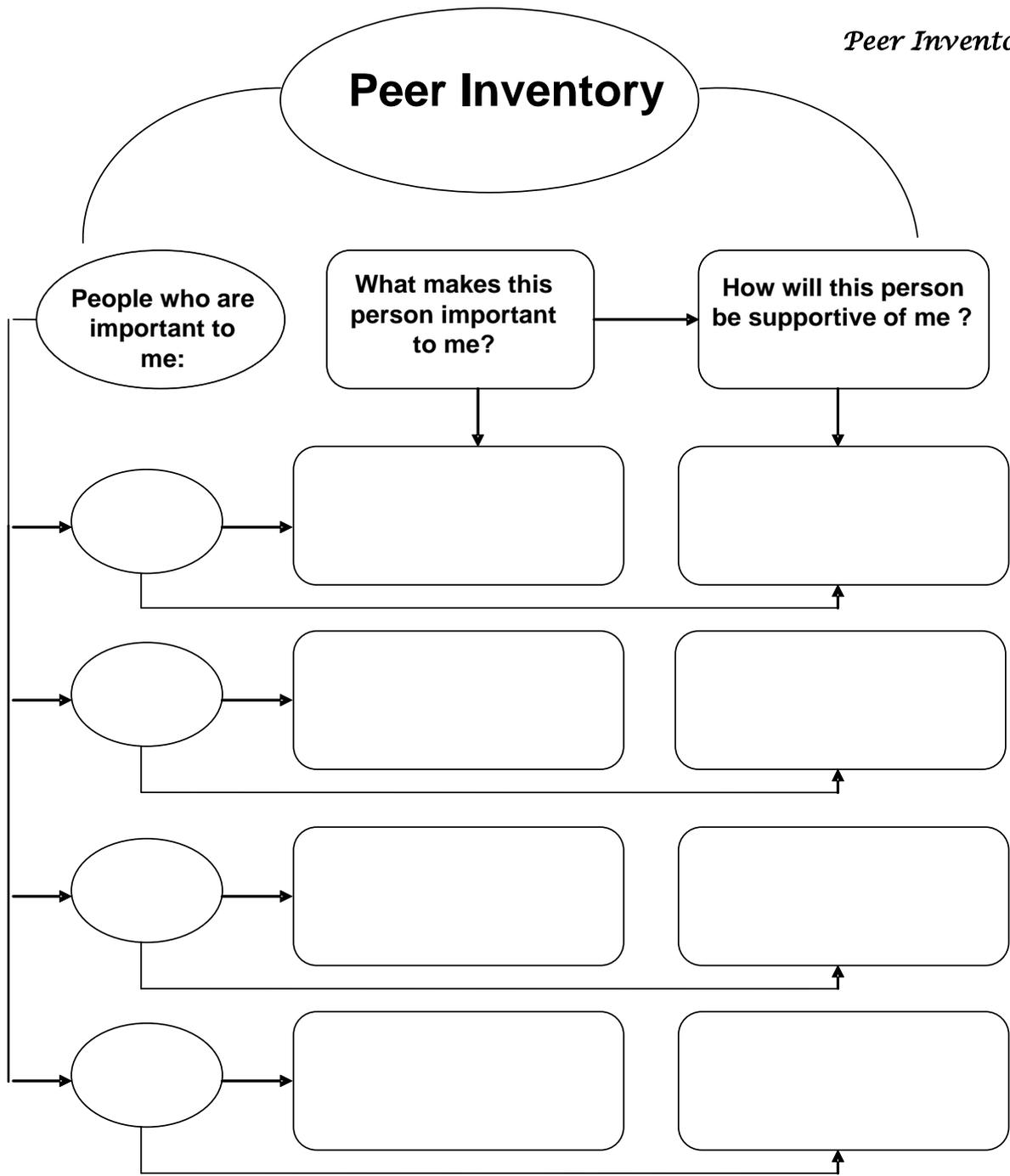
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How useful was this map and discussion?  
Not useful...1-2-3-4-5-6-7-8-9-10... Very useful  
Comments:

# My Social Network



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

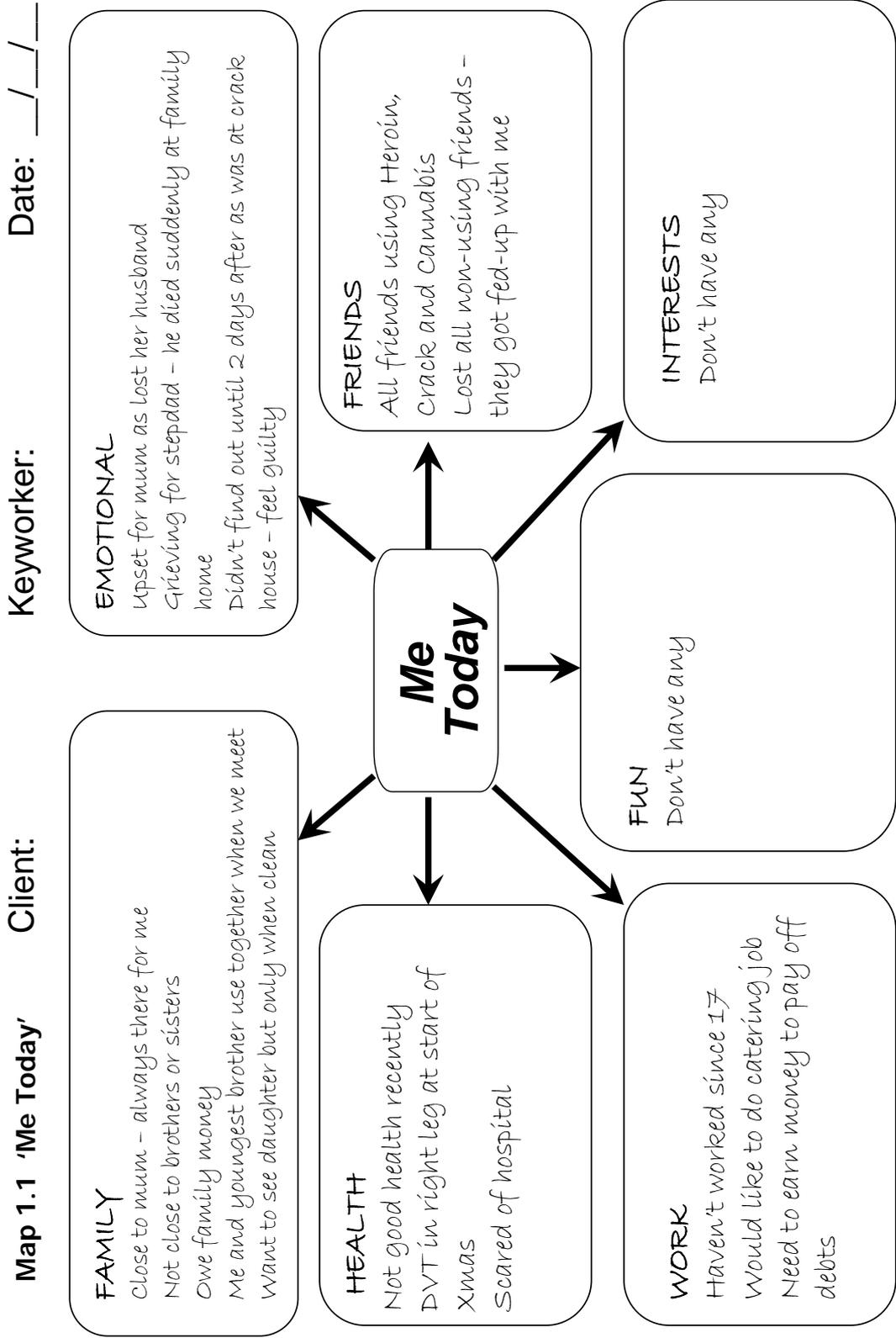
Client Name:

Keyworker:

Date: / /

### Appendix 3:

Worked examples:



**Areas to consider:**  
 Family Health Emotional Interests Education Fun Work Friends

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

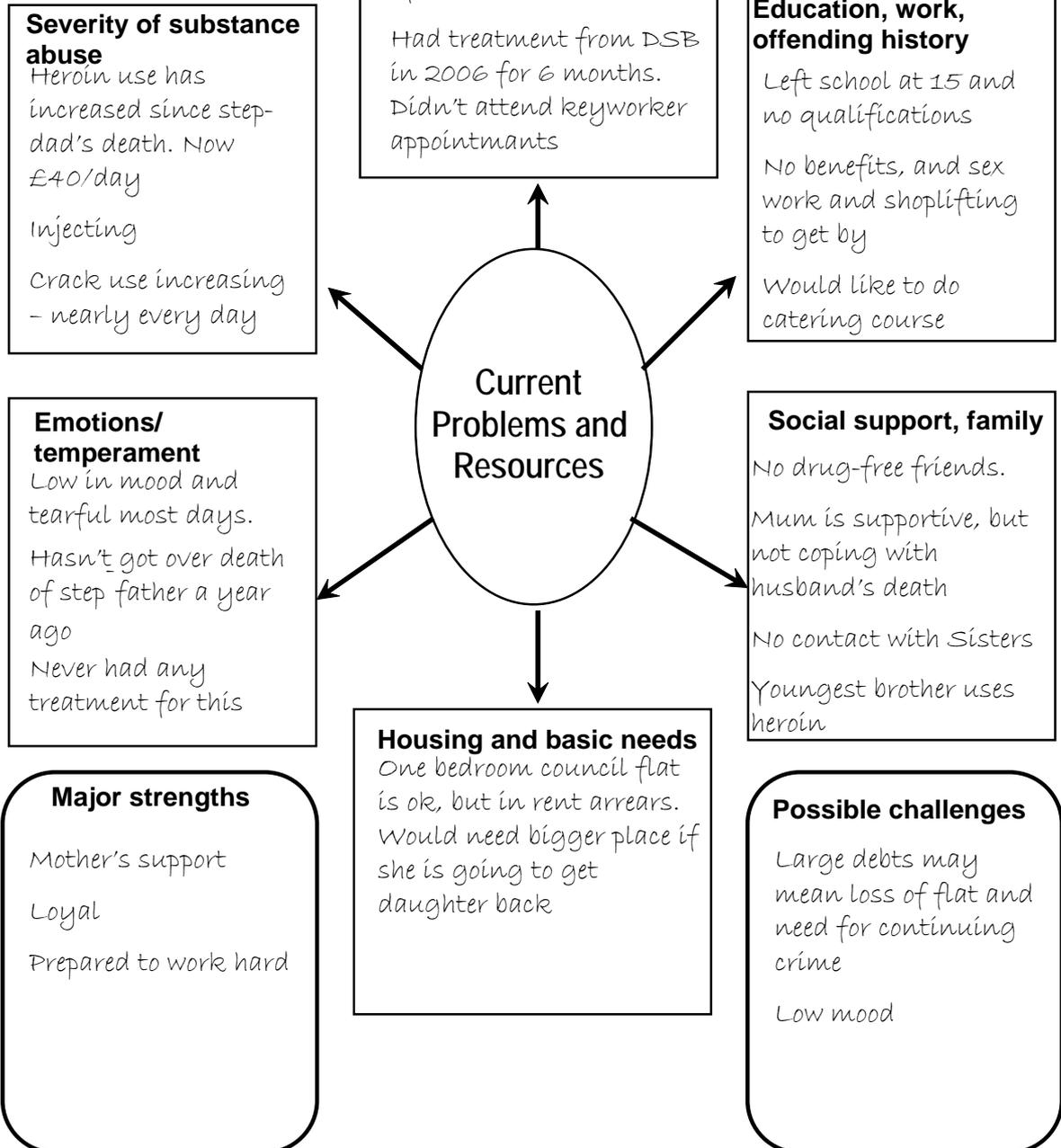
Client Name: JANE JONES

Keyworker: DARREN

WRIGHT

Date: / /

## Map 1.2 Assessment Feedback

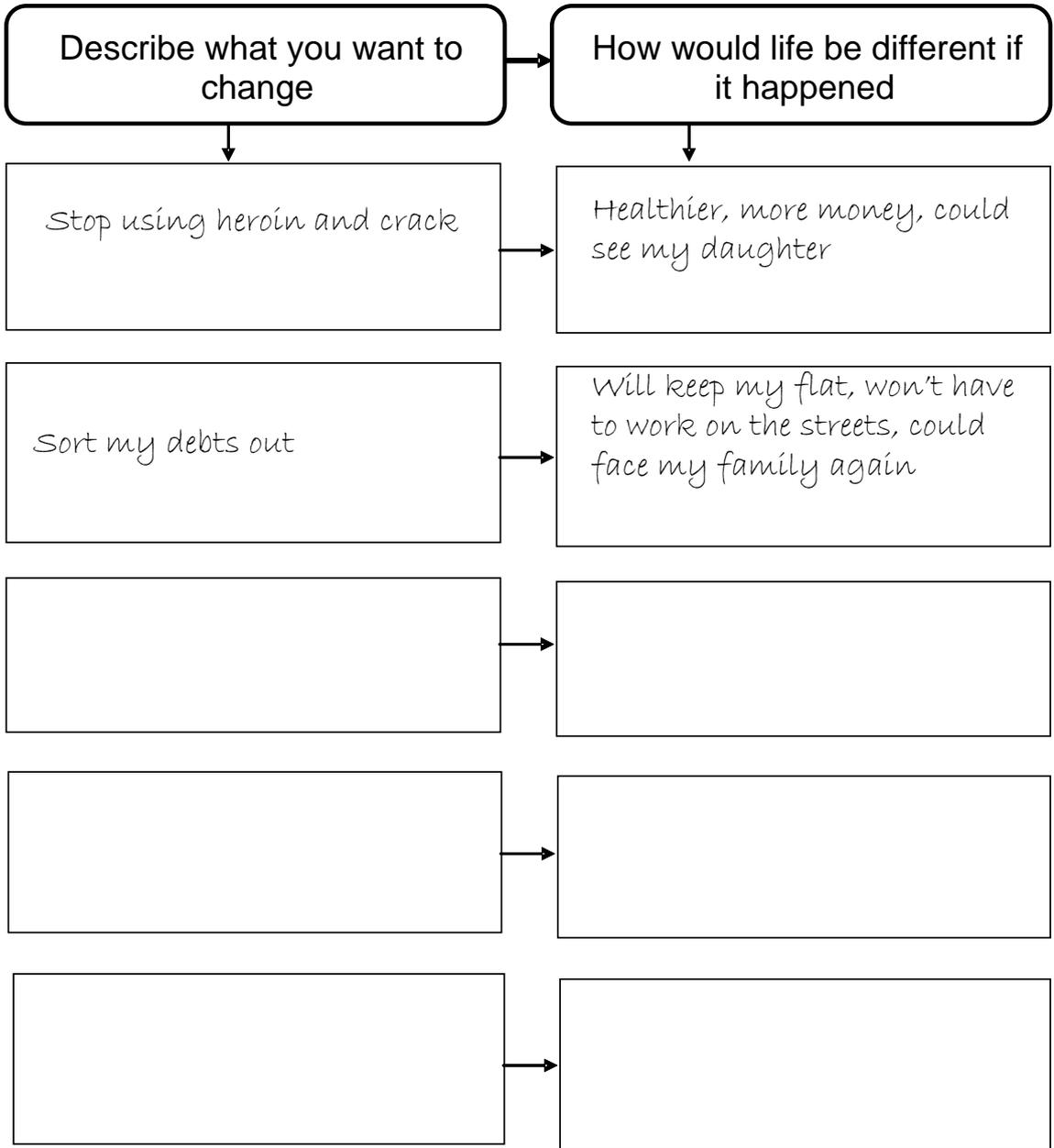


How useful was this map and discussion?

Not Useful 1-2-3-4-5-6-7-8-9-10 Very Useful

Comments:

### Map 1.3 Things I would like to change



(Use back if needed)

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

Client Name: JANE JONES

Keyworker: DARREN WRIGHT

Date: / /

Client Name:

Keyworker:

Date: / /

### Map 1.4 Strengths

**Social relationships**

I am close to my mum, and I have tried to support her in the past year

**Health and physical**

Apart from the DVT I have not had major problems

**Problem solving/ coping**

I have coped with a lot of problems in my life

I don't like to rely on others

I like to help others



**Emotions/ temperament**

When I am not using I can be strong for others

**Work or skills**

I don't mind hard work

**Values and beliefs**

You should try to look after your family

Tell the truth

Client Name: JANE JONES

Keyworker: DARREN WRIGHT

Date: / /

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

# Goal Planner

**Client:** JANE JONES

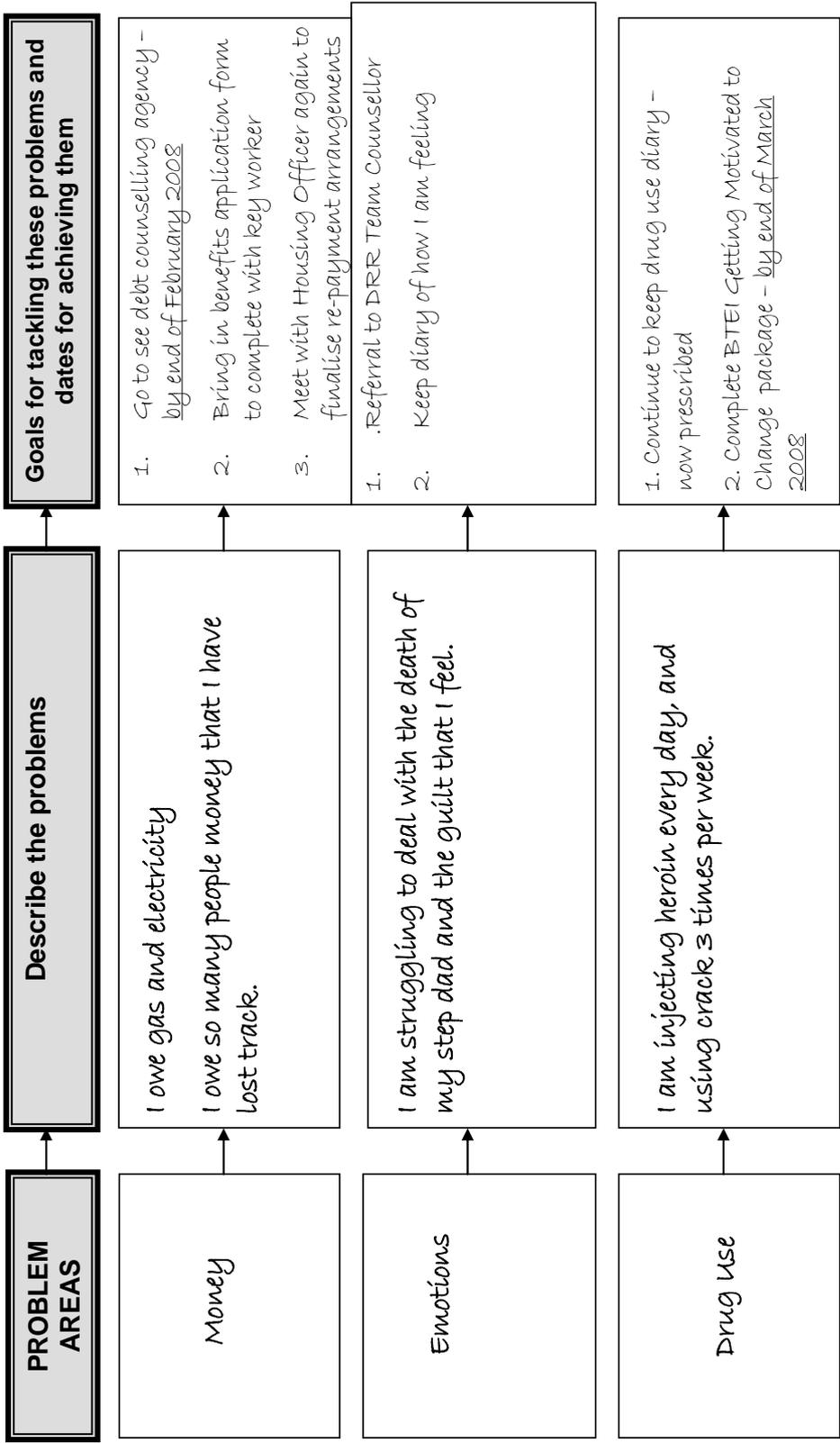
**Keyworker:** D. WRIGHT

**Date:** \_\_\_/\_\_\_/\_\_\_

| Problem Area                      | Satisfaction out of 10 | What would have to change to increase my score out of 10?  | Priority |
|-----------------------------------|------------------------|--|----------|
| Drug and/or alcohol use           | 3                      | I don't drink at all, but I am injecting heroin every day and using crack 3 times per week               | 3rd      |
| Health (physical & mental)        | 4                      | I am struggling to deal with the death of my step-dad and the guilt that I feel. I might get another DVT | 2nd      |
| Social life & friends             | 4                      | All my friends that don't use drugs have got fed up with me  |          |
| Relationships (Partner or family) | 4                      | Always end up using when I see my youngest brother. Want to see my daughter but need to get clean first. |          |
| Housing                           | 5                      | Flat is ok, but might get evicted if I don't pay rent  |          |
| Job/ Education                    | 3                      | Would like to work. I am interested in job in catering, but can't see how I can get the qualifications.  |          |
| Money                             | 2                      | I owe so many people I have lost track - gas, electricity, rent, family                                  | 1st      |
| Exercise                          | 5                      | Don't get much, but not bothered about it. Would like to go swimming again.                              |          |
| Legal & crime                     | 8                      | In court for shoplifting - hope to get a treatment order. This will stop if I get off the drugs.         |          |

Client Name: *Jane Jones*  
 Assessor Name: *Darren Wright*  
 Date: *07/02/08*

Care Plan Sheet Number:



Key worker Signature:

Client Signature:

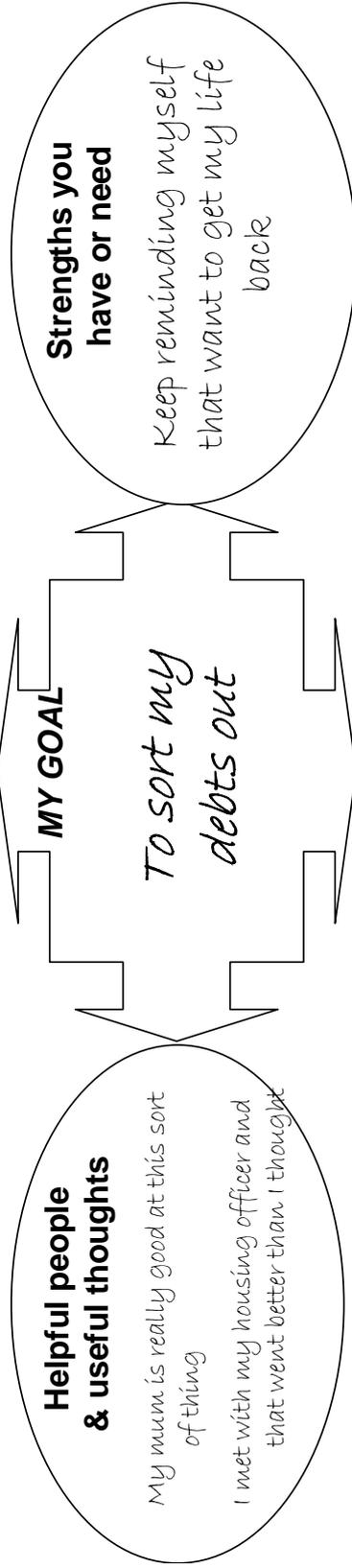
How useful was this map and discussion?  
 Not Useful **1-2-3-4-5-6-7-8-9-10** Very Useful  
 Comments:

## Care Plan Goals

Client Name: Jane Jones

Date: 05/02/08\_

| Specific Actions   | When                                |
|--|-------------------------------------|
| 1. Find phone number for local debt counselling agency         | <u>End of February 2008</u>         |
| 2. Call the agency and make an appointment                     | <u>End of February 2008</u>         |
| 3. Go to the appointment                                       | <u>End of February 2008</u>         |
| 4. Bring benefits application form to next key working session | <u>8<sup>th</sup> February 2008</u> |
| 5. Arrange another meeting with Council housing Officer        | <u>End of February 2008</u>         |



| Possible Problems   |
|---|
| 1. I get nervous speaking to officials over the telephone |
| 2. I am worried that I will forget about the appointment  |
| 3. What if I don't understand what they tell me?          |

| Solutions  |
|--|
| 1. Complete Important Conversation Map with key worker before call |
| 2. Make call during my drug work session                           |
| 3. Pin reminder to the fridge and ask worker to call and remind me |
| 4. Take someone with me - ask mum tonight                          |

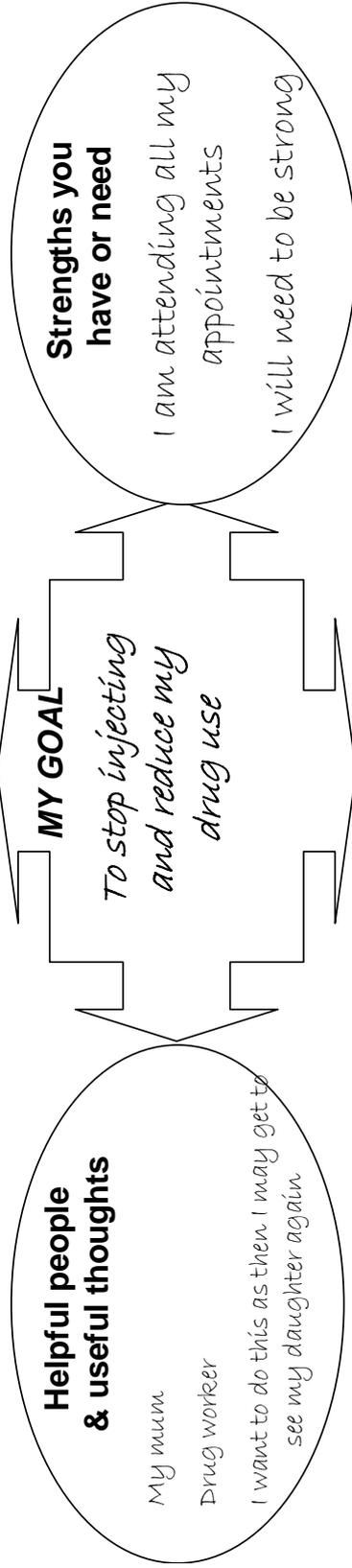
How useful was this map and discussion?  
 Not Useful 1-2-3-4-5-6-7-8-9-10 Very Useful Comments

# Care Plan Goals

Client Name: Jane Jones

Date: 05/02/08\_

| Specific Actions                                | When                            |
|---|---------------------------------|
| 1. To smoke Heroin rather than inject           | From now until next appointment |
| 2. To continue to collect my daily prescription | Ongoing                         |



**Possible Problems**

1. What if I bump into my drug using friends as they don't want me to stop injecting because they all do

**Solutions**

1. Complete Important Conversation Map with key worker in order to look at how I can resist pressure from friends
2. Complete BTEI Getting Motivated to Change package - by end of March 2008



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