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Drawing Maps in Individual Counseling

This chapter contains two examples, presented sequentially, of mapping done in individual counseling sessions. We have reconstructed key elements of the counseling and mapping process in order to give, as we did for the group sessions, a general idea of how a map can be created in this setting. Following each example are comments and observations about the mapping process.

Mapping can be used in individual counseling—much the same as in group settings—to

- ❖ give organization to thoughts (for both the client and the counselor),
- ❖ provide a springboard for further discussion and elaboration,
- ❖ help maintain the focus of discussion,
- ❖ produce an on-going record of the individual session that can be used in later thinking and discussion about this topic, and
- ❖ provide a basis for **“shared ownership.”** Because maps will reflect the thinking of both client and counselor, they can be effective tools in establishing and maintaining rapport and involvement in the process. Here, too, as in the group setting, contributing to a set of ideas can lead to an increased feeling of "ownership" for the whole set.

Individual Session Example #1

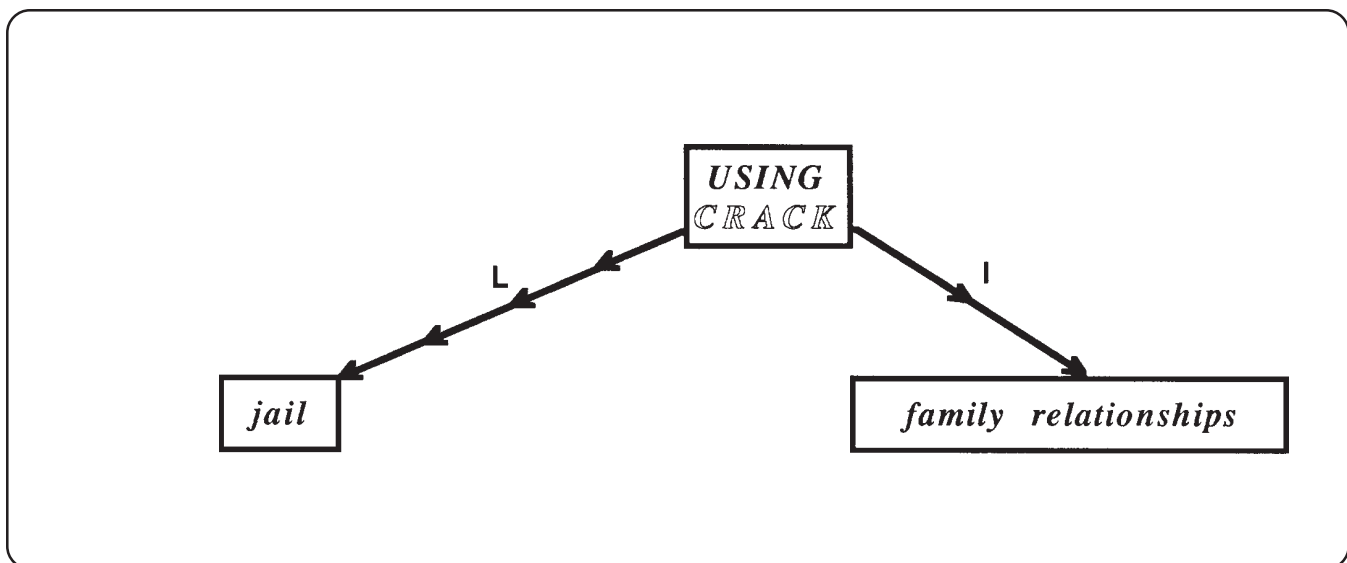
Coleta was jailed recently for using and selling crack cocaine. She has for the last 30 minutes been telling her counselor how hard it is to stay clean, how much she misses feeling like “everything is okay,” and how boring her job is. She can see some good things happening—she’s getting along better with her family, paying off some of her bills, and she has a non-drug-using boyfriend. Still . . .

Counselor: **What’s going to happen, Coleta, if you start using again? Think about it—imagine it. I’m going to listen and put it into a map so that we can both see what’s going to happen.**
[There is a long pause.]

Coleta: *With my luck, I’d get thrown in jail again. I hate that filthy place. That’d be the worst thing. Then my family—jeez!*
[The counselor, who is sitting beside Coleta, picks up a clipboard and pencil. Both can see the map the counselor will draw.]

Counselor: [drawing]: **So you’re pretty sure using crack would get you back in jail and that it would do something to family relationships, too—yes?**

Coleta: *Yeah.*



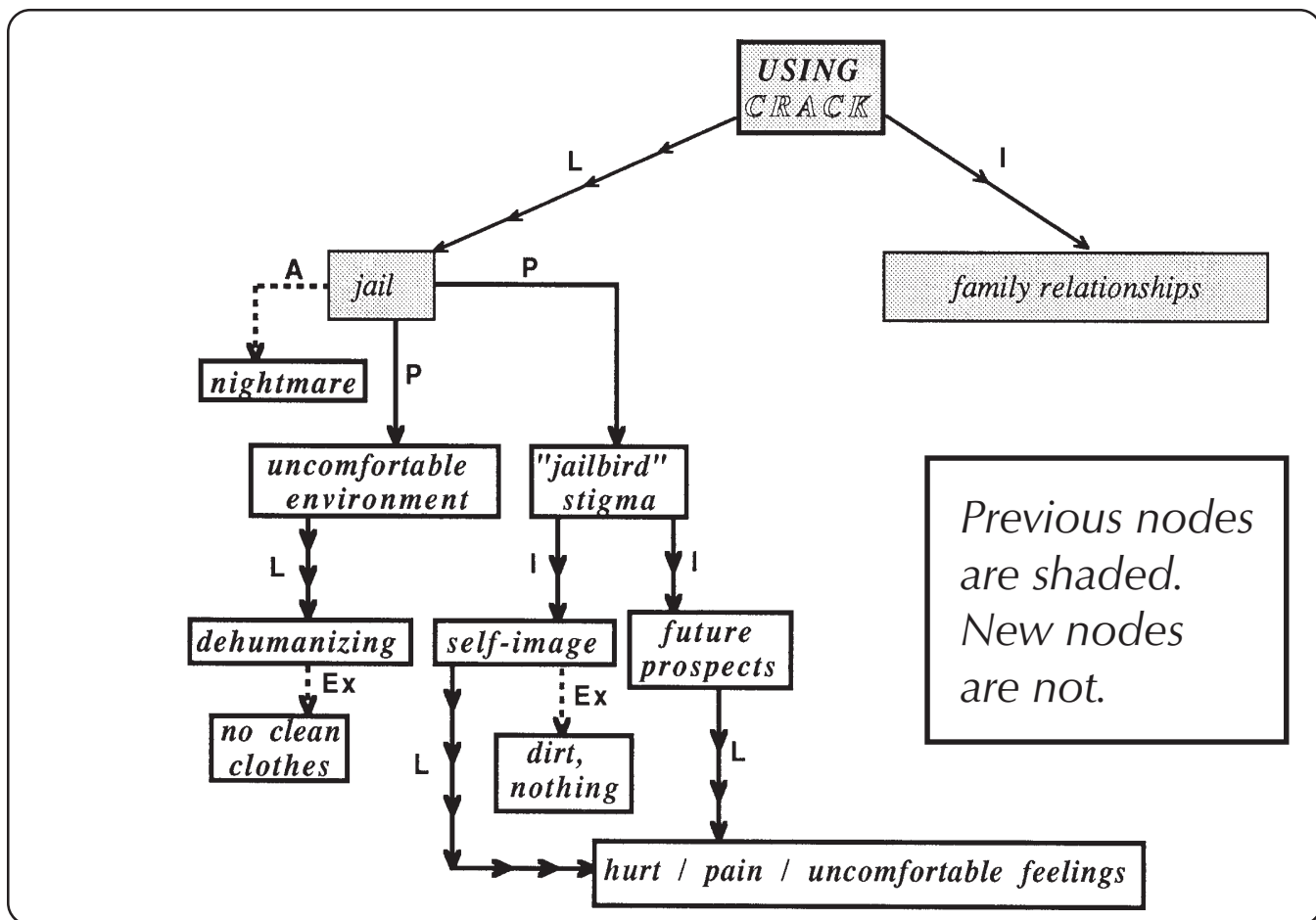
Individual Session 1 – Map 1.

Counselor: Jail is a bad dream?

Coleta: A nightmare. It's a cold, stinking nightmare. You can't sleep—the bed's hard and there's so much noise. They don't give you clean clothes. And then I'd be a "jailbird" again—people don't want to hire you and you feel like you're just dirt—nothing.

Counselor: So jail is uncomfortable, dehumanizing, and carries a stigma—you yourself and other people are down on you. What's all of that do to you?

Coleta: Hurts, man. A lot of pain. I was real uncomfortable in jail.
[Counselor adds "hurt," "pain" to map]



Individual Session 1 – Map 2.

Counselor: Yes, it's a rough thing to get into.

Coleta: [Looking at the map.] *It is.*

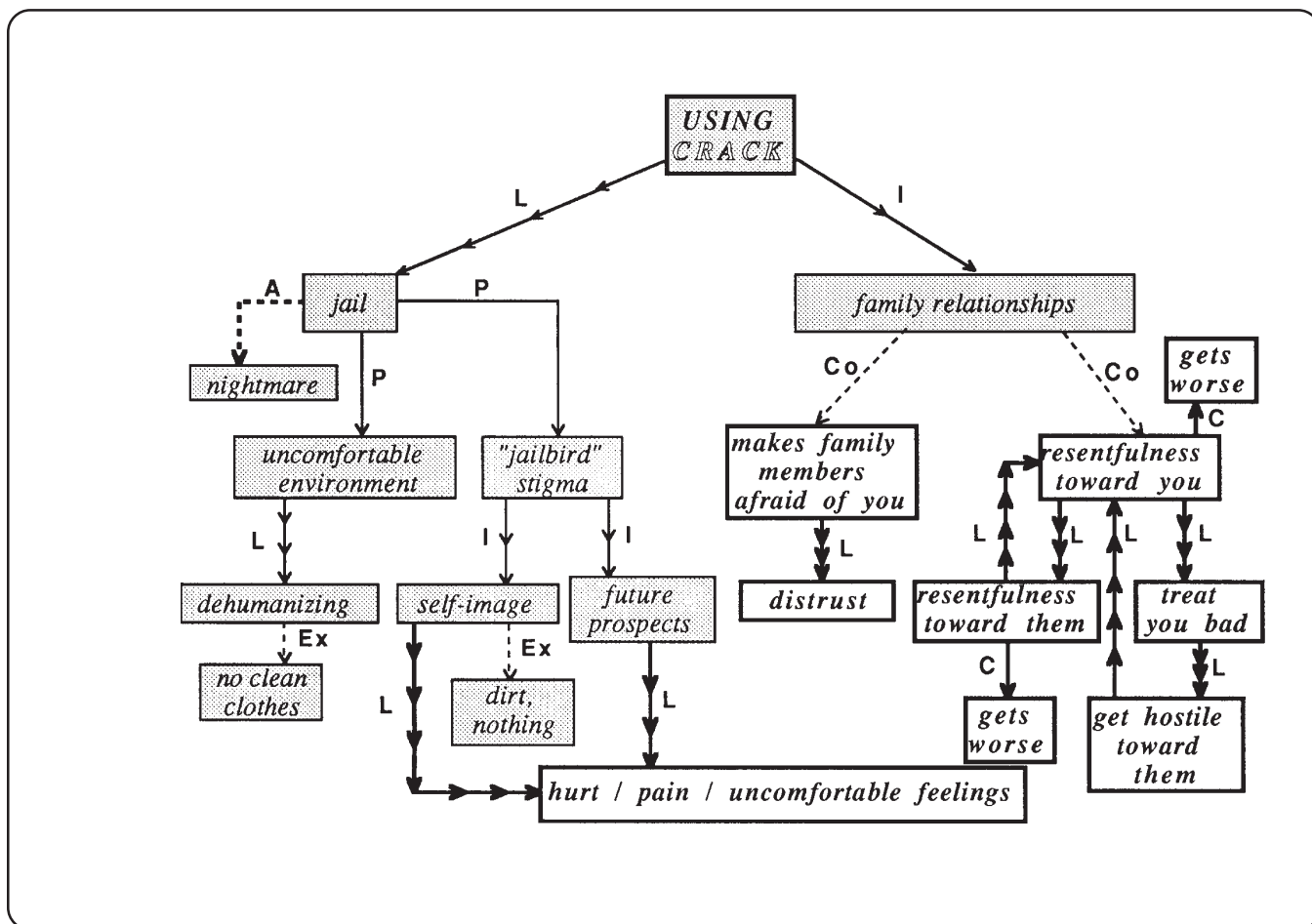
Counselor: [After Coleta has been silent for a time]: **What about family relationships? Will using crack again affect how your family feels about you?**

Coleta: They get afraid of me. They creep around like I'm gonna hit somebody.

Counselor: **Have you hit one of them?**

Coleta: Yeah, I hit my sister. Hard. But I said I was sorry. I was just needing my drug. It won't happen again—even if I start using. But my family don't trust me. They resent me living in the house when I do drugs. They treat me bad. Then I get really hacked at them. I resent them.

[Counselor adds to the map at this point. See following page.]



Individual Session 1 – Map 3.

Coleta: [Looking at the map.] *I said I resent them. Add that here.*

Counselor: Okay. When you get angry at them and resent them—what do you think that does?

Coleta: *I don't know. Hey—yeah I do too—we all get even more hacked. Fix it [the map] so it says that everything gets worse.*

Counselor: Your anger makes theirs even worse, right? And then everybody's anger grows . . . [draws lines on map]. How does this [points to “distrusting,” “resentfulness,” “get hostile”] make you feel?

Coleta: *It hurts me real bad.*

Counselor: [draws line from “family” nodes to “pain”; see next page.]: **So, if you use again, you’ve got pain—a lot of it—from the things that can happen in jail and from your relations with your family—right?**

Coleta: *Yeah, man, It’s bad.*

Counselor: **When you feel bad, when you hurt—what are you most likely to do?**

Coleta: *Before I was clean, I’d just get strung out on drugs and wouldn’t care and it would start all over again. But the pain did one thing—it made me want to change.*

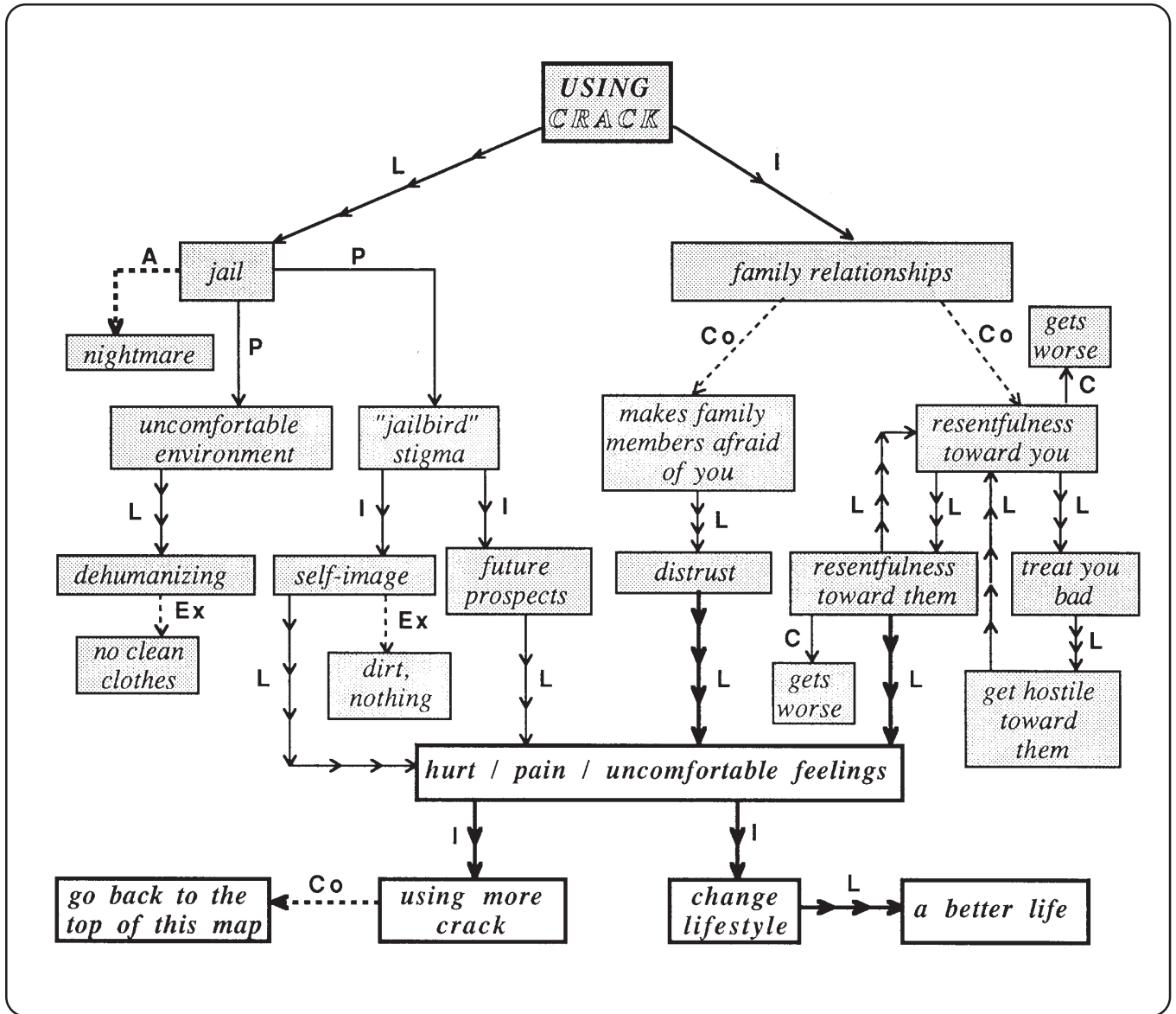
Counselor: **So there’s a choice here. I’m using an “influence” link, not a “leads to”—you have a choice. You deal with pain by using crack again or you choose to change the way you live and go for something better.**

Coleta: *Yeah, but I’ve made that choice. I’m not going back. I don’t want things screwed up again like they were.*

Counselor: **But you’re still feeling some pain, aren’t you? Life isn’t perfect. The pain you feel from life not being just right—that could lead to using again . . .**

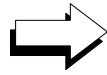
Coleta: *No. I’m not going back [looking at map]. No way.*

Counselor: **I think your decision not to get into this loop again is a good one.**

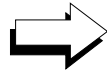


Individual Session 1 – Whole Map.

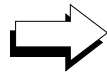
Comments on the process: individual example #1



Coleta was sober, but bored and probably lonely (no more drug-using friends), making her vulnerable to relapse. The counselor used a map to help this client recall and organize some important experiences related to her cocaine use. Putting these memories in the foreground—in an easily recalled format—provided a concrete reminder that relapse is a poor option.



We have recreated this session with the client and counselor sitting beside each other, so that both could see the developing map. The counselor had clipboard and pencil ready to use when a mapping opportunity occurred. When the counselor plans these “logistic” aspects of the counseling session ahead of time, there is no break in the flow of discussion as the mapping process begins.



When and what to map is the counselor’s choice although some clients will ask to draw a map. This counselor might have mapped some information from the first 30 minutes of the session. However, unless these initial minutes are tied directly to the previous session with a client, the central topic and general direction for a map usually will not be evident at the outset.

With this client, a map worked. If, however, Coleta had been unable to focus on a map—too angry, resistant to anything the counselor said—then no map would’ve been drawn during this session. The counselor, of course, looks at what’s going on with the client and makes the judgment as to what should be done in any given situation.

Individual Session Example #2

Jim and his counselor are sitting at a small table in a counseling office of a methadone clinic. Jim has spent about 15 minutes telling his counselor that things are tough at work and at home. And to make things worse, his few drug-free friends (he's had to discard the drug-using friends he used to run with) seem to be ignoring him. Jim is ANGRY. His co-workers kid him about not drinking or smoking dope with them; they call him "Mr. Clean." His wife and kids have told him that he's "more fun" when he drinks—as long as he's not falling down drunk or snorting coke. "They say coke makes me crazy; they're stupid . . . it's not having coke that makes me crazy. It's my family that makes me crazy."

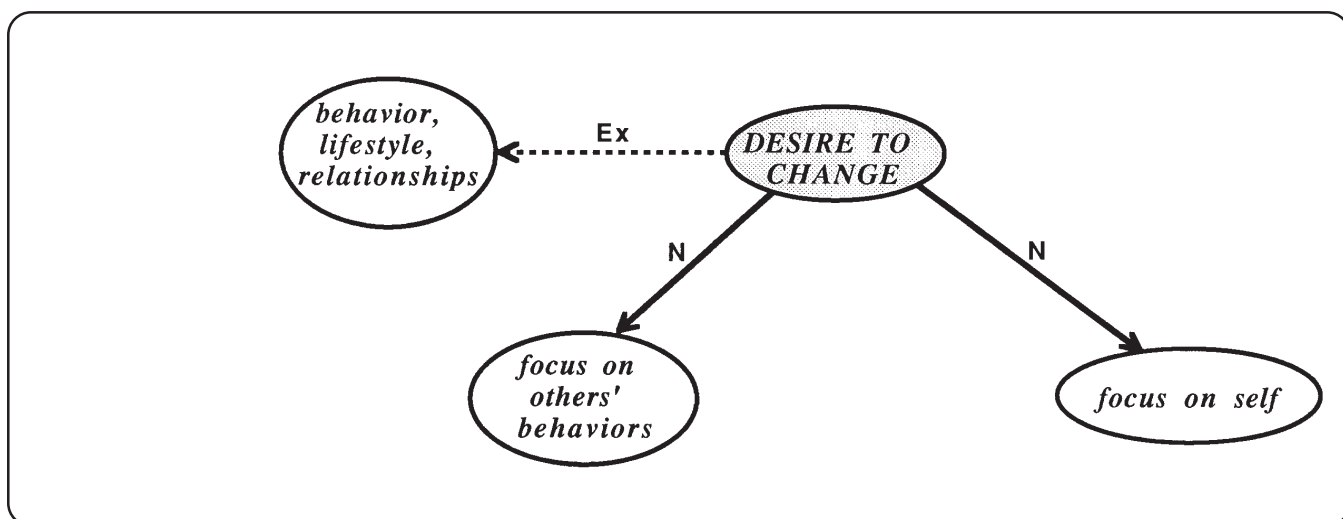
Counselor: Jim, why are you coming to this clinic?

Jim: To get . . . to get off drugs and stay clean.

Counselor: What do you have to do to get off drugs?

Jim: Change . . . a lot of stuff about my life—the things I do . . . the people I'm with. I want to change.

Counselor: [Drawing, as Jim watches]: It looks like this to me . . . You have a desire to change—your behavior, your life style, your relationships. That desire can take two directions. You can say "other people have to make changes for me to change" or you can say, "I have to make changes, regardless of what people around me do." Let's look at your options.



Individual Session 2 – Map 1.

Counselor: Think about how other people behave toward you. What comes to your mind about that?

Jim: Well, what other people think about things like drugs—I think about that. I hate it but their opinions about me matter, too—if they like me or think I’m crud. That’s it.

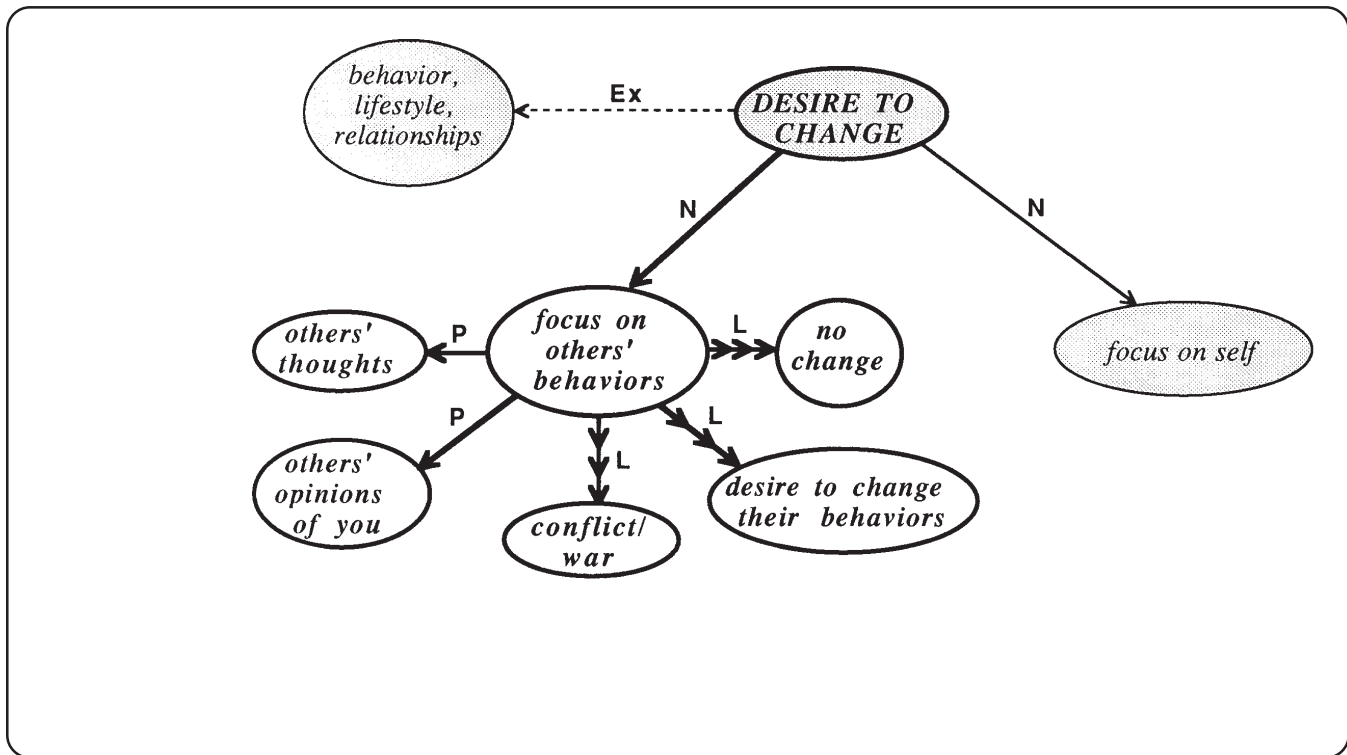
Counselor: So, other people don’t always think the same way you do—and they don’t always have very good opinions of you. What can that lead to?

Jim: You don’t want to know. War.

Counselor: Does it change the way you act—I mean for the better?

Jim: Nah. I’m slime. I can be real mean when people get in my way. No, I want to change them. It don’t change me none.

Counselor: [adding to the map]: Okay—let’s look at this.



Individual Session 2 – Map 2.

Counselor: Jim, how much luck have you had in changing other people's behavior? Your wife's? The fellows you work with?

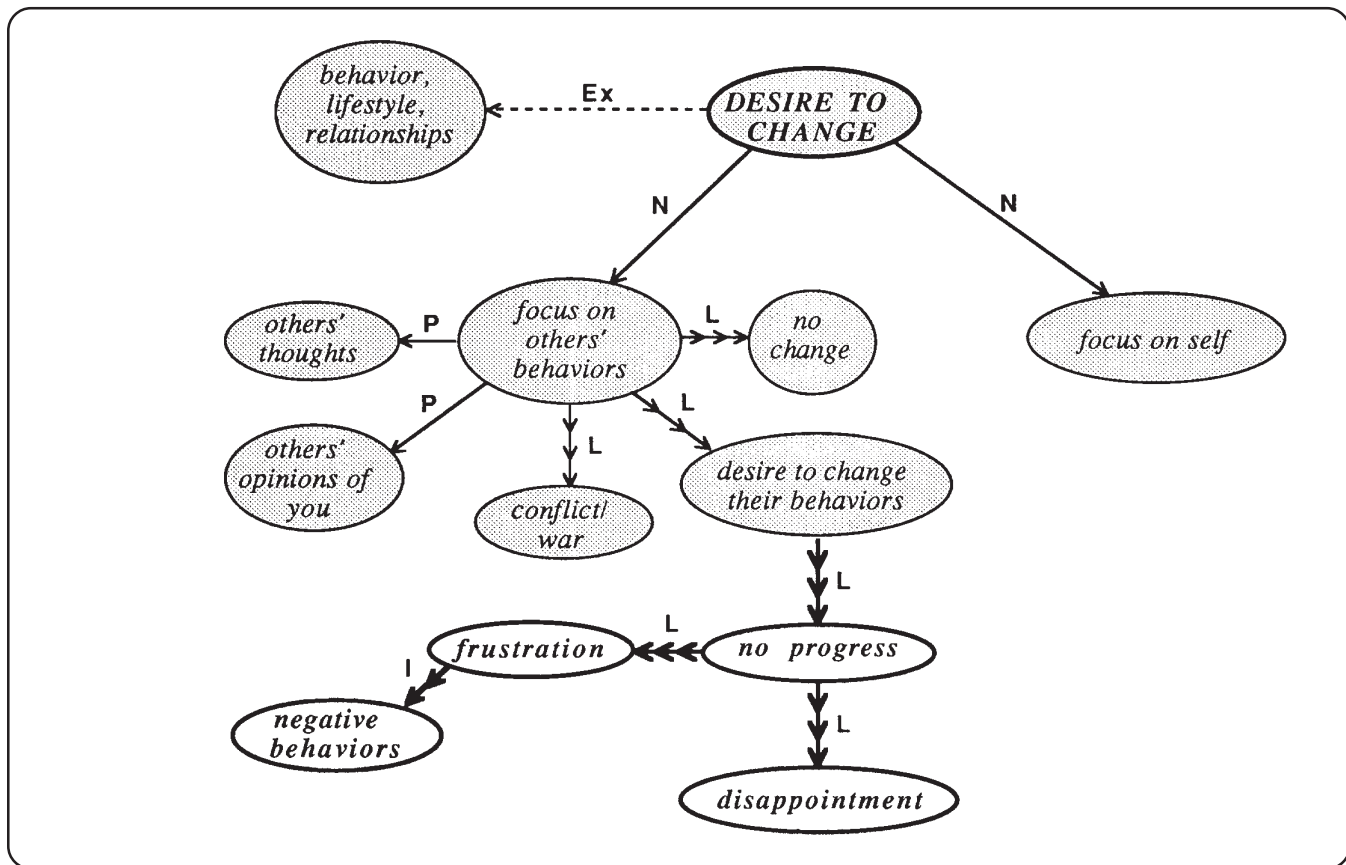
Carl: None. Zip. Nobody even listens to me. Nobody gives a damn.

Counselor: It sounds like you've tried this and gotten pretty frustrated.

Jim: You got that right. I get frustrated and I get real disappointed. I even came home and drank almost three six-packs one night after I told the guys I wouldn't drink with them. I explained to them how I needed to stay straight. I thought they might listen. No! The wife screamed—she didn't care that I was drunk—she was mad about the money for booze.

Counselor: [interrupting what would have been an extended and caustic comment on Jim's wife]: So you don't get much from trying to change other people, right? In fact, your own behavior can go pretty much down the tubes when you let other people influence how you feel.

Jim: Yeah. I let 'em get to me. That's right.



Individual Session 2 – Map 3.

Counselor: Okay, let's look at our other option here. If the focus is on you changing yourself, what are you going to do?

Jim: I'm probably going to understand myself better if I do that. I'd think that would happen if I just focused on myself. [Pauses, thinking]. I'd have to be honest with myself. I'd have to take responsibility for what I did.

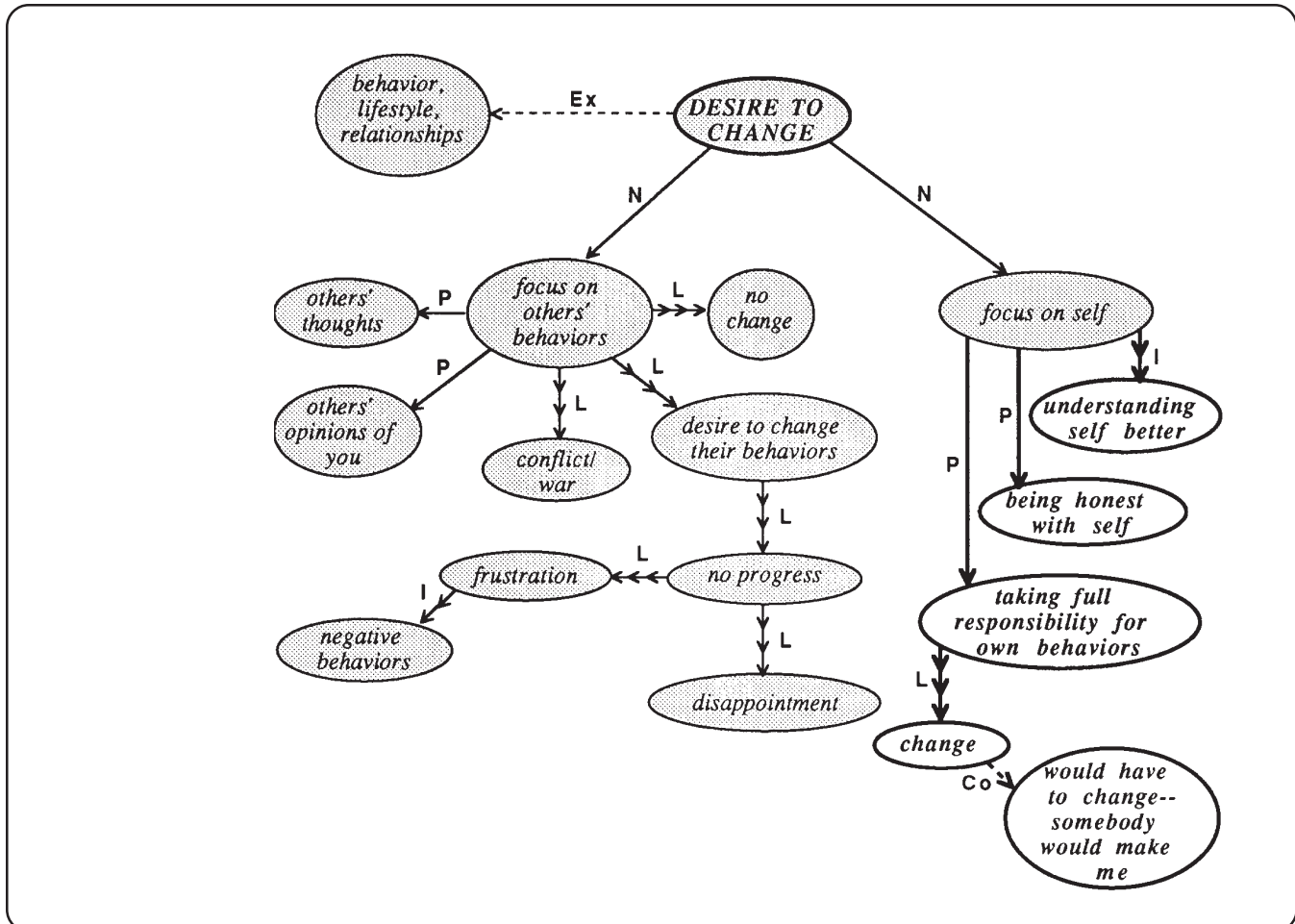
Counselor: What would taking responsibility do for you? [Adds to map but looks up several times for eye contact.]

Jim: I'd get the blame for anything I did.

Counselor: So?

Jim: So, I'd have to change. [Laughs] Yeah—that would lead to some changes okay.

Counselor: So, if you took responsibility for yourself, it would just mean somebody would make you change?



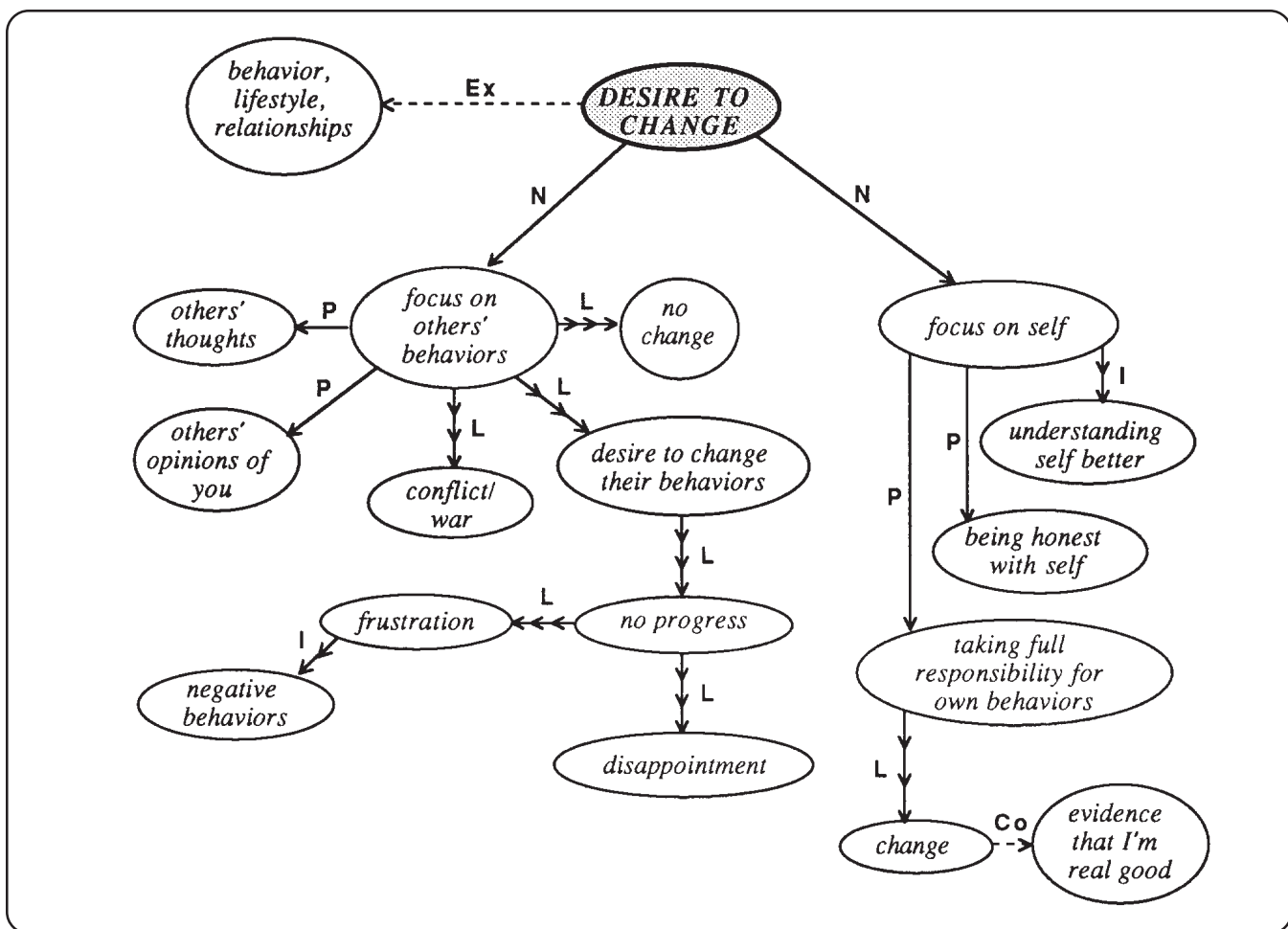
Individual Session 2 – Map 4.

Jim: [looking at map, almost angry]: No. Erase that. If I take responsibility, nobody changes me but me. I'm not a wimp. Please change that.

Counselor: [erasing comment]: **If you change you—you're no wimp. What are you?**

Jim: [laughing]: I'm real good.

Counselor: [laughing with him]: **OKAY!**



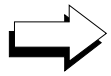
Individual Session 2 – Whole Map.

Counselor: **So, looking at what we have here—what's your best bet for making changes in your own life?**

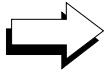
Jim: I gotta focus on me. I can't worry about what other people do. I can't change them. Just me.

Counselor: **That's right. Next time we'll talk about some ways to stay focused on your own moves—and not let other people pull you off balance.**

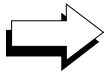
Comments on the process: individual example #2



This map allowed both Jim and his counselor to review—in a side-by-side (parallel) layout—the major aspects of two important options. It hopefully made the choice between these two easier and more memorable, since Jim will continue to face this choice until self-honesty and taking responsibility are his personal standard procedures.

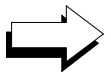


While drawing the map the counselor made a special effort to keep as much eye contact as possible with Jim. Mapping should not make a client feel that the counselor is giving less than full attention to what he or she is saying. If counselor and client are both highly involved in this activity and go into it with the idea of “Let’s see if we understand what’s been said . . . let’s put these thoughts on paper and look at them,” communication and rapport will be enhanced, not hindered.



Involving a client in this kind of one-on-one mapping process is easier if:

- the counselor has good mapping skills (knows the link types, has a good sense of what the central node should be and a rough idea of how the map will look before it is drawn);
- mapping tools (paper, pencil with a good eraser, clipboard) are set up prior to the session and client and counselor are seated so that both have access to the map;
- the counselor has introduced the idea of mapping in an upbeat, positive way; and
- the counselor is sensitive to a client’s verbal and non-verbal cues that say “I am/am not with you on this.” The counselor must make necessary adjustments, such as putting the map aside for a time, or encouraging the client to draw portions of the map.



Both counselor and client should have a copy of the map at the end of the session, either hand-made or via photocopying. This can stimulate further thinking, and makes recalling and building on points made in the last session much easier.