

*a TCU/DATAR Training Module*

# ***Mapping New Roads to Recovery***

**Cognitive Enhancements  
to Counseling**



**Institute of Behavioral Research  
Texas Christian University**

# **Mapping New Roads to Recovery**



**Cognitive  
Enhancements  
to Counseling**

**a Training  
Manual  
from the  
TCU/DATAR  
Project**

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*Improving Drug Abuse Treatment for AIDS-Risk Reduction* (DATAR).

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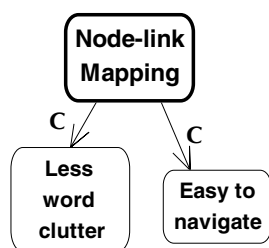
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(C = characteristic)

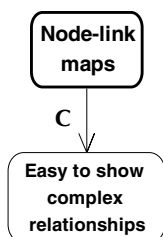
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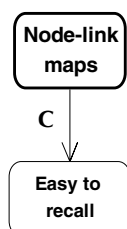
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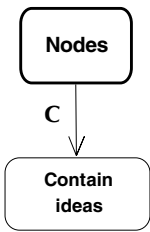
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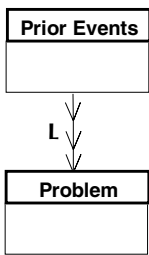


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(C = characteristic)

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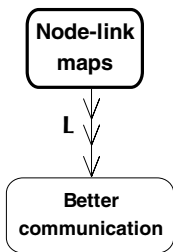
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(L = leads to)

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## Preface

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This manual is intended to help drug abuse counselors implement node-link mapping in their individual and group counseling sessions. Node-link mapping used as a counseling tool is a method for visually representing problems, issues, and potential solutions. Research to date indicates that this approach can facilitate important counseling outcomes.

### **Product of Extensive Research**

Mapping materials and ideas presented in this manual are the product of extensive research in treatment evaluation and cognitive psychology. As part of the Drug Abuse Treatment for AIDS-Risk Reduction (DATAR) project, these areas of research have been merged and tailored to the drug abuse treatment setting. Practitioners—program counselors and staff dedicated to helping drug abusers—and scientists have worked together to implement, adjust, and evaluate these and other strategies for enhancing therapeutic services. The success of DATAR demonstrates the unique value of applied research projects funded by the National Institute on Drug Abuse.

### **A Central Strategy**

Our initial planning for the DATAR project emphasized the need to improve the thinking and planning skills of drug abusers. At that time, node-link mapping was a system developed by psychologists at Texas Christian University for graphically displaying information; efforts were in progress to extend this technique to drug abuse prevention interventions. After making necessary adaptations to the clinical setting, mapping was incorporated as a central strategy for enhancing treatment services in the DATAR project.

### **Two Major Functions**

In keeping with DATAR objectives, mapping serves two major functions in the counseling process. First, *it provides a visual or diagrammatic “communication tool” for clarifying information shared between the client and counselor.* Mapping can enhance communication with a client whose cognitive awareness is blunted (due to acute or chronic effects of drugs), and can be used in tandem with whatever therapeutic orientation or style a counselor may follow. Second, *the regular use of mapping during counseling sessions provides a model for systematic and “cause-effect” thinking and problem solving that clients hopefully will begin to adopt.*

**Benefits to the Counseling Setting**

Since the project began in 1989, strategies for incorporating mapping techniques into group and individual counseling sessions have emerged. This training manual is based both on the input of counselors at three collaborating treatment sites, and on preliminary evidence supporting the value of mapping. Research findings consistently favor the use of mapping over “standard” (non-mapping) counseling. At this point, we know that the addition of mapping to standard counseling increases client commitment to treatment and enhances client-counselor rapport. In addition to our scientific findings, personal testimonies from DATAR counselors support the value of mapping in counseling sessions. In developing this manual, we have relied heavily on our experiences in providing group and individualized counselor training in the use of mapping, numerous telephone conferences and field site visits to review and revise as necessary the procedural strategies, and inspection of hundreds of maps collected as part of the DATAR data system. Examples taken from real cases in the DATAR data files are used in an effort to communicate our “hands-on” experience.

**A Conceptual Introduction**

This manual is organized to provide a conceptual introduction and overview of node-link mapping (Chapter 1) as well as a focus on specific applications to counseling situations. Mapping applications and examples are described for group counseling settings in Chapter 2, and for individual counseling settings in Chapter 3. An example of how to explain mapping to clients is presented in Chapter 4. Finally, Chapter 5 describes several “pre-packaged” maps available for special purposes, such as guided approaches to examining self and specific problem behaviors for presenting information in graphic form. These chapters are augmented by examples of actual maps in Appendices A and B, and by additional mapping exercises in Appendix C.

**Measures of Success**

Mapping skills are best developed through application and practice. Just as counselors develop their personal styles of counseling, those who become comfortable and experienced with the mapping technique will develop their own unique ways of using this tool. Although mapping may seem complicated at first glance, the system yields readily to practice. We encourage novice mappers to practice by mapping their own experiences, feelings, and thoughts, and by developing maps for any presentations they may make. Counselors who use mapping with clients can expect, in the short term, at least two measures of success. First, maps should help with *problem definition*. Maps should systematically highlight issues for the client in terms of causes, consequences,

and solution options. Second, maps should provide *easy-to-read summaries* of counseling sessions that can be useful both for quick recall of session issues and for reviewing a case with a clinical supervisor.

We hope you will find “node-link mapping” a useful addition to your counseling skills. You may also want to consider using some of the other DATAR manuals developed for special intervention modules that enhance drug abuse treatment services. These manuals address AIDS/HIV information and prevention strategies, relapse prevention training, women's health and communication issues (*Time Out! For Me: An Assertiveness/Sexuality Workshop Specially Designed for Women*), and development of social support networks and coping skills for recovery (*Straight Ahead: Transition Skills for Recovery*).



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## Acknowledgments

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We are indebted to Charlotte Pevoto for the design and layout of this manual and for conceptualizing and developing the glossary. Her creativity and skills have been invaluable. We are also grateful to Leah Flowers for illustrating many of the maps, figures, and mapping exercises created for this manual.

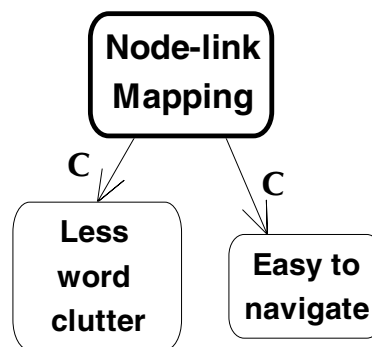
Much of what we know about how mapping is used in counseling settings has come from the work and input of supervisors and counselors in three methadone treatment centers in Texas. Without the support and dedication of the directors and staff of the Corpus Christi Drug Abuse Council (CCDAC), DARCO Drug Services, Inc., Dallas, Texas, and adVance Treatment Center, Inc., Houston, Texas, this manual would not have been written.

The DATAR project required extraordinary time, attention, and effort in its initial phases of field implementation. Ms. Christine Meadows, Executive Director of CCDAC, is therefore given special recognition for her unwavering belief in the importance of research in improving patient care and her constant support of this project. Ms. Victoria Perez, DATAR Supervisor at CCDAC, also played a special role, first as one of the original DATAR counselors and then as supervisor of the staff who pioneered the project with us. Their patience and advice during the many stages of form development and field testing of intervention modules (including mapping) have been invaluable.

# CHAPTER

# 1

## Mental Roadmaps: An Introduction and Background



C = characteristic

What Are Mental Roadmaps?

Why Use Node-link Maps?

How Do You Do Simple Mapping?

## Introduction to Mapping

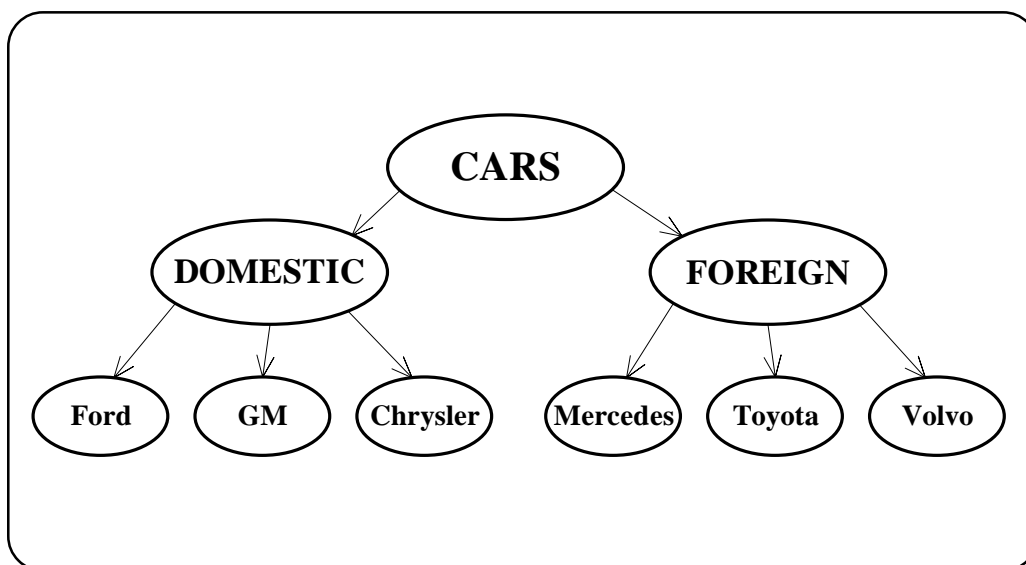
In this chapter we will introduce **“mental roadmaps,”** discuss why you should use them, and describe how you can get started making them.

### What Are Mental Roadmaps?

We frequently use maps from a road atlas to locate where we are, to figure out how to move from place to place, and to give directions to other people. In this manual we are going to introduce you to a new kind of roadmap. Instead of showing how cities, towns, parks, and lakes are connected to one another, these maps show how feelings, actions, thoughts, and facts are connected. As you know, most people prefer simple roadmaps to sets of verbal directions. The old adage, “A picture’s worth a thousand words,” probably applies here. Our experiments with mental roadmaps suggest the same things: maps of thoughts and actions communicate better than words (e.g., Dansereau & Cross, 1990; Dansereau, 1986; Evans &

Dansereau, 1991; Lambiotte, Dansereau, Cross, & Reynolds, 1989).

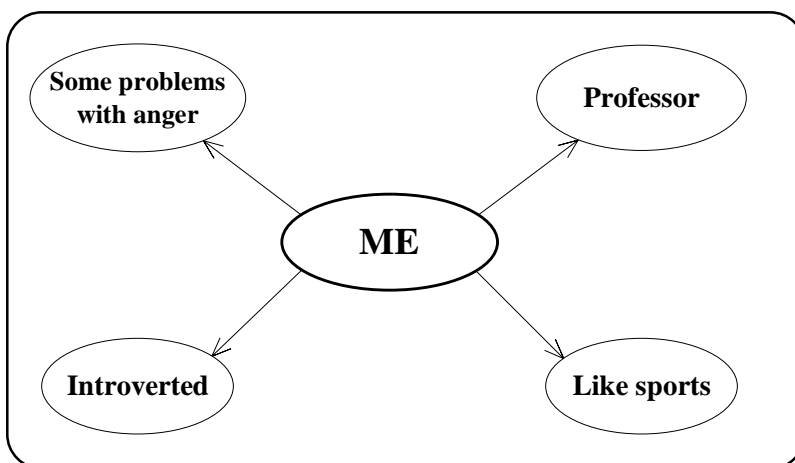
You are probably familiar with some types of mental roadmaps. For example, most people have seen diagrams like those shown here.



In **“maps”** like these, the circles or **nodes** usually contain concepts, objects,

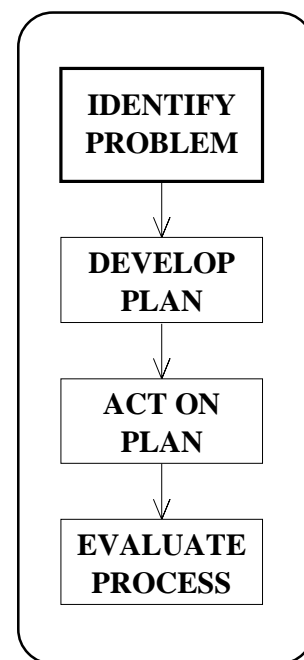
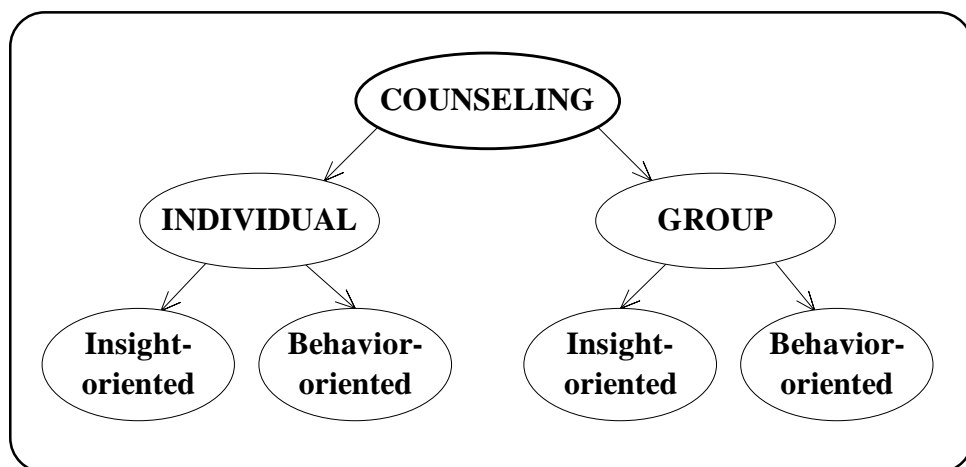
actions, and feelings rather than towns and cities. The links between the circles represent relationships, such as **“types”** (e.g. one “type” of car is domestic), rather than highways and dirt roads.

We have developed ways of making maps to help teachers and counselors communicate more effectively. These mental maps, which we call **node-link maps**, can be used much like regular roadmaps. For example, you may ask a student or client to draw a map in order to give you a feel for their mental terrain:



Or, you can use maps to show a client how to get from one stage to another:

Or, you can use them to show how an area of knowledge, such as counseling, is organized:



As you go through this manual, you will encounter many other suggested uses of mental

roadmaps, and you'll probably invent some of your own. This is a new tool, so you should feel free to be creative and modify it to fit your own style and counseling needs.

Before giving you more information on how to make and use these types of maps, however, we would like to give you some idea of why you should consider using them.

## Why Use Node-link Maps?

*One way communication might be improved is by having either the communicator or receiver make a mental roadmap.*

By far the most common way we express our ideas to ourselves and to others is through **natural language** (i.e., conversation and writing). In essence, natural language has been and continues to be our primary thinking tool. One powerful reason for this is the printing press. Until very recently, the printing of lines of type was the only economical method for recording ideas and knowledge. As a result, we have been compelled to tailor much of our thinking to conform to the print medium (Marshal McLuhan, a media expert, has had a lot to say about the negative consequences of this).

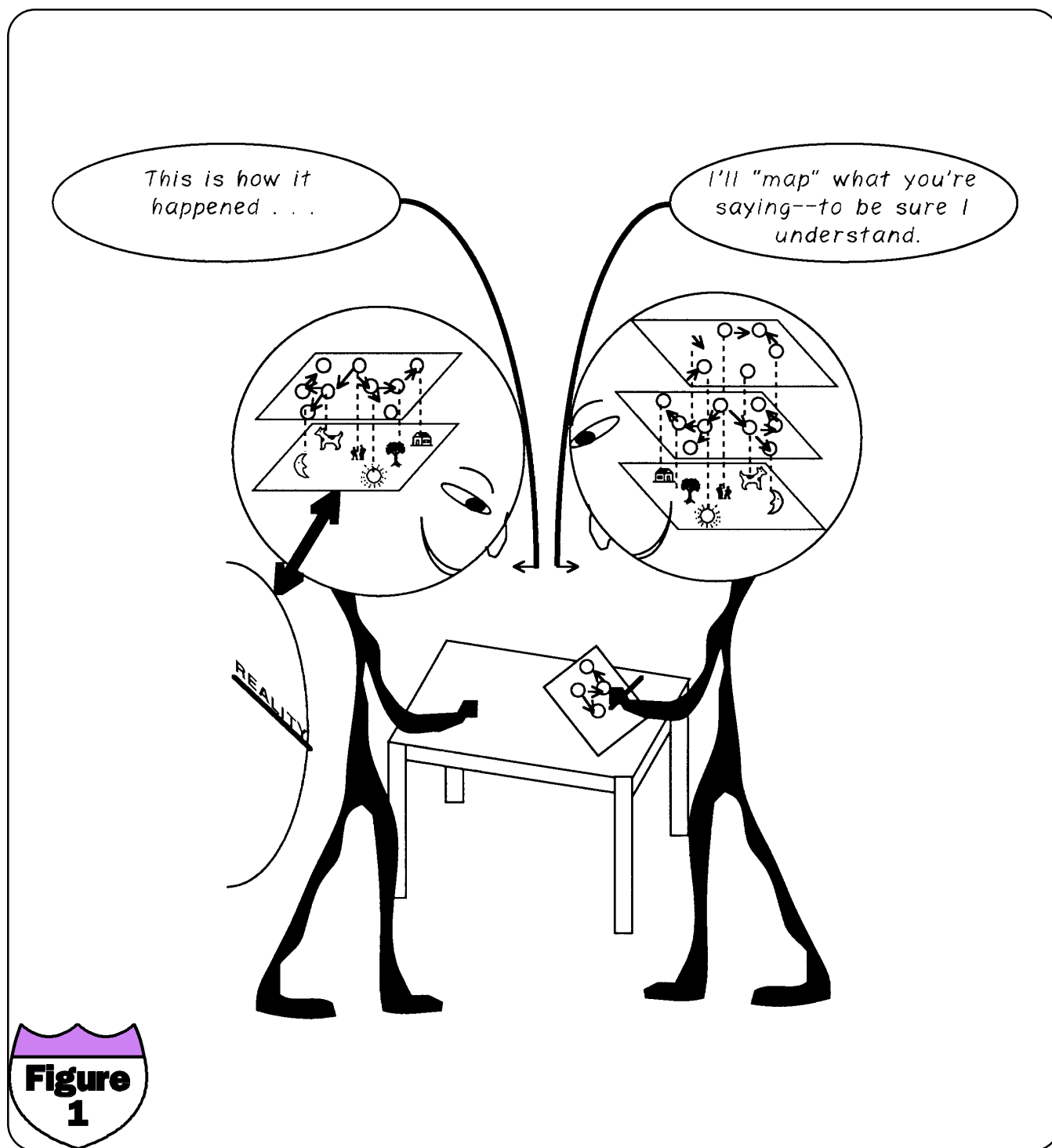
Although natural language is a powerful tool, it is greatly limited by the fact that it's linear. That is, words in sentences need to be spoken, heard, or read one after another. The sequence is fixed and one-dimensional.

This strong commitment to linear order often conflicts with our own thinking experiences, which tend to be marked by non-linear shifts from idea to idea.



Our dilemma is reflected in Figure 1 (see page 4). The communicator on the left side of the picture (perhaps a client) has stored experiences in the form of images and feelings. These are represented by cartoons on the lower level in his head. The upper level is a node-link map of these experiences. Recent theories of memory suggest that this is the way things are stored.

The communicator has the problem of transmitting the mental map to a receiver. Unfortunately, the usual way this has been done is through natural language. The communicator has to describe his or her map in words. The receiver then has the difficult task of trying to understand this description and discover what is actually in the communicator's head. One way communication might be improved is by having either the communicator or receiver make a map.



**The communication process.**



## Advantages of mapping

In addition to being more similar to our memories than is language, maps also have some other advantages that make them good communication and thinking tools.



**Maps have less word clutter.** Many of the words in written and spoken language are there just to keep the flow of ideas going, but don't communicate new information. Because node-link maps use lines and space to replace some of these words, there are fewer words with which to contend. This may be a particularly important advantage in communicating with someone whose language skills are not strong.



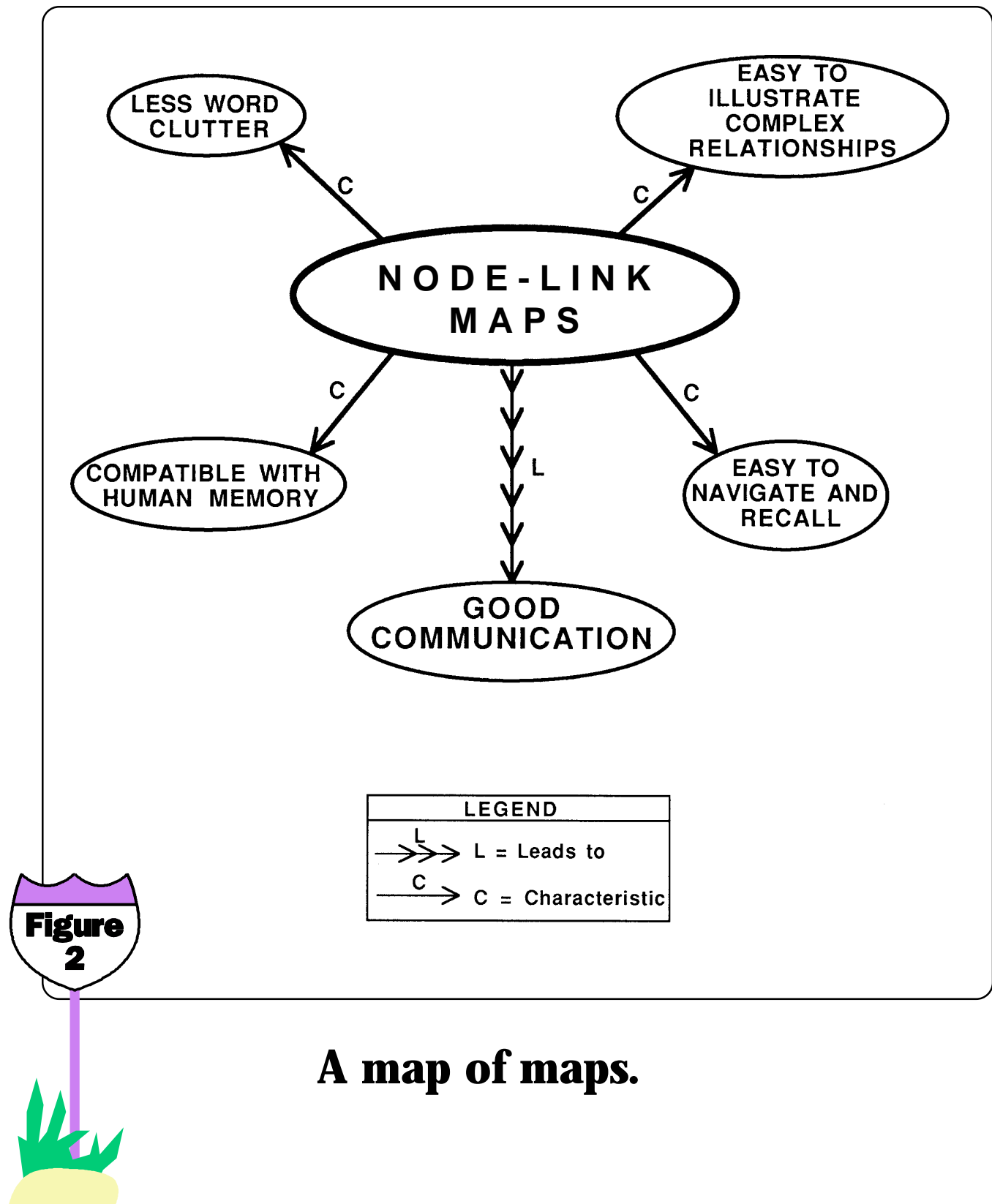
**Maps can easily show complex relationships.** One of the major dilemmas experienced by most speakers and writers is their desire to express two ideas at the same time and to show their relationships. Although impossible in language, this is easy to do in maps because of their two-dimensionality. Many complicated personal problems are multilayered; for example, there is usually a behavioral layer (the actions being taken) and an emotional layer (the feelings being aroused by these actions) that parallel one another. In maps, these layers can be shown side-by-side or on top of one another, and connections between them can be explored.



**Information in maps can be located quickly.** Because of the lack of word clutter and a map's use of two-dimensional space, it is easy to find your place and move from idea to idea. This ability to navigate is very useful in keeping individual and group discussions on track.

All of these map characteristics are shown in Figure 2 (see following page). Notice that in this figure we have put letters on the lines. These letters show what type of relationships exist between the ideas. In this case, **L** stands for “**leads to**” (e.g., node-link maps lead to good communication) and **C** stands for “**characteristic**” (e.g., one characteristic of node-link maps is that they have less word clutter). We will have more to say about relationships shortly.







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## Research findings confirm mapping as an important tool

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*Research findings and testimonials indicate that node-link mapping can effectively replace and supplement written and spoken language in many situations to improve problem-solving, decision-making, learning, and communication.*

Another important reason for using maps is that research shows they work. Multipurpose mapping has been explored by a growing group of educators, counselors, and researchers since the early 1970s. A variety of map-making systems have been developed and explored. None of these have been as thoroughly and systematically researched and developed as the node-link system presented in this manual. This system has been evaluated in research supported by the National Science Foundation, the National Institute on Drug Abuse, the Army Research Institute, and the Air Force. Over 60 scientific papers and presentations have focused on this system. (See “Selected Bibliography of Papers on Mapping” at the end of this manual for a partial research bibliography.) It has been taught to hundreds of teachers, counselors, and industrial trainers, and is presently being used at many institutions across the country.

Research findings and testimonials indicate that node-link mapping can effectively replace and supplement written and spoken language in many situations to improve problem-solving, decision-making, learning, and communication. Maps can help a person express parallel ideas and complex and distant connections that are extremely difficult to present in natural language. Further, unlike written language, maps are effective communication aids for lectures and group discussions. Specific ideas can be located and recalled much more quickly in a map than in a body of text because of the map’s spatial layout and its lack of word clutter. In addition, maps have been shown to be particularly helpful for people with low verbal ability.

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## How Do You Do Simple Mapping?

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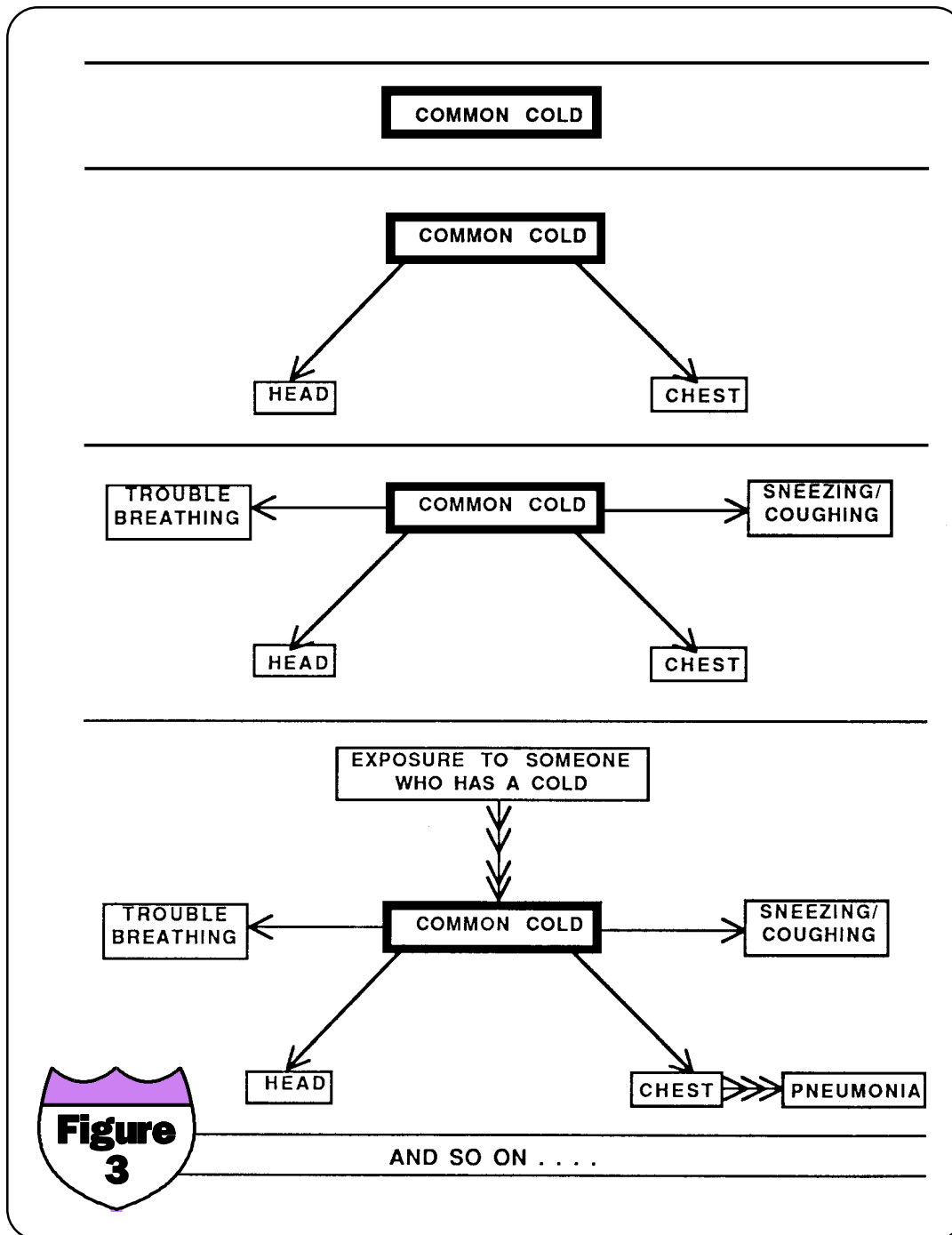
In this section, we are going to introduce you to mapping by working with very simple, common ideas. Later on you will be shown how to apply mapping to more complicated counseling situations and issues.

## Making things visible

For many uses of mapping, the easiest and best thing to do is to start by putting an important idea, feeling, or action in the center of a large piece of paper or chalkboard. Then start adding

things that are related to this idea by drawing lines and boxes. For example, if we wanted to discuss the common cold, we might go about it as shown in Figure 3.

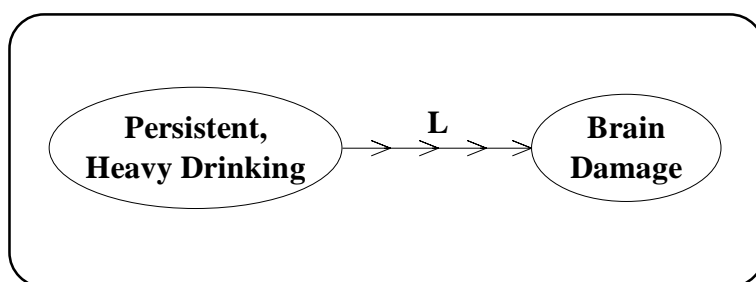
Because maps can be drawn in many different ways, you decide what form the map will take and when it is finished. Sometimes, especially if you want to use your map to communicate with someone else, it will be useful to go back and reorganize it. The mapping process illustrated in Figure 3 has been found to be particularly good for “brainstorming” and other group discussion activities.



## Mapping a “cold.”

## Naming the roads

In our research, we have found that it is often important to focus the client or student on the relationships between thoughts, actions, feelings, and facts. These relationships are expressed in maps as the lines, or **links**, between the **nodes** (i.e., the circles or squares containing the ideas). Just as roads connect cities, links connect nodes. For example, the map below indicates a relationship between heavy drinking and brain damage; and, in this case, it is asserted that heavy drinking **leads to** or causes brain damage.



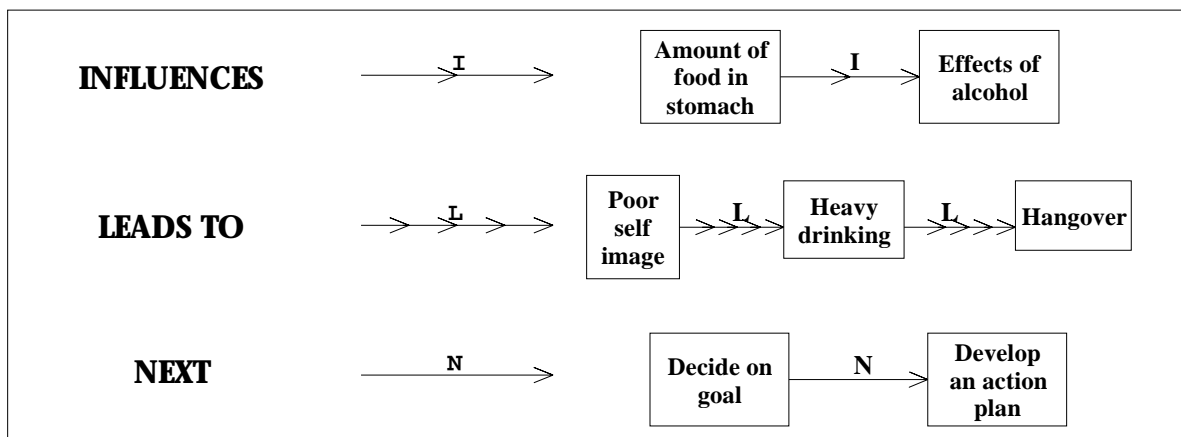
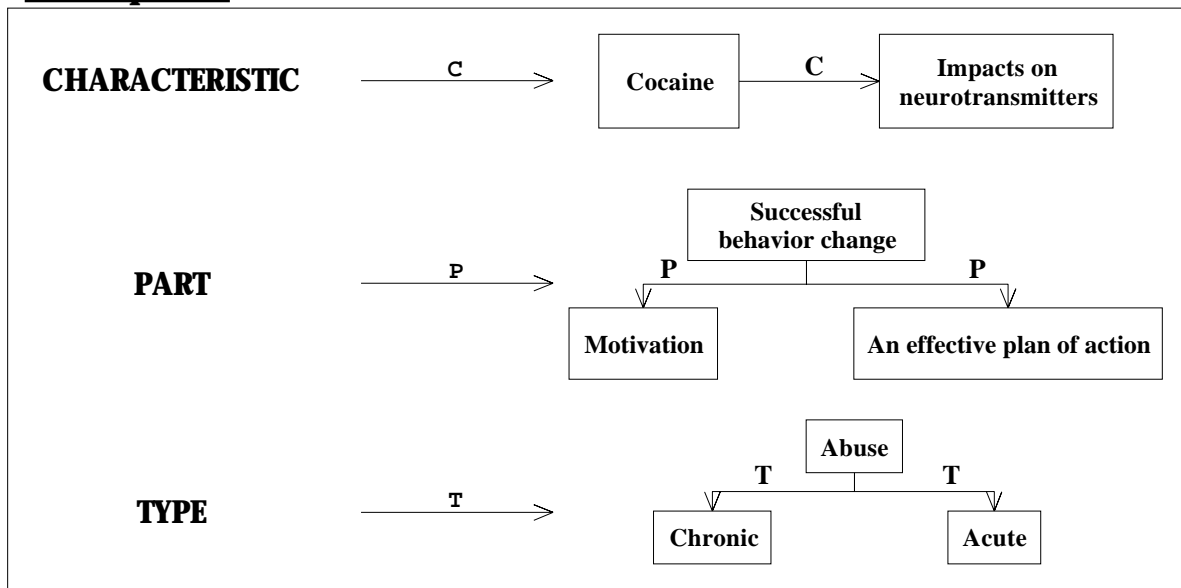
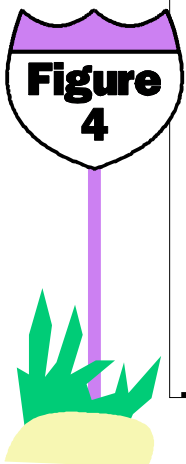
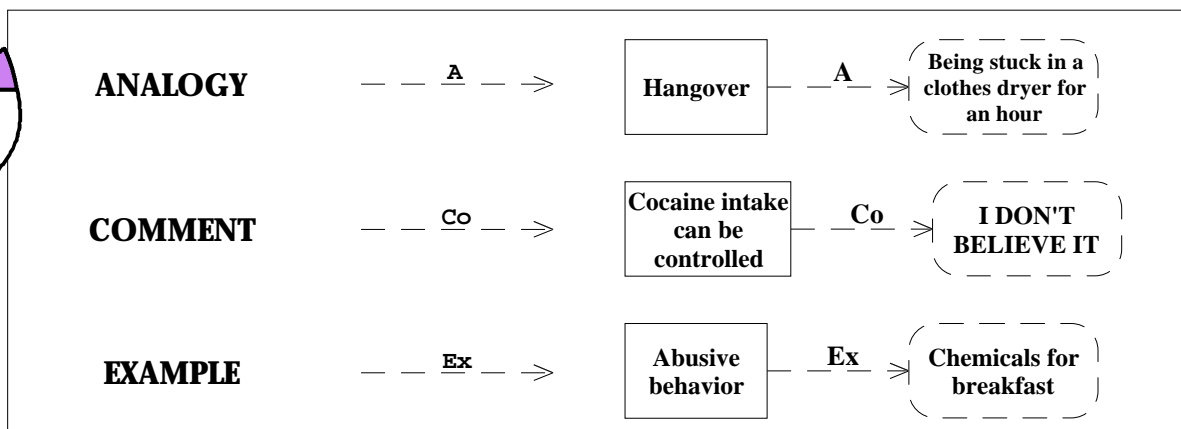
One way of naming or identifying relationships is to come up with your own names as you go along and write them next to the links or lines in your maps. This is a perfectly good

way to do node-link mapping. However, most people who regularly use maps find it useful to have a standard set of relationships to choose from. After extensive research, we have developed the set of nine links (relationships), illustrated in Figure 4 on page 10. They are grouped into three **action links** (**influences**, **leads to**, and **next**), three **description links** (**characteristic**, **part**, and **type**), and three **illustration links** (**analogy**, **comment**, and **example**).



Learning this set of relationship links is probably only necessary if you are going to use maps repeatedly in communicating important information. However, using a set of relationships is valuable. It can increase awareness of potential relationships and provide a person with a set of questions to ask during map-making.

NAME	SYMBOL	EXAMPLE
------	--------	---------

**Actions****Descriptions****Illustrations****The set of links.**

To help you learn the links, we have included a series of exercises on the next four pages. In this series, each page of “problems” is followed by a page of illustrative answers. We encourage you to work out your own answers before looking at ours. Also, it is important for you to keep in mind that there are usually a number of possible answers to each problem. Those we have provided are not the only answers, but you should be able to use them to better understand how the link system works. Additional exercises can be found in Appendix C.

## MAPPING EXERCISES

For the following problems, fill in the missing nodes or link types and convert the map into sentence form. Refer to Figure 4: "The standard set of links." Illustrated answers to the problems are provided on the next page.

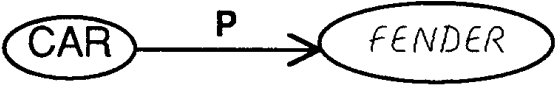
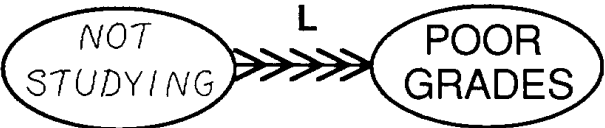
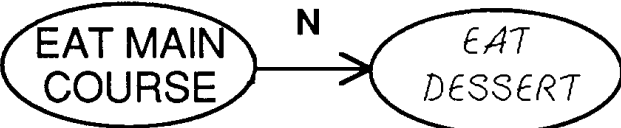
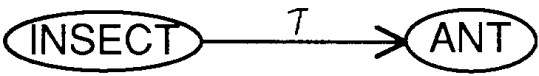
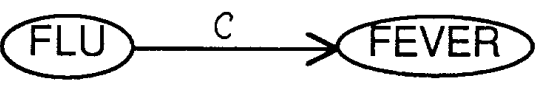
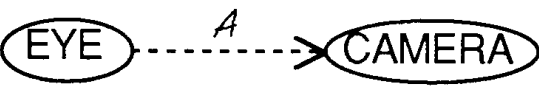
### PROBLEMS

MAP		SENTENCE FORM
1.		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
2.		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
3.		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
4.		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
5.		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
6.		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

**MAPPING EXERCISES**

Answers to problems on previous page.

**PROBLEMS**

MAP	SENTENCE FORM
1. 	One part of a car is the fender; or, A fender is a part of a car.
2. 	Not studying leads to poor grades.
3. 	Eat the main course and next eat dessert.
4. 	One type of insect is an ant; or, An ant is a type of insect.
5. 	One characteristic of the flu is fever; or, fever is a characteristic of the flu.
6. 	An analogy to the eye is a camera; or, A camera is analogous to an eye.

## MAPPING EXERCISES

Now, try to convert the following sentences into maps. Illustrative answers are on the next page.

### PROBLEMS

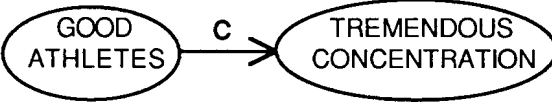
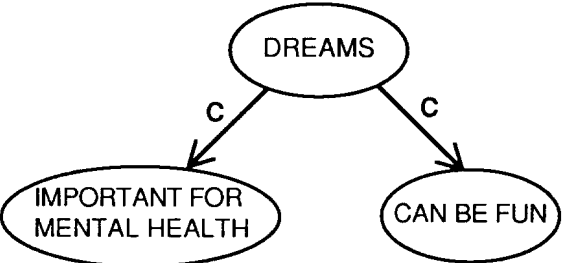
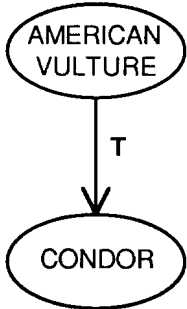
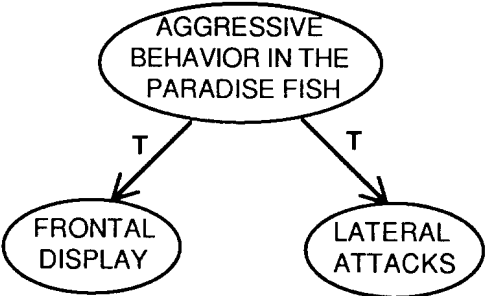
SENTENCE FORM	MAP
7. Good athletes possess tremendous concentration.	
8. Dreams are important for maintaining good mental health and they can also be a lot of fun.	
9. A condor is a type of American vulture.	
10. Frontal displays and lateral attacks are two kinds of aggressive behavior in the paradise fish.	



## MAPPING EXERCISES

Answers to problems on previous page.

These are illustrative answers. There are many correct ways to map the same set of English sentences. However, you should be able to recognize why our answer is one of the correct ones.

SENTENCE FORM	MAP
7. Good athletes possess tremendous concentration.	 <pre> graph LR     A([GOOD ATHLETES]) -- C --&gt; B([TREMENDOUS CONCENTRATION]) </pre>
8. Dreams are important for maintaining good mental health and they can also be a lot of fun.	 <pre> graph TD     A([DREAMS]) -- C --&gt; B([IMPORTANT FOR MENTAL HEALTH])     A -- C --&gt; C([CAN BE FUN]) </pre>
9. A condor is a type of American vulture.	 <pre> graph TD     A([AMERICAN VULTURE]) -- T --&gt; B([CONDOR]) </pre>
10. Frontal displays and lateral attacks are two kinds of aggressive behavior in the paradise fish.	 <pre> graph TD     A([AGGRESSIVE BEHAVIOR IN THE PARADISE FISH]) -- T --&gt; B([FRONTAL DISPLAY])     A -- T --&gt; C([LATERAL ATTACKS]) </pre>

## Using the link types to create maps

---

When you're not sure what information should be included in the map and/or how it should be organized, you can start with a few key ideas and "grow" the map by asking yourself, or your client, about relationships (or links) between ideas (e.g., "What does this idea **lead to?**" or "What are some **characteristics** of this idea?"). After the map has been "grown" you can then organize it to make it easier to understand.



We call this approach "**link-guided**" because it uses link type questions to develop additional information for inclusion in the map. We could have used this technique to develop our map of the common cold shown earlier. In doing this, use "common cold" as the starting node, ask a series of link questions, and attach the answers using a "Tinker-toy"<sup>TM</sup>-style. Here is a possible scenario (see figure 5 on following page).

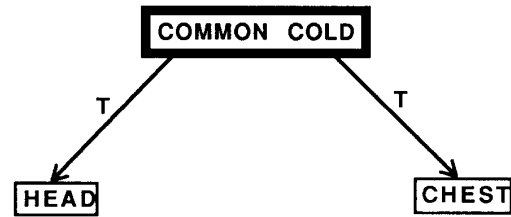
We could use the rest of the **link types** to ask additional questions about the common cold and expand our map. It could be elaborated even further by asking **link questions** about some of the other nodes we have added. Our research with this technique indicates that it is an excellent method for developing ideas about a topic prior to writing or speaking. It also is an effective discussion aid. It's better than simple "brainstorming" because the link questions help you search for information more systematically and thoroughly. It also helps to jog your memory and helps guide the direction and focus of group discussions.

Start with a node.

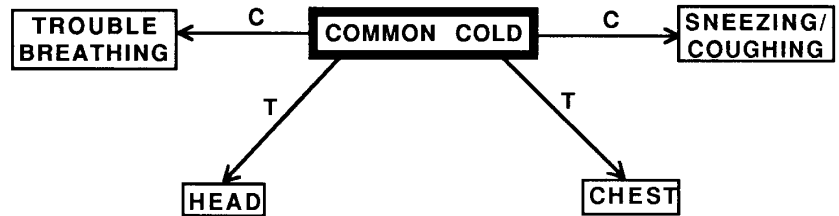
**COMMON COLD**

**Ask:**

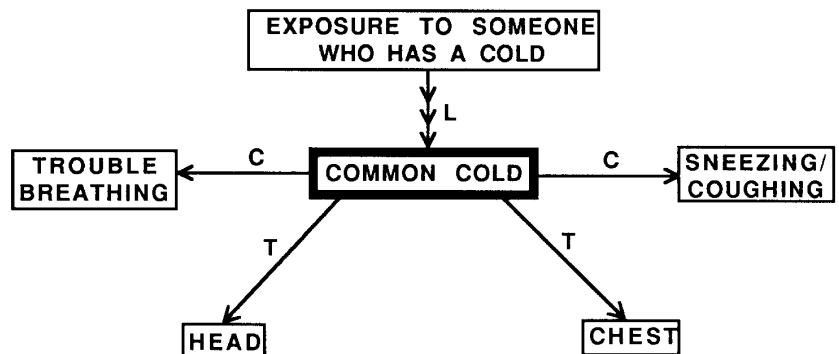
"What are some types of colds?"



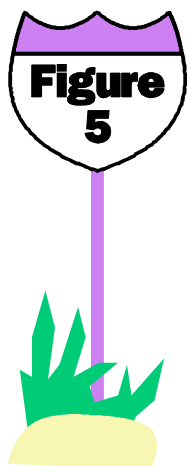
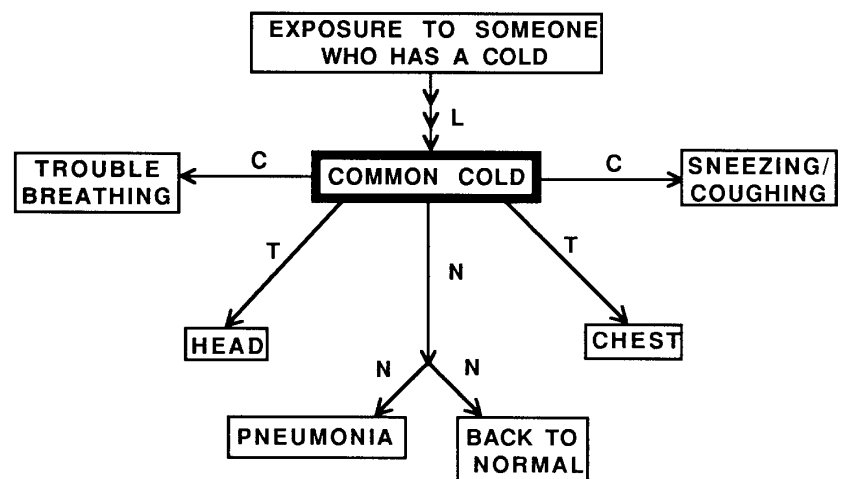
"What are some general characteristics of colds?"



"What leads to having a common cold?"



"What happens next when you have a cold?"



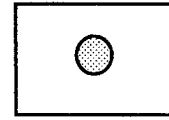
## Mapping a “cold” using link questions.

A plan for developing a link-guided map is illustrated in Figure 6. It is important **not** to follow this plan robotically. The order in which link questions are asked is not magical. You may skip around and ask the questions in any order.



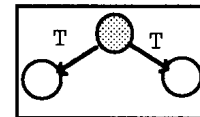
Intuitive leaps are encouraged. Sometimes ideas emerge that do not seem to have a direct link with the node you are working on. Jot down these off-shoot ideas and use them as possible starting nodes for other sections of the map. Use this technique as a rough guideline; this type of mapping does not have rigid production rules! So, be creative and have fun with the mapping process.

1. Create a starting node.  
Put node in a central location on your map.

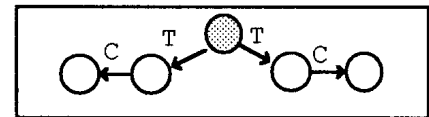


2. Ask the following questions and draw the answers on the map.

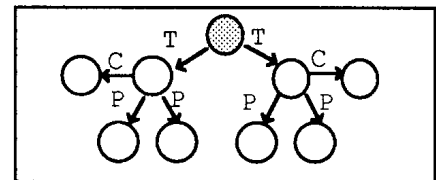
- › Can this node be broken down into different types?



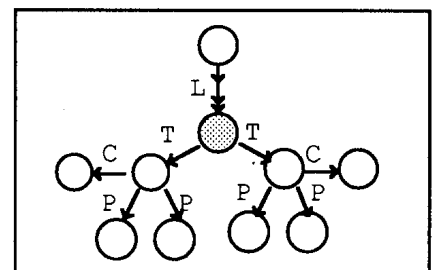
- › What are the characteristics of each type?



- › What are the important parts of each type?



- › What led to the starting node?



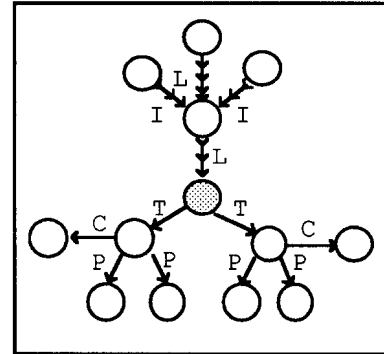
**Figure 6**



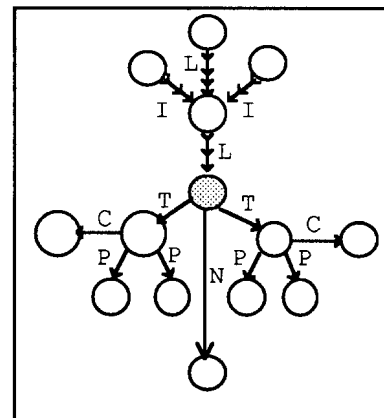
**Growing a map using the link-guided technique.**

(continued from previous page)

- › What things indirectly influence the starting idea or concept?



- › What happens NEXT?
- › Elaborate the map by using analogy links or example links (none shown).



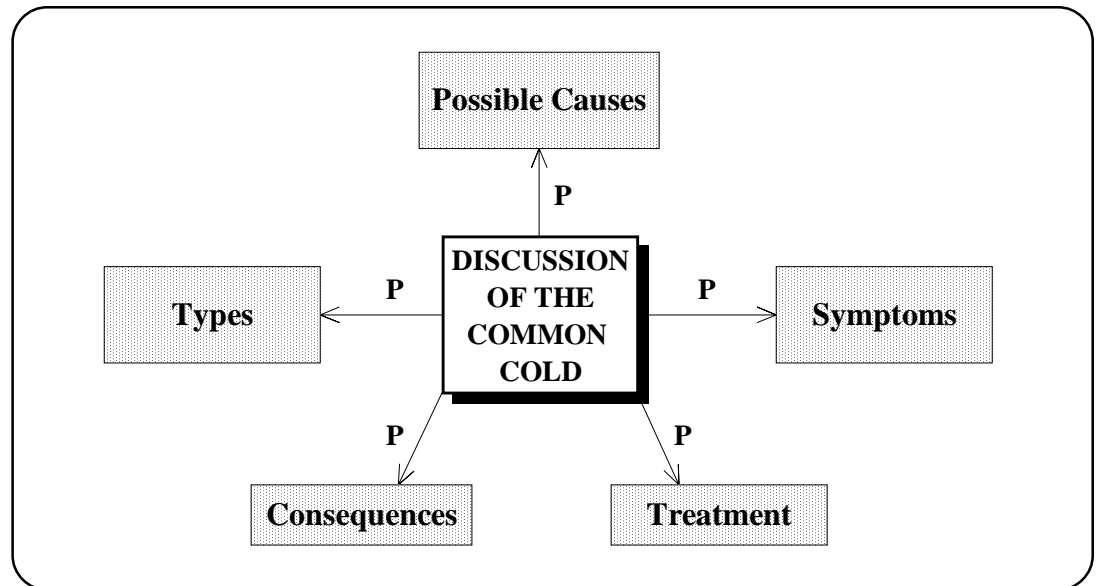
**IMPORTANT:** Be flexible in asking and answering the above questions; there is no one correct way of doing it. You need to tailor your maps to the specific topic, your purpose, and your style.

- Pick another important concept or idea.  
**NOTE:** New ideas may emerge as you ask and answer the above concepts.
- Repeat STEP 2 on the same or a different sheet of paper.

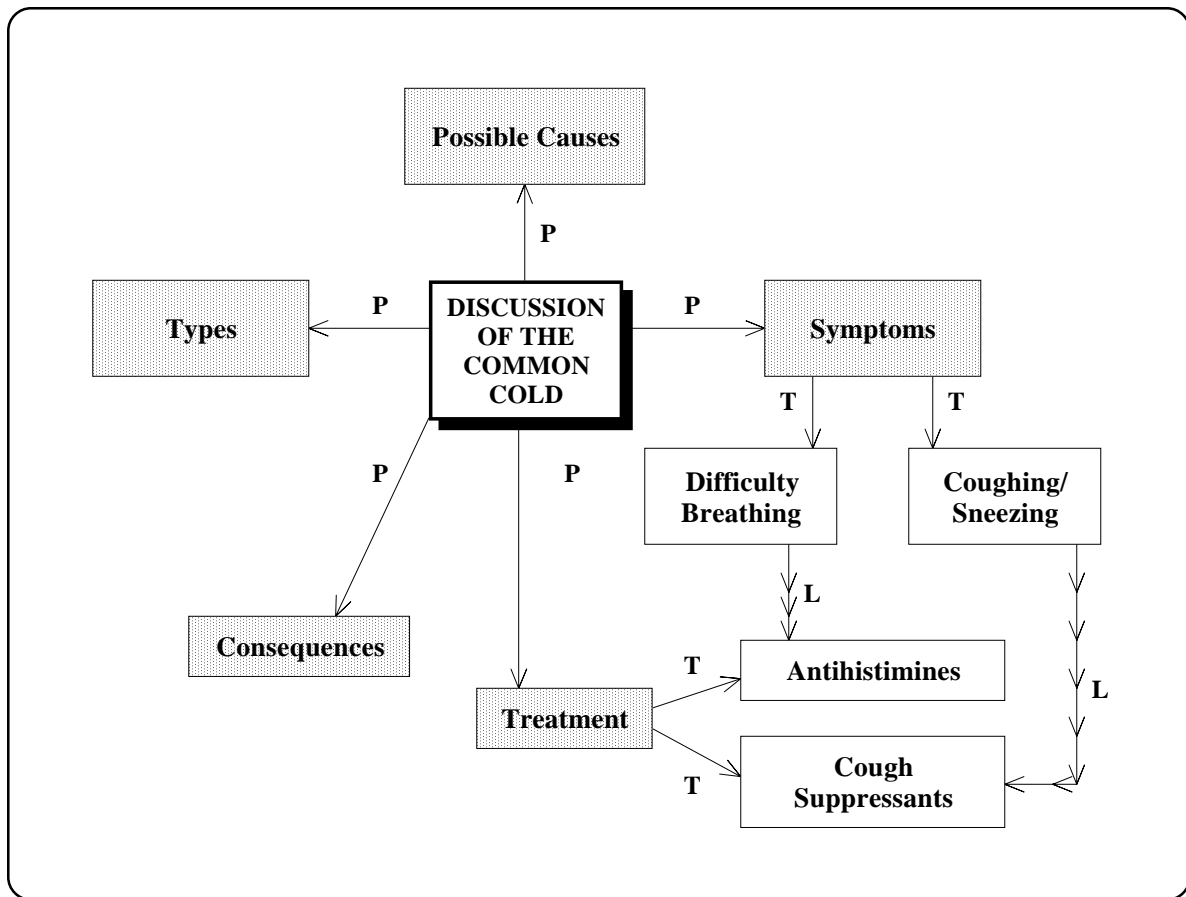


**Growing a map using the link-guided technique (continued).**

When you have a good grasp of the information you are intending to map, you will first want to develop an overview structure that lays out the major topics to be covered. For example, we might use our general knowledge of diseases to lay out the following overview of the common cold.



We could then fill in specific information. If we wanted to show relationships between different sections of the map, we could use the link-guided technique to make interconnections. For example: "Which symptoms lead to which treatments?" The answer to this question could produce connections between the symptoms and treatments section of the map, as illustrated next.



Additional link questions can be answered to “flesh out” the remainder of the map.

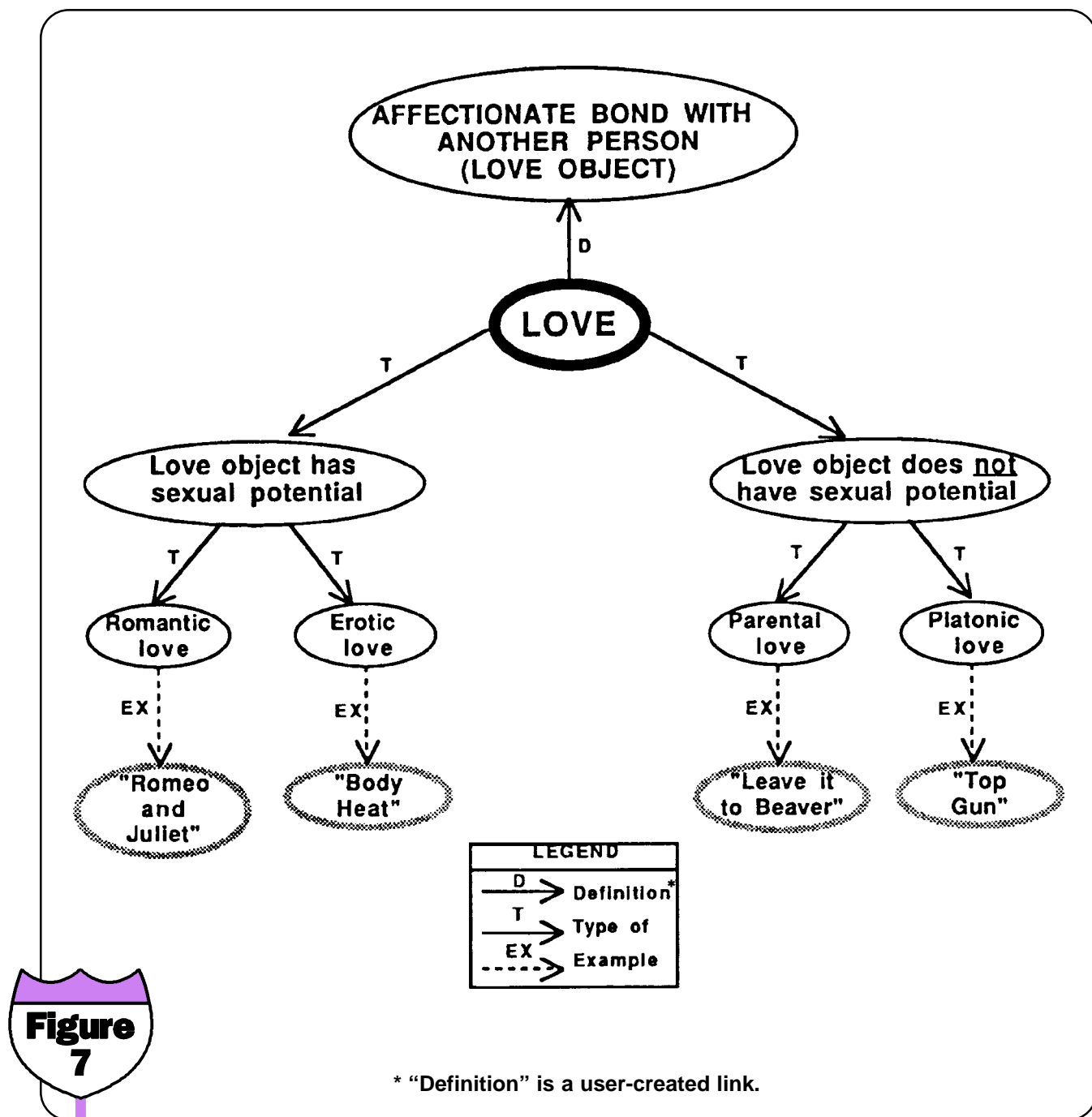
## Chapter Summary

The purpose of this chapter was to explain the What, Why, and How of simple node-link mapping. In the next chapters, you will be guided through more specific applications of mapping to counseling situations. The practice exercises in the present chapter and in Appendix C can serve as refresher material as you proceed.

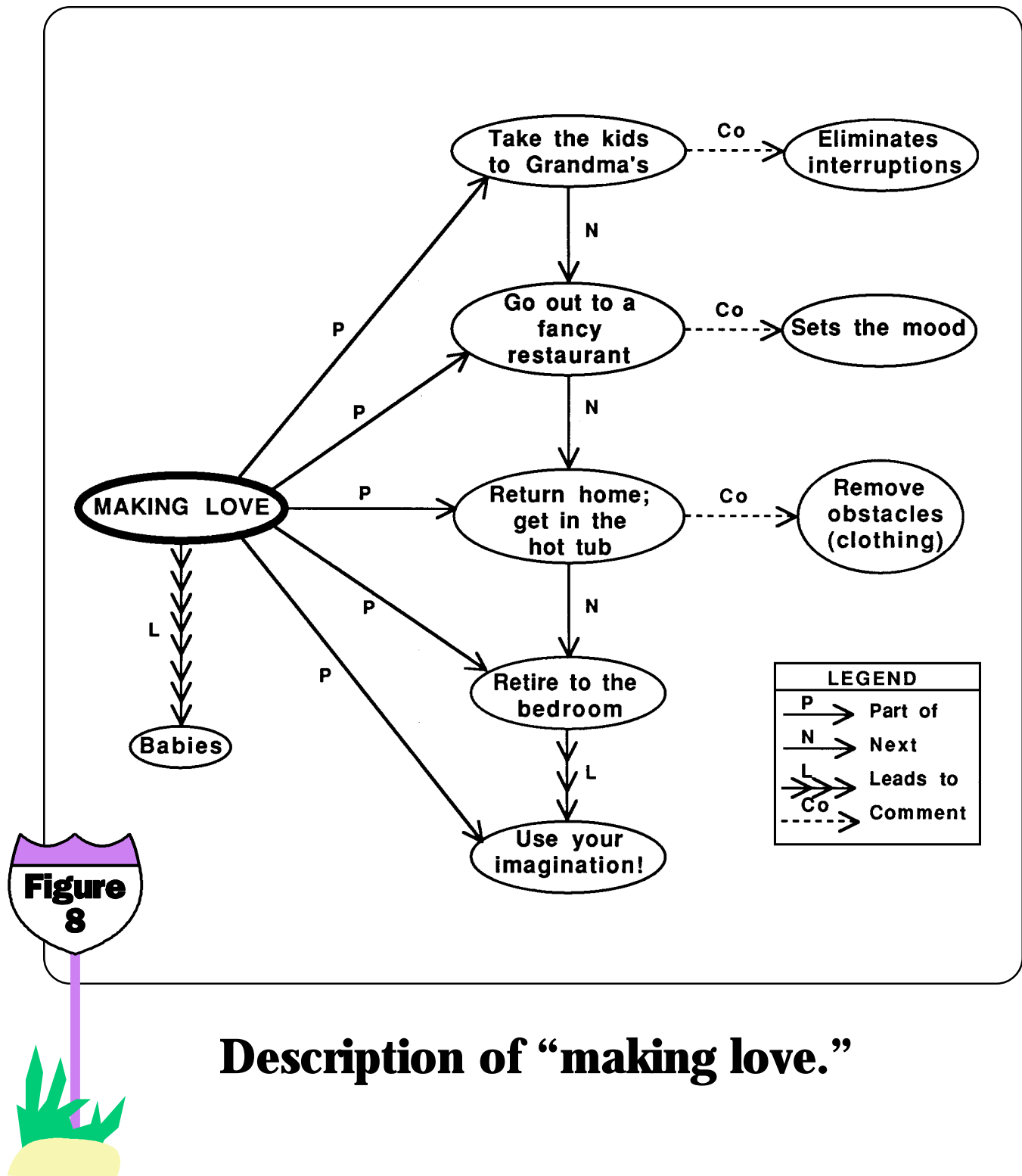


We conclude this chapter with two maps that nicely illustrate the use of the system (see Figures 7 and 8).





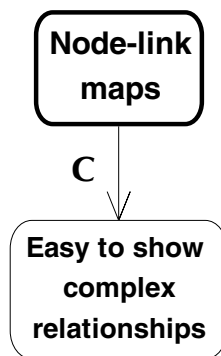
## Description of love.



# CHAPTER

# 2

## Using Maps for Group Counseling



C = characteristic

### "Growing" Maps in Group Settings

Group Session Example #1 and Comments  
on the Process

Group Session Example #2 and Comments  
on the Process

## “Growing” Maps in Group Settings

In this chapter you will find examples of actual maps drawn during group counseling sessions in an outpatient methadone treatment center. All of the clients involved had previously been shown maps and the link system; none were seeing the system for the first time (see Chapter 4 for basic “map training” for clients).

Since these maps were drawn in two sessions (each taking about 60 minutes), much of what was said is necessarily omitted from the following brief protocols. We have reconstructed key elements of the sessions to give a general idea of how maps “grow” in sequential stages during the course of group interaction. In addition, after each map is presented in its final form, we will add some comments about the mapping process.

### Mapping can be used in group counseling to

- ❖ show—visually—that group members’ own ideas can be organized and combined to help them deal with common problems,
- ❖ provide a springboard for further discussion and elaboration,
- ❖ help maintain the focus of discussion,
- ❖ produce an on-going record of the group’s interaction that can be used in later thinking and discussion about this topic, and
- ❖ provide a basis for **“shared ownership.”** That is, seeing one’s own ideas integrated with those of others can create or intensify
  - group cohesion,
  - motivation to participate, and
  - acceptance or internalization of ideas (contributing to a set of ideas can lead to a feeling of “owning” the whole set).

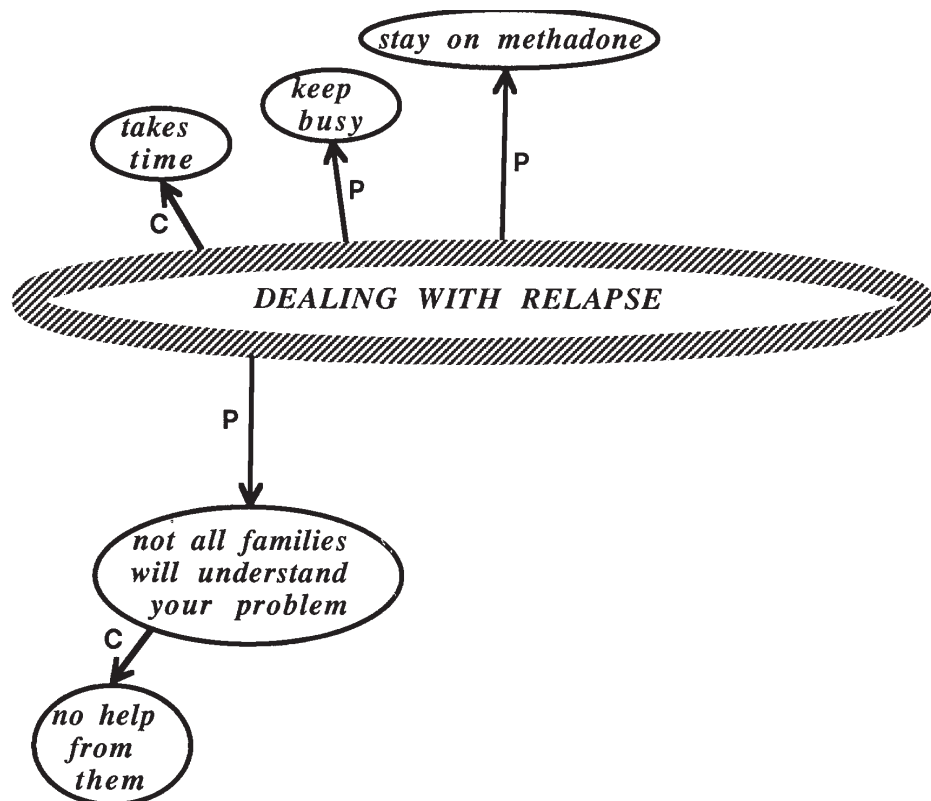
## Group Session Example #1

Seven clients are participating in this discussion; all have histories of drug addiction but are currently drug-free. Each has had approximately 3 minutes to share immediate concerns with the group. From what has been said, the counselor realizes that in the past week each client has experienced some fears about relapsing.

**Counselor:** It looks like relapse is a pretty hot topic right now. So let's talk about how you would deal with a relapse.

[The counselor begins by asking Jim how he would deal with a relapse. The discussion goes on for several minutes before the counselor walks to the chalkboard and draws the central node of a map labeled, "Dealing with Relapse."]

**Counselor:** Let's map what we've discussed so far. You've said that dealing with a relapse takes time, you have to stay busy, you have to stay on methadone, and family members may not understand your problem and may not help you.



Group Session 1 — Map 1.

**Counselor:** What else is important here?

*Joe:* You got to accept that you need help.

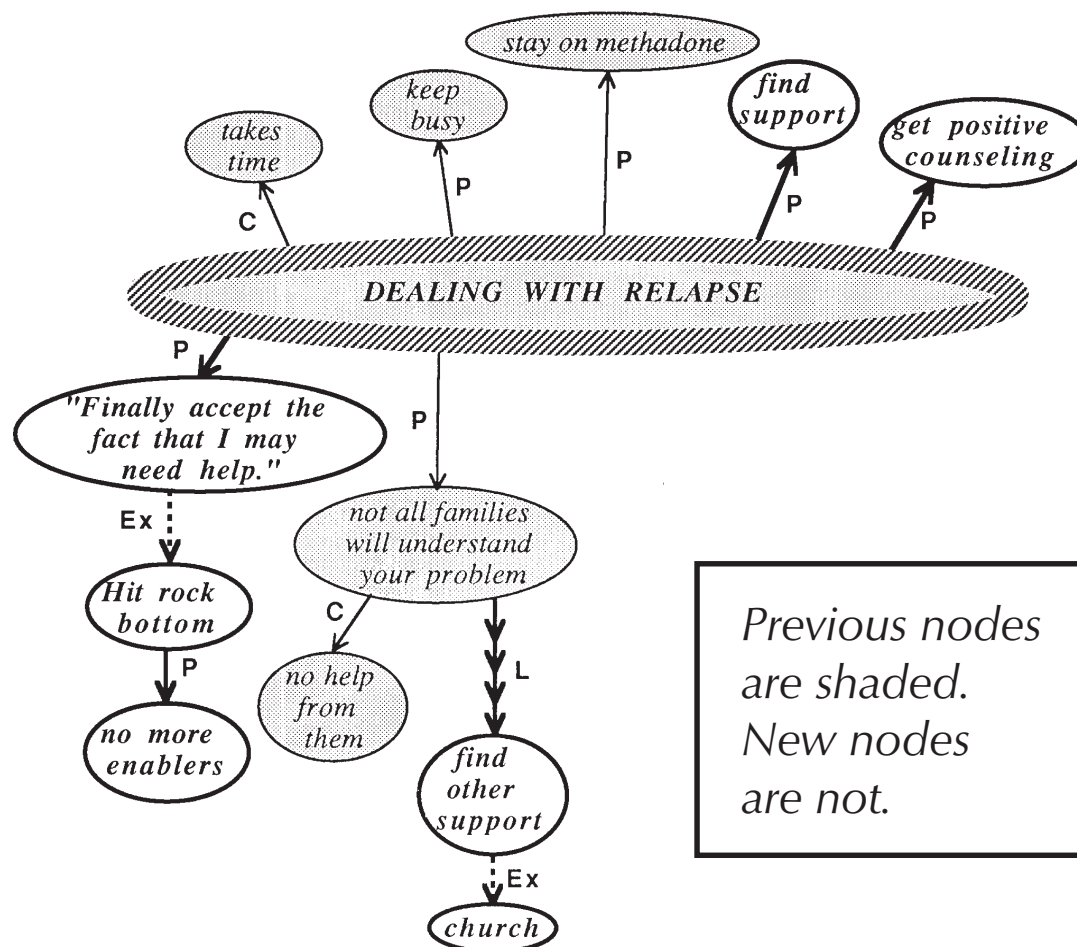
*Gina:* Yeah, When you hit bottom and can't con anybody into helping you up, you figure out that you need help. Maybe not till then.

*Sam:* Go to your counselor and talk it over.

*Jim:* When your family kicks you out, find somebody who's been through it to talk to and support you.

*Kayce:* When my father told me to hit the road, a person in our church helped me . . . got me a place to stay.

[For the next 15 minutes there is talk about potential support systems. The counselor adds to the map, occasionally asking "Have I got this right? Is this what you mean?"]



[The discussion shifts . . . ]

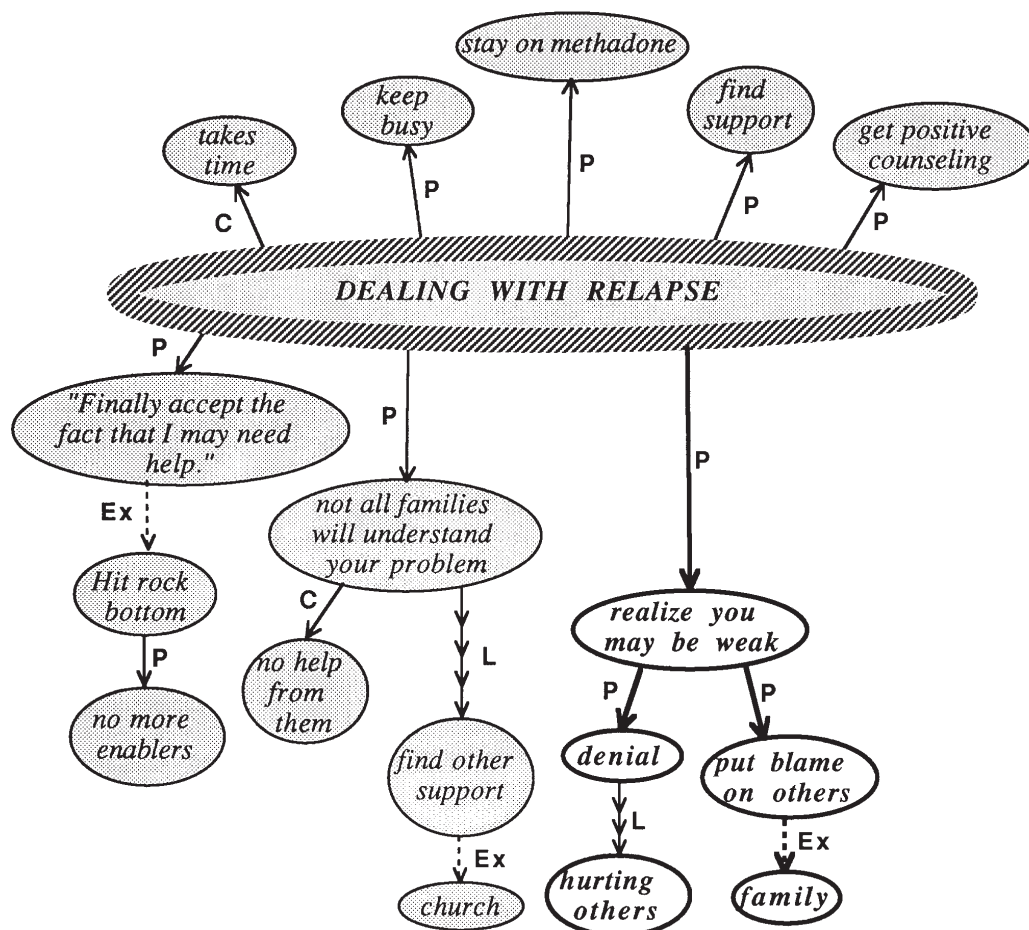
**Counselor:** What feelings come up when you think about a relapse?

*Jim:* I'm weak. I have to know that I'm weak. I'll say I don't have a problem and blame everybody else, like my family. I know I hurt people.

*Stella:* That's right. The first thing I do is say it don't mean anything—that I slipped a little. Then I tell my kid that he made his momma do more dope because he screwed up at school.

*Hank:* That's DENIAL, man. That's denial. You just don't want to admit you're doing it again. But even while you're not admitting it, it hurts.

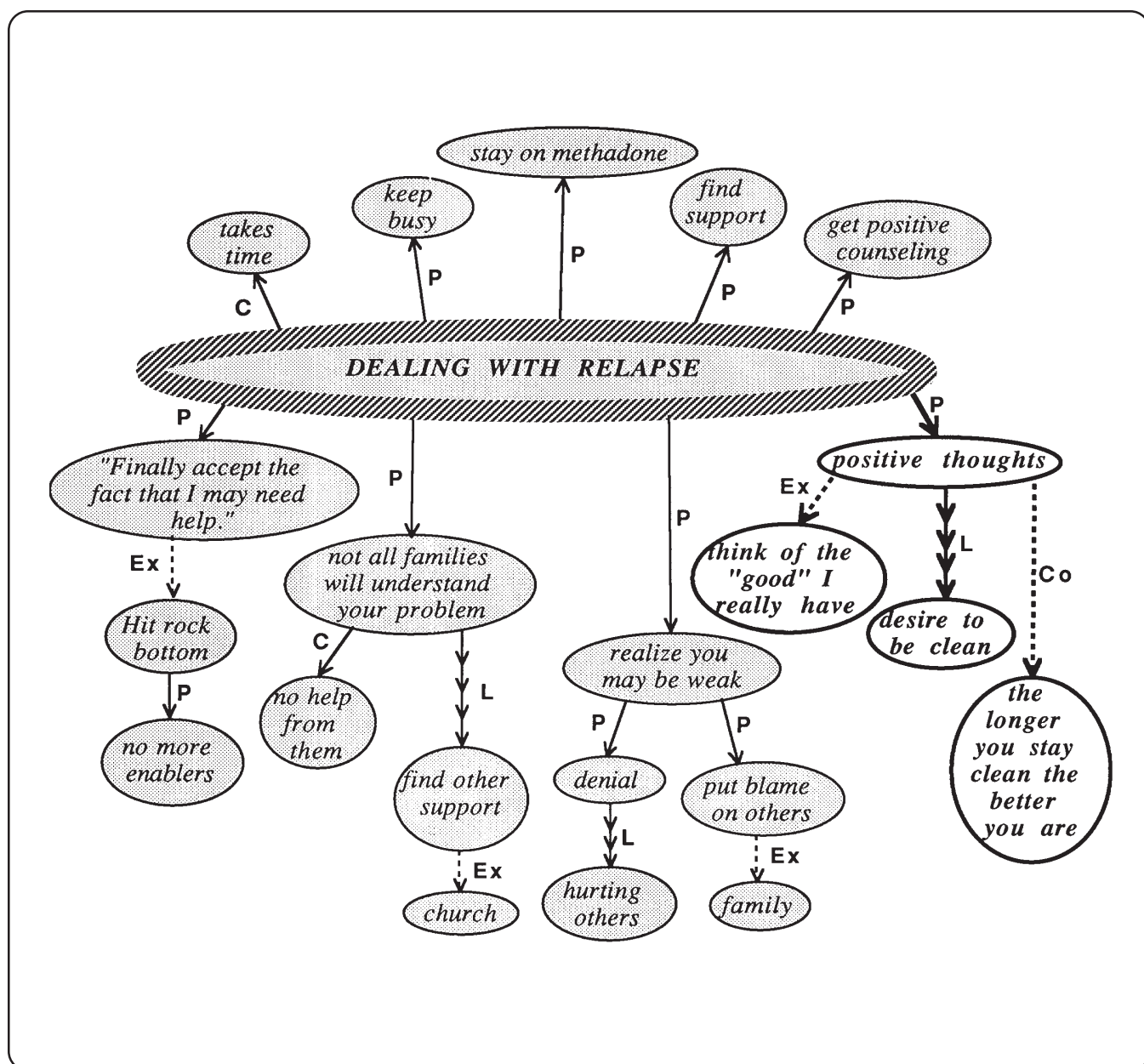
**Counselor:** It hurts you and it hurts others. [Referring to the chalkboard . . . ] Is this what you're saying here?



**Counselor:** Are there any positive things that can come from a relapse?

*Hank:* What goes on in my own head is really important. If you think negative all the time you won't make it. You got to have positive thoughts . . . got to think about the good things you've got going for yourself. That's what makes you want to stay clean.

*Jim:* Yeah . . . like I stayed clean longer this last time. I ain't Mr. Wonderful yet, but I'm better than I was.



Group Session 1 — Map 4.



**Counselor:** Let's look at this map and see what we have.

[Some members of this group have been copying on paper the map the counselor is drawing on the board. Copies will be made for those who prefer not to draw their own.]

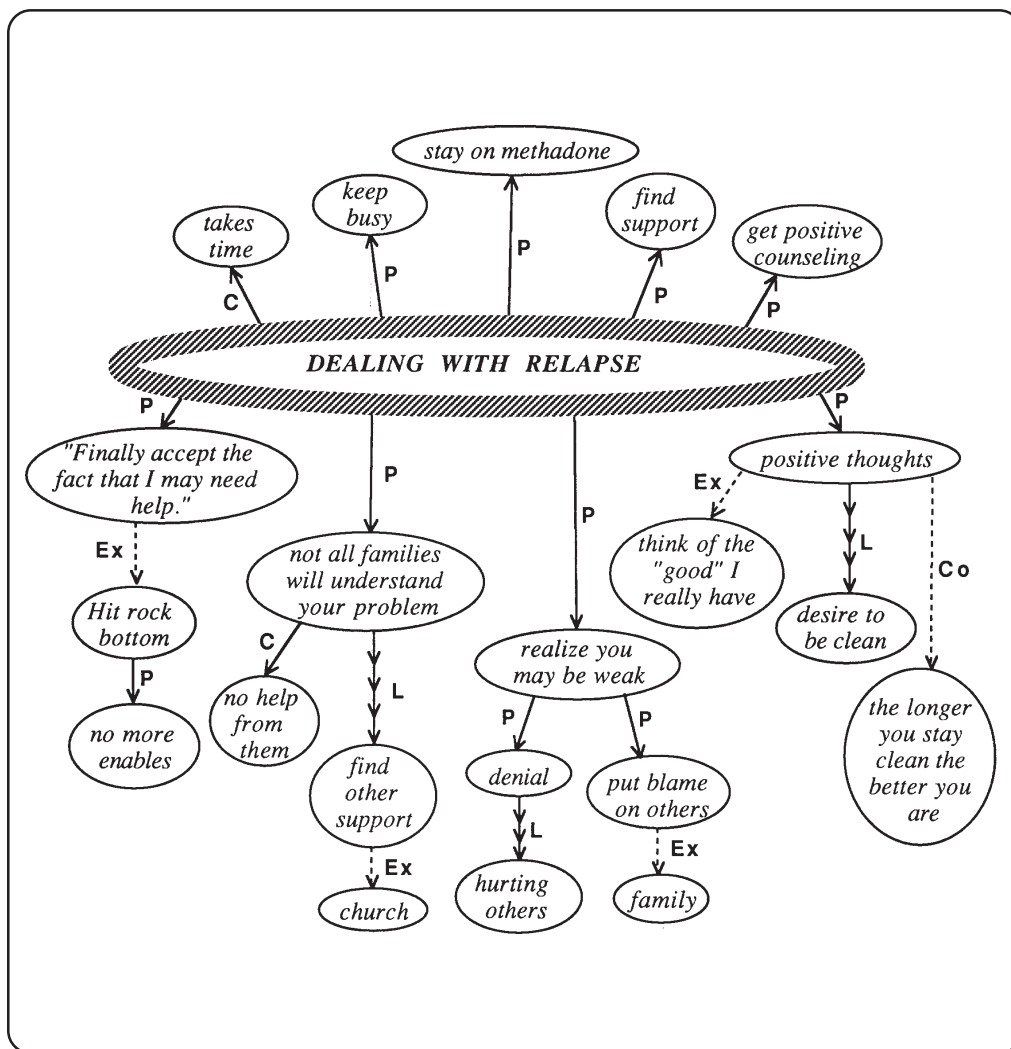
When we started this session, several of you were really concerned about relapsing. From this map of our discussion, it looks like you have some pretty clear ideas about things that need to happen if you do relapse. You know [pointing to nodes on the map for emphasis] that you can't expect to come out of a relapse overnight, that you've got to get some dependable help, and that through it all, you must stay on your methadone.

Another big part of the relapse process is what you've got going on in your own head—what you're telling yourself.

Here [on the map] you have indicated that you have to

mentally accept at least two things: that you need help, and that you may be weak. But, having said that, we have over here the beginnings of your ideas about what positive thinking can do for you. Maybe we should have made the "positive thoughts" node a lot larger—that's one we really need to spend some time on. Generally, we're pretty rough on ourselves; looking for the good things is not something we do automatically.

Our talk today has been fairly general. I hope that we can deal with some of these ideas in more detail when we meet next week.

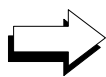


Group Session 1 — Whole Map.

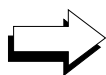
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## Comments on the process: group example #1

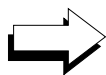
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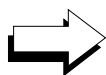
Mapping was started only after the counselor sensed strong concern about a particular issue and decided to focus the remainder of the discussion on this topic. The map was driven both by the interest and input from group members and by questions and conclusions from the counselor, increasing the opportunity for members to feel a “shared ownership” of what went into this map.



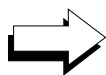
The counselor asked for verification of what was being created in the map. These kinds of questions (“Do I have this right?” “Is this what you’re saying?”) can indicate that the counselor values members’ input and wants to understand clearly what is meant.



As the map grew, group members had the opportunity to see that, as a group, they could produce valid strategies for dealing with relapse.



This map reflects a variety of personal experiences. An idea contributed by one member may allow another to consider a whole new range of possibilities. It may not have occurred to several group members, for example, that time would be an important aspect of dealing with a relapse.



Each group member, as well as the counselor, came away from this general discussion of relapse issues with a map that could serve as the basis for later sessions dealing with more detailed solutions and plans. Some clients will want to copy the map as it is being drawn. Others will find this distracting and will be better served by a xeroxed copy.

## Group Session Example #2

Nine clients are participating in this group session. It is near Christmas, and several are struggling with feelings of sadness; all are trying to remain drug-free while coping with the extra demands and temptations of the holiday season. The first 15 minutes of the session have centered on what their families expect of them. There is some joking about “robbing a bank” and “knocking over a toy store.” But Jesse, who has five children, is more serious; he has not laughed.

**Counselor:** **Jesse, you look like you’re thinking hard about this.**

*Jesse: Yeah. You know, I feel real low right now. I’m broke. I got nothing. And those kids of mine . . . I really have thought about going in with a guy who works where I do—he always has a load of stuff to sell—radios, cameras. He says he’ll cut me in if I’ll just help him sell it—no questions asked. I’ve always said “no,” but now . . . I don’t know . . . It makes me feel real bad not to have anything for my kids. [Several group members protest . . .]*

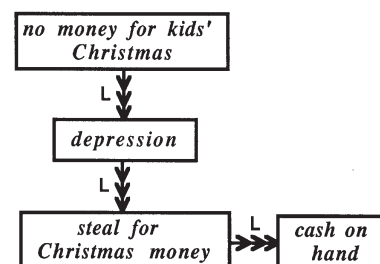
*Carl: C’mon, man. You’ll get your tail busted and spend Christmas in jail. Will your kids like that?*

*Linda: Jesse, I know a guy at the Salvation Army who can help you with Christmas—gifts, food—all of that stuff. Forget this other stuff.*

*Nancy: Hey, I don’t have money either, but I’m not gonna steal. I might as well do dope again if I’m gonna do that. If I got my hands on enough money for presents, I’d blow it on dope. So I’d be using again and be a thief, too. No way. [Several members nod agreement.]*

*Jesse: Yeah. I hadn’t thought about having money around—since I never have any.*

**Counselor:** **Let’s see if I understand what all of you are saying here.**  
[Goes to the board and begins to draw a map.]



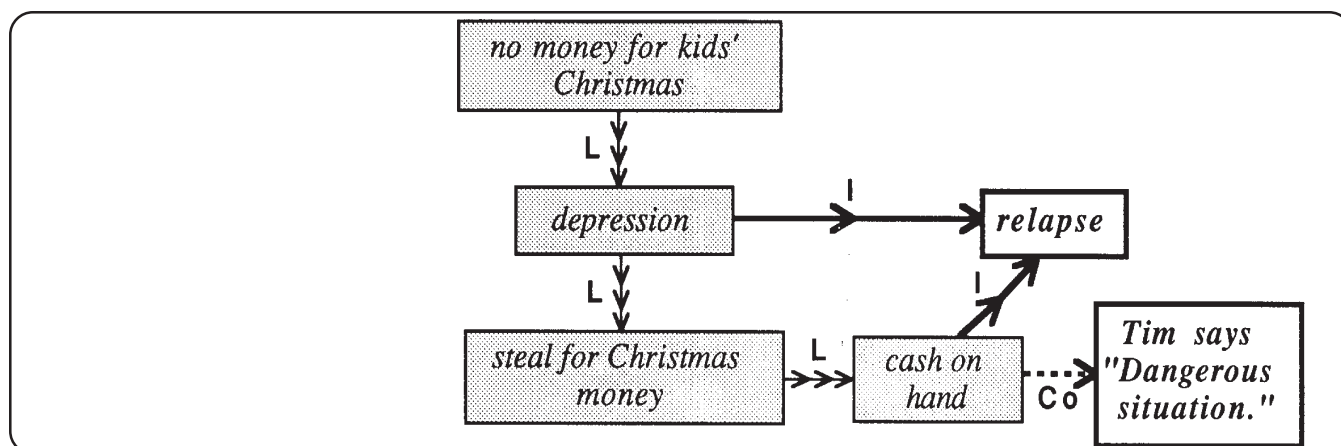
Group Session 2 — Map 1.

**Counselor:** Is this what we're talking about? [Heads nod.] Where does going back to using again—a relapse—fit into this picture?

*Jesse:* The last time I felt this bad I got back on drugs.

**Counselor:** So [drawing]—your feeling of depression can influence a relapse, right? [Group response indicates agreement.] How about cash on hand if you steal . . . same thing?

*Tim:* Yeah—that can get you to relapse, too. That's a dangerous situation.

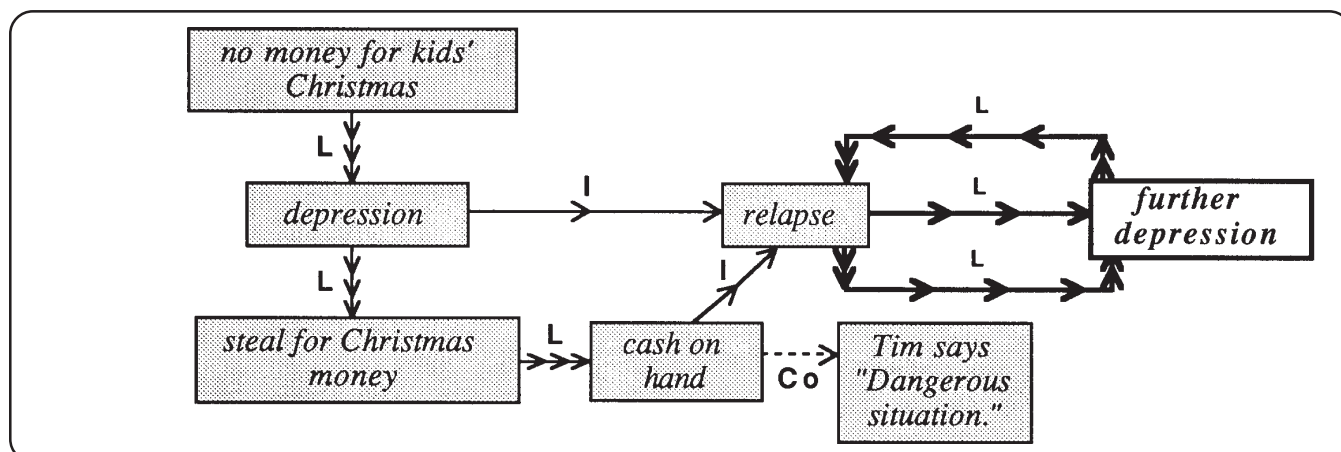


Group Session 2 — Map 2.

**Counselor:** And if you relapse, how are you going to feel?

*Jesse:* Rotten. Worse than I do now.

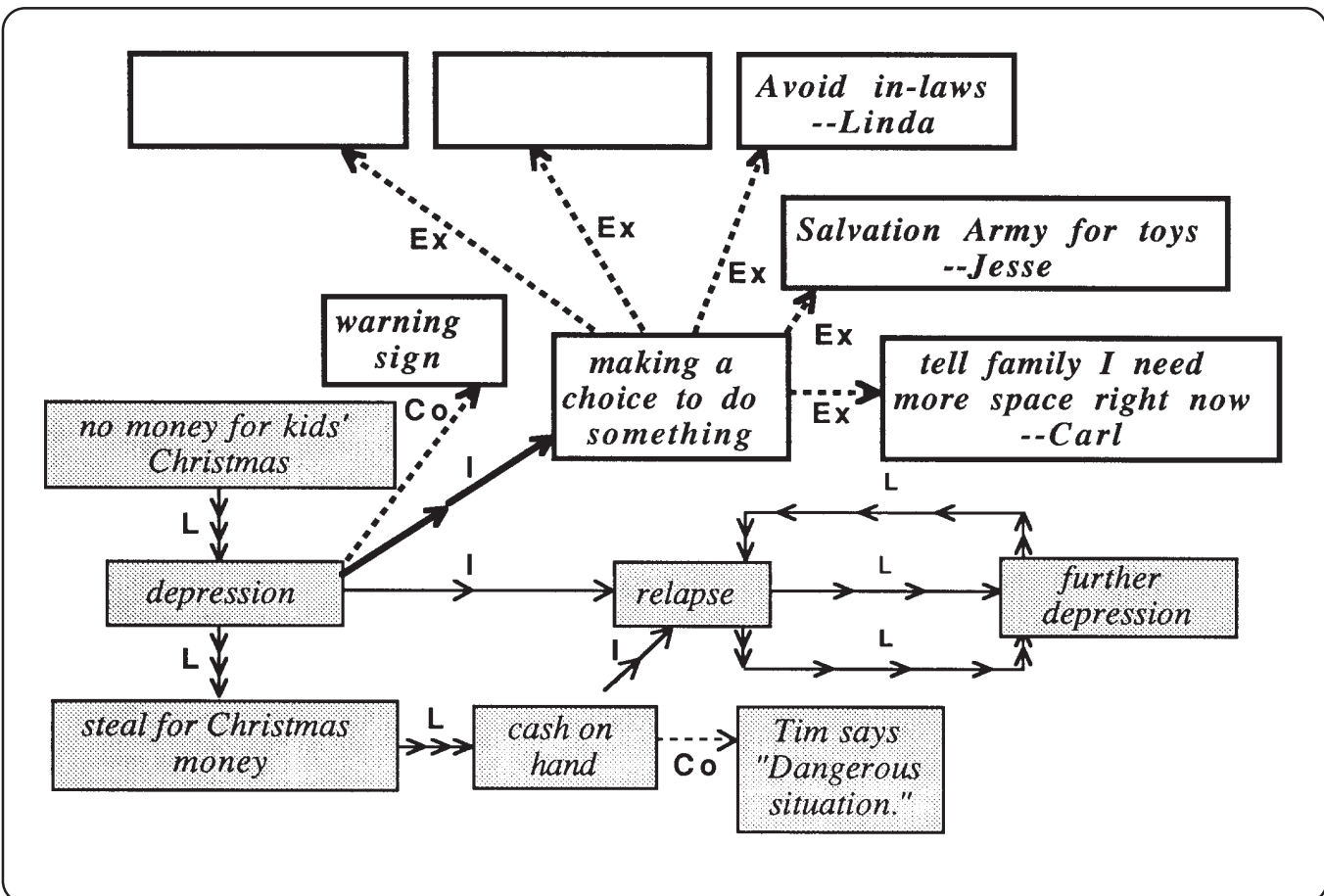
**Counselor:** Relapse can lead to depression and it can make that depression even worse. And the depression can keep you in relapse. It's a loop you get into and have to break out of, isn't it? Let's draw it.



Group Session 2 — Map 3.

Carl: Hey, Jesse, look, if you steal, you relapse and you feel just as bad as you do now. It ain't no answer to do that.

Counselor: Yes, but if he stays depressed he can relapse, too, whether he steals or not [pointing to map]. So—being depressed makes you real open to taking a fall doesn't it? Being depressed makes it easier to relapse. Not just for Jesse, right? Everybody at this table is hurting some today. I've heard you. It's worth finding some real things you can do to take the stress off right now. Depression can "get" you and throw you into this loop. Or you can choose to use depression as a warning sign that you have to DO something different to get yourself going in another direction. Only you have to choose the right thing—or you're liable to end up in the loop anyhow. Jesse's going to the Salvation Army to "treat" his Christmas slump. [Laughter; Jesse nods "yes."] What are some of the rest of you going to do? Use your copy of this map and draw in what you're going to do. We have just enough time left.

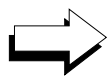


Group Session 2 – Whole Map.

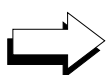
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## Comments on the process: group example #2

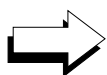
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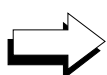
During this session, group members explored the relationship of depression to relapse, getting into the discussion by looking at a poor strategy for dealing with a painful situation (no money for Christmas gifts). The counselor summarized group comments under the term “depression” (then checked it out with the group) and gave “going back to drugs” the label “relapse.” Using labels can work well if the counselor knows that these terms are familiar to group members (are related to past discussions or instructional activities).



Drawing the map allowed group members to see the potential interdependence of depression and relapse, and then talk about effective strategies for avoiding both.



In contrast to the breadth of the map in Example #1, this map focuses more narrowly on a dynamic relationship, and makes more extensive use of “leads to” and “influence” links. Maps will and should be different, reflecting the varied nature of counseling sessions.



Just the physical act of drawing a map may be beneficial to some clients (in both group and individual sessions). This can work to focus the attention of clients whose thoughts seem to ramble from one topic to another. Individuals who appear to have an overabundance of nervous physical energy may benefit from having their hands involved in copying or drawing parts of the map. Clients who are shy or especially embarrassed may feel relieved if they can perceive that a map—and not they—are the focus of discussion.