

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

As Included in NREPP



MAPPING NEW ROADS TO RECOVERY

**A self-paced training manual designed for substance abuse
counselors and case workers interested in node-link mapping**

**D. F. Dansereau, S. M. Dees, L. R. Chatham,
J. F. Boatler, & D. D. Simpson**

**Texas Institute of Behavioral Research at TCU
(August 1993)**



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

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

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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**

Developed by

Donald F. Dansereau, Ph.D.

Sandra M. Dees, Ph.D.

Lois R. Chatham, Ph.D.

Jeannie F. Boatler, Ph.D.

and

D. Dwayne Simpson, Ph.D.

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Institute of Behavioral Research
Texas Christian University
P.O. Box 298740
Fort Worth, TX 76129
(817) 921-7226
(817) 921-7290 (FAX)
Email: ibr@tcu.edu

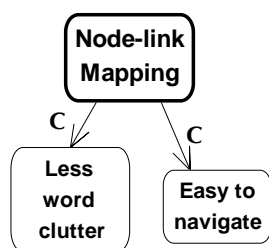
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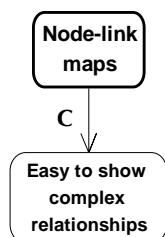


(C = characteristic)

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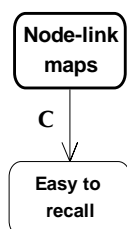
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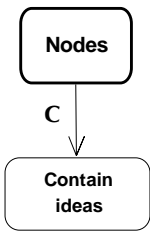
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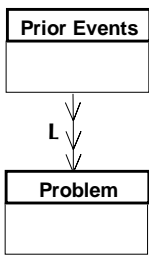


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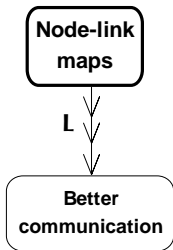
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Preface

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*).

Acknowledgments

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.

Introduction to Mapping

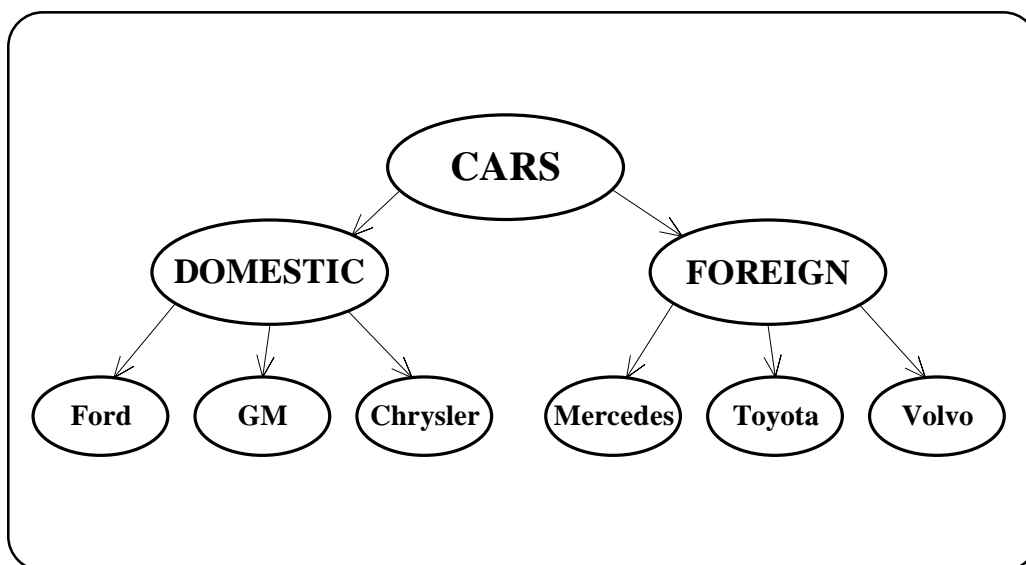
In this chapter we will introduce **“mental roadmaps,”** discuss why you should use them, and describe how you can get started making them.

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).

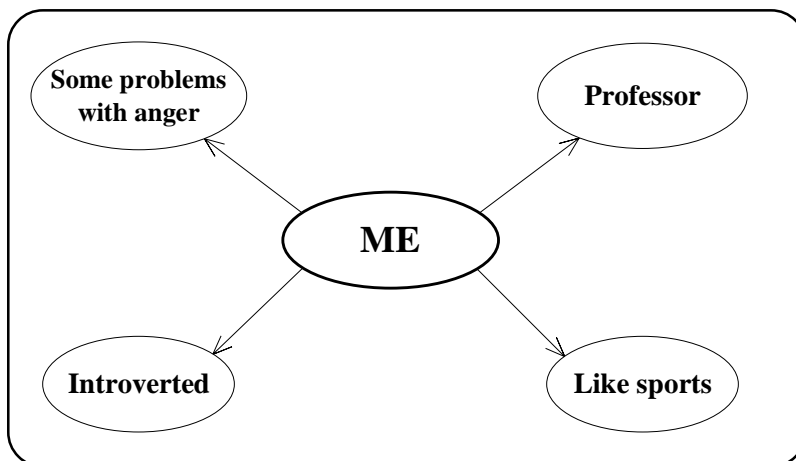
You are probably familiar with some types of mental roadmaps. For example, most people have seen diagrams like those shown here.



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

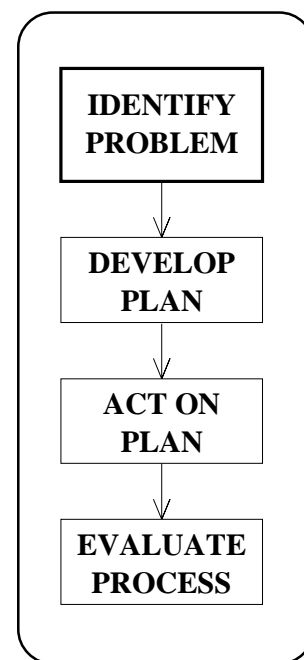
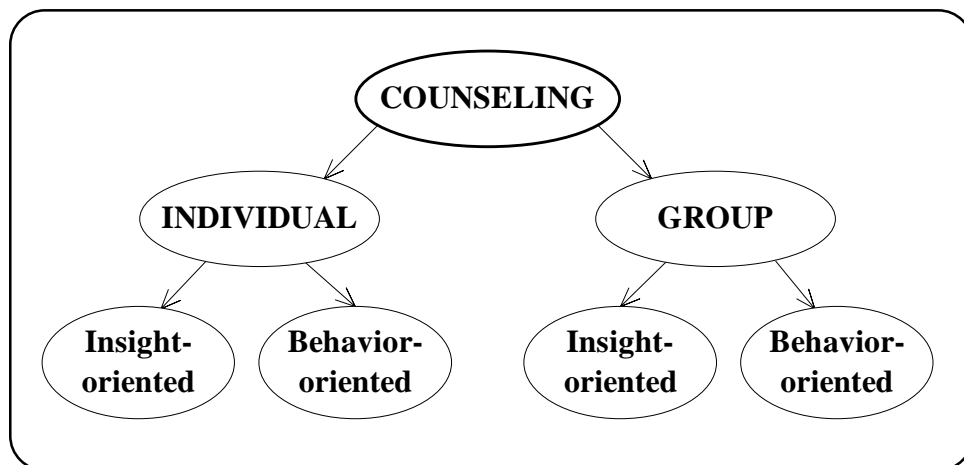
actions, and feelings rather than towns and cities. The links between the circles represent relationships, such as **“types”** (e.g. one “type” of car is domestic), rather than highways and dirt roads.

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).

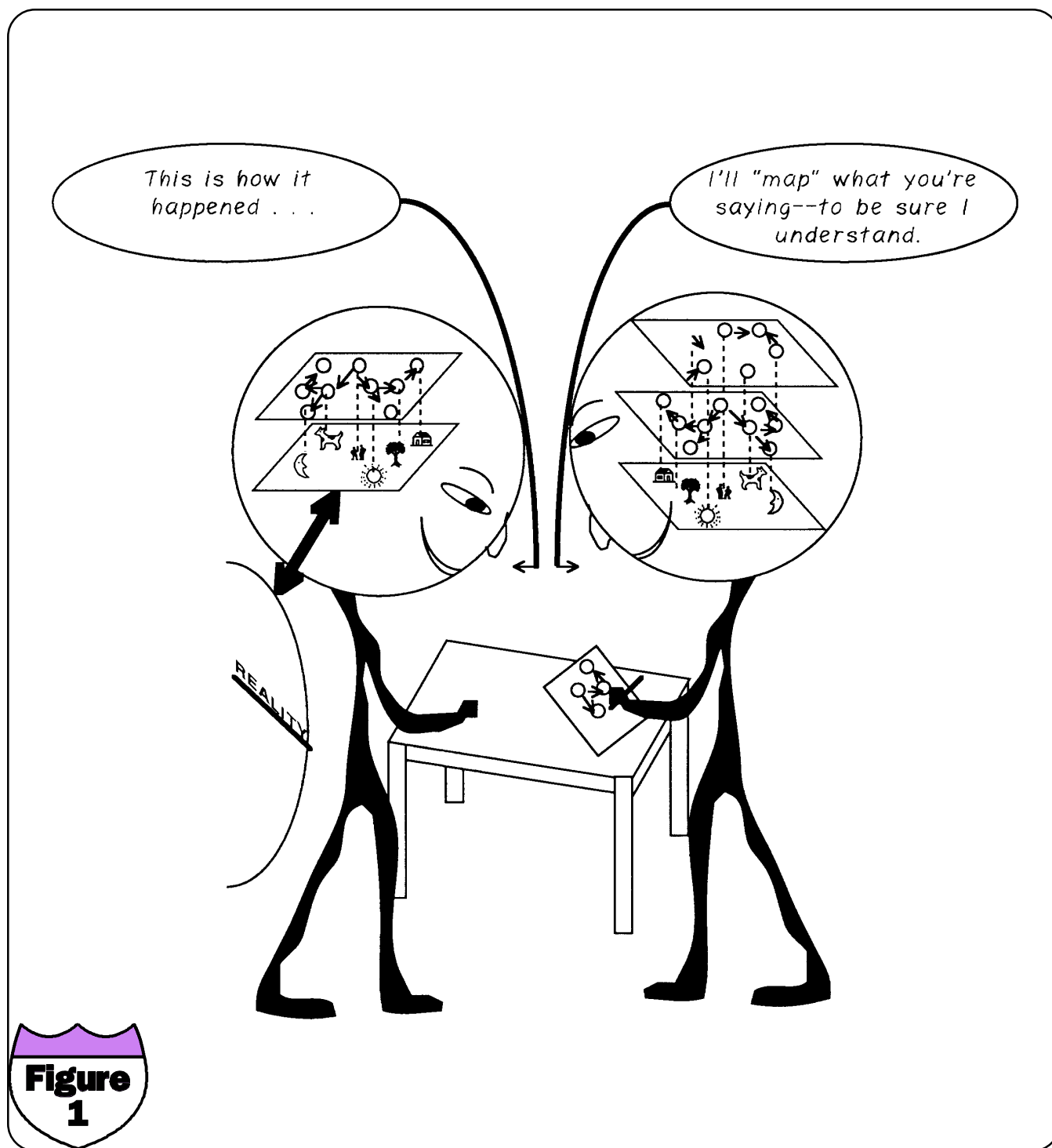
Although natural language is a powerful tool, it is greatly limited by the fact that it's linear. That is, words in sentences need to be spoken, heard, or read one after another. The sequence is fixed and one-dimensional.

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.



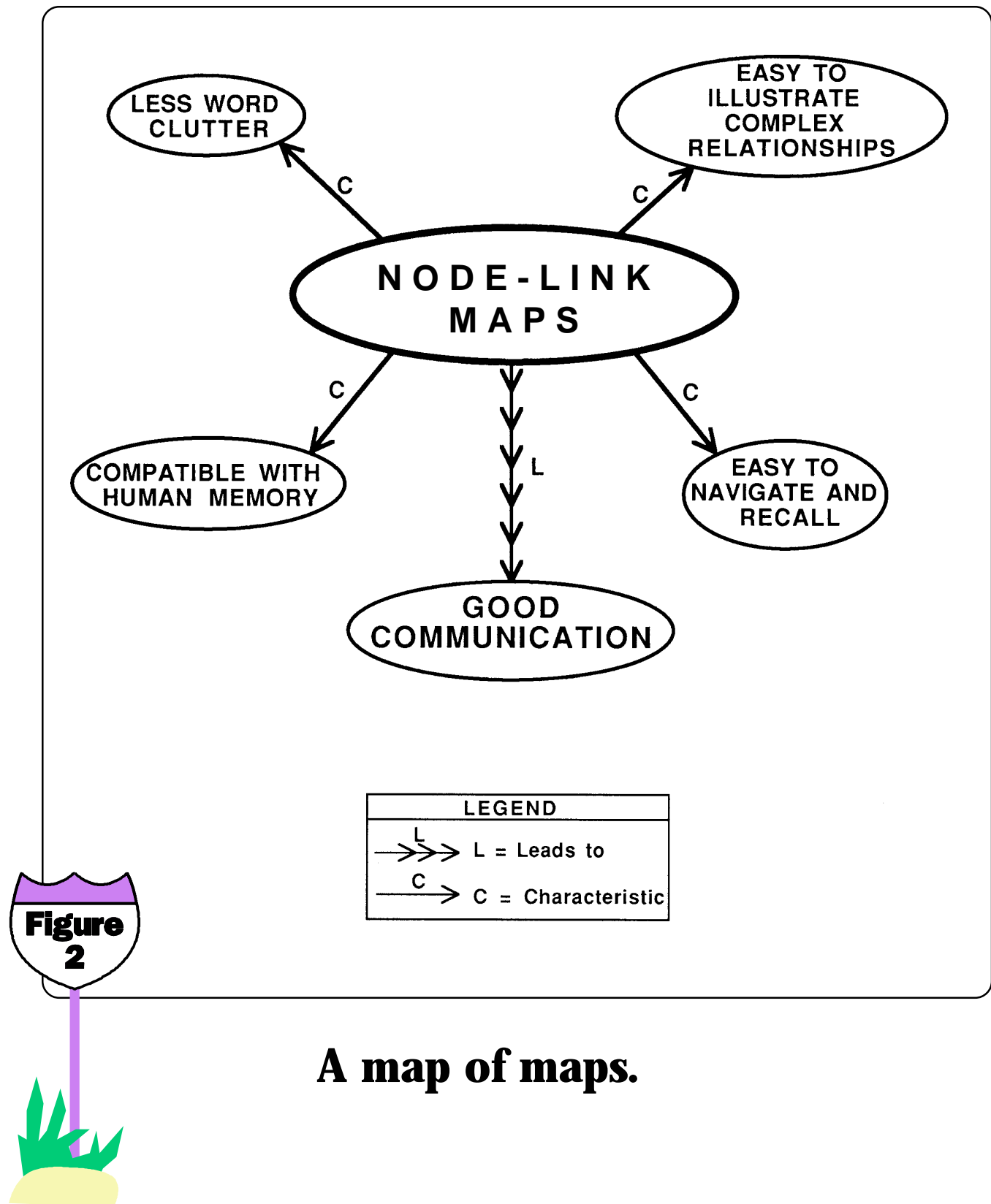
Maps can easily show complex relationships. One of the major dilemmas experienced by most speakers and writers is their desire to express two ideas at the same time and to show their relationships. Although impossible in language, this is easy to do in maps because of their two-dimensionality. Many complicated 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.





Research findings confirm mapping as an important tool

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.

How Do You Do Simple Mapping?

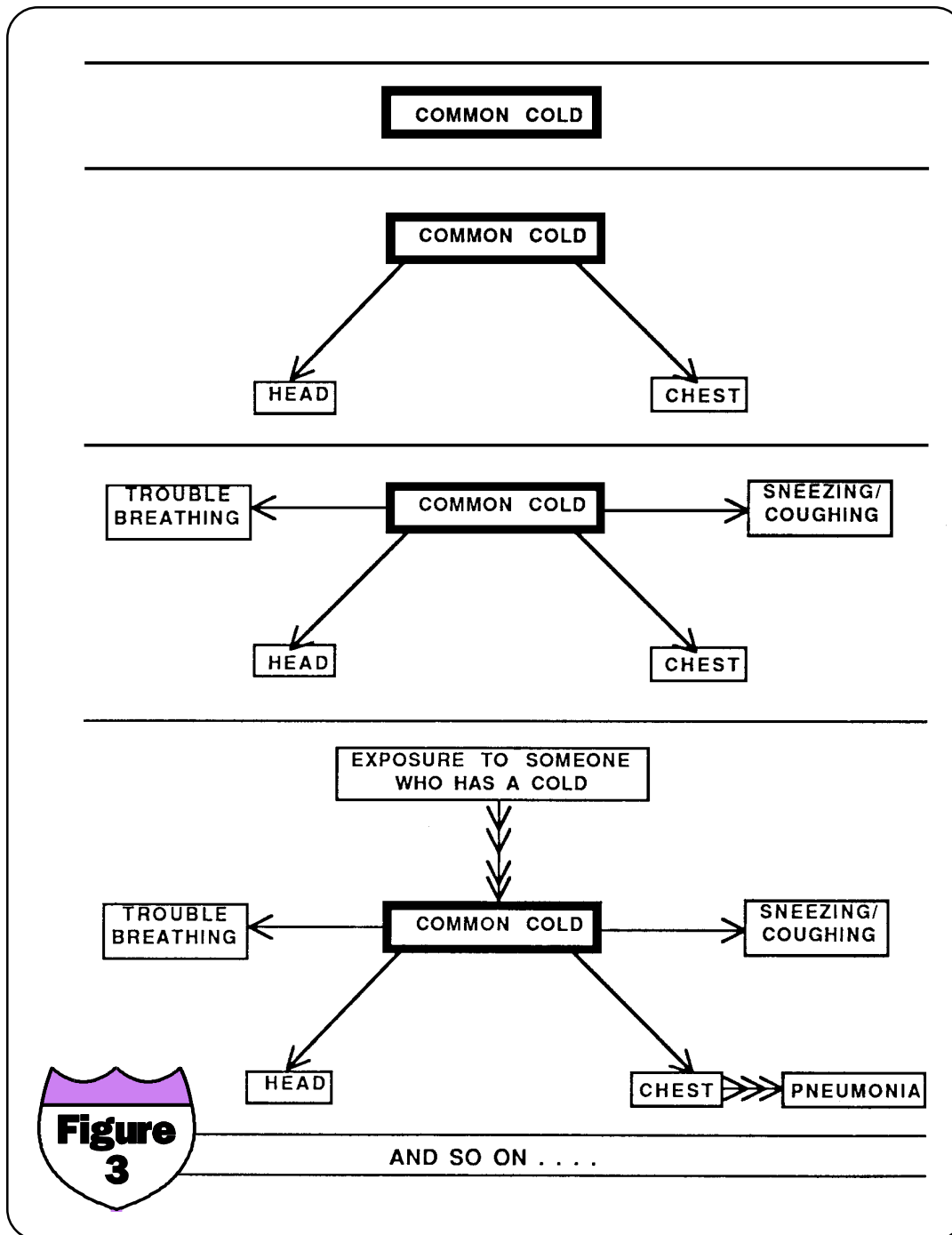
In this section, we are going to introduce you to mapping by working with very simple, common ideas. Later on you will be shown how to apply mapping to more complicated counseling situations and issues.

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.

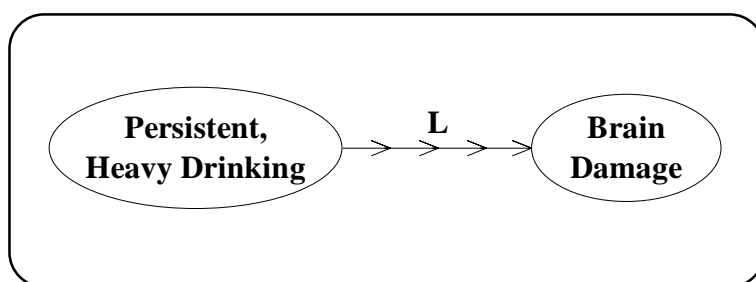
Because maps can be drawn in many different ways, you decide what form the map will take and when it is finished. Sometimes, especially if you want to use your map to communicate with someone else, it will be useful to go back and reorganize it. The mapping process illustrated in Figure 3 has been found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



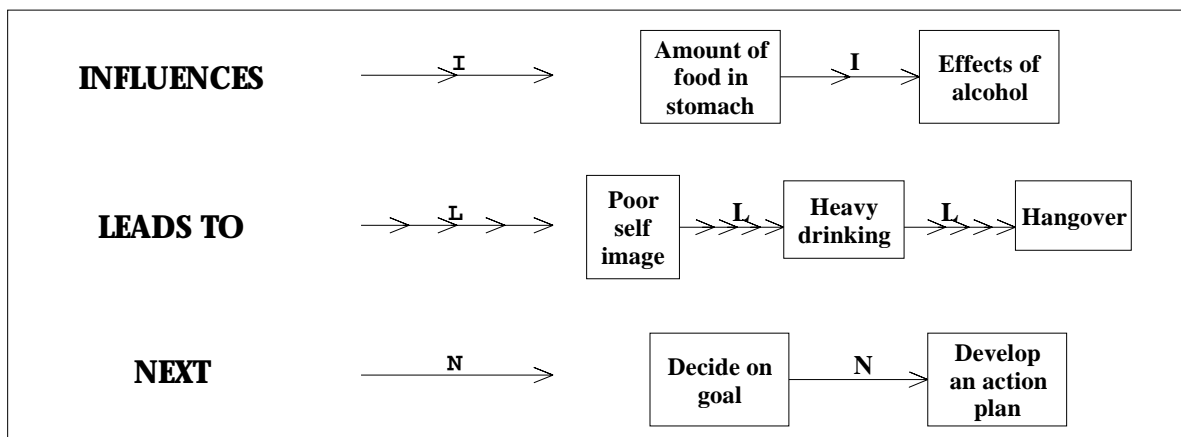
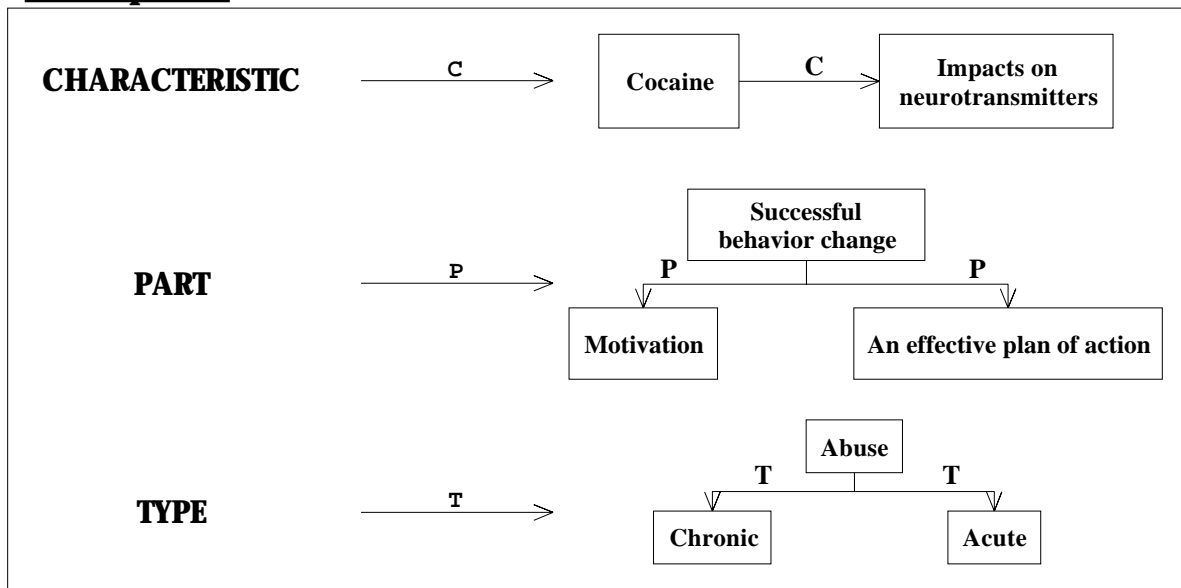
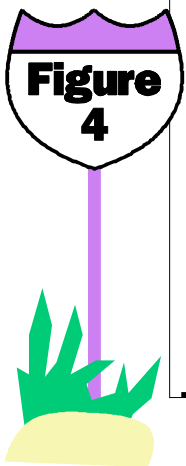
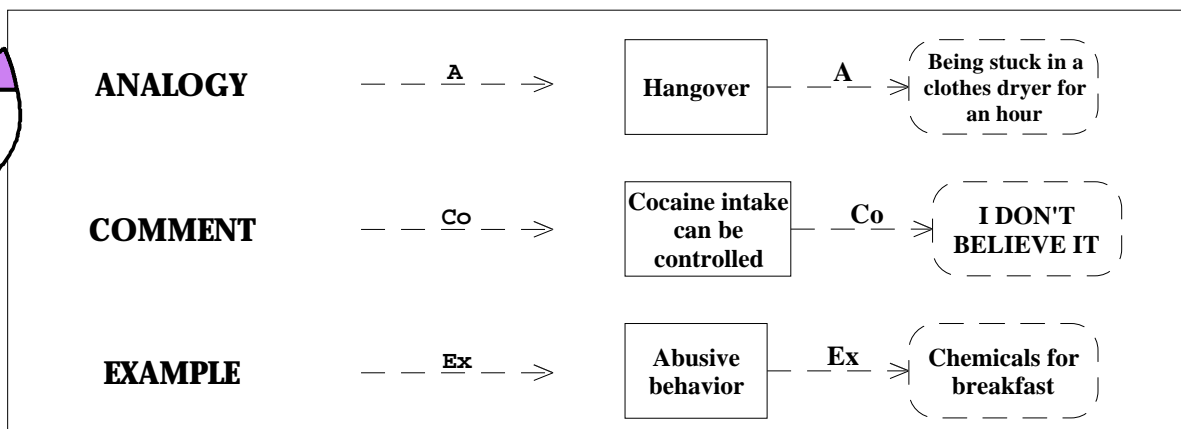
One way of naming or identifying relationships is to come up with your own names as you go along and write them next to the links or lines in your maps. This is a perfectly good

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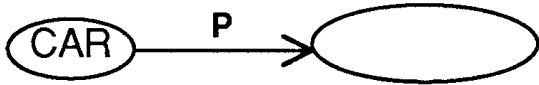
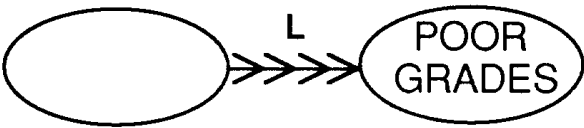
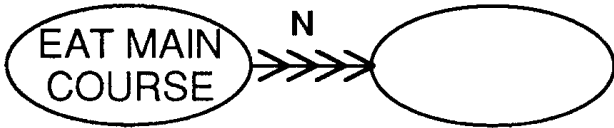
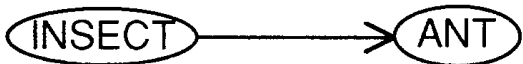
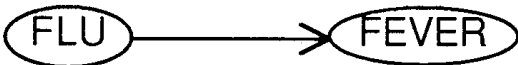
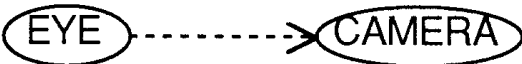
Actions**Descriptions****Illustrations****The set of links.**

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.

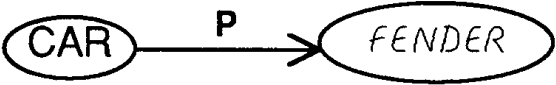
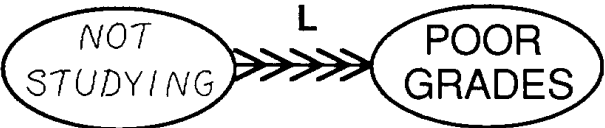
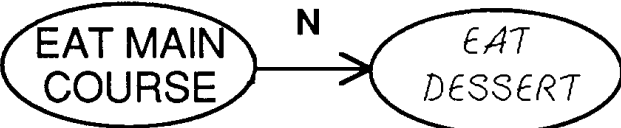
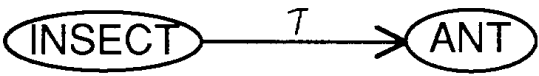
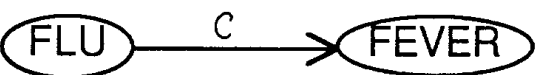
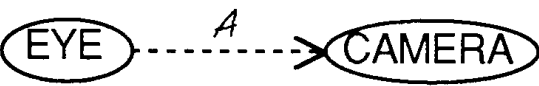
PROBLEMS

MAP	SENTENCE FORM
1. 	
2. 	
3. 	
4. 	
5. 	
6. 	

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 --> 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 --> B([IMPORTANT FOR MENTAL HEALTH]) A -- C --> C([CAN BE FUN]) </pre>
9. A condor is a type of American vulture.	<pre> graph TD A([AMERICAN VULTURE]) -- T --> 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 --> B([FRONTAL DISPLAY]) A -- T --> 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"TM-style. Here is a possible scenario (see figure 5 on following page).

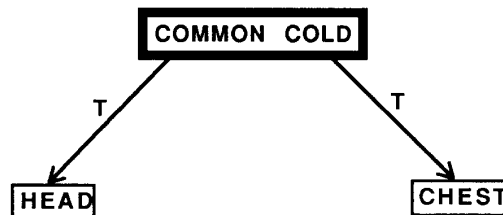
We could use the rest of the **link types** to ask additional questions about the common cold and expand our map. It could be elaborated even further by asking **link questions** about some of the other nodes we have added. Our research with this technique indicates that it is an excellent method for 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.

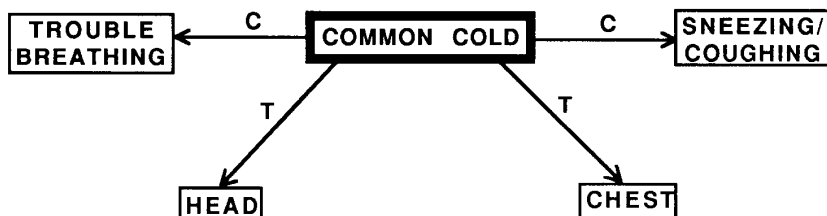
COMMON COLD

Ask:

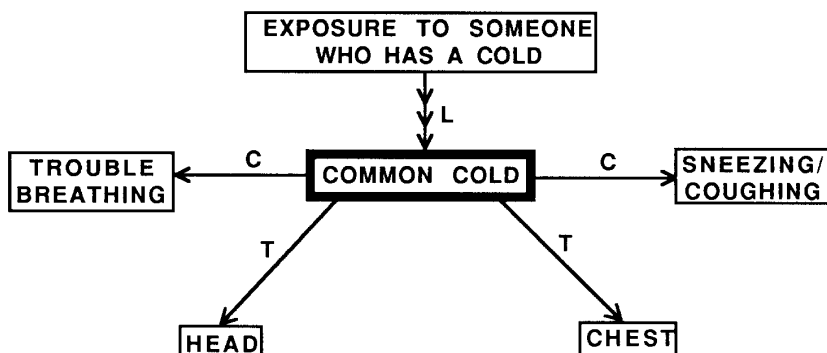
"What are some types of colds?"



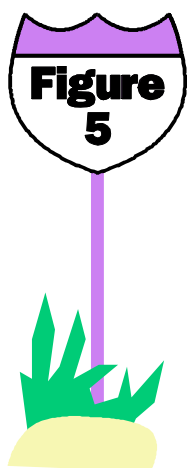
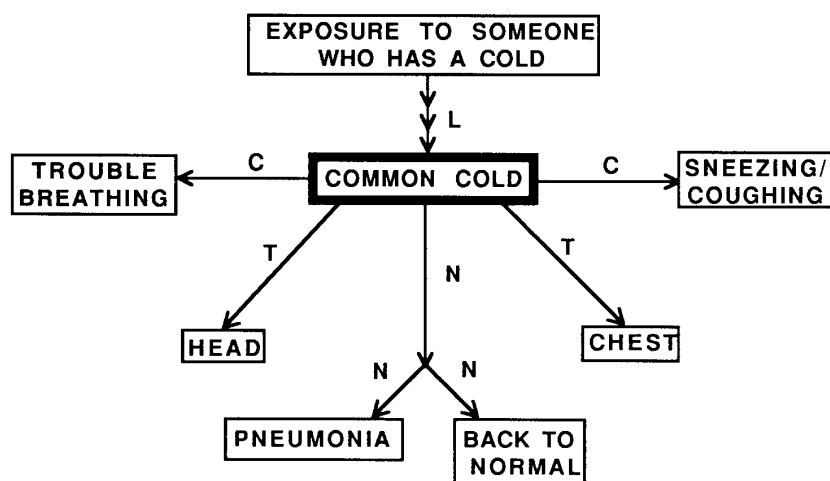
"What are some general characteristics of colds?"



"What leads to having a common cold?"



"What happens next when you have a cold?"



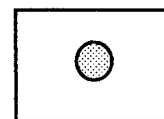
Mapping a “cold” using link questions.

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.



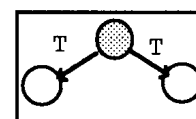
Intuitive leaps are encouraged. Sometimes ideas emerge that do not seem to have a direct link with the node you are working on. Jot down these off-shoot ideas and use them as possible starting nodes for other sections of the map. Use this technique as a rough guideline; this type of mapping does not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

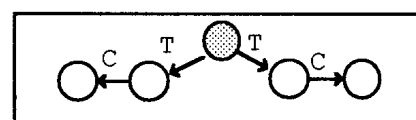


2. Ask the following questions and
draw the answers on the map.

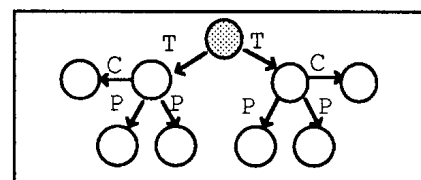
- › Can this node be broken down into
different types?



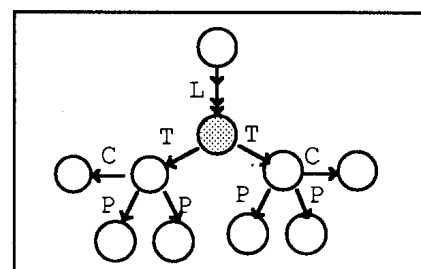
- › What are the characteristics of
each type?



- › What are the important parts of
each type?



- › What led to the starting node?



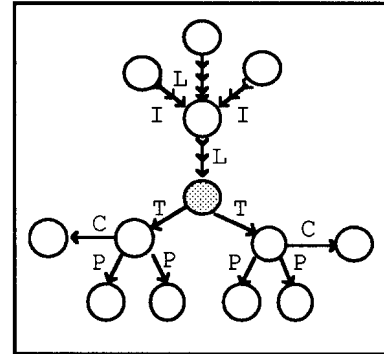
**Figure
6**



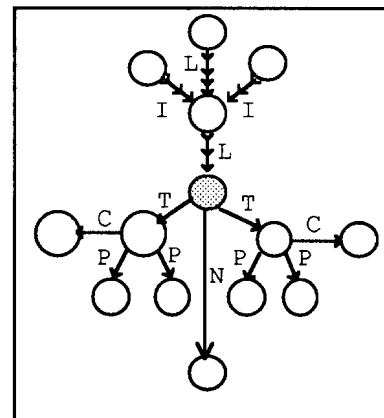
Growing a map using the link-guided technique.

(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).



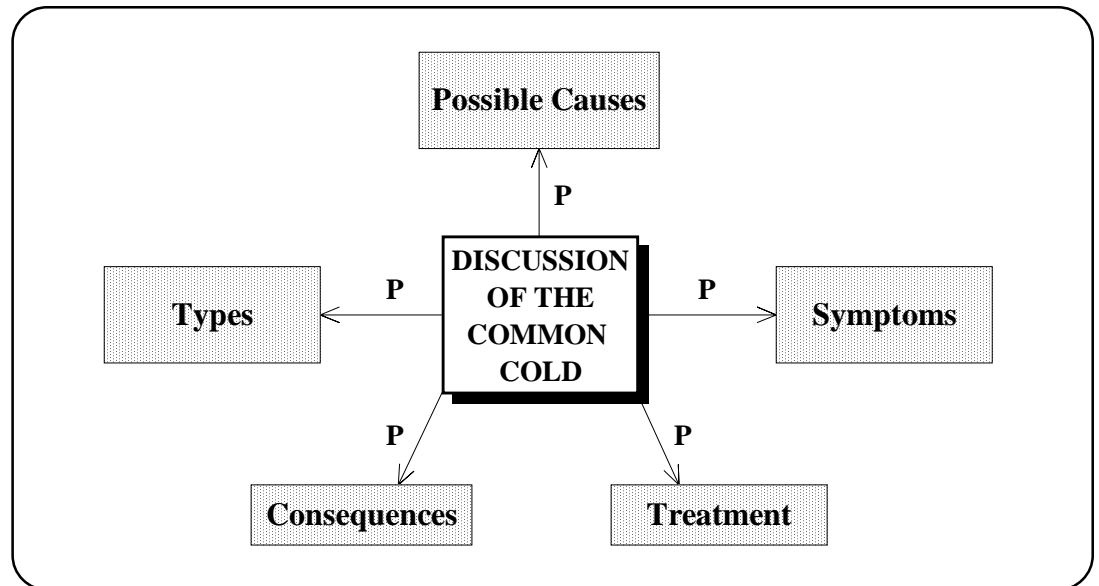
IMPORTANT: Be flexible in asking and answering the above questions; there is no one correct way of doing it. You need to tailor your maps to the specific topic, your purpose, and your style.

- 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.

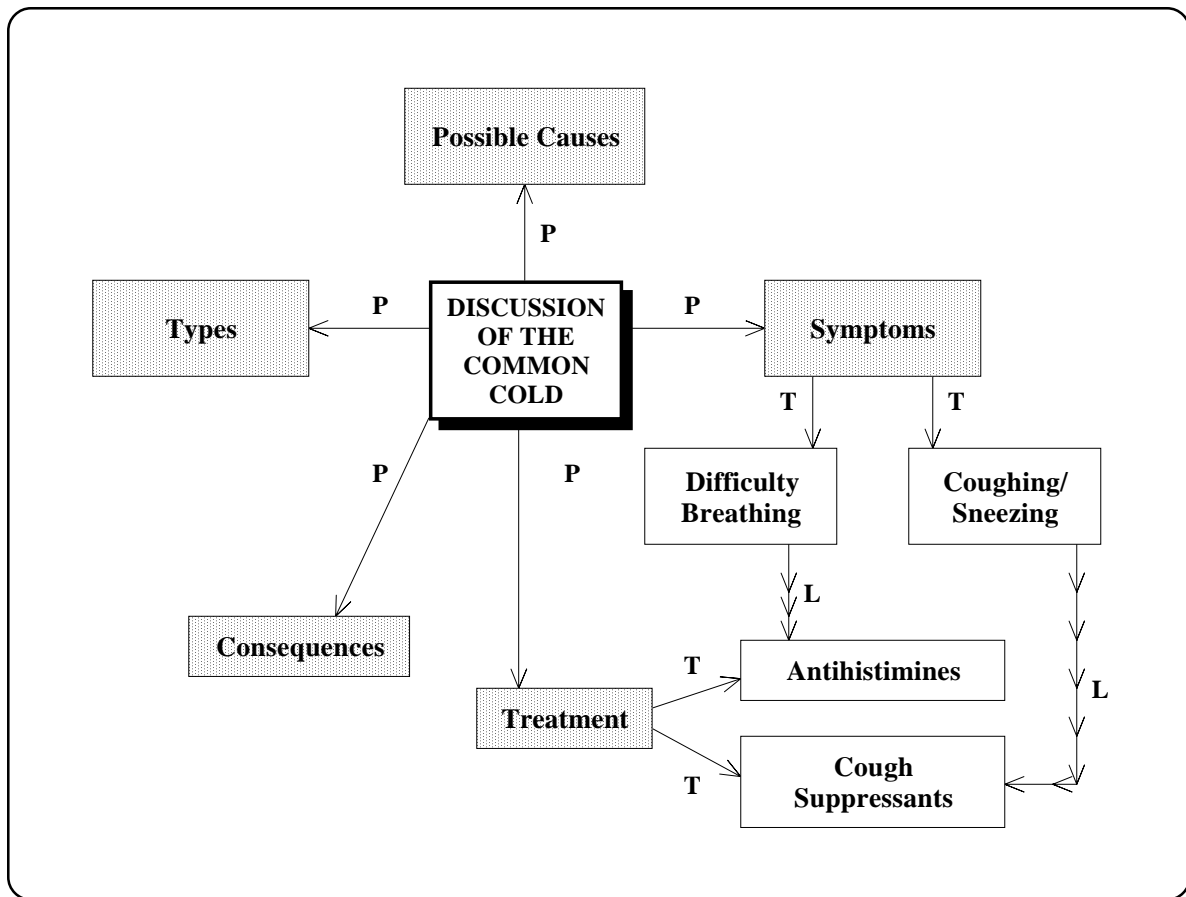
**Figure
6**

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.



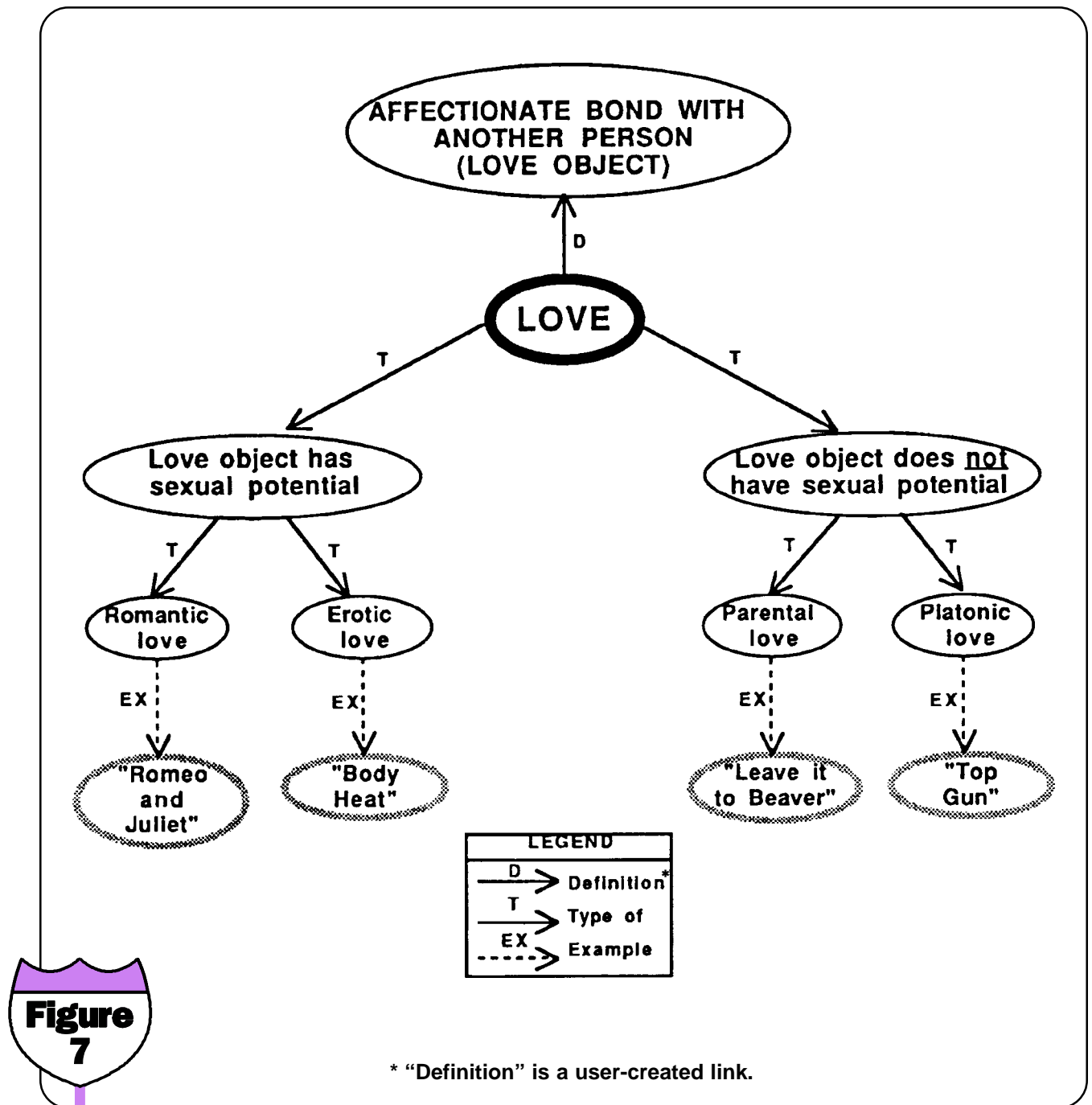
Additional link questions can be answered to “flesh out” the remainder of the map.

Chapter Summary

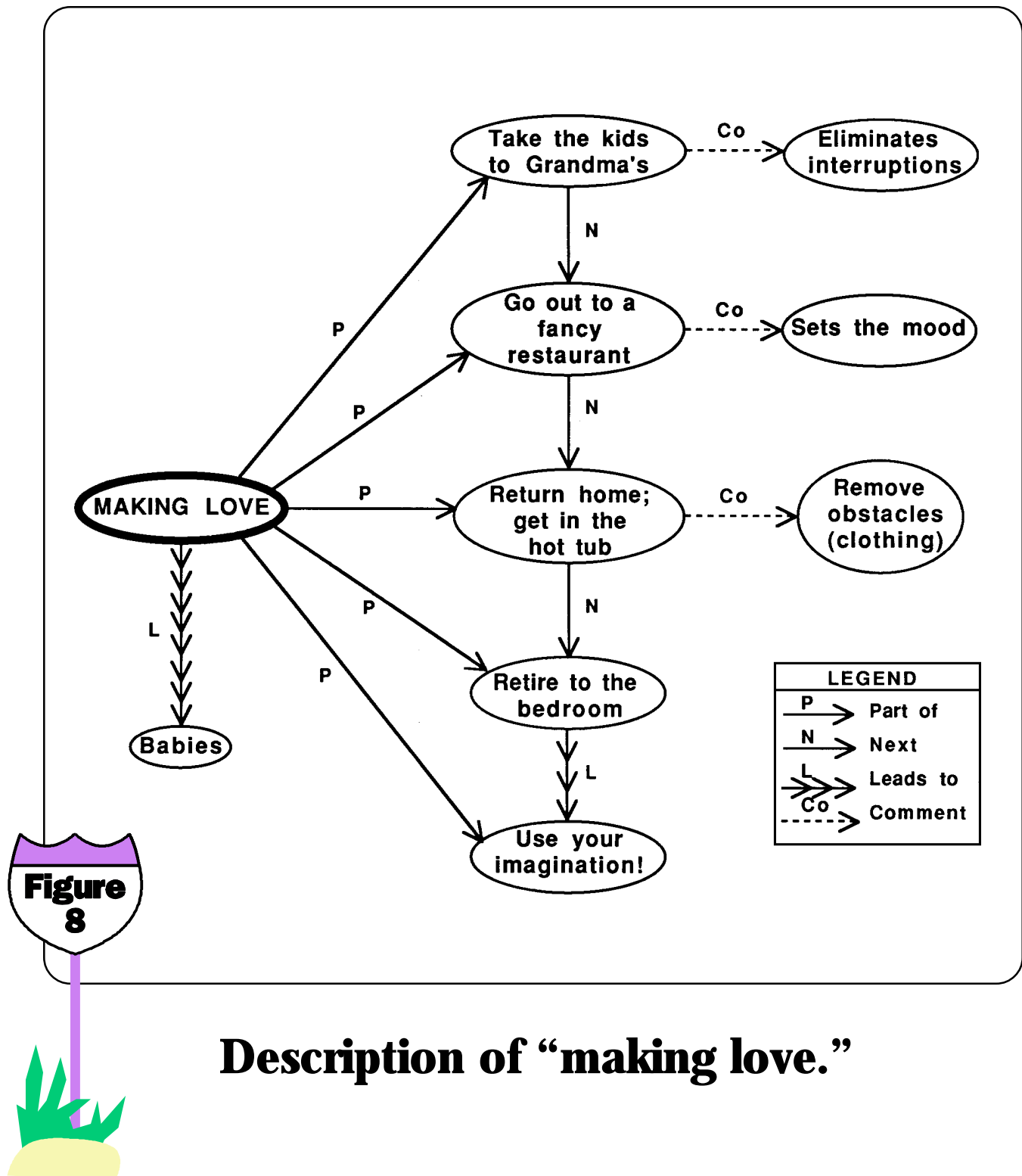
The purpose of this chapter was to explain the What, Why, and How of simple node-link mapping. In the next chapters, you will be guided through more specific applications of mapping to counseling situations. The practice exercises in the present chapter and in Appendix C can serve as refresher material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



“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).

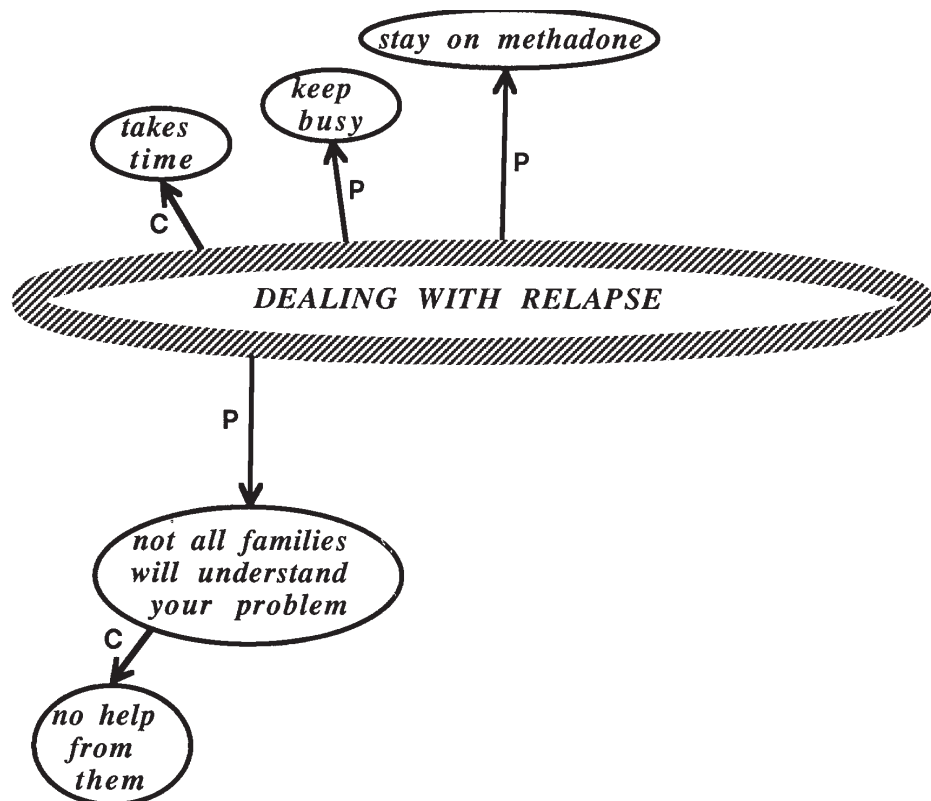
Group Session Example #1

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.

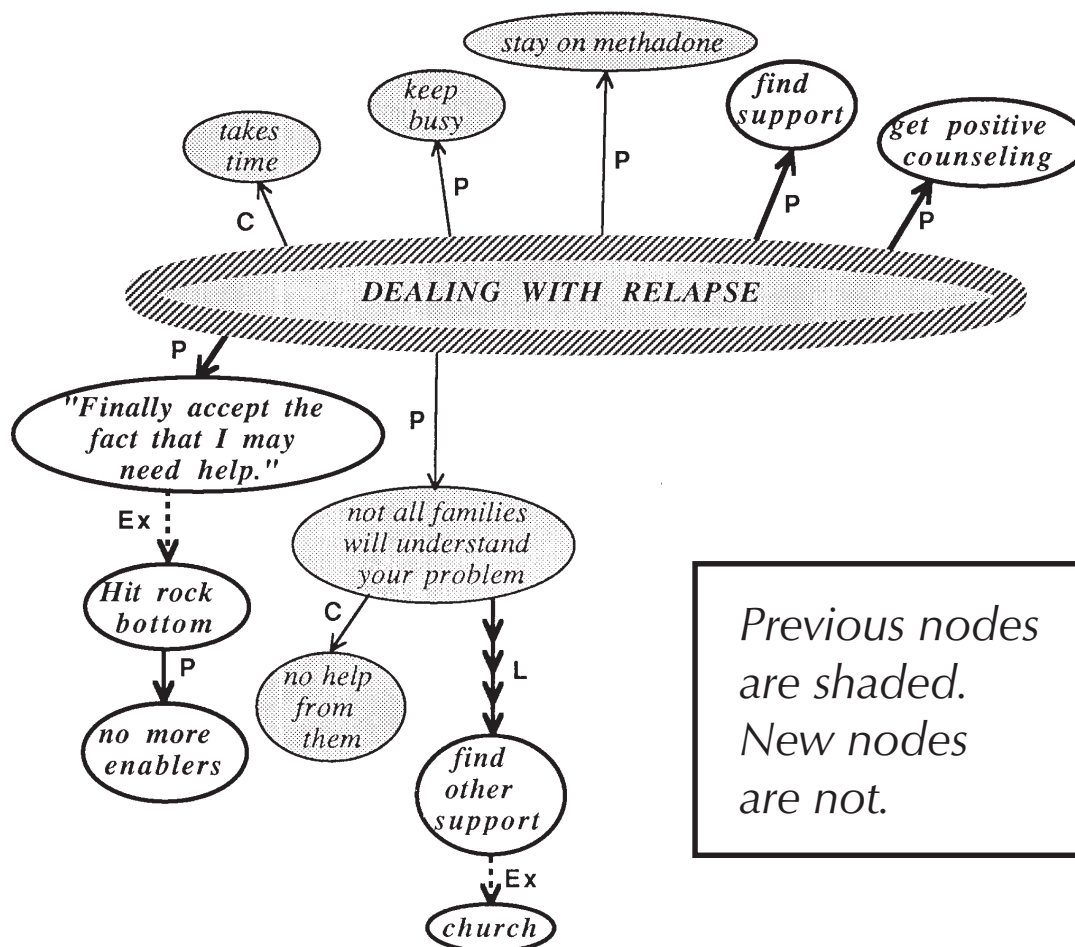
Gina: Yeah, When you hit bottom and can't con anybody into helping you up, you figure out that you need help. Maybe not till then.

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 . . .]

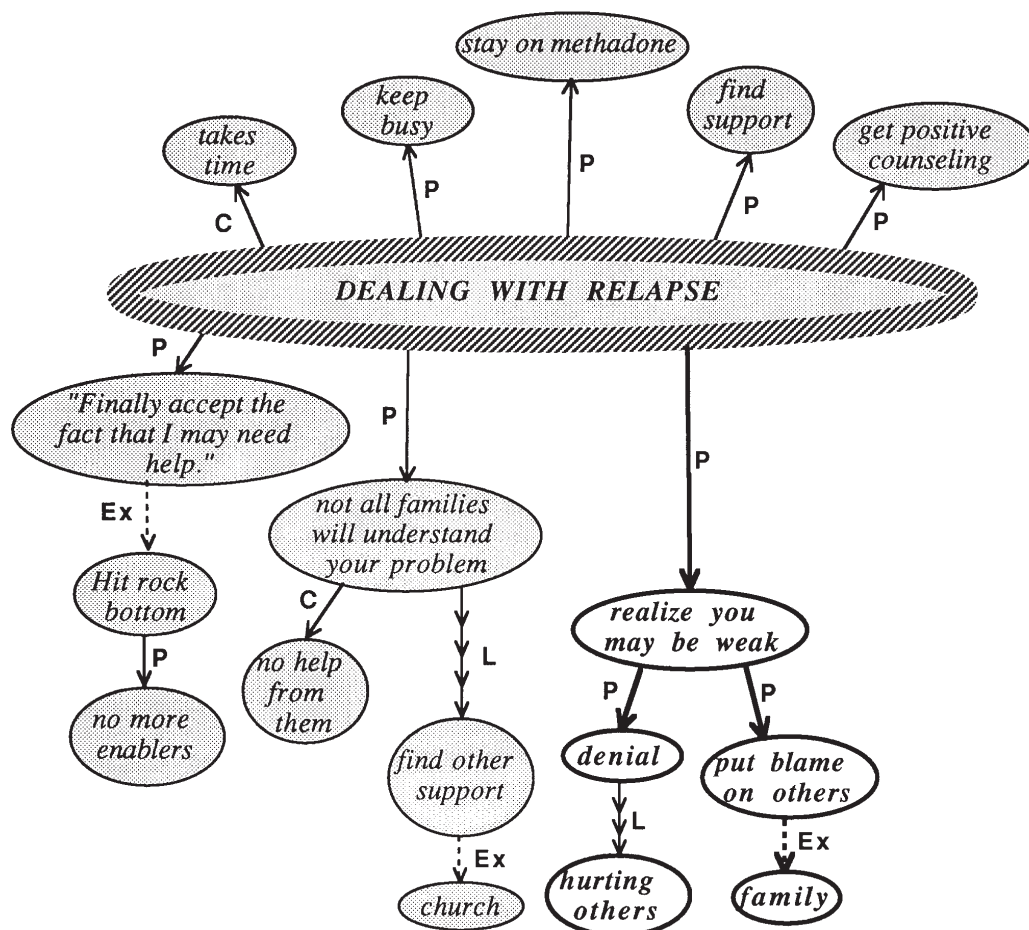
Counselor: What feelings come up when you think about a relapse?

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.

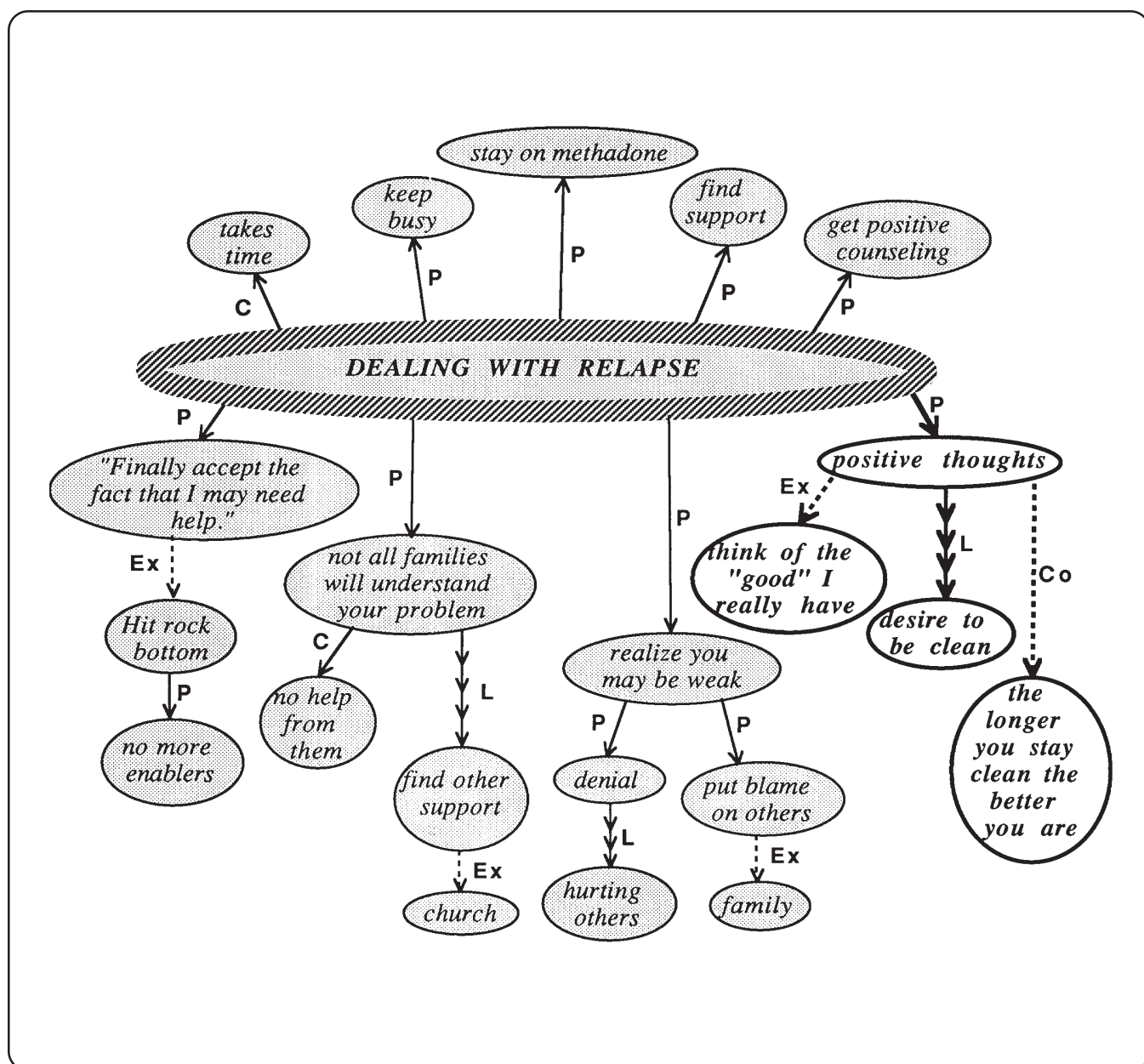
Counselor: It hurts you and it hurts others. [Referring to the chalkboard . . .] Is this what you're saying here?



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.]

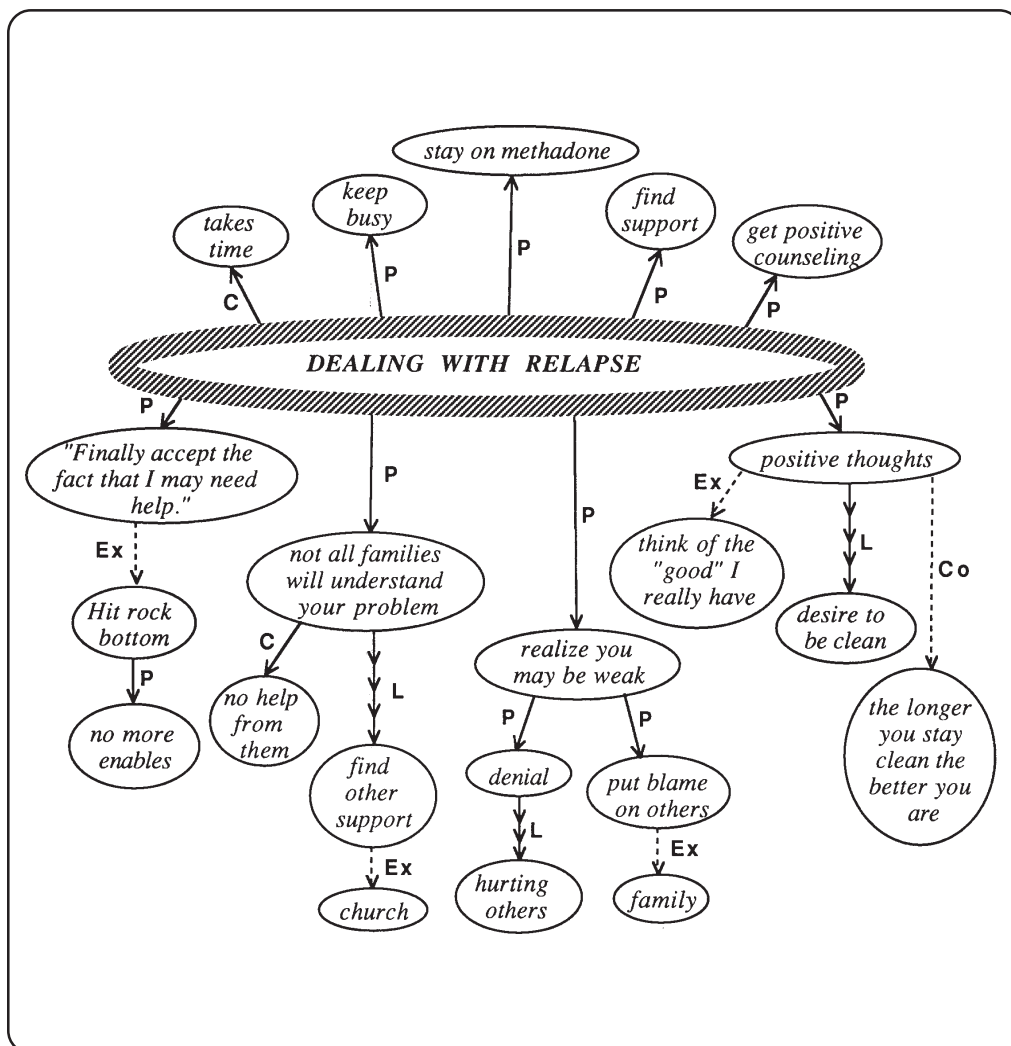
When we started this session, several of you were really concerned about relapsing. From this map of our discussion, it looks like you have some pretty clear ideas about things that need to happen if you do relapse. You know [pointing to nodes on the map for emphasis] that you can't expect to come out 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

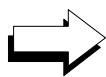
mentally accept at least two things: that you need help, and that you may be weak. But, having said that, we have over here the beginnings of your ideas about what positive thinking can do for you. Maybe we should have made the "positive thoughts" node a lot larger—that's one we really need to spend 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.

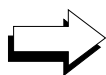


Group Session 1 — Whole Map.

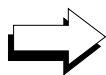
Comments on the process: group example #1



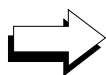
Mapping was started only after the counselor sensed strong concern about a particular issue and decided to focus the remainder of the discussion on this topic. The map was driven both by the interest and input from group members and by questions and conclusions from the counselor, increasing the opportunity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



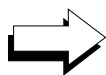
The counselor asked for verification of what was being created in the map. These kinds of questions (“Do I have this right?” “Is this what you’re saying?”) can indicate that the counselor values members’ input and wants to understand clearly what is meant.



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 . . .]

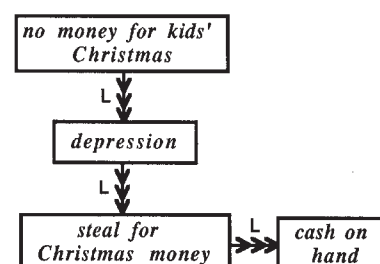
Carl: C’mon, man. You’ll get your tail busted and spend Christmas in jail. Will your kids like that?

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.]



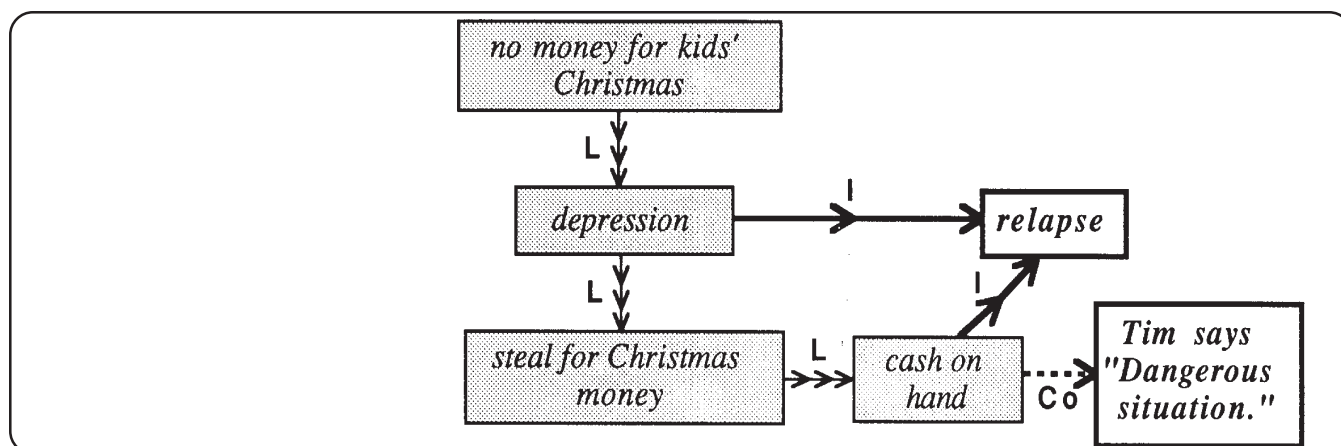
Group Session 2 — Map 1.

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.

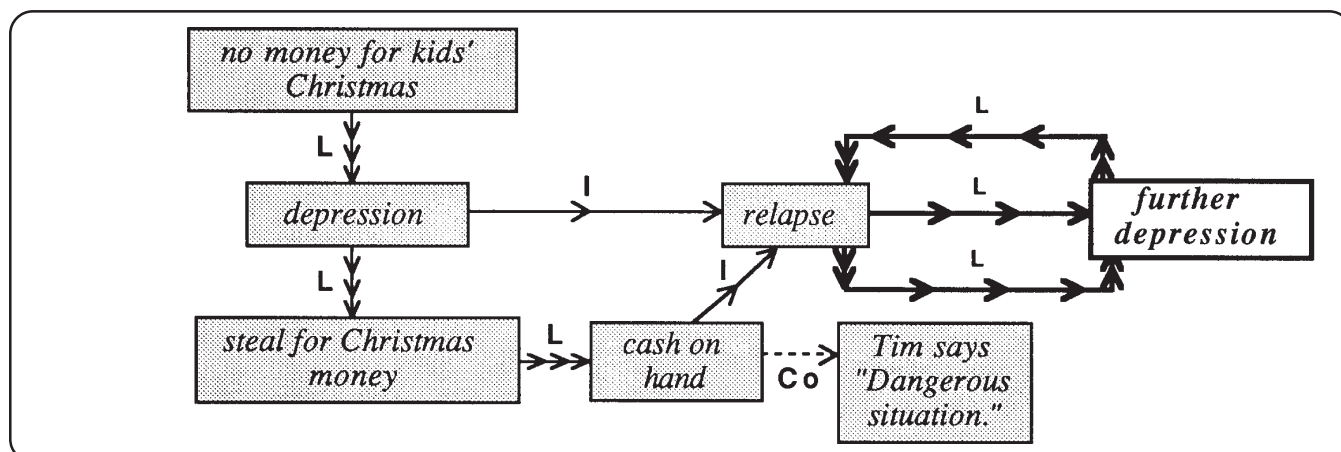


Group Session 2 — Map 2.

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

Jesse: Rotten. Worse than I do now.

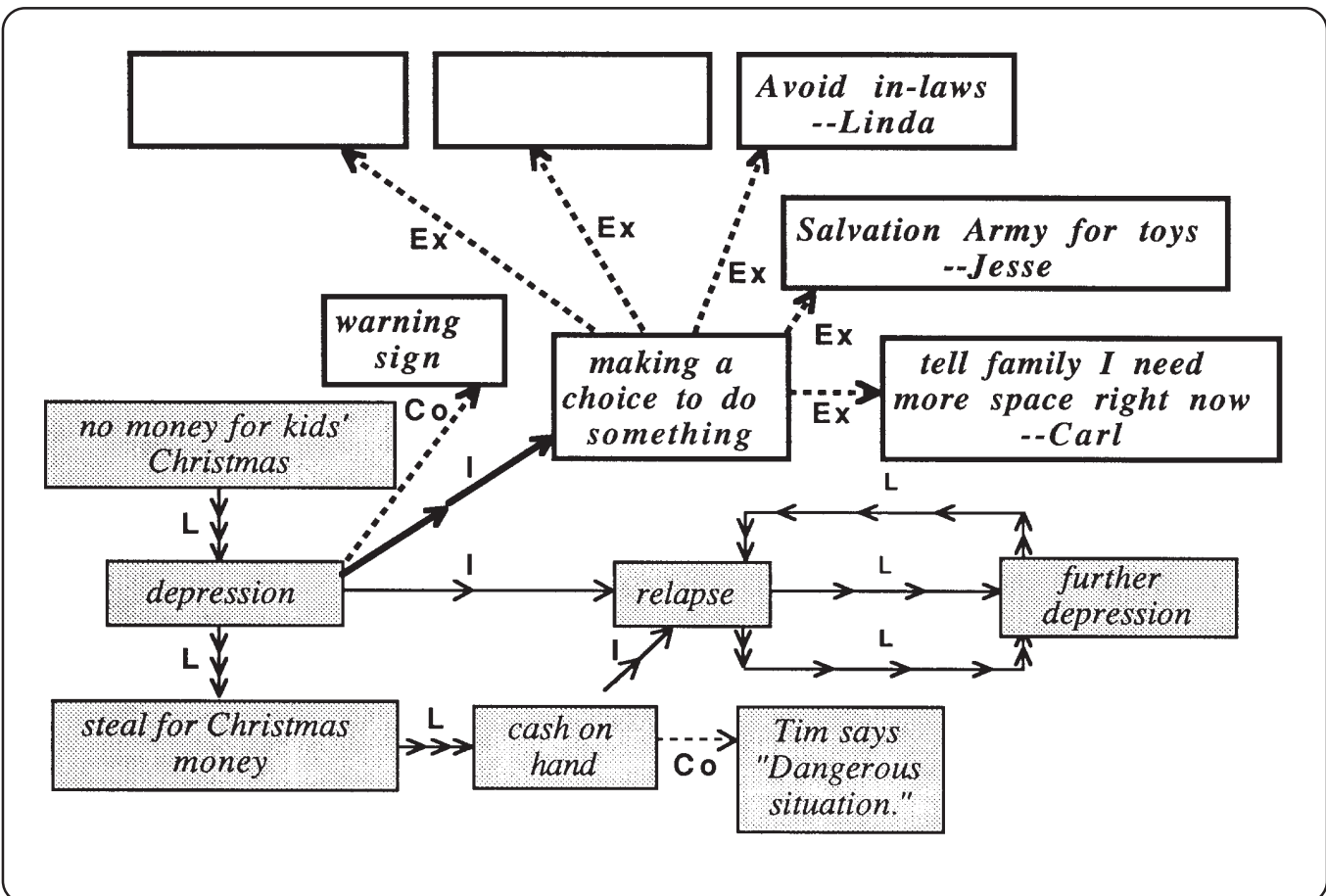
Counselor: Relapse can lead to depression and it can make that depression even worse. And the depression can keep you in relapse. It's a loop you get into and have to break out of, isn't it? Let's draw it.



Group Session 2 — Map 3.

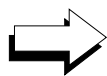
Carl: Hey, Jesse, look, if you steal, you relapse and you feel just as bad as you do now. It ain't no answer to do that.

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.

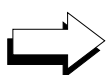


Group Session 2 – Whole Map.

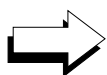
Comments on the process: group example #2



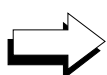
During this session, group members explored the relationship of depression to relapse, getting into the discussion by looking at a poor strategy for dealing with a painful situation (no money for Christmas gifts). The counselor summarized group comments under the term “depression” (then checked it out 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.

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

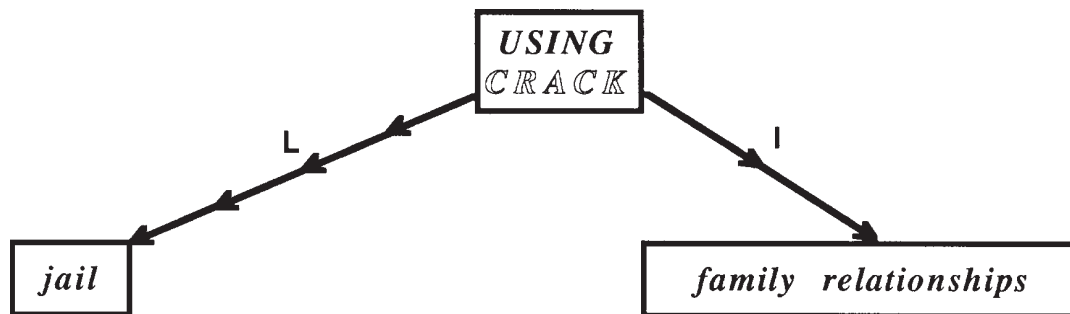
Coleta was jailed recently for using and selling crack cocaine. She has for the last 30 minutes been telling her counselor how hard it is to stay clean, how much she misses feeling like “everything is okay,” and how boring her job is. She can see some good things happening—she’s getting along better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



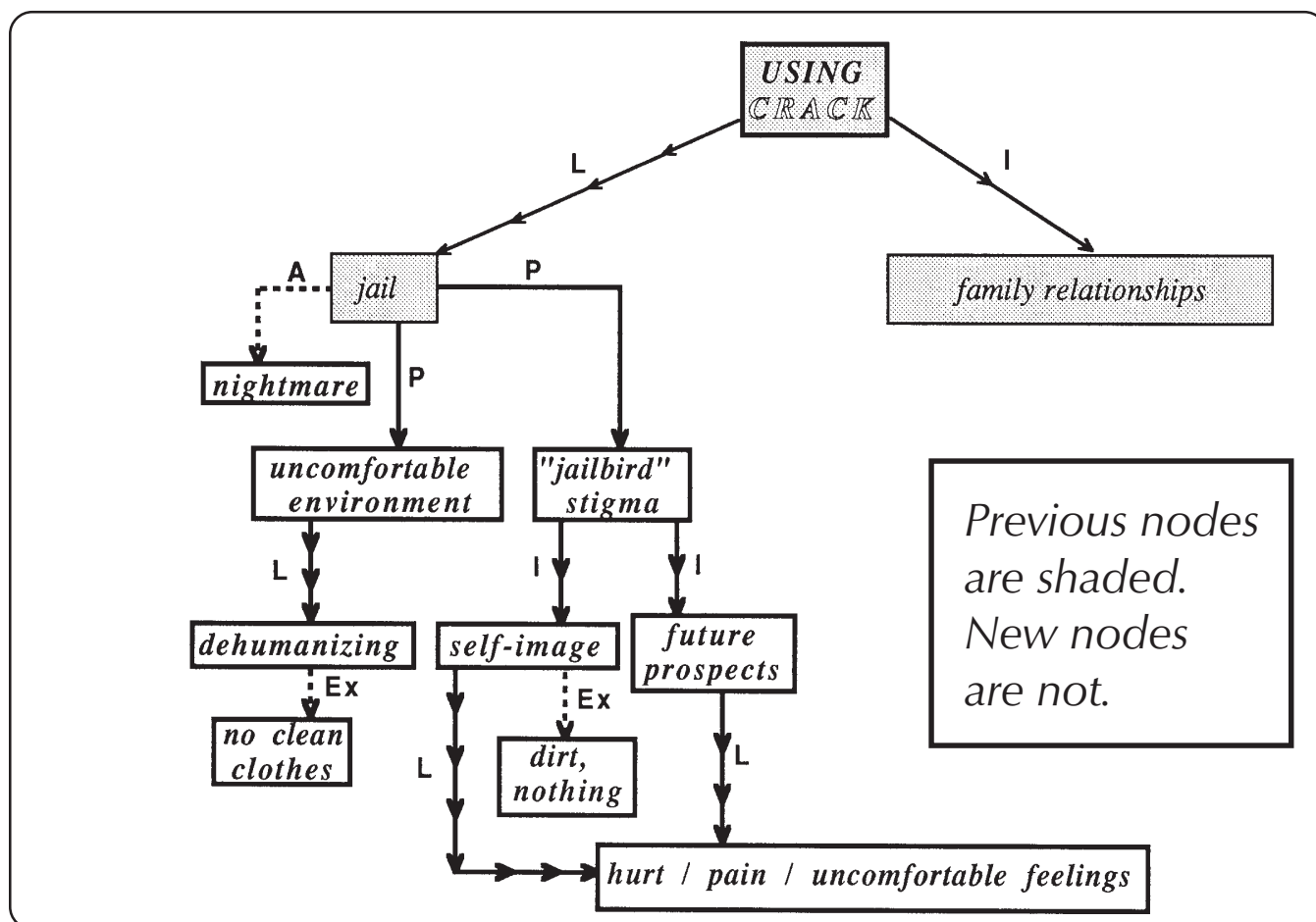
Individual Session 1 — Map 1.

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.*

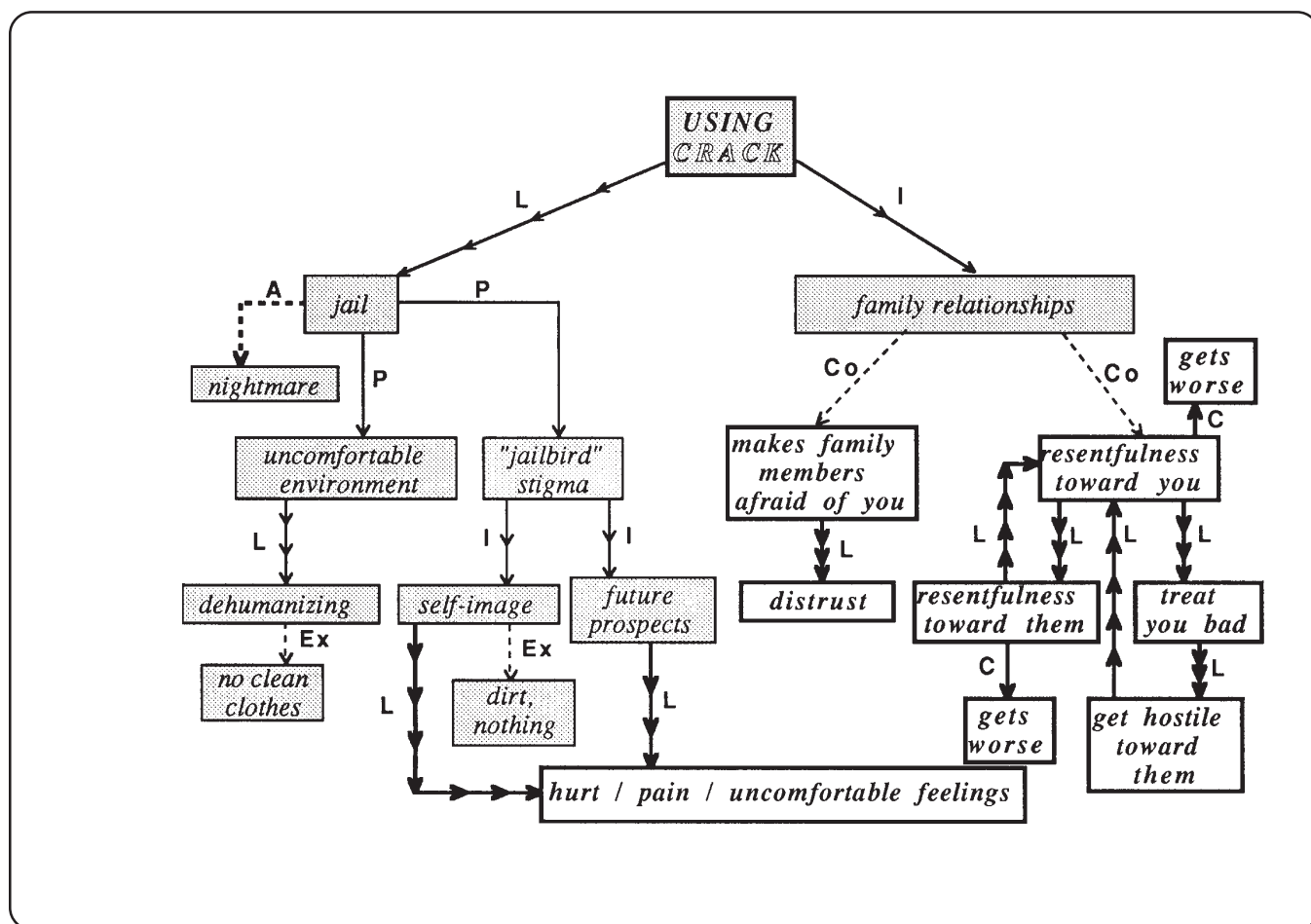
Counselor: [After Coleta has been silent for a time]: **What about family relationships? Will using crack again affect how your family feels about you?**

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.*

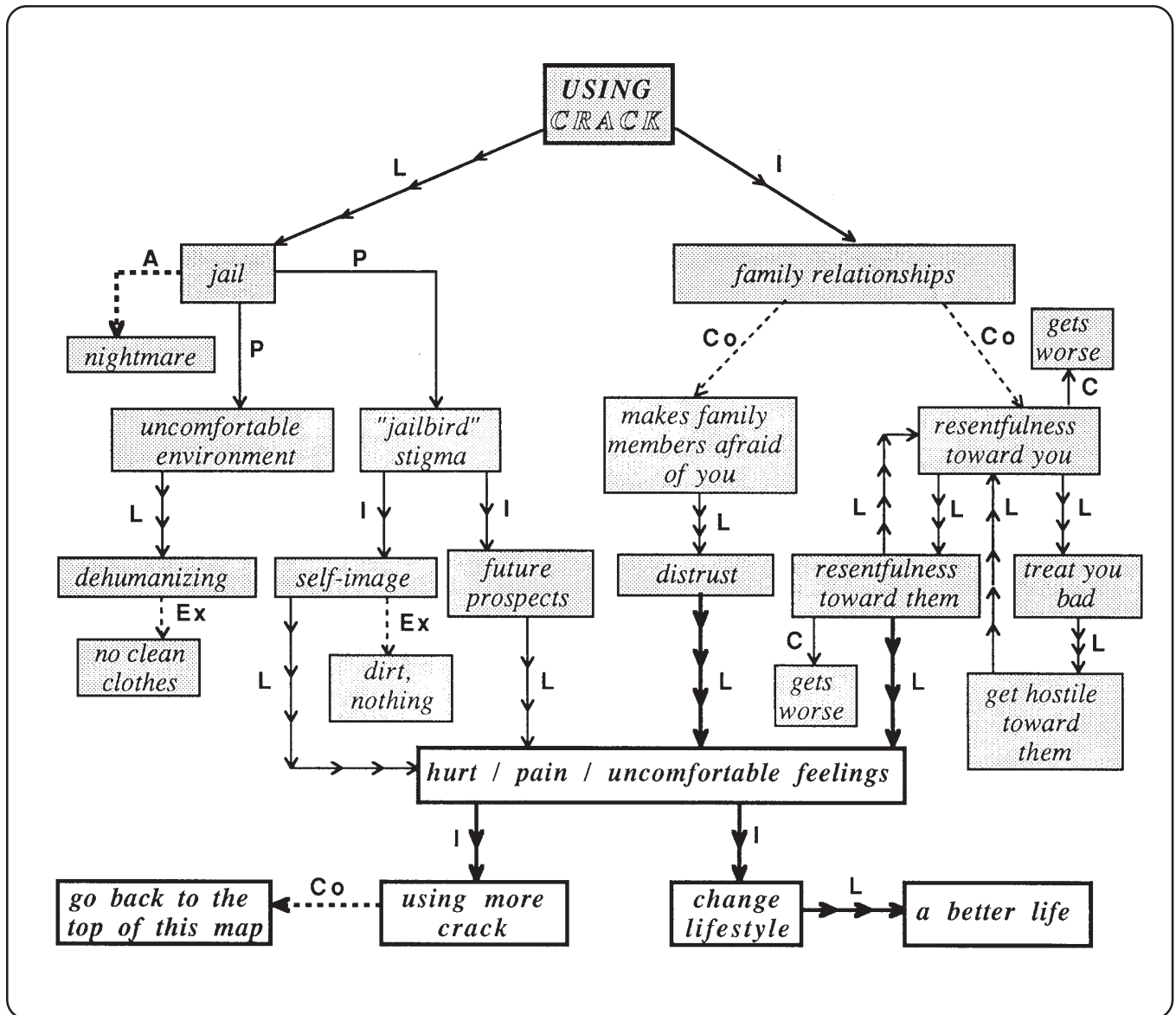
Counselor: **So there’s a choice here. I’m using an “influence” link, not a “leads to”—you have a choice. You deal with pain by using crack again or you choose to change the way you live and go for something better.**

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 . . .**

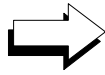
Coleta: *No. I’m not going back [looking at map]. No way.*

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

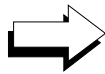


Individual Session 1 – Whole Map.

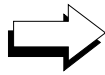
Comments on the process: individual example #1



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."

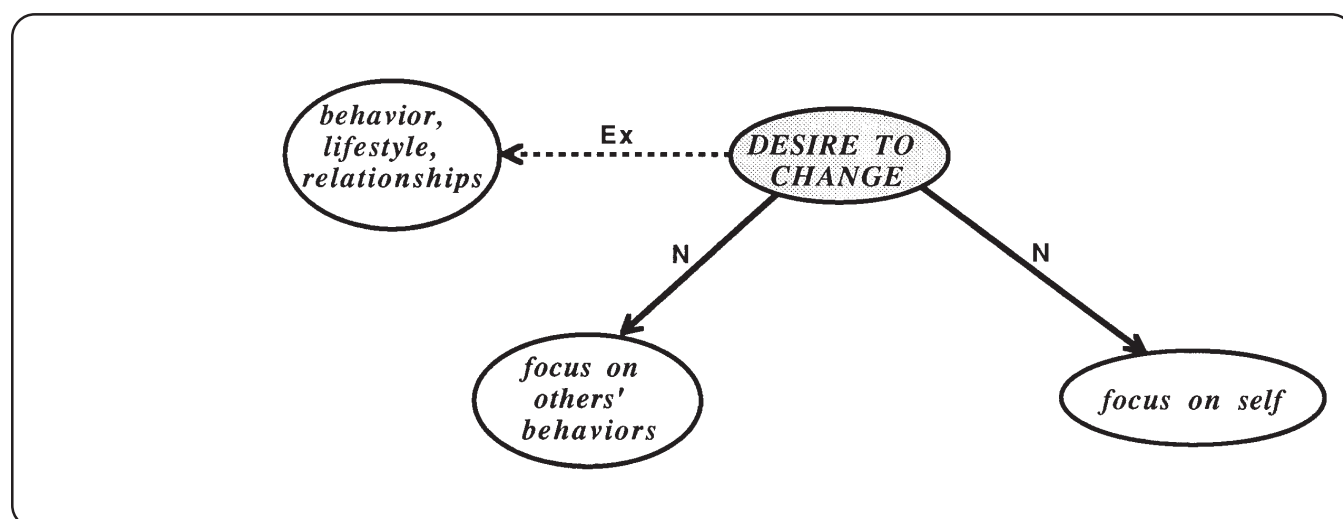
Counselor: Jim, why are you coming to this clinic?

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.

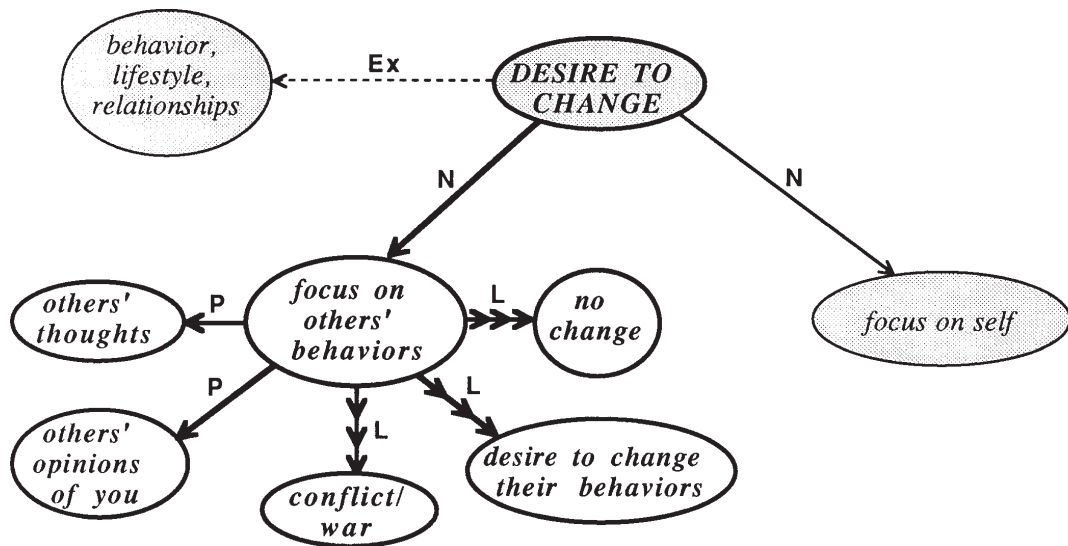
Counselor: So, other people don’t always think the same way you do—and they don’t always have very good opinions of you. What can that lead to?

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?

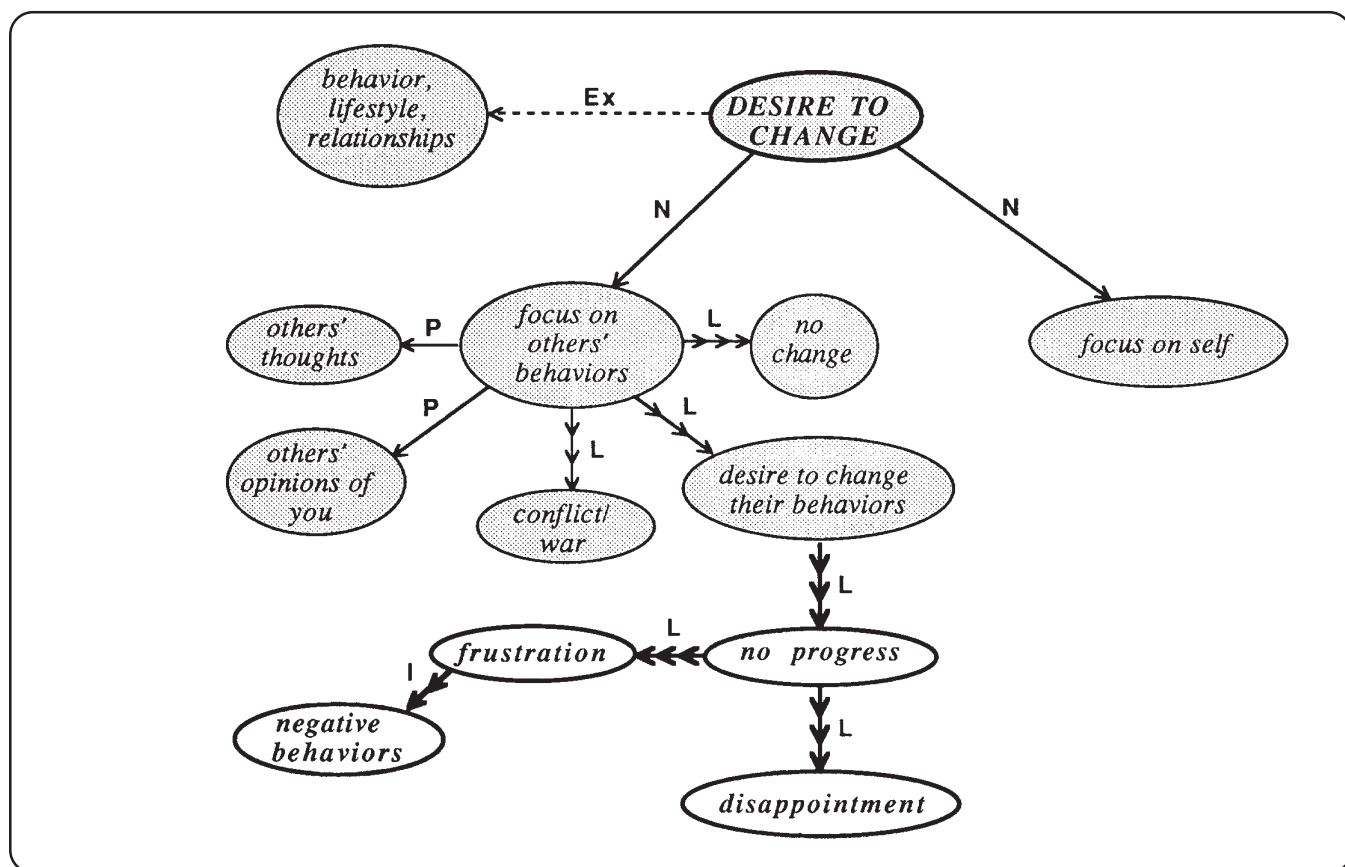
Carl: None. Zip. Nobody even listens to me. Nobody gives a damn.

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.

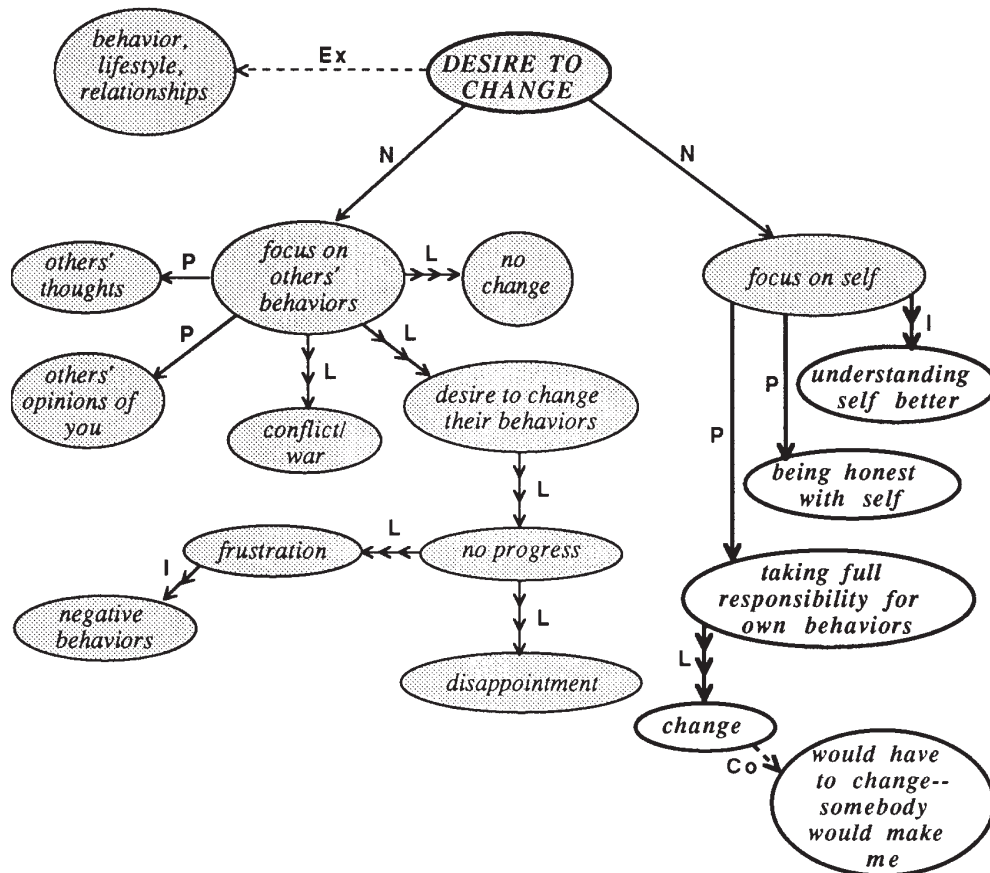
Counselor: What would taking responsibility do for you? [Adds to map but looks up several times for eye contact.]

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?



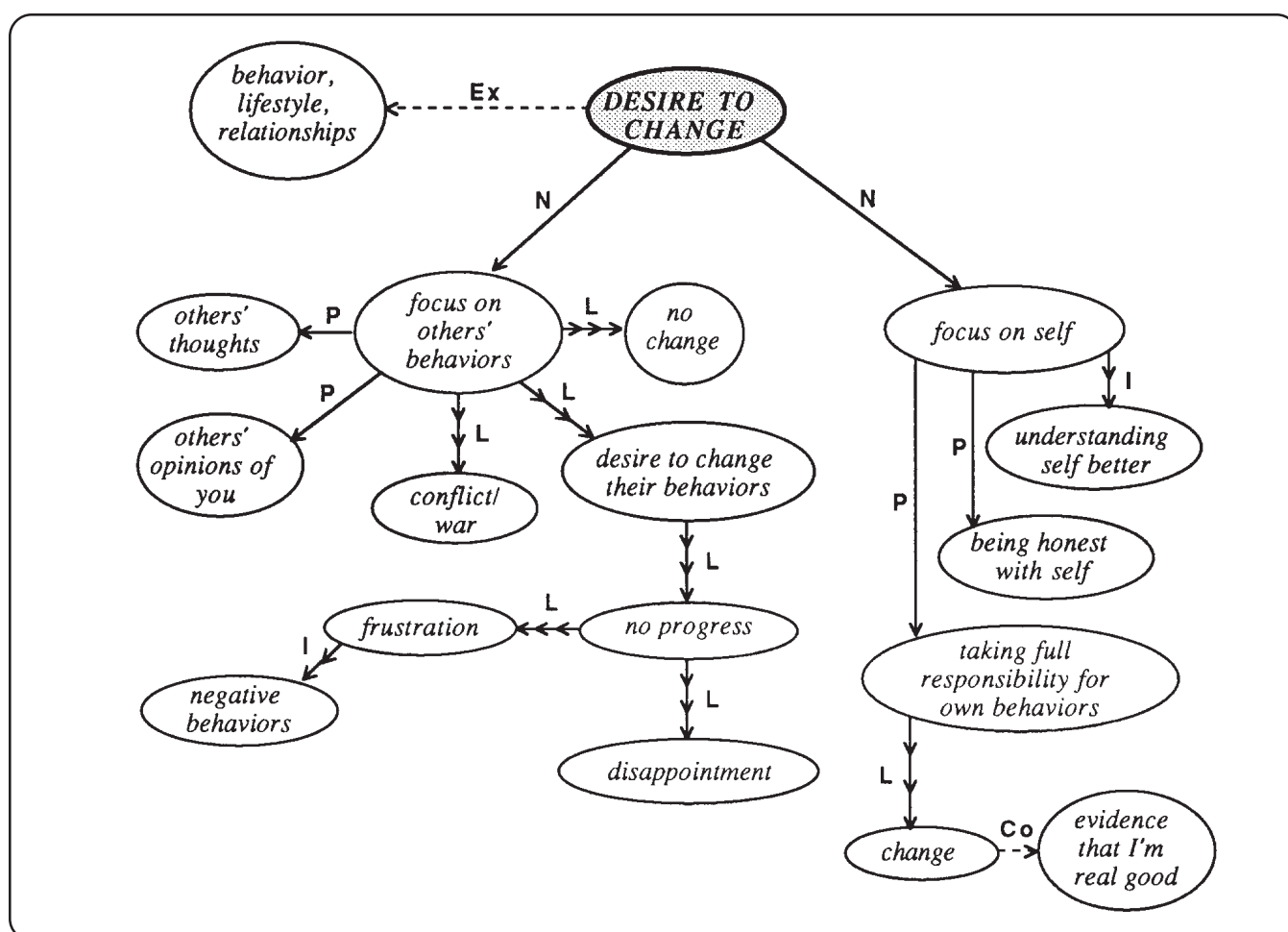
Individual Session 2 — Map 4.

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!**



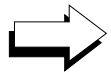
Individual Session 2 – Whole Map.

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

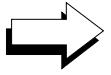
Jim: I gotta focus on me. I can't worry about what other people do. I can't change them. Just me.

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.

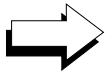
Comments on the process: individual example #2



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.

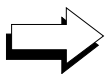


While drawing the map the counselor made a special effort to keep as much eye contact as possible with Jim. Mapping should not make a client feel that the counselor is giving less than full attention to what he or she is saying. If counselor and client are both highly involved in this activity and go 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.

Showing a Client How Maps Work

Chapters 2 and 3 include examples of maps drawn by counselors during group and individual sessions. We have suggested that using maps could help counselors and clients in a number of ways. For clients to benefit from mapping, however, it is important that they **understand what maps represent** and **why the counselor uses maps**.

Because counseling styles vary, the way in which counselors introduce the idea of mapping to clients will also vary. In this chapter we provide one example of how this could be done. If you draw maps in sessions with clients—or even if you create maps to organize your own thoughts and later show those maps to your clients—you will arrive at your own way of introducing this technique to your clients. The example in this chapter is intended to underscore the need to do this, and to stimulate your own thinking about how to approach the issue.

When clients know how maps work, they can

- ❖ understand why the map is being drawn,
- ❖ read the map and understand its meaning, and
- ❖ be an active partner in creating the map.

An Example

This is the first counseling session for George. He and his counselor have spent about 10 minutes in getting acquainted. Now the counselor picks up a pencil and a clipboard, holding the board so that the client can see what will be drawn.

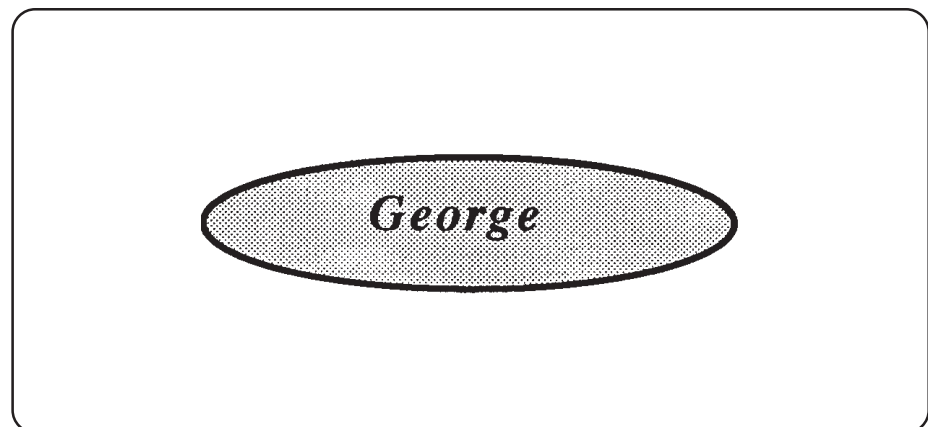
Counselor: George, I want you to be aware of a technique I use when I work. It's called "mapping," and it's a way of putting ideas down on paper so that we can both see what we've talked about. By drawing a map, we can make sure we understand each other. So often it's easier to understand all of the things involved in a particular problem when we have them laid out in front of us in a concrete way.

[The counselor writes "George" in the center of the paper and draws a circle around this.]

With your help, I'm going to draw a map about you ... the way you would describe yourself to another person.

George: You mean what I'm like and what things are important to me?

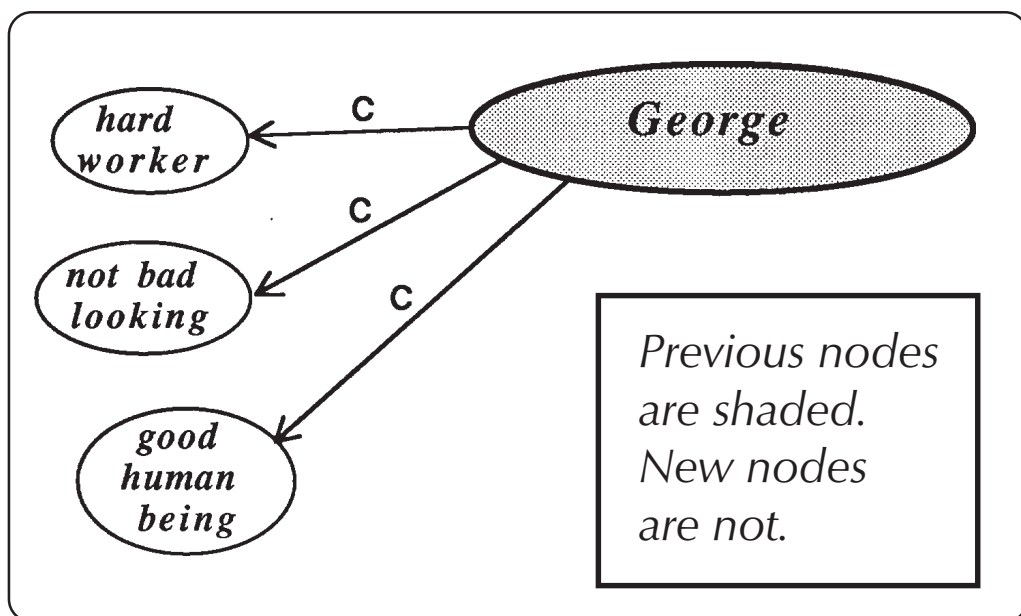
Counselor: That's right.



Counselor: Now tell me about you ... some characteristics that describe you.

George: Well, I'm a hard worker. And I'm not bad looking. I'm a good human being.

Counselor: Okay... see the lines here? I've given each of them a "c" label. That means "hard worker" is a characteristic of George; "not bad looking" and "good human being" are characteristics of George.

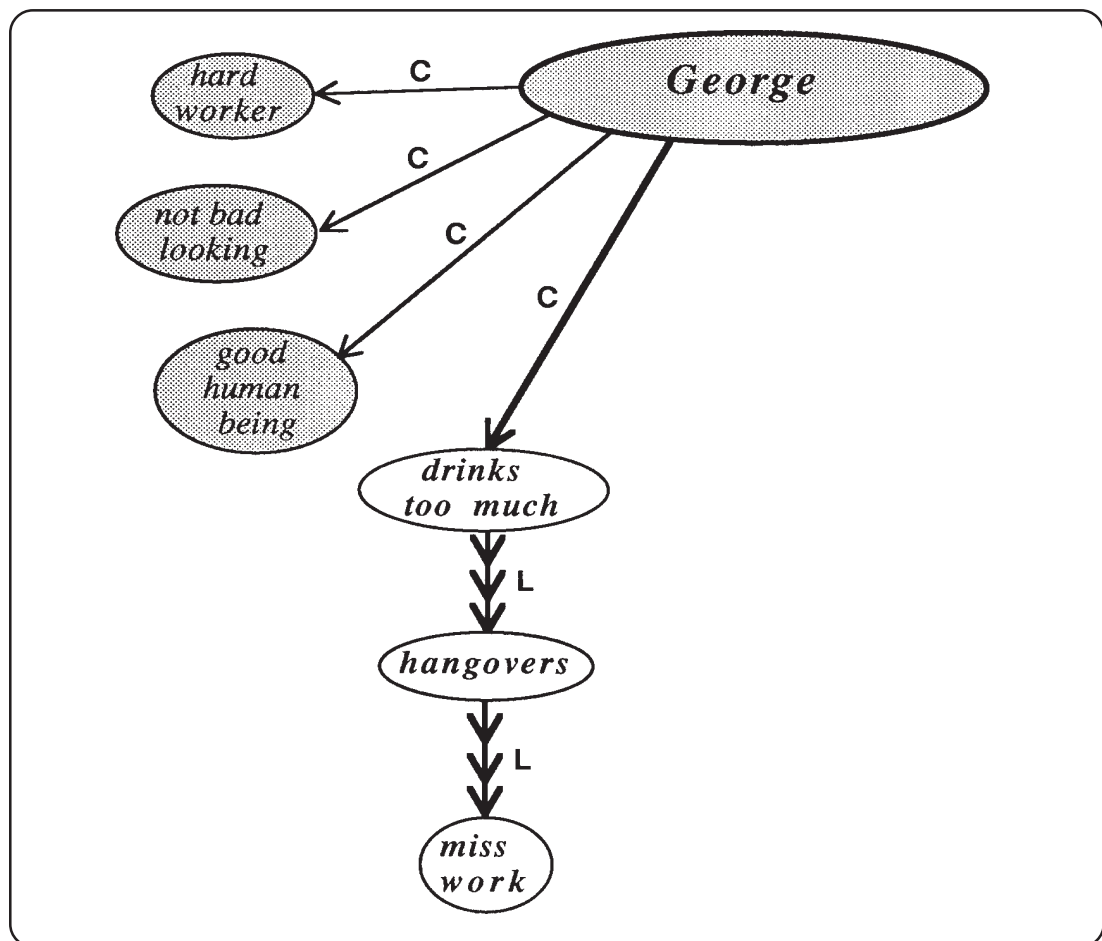


Counselor: What else goes in this map?

George: I drink too much. Have hangovers and miss work.

Counselor: I'm going to use a characteristic link for "drinks too much" and a leads to link for "hangovers" and "missed work." For you, drinking too much leads to hangovers, and hangovers lead to missing work. Is that what you mean?

George: Yeah.

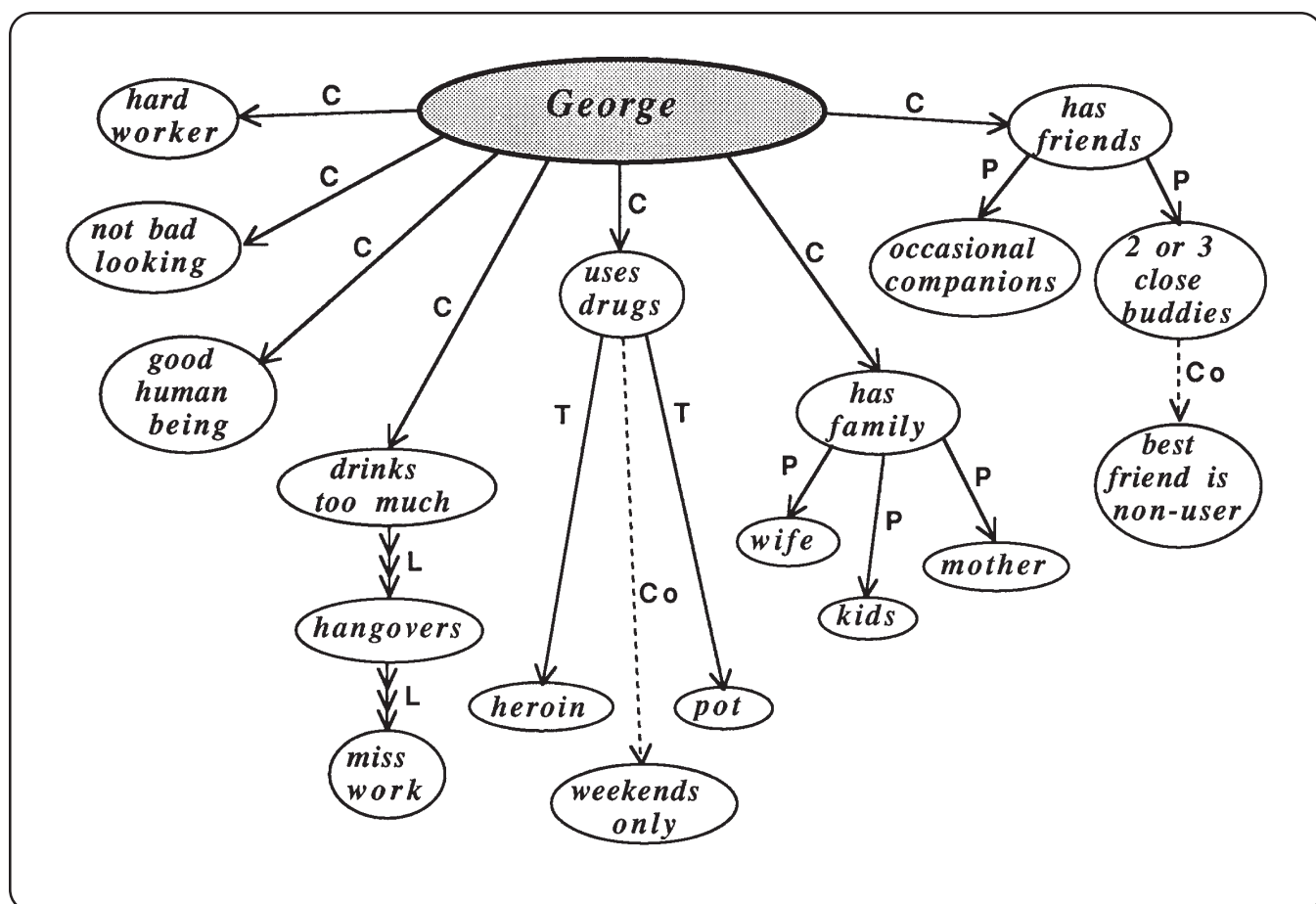


George: And I use drugs—heroin, and sometimes I smoke pot. But they don't keep me out of work. I just do drugs on weekends mostly.

Counselor: Okay[drawing]. Another characteristic “uses drugs.” The types of drugs you use are heroin, and pot, so I’m putting these in and labeling each of these links with a “t” for type. And I’m putting your comment about how you use them here with a “co” link to show that’s a comment you made about how you use.

George: And I have family and friends that are important to me. My wife, my kids, and my mother. I have two or three close buddies, and then some other people I hang out with now and then. My best friend doesn't smoke or drink or do drugs.

Counselor: Good ... we'll add “friends” and “family.” This “p” means “part”: your wife is part of your family. And we'll use another comment here.



Counselor: So we have a brief map of you here. In our next session we may come back to this and expand on it. For now, I hope this gives you some feeling for how mapping works. You don't need to worry about remembering the links or drawing the maps yourself... but I want to be sure you understand the maps we draw in our work together.

Before our next session I'll look at this map to help me remember what we talked about. I'll also look at it for ideas about what we should discuss next time. Do you have any questions?

George: *Who's going to see these maps?*

Counselor: You and I and my supervisor here at the center. Other than that, we regularly send copies of maps to our research team—the special project people we told you about during your intake interview—but the maps are coded so that your name doesn't appear on them. That allows us to maintain confidentiality for our clients and still participate in a research project.

If you wanted to show a map from one of our sessions to someone, that would be your choice.

George: *Okay.*

Counselor: I'll make you a photocopy of this map ... and give you a sheet here that shows the meaning of the link types that I use. For the next few sessions, each time we do a map, we'll put one of these sheets with your copy. Eventually you may want to draw some maps, either at home or in our sessions here.

George: [laughing] *That's okay! I'll let you draw the maps for now.*

Links Used in Maps

NAME	SYMBOL	EXAMPLE
Actions		
INFLUENCES	$\longrightarrow \text{I} \longrightarrow$	Amount of food in stomach $\xrightarrow{\text{I}}$ Effects of alcohol
LEADS TO	$\longrightarrow \text{L} \longrightarrow \longrightarrow$	Poor self image $\xrightarrow{\text{L}}$ Heavy drinking $\xrightarrow{\text{L}}$ Hangover
NEXT	$\longrightarrow \text{N} \longrightarrow$	Decide on goal $\xrightarrow{\text{N}}$ Develop an action plan

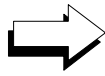
Descriptions

CHARACTERISTIC	$\longrightarrow \text{C} \longrightarrow$	Cocaine $\xrightarrow{\text{C}}$ Impacts on neurotransmitters
PART	$\longrightarrow \text{P} \longrightarrow$	<div style="text-align: center;"> Successful behavior change $\swarrow \text{P}$ $\searrow \text{P}$ Motivation An effective plan of action </div>
TYPE	$\longrightarrow \text{T} \longrightarrow$	<div style="text-align: center;"> Abuse $\swarrow \text{T}$ $\searrow \text{T}$ Chronic Acute </div>

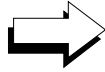
Illustrations

ANALOGY	$\text{---} \text{A} \text{---} \longrightarrow$	Hangover $\xrightarrow{\text{A}}$ Being stuck in a clothes dryer for an hour
COMMENT	$\text{---} \text{Co} \text{---} \longrightarrow$	Cocaine intake can be controlled $\xrightarrow{\text{Co}}$ I DON'T BELIEVE IT
EXAMPLE	$\text{---} \text{Ex} \text{---} \longrightarrow$	Abusive behavior $\xrightarrow{\text{Ex}}$ Chemicals for breakfast

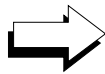
Comments on the process



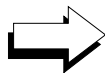
In this example the counselor has selected a topic that personally involves the client. The topic for this introduction to mapping should be personal, but not so “hot” or emotional that the focus on mapping is lost. Other topics might be drawn from the client’s hobbies or special interests.



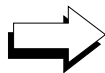
The counselor works slowly through the development of the map, often raising questions that allow certain links to be used and then emphasizing the label and meaning of a link.



Both before the map is drawn and at the end of the session, the counselor indicates how mapping may be useful to the counseling process. The client, however, may not fully understand the uses of mapping at this point. **What the client should understand, at the very least, is that the counselor has valid reasons for using this tool.**



No attempt is made here to do more than **introduce** mapping. In future sessions, the client will be asked to “read” parts of a map previously drawn or in progress. This will be done with “let’s see if we’re both clear on what I’ve put in this map,” and without making the client feel that he or she must “perform.”



Some clients may be eager to draw their own maps or draw parts of maps during a session. Others may not. Since drawing maps can increase the probability that the client is solidly involved in treatment, it is an idea that should be presented early in the process and periodically reintroduced.

Types of Structured Maps

Maps can serve many purposes. In contrast to the “process” maps that originate and develop as a result of counselor-client interactions, the maps presented in this chapter are “pre-packaged,” developed in advance to serve special purposes during counseling. We have labeled these pre-packaged tools as “fill-in” maps and “presentation” maps.

“Fill-in” maps allow personal content to be added into a pre-drawn structure. These structured designs (often presented on oversized 11x17 sheets of paper) guide the client, with the assistance of the counselor, through step-by-step analyses of specific areas of concern. The structure provides a framework for discussion and for the personal content of the map, which is added by the counselor or client. These maps may also be used as solitary “self-discovery” exercises for clients, something to be done outside the counseling session and then discussed with the counselor at the next session.

Presentation maps are finished products designed to convey information for lectures or structured discussions. They are primarily teaching and reference tools. Counselors have used these maps in planning for counseling sessions, in providing information to clients, and to stimulate discussion on a particular topic. Clients can use presentation maps as study sheets.

Examples of both types of structured maps are presented on the following pages. Note that these maps can be used with both groups and individuals.

“Fill-in” Maps

Examples of fill-in maps shown in this section represent topics of major concern in the counseling process. We will present these in a sequence which might be introduced over several months of counseling. These maps are:

◆ **Examining the self**

Divisions of Self (5.1a and 5.1b)

◆ **Analysis of specific situations**

Treatment Plan (5.2a and 5.2b)

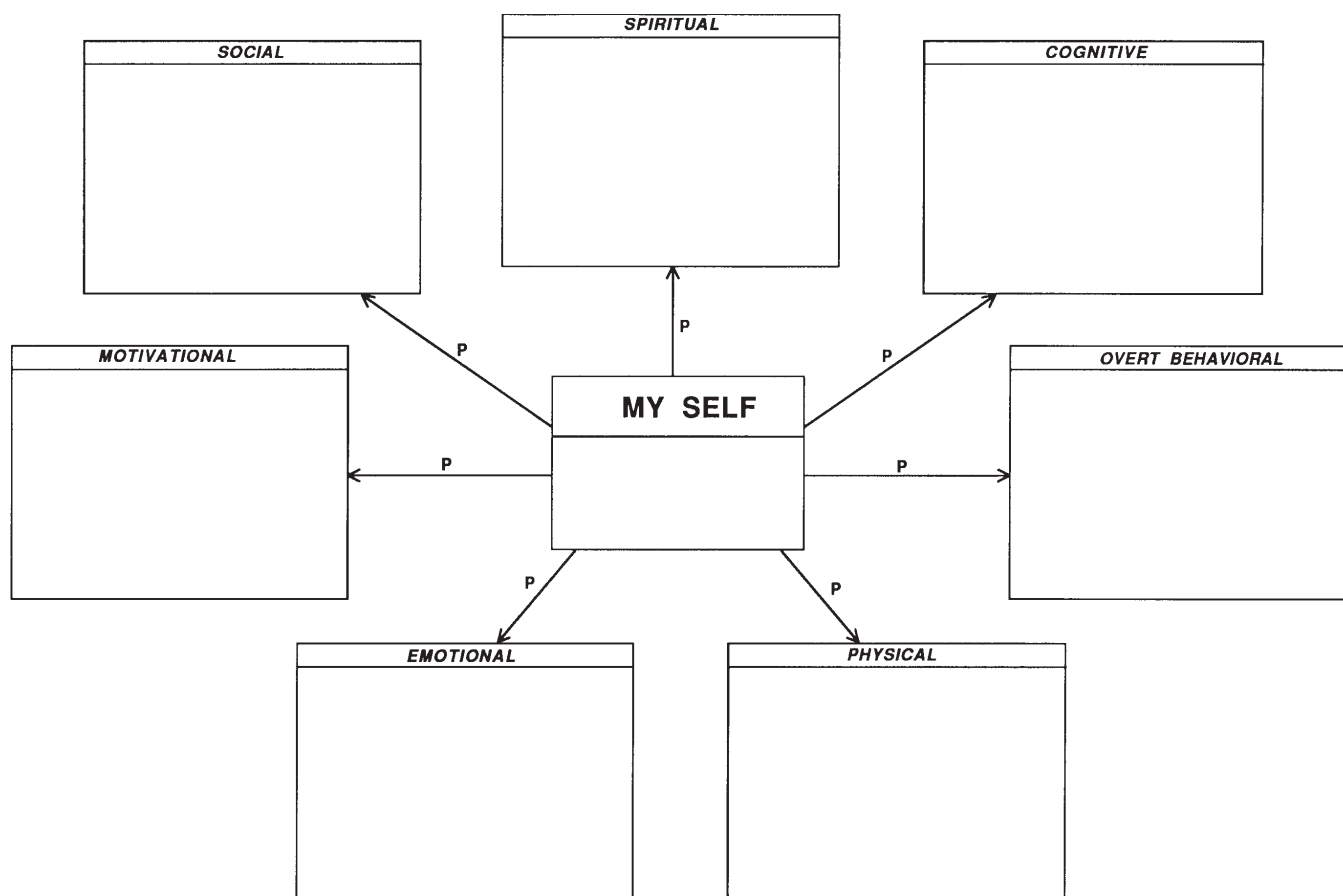
Problem Analyzer (5.3a and 5.3b)

Solution Search (5.4a and 5.4b)

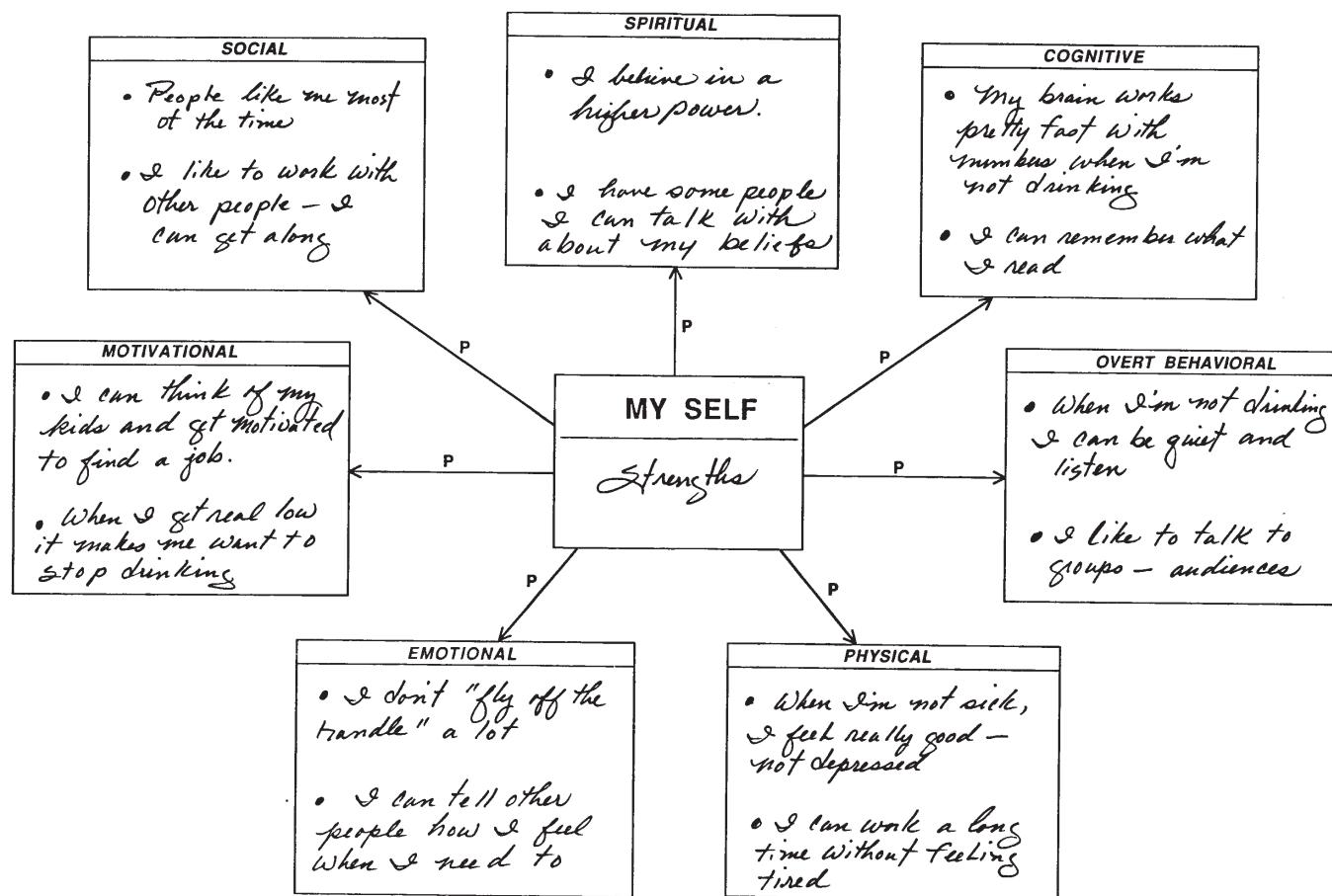
Success Analyzer (5.5a and 5.5b)

Rather than provide commentary on each map, we have chosen to show first the map structure and then follow this with a self-explanatory example of the completed map. Again, these maps can be used with individuals, with groups, or as “take home” exercises. If the map is to be a solitary self-discovery exercise, the counselor should make sure that the client can read the map and understand what is being asked at each point.

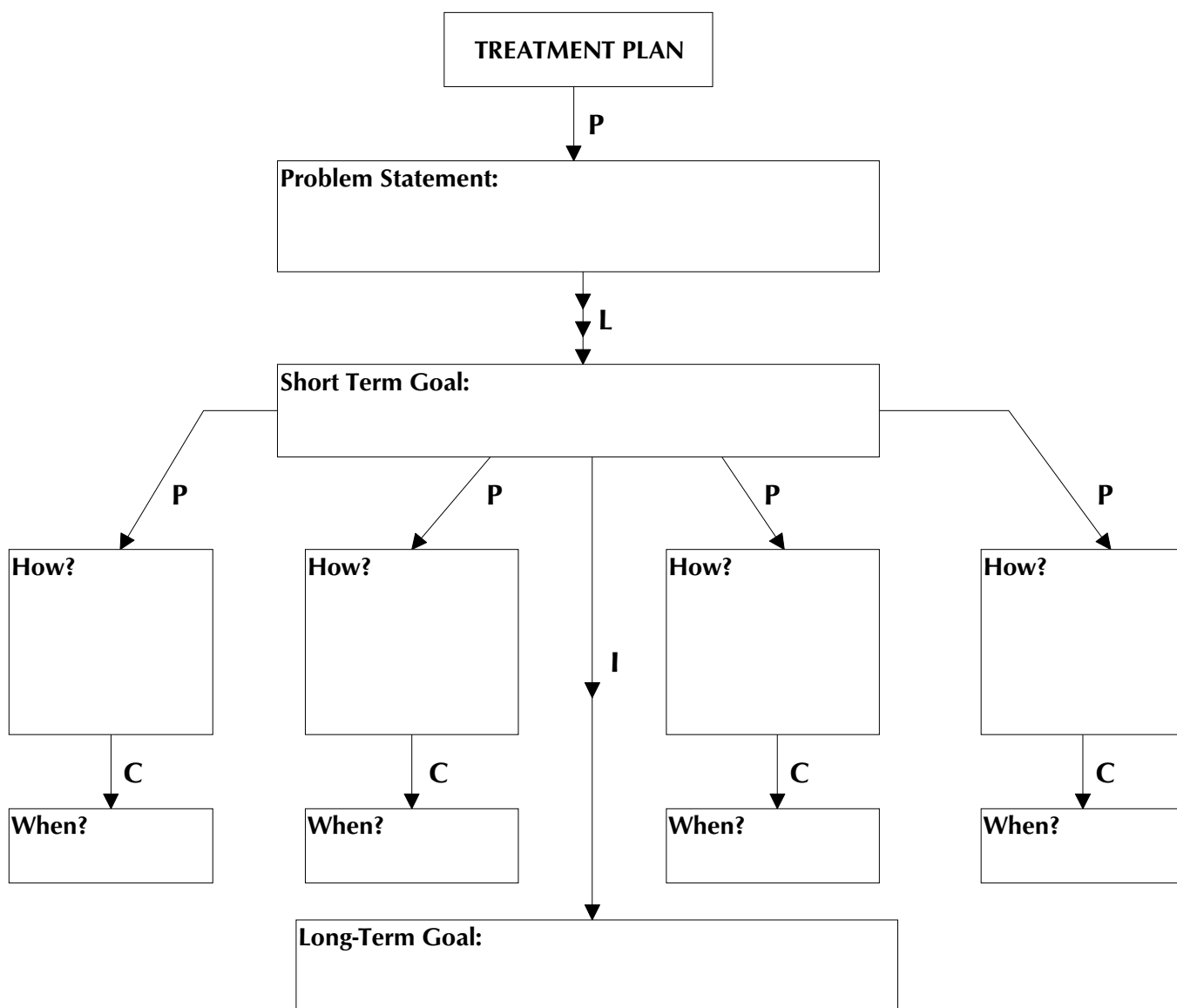
After a fill-in map is completed, it can be used as a starting point for future counseling sessions. Reviewing a map several months after it was done—or doing a second version and comparing it with the first—can be an effective means of assessing progress.



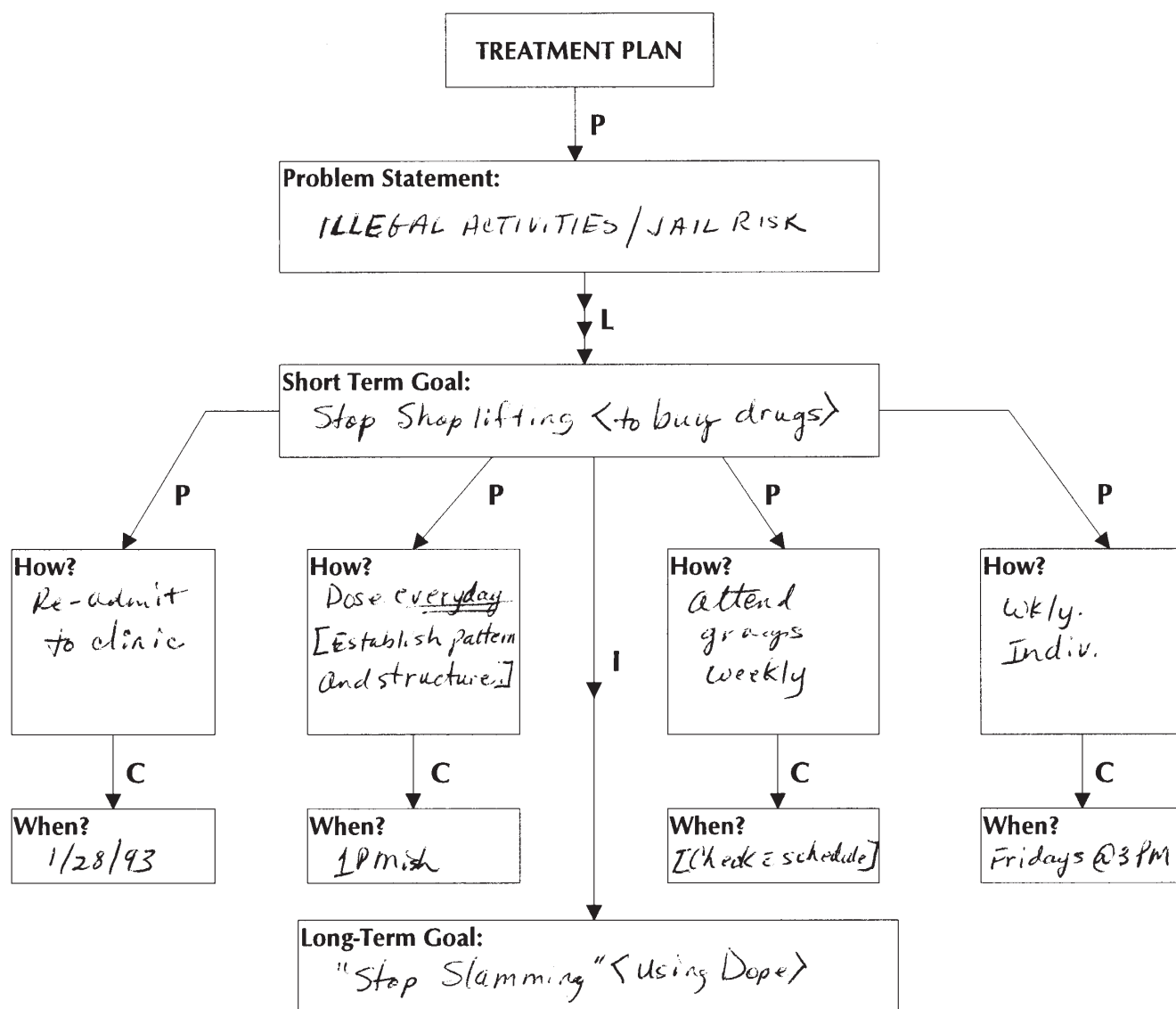
MAP 5.1a: **DIVISIONS OF SELF**



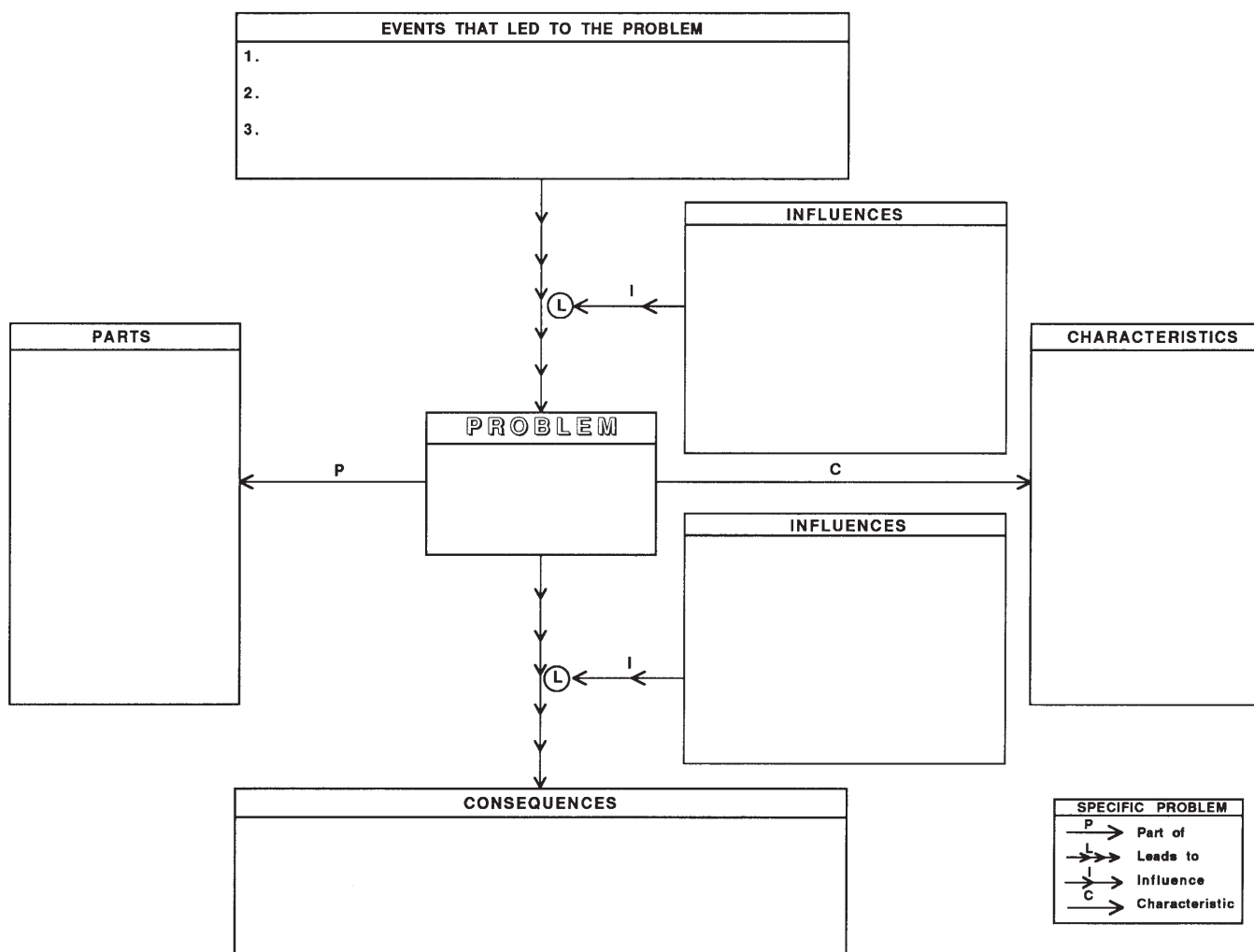
MAP 5.1b: DIVISIONS OF SELF (Completed)



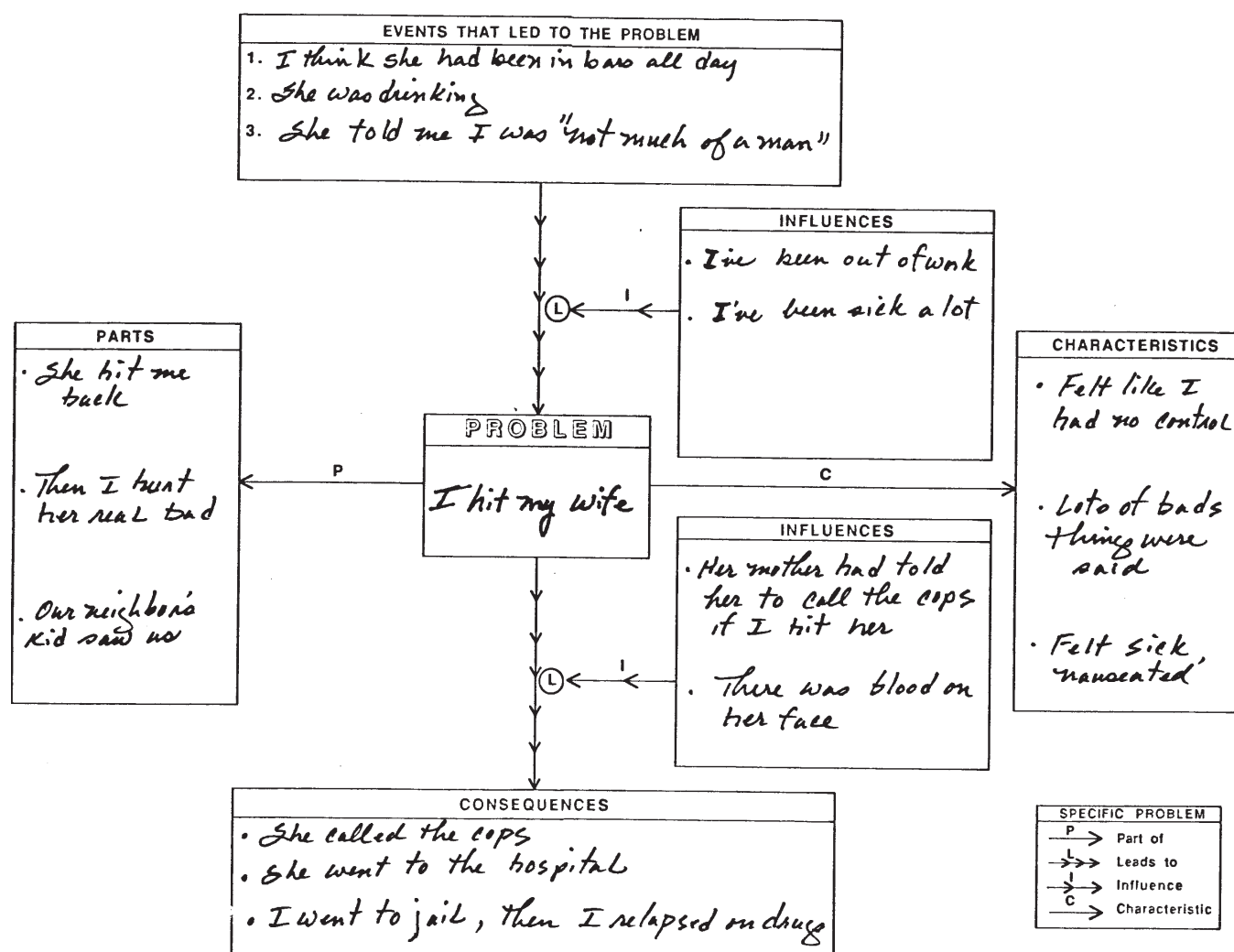
MAP 5.2a: TREATMENT PLAN



MAP 5.2b: TREATMENT PLAN (Completed)

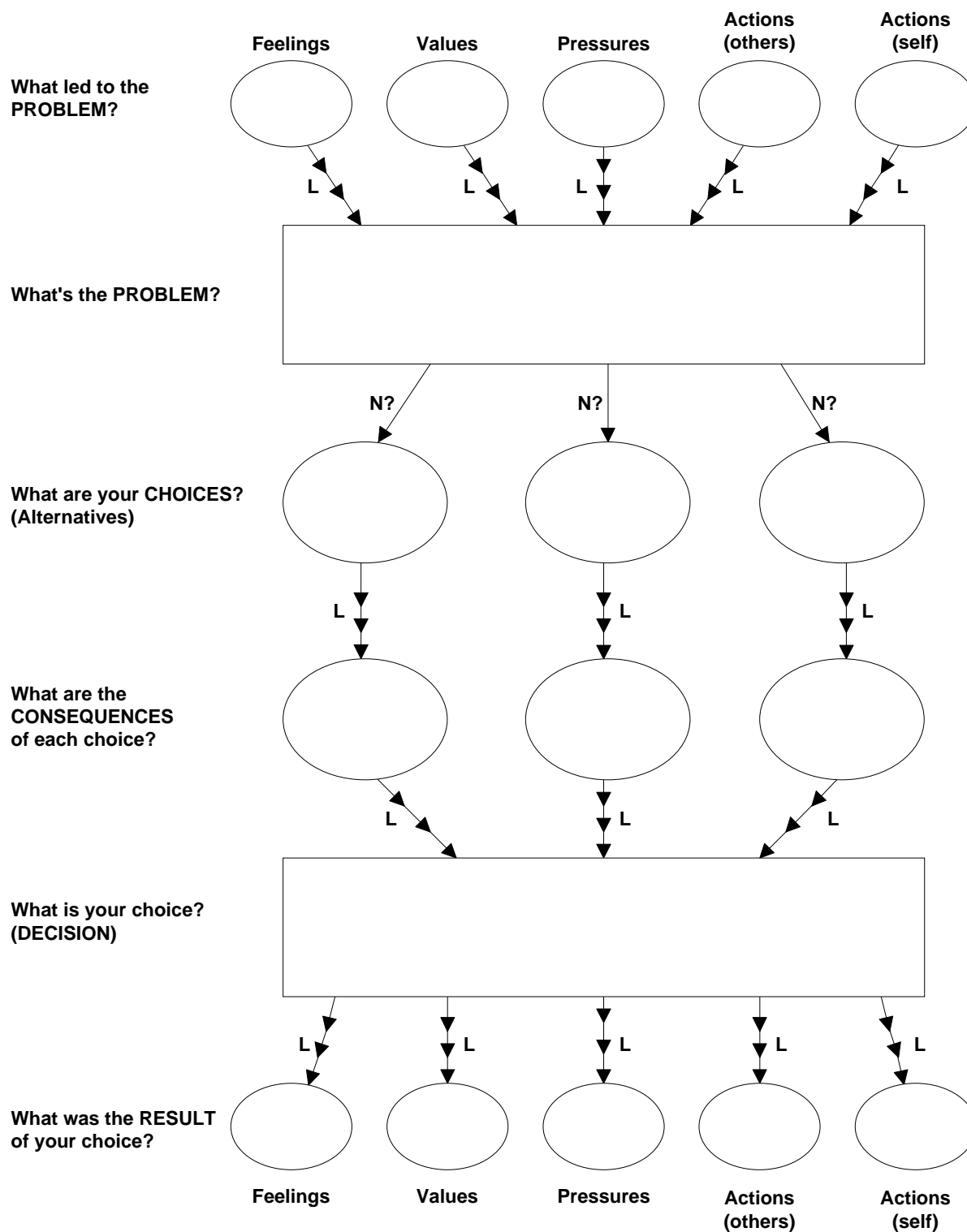
MAP 5.3a: **PROBLEM ANALYZER******Link-to-link Connections**

Note the link-to-link connections in the central portion of this map, indicating (in this case) an “influence” or moderating effect on the strength of a “leads to” link (i.e., on the extent to which one set of events will lead to another). We have found the link-to-link connection a useful addition to the more usual link-to-node format.



MAP 5.3b: PROBLEM ANALYZER (Completed)

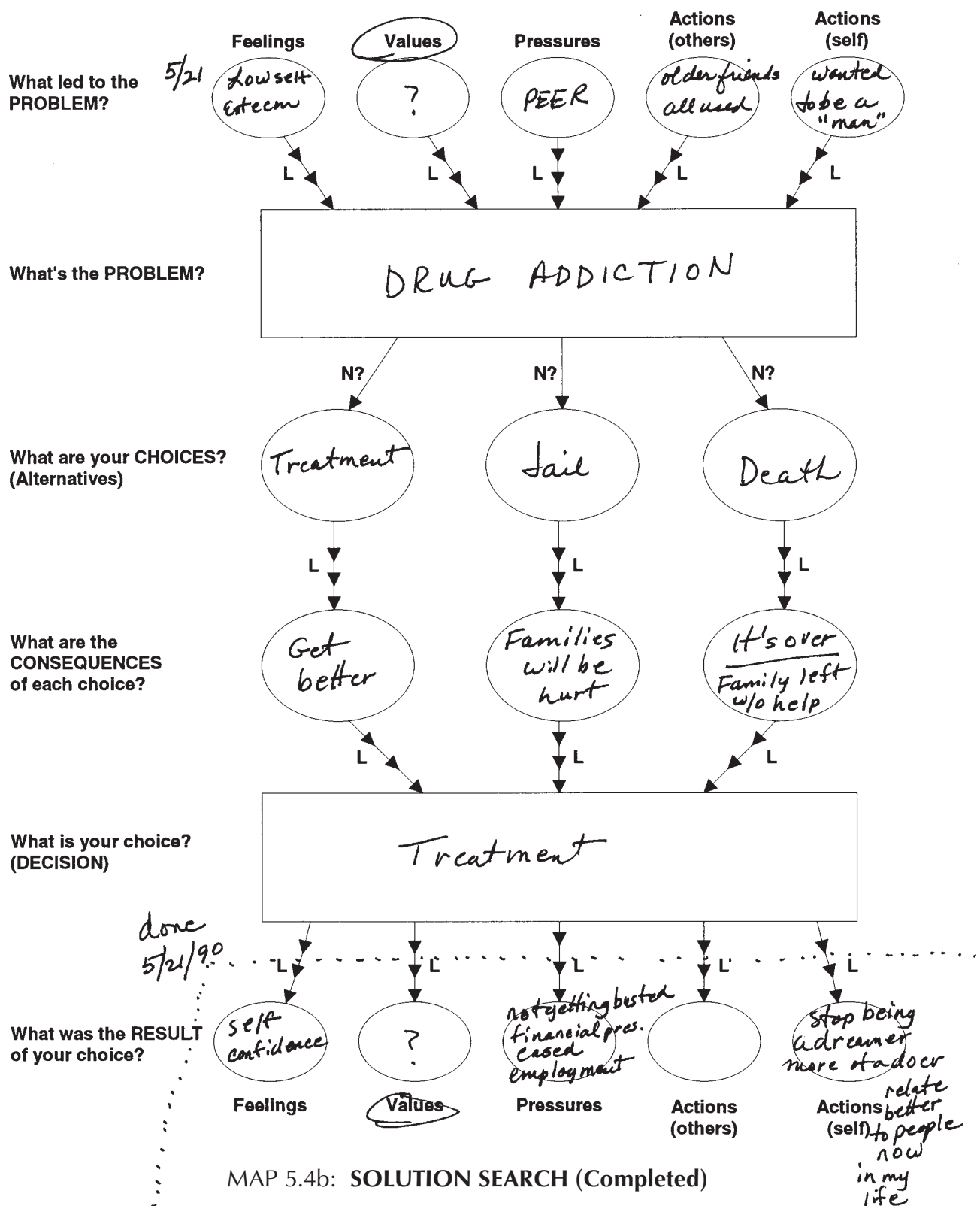
PROBLEM MAP



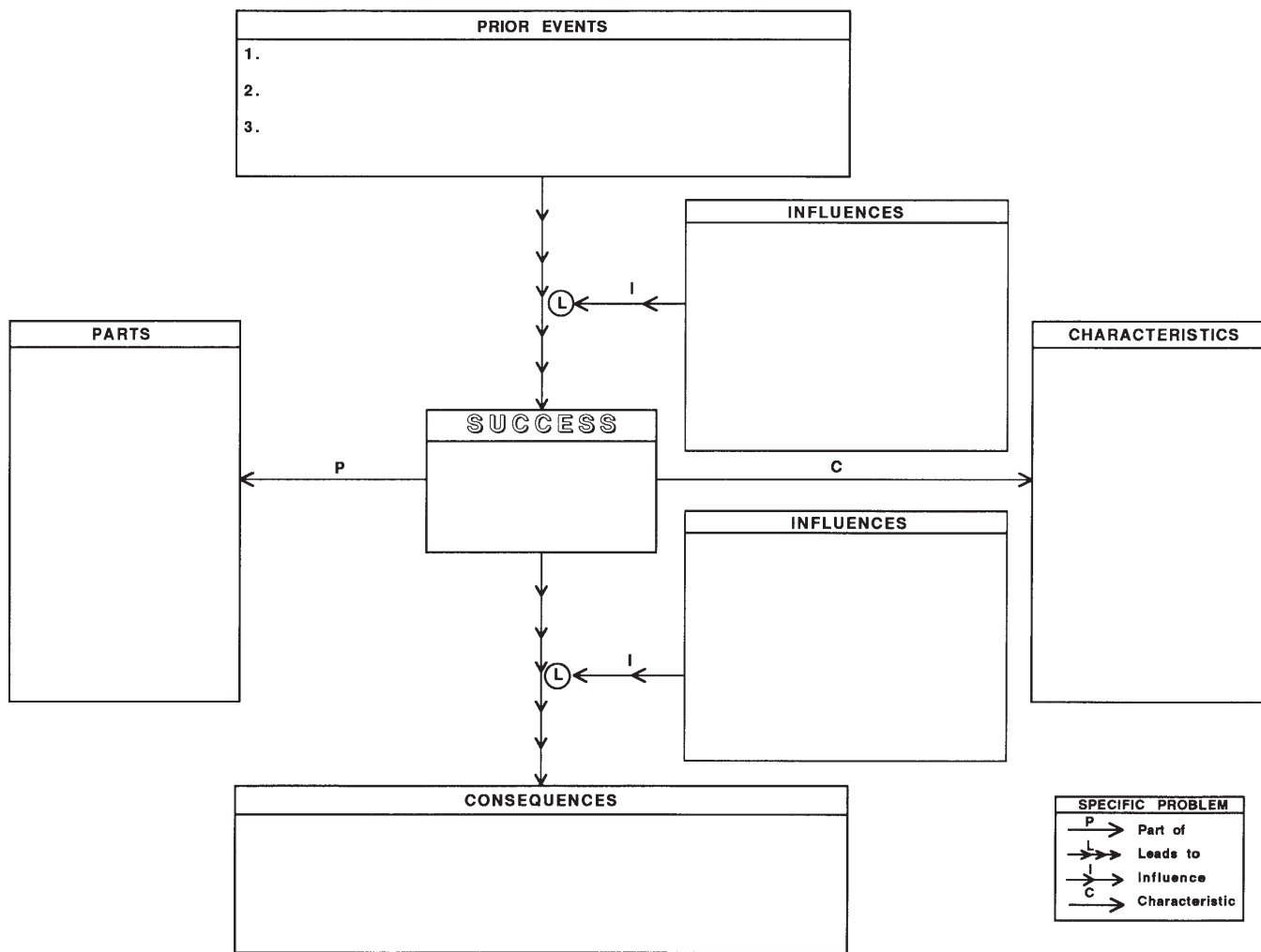
MAP 5.4a: **SOLUTION SEARCH***

*This map was developed at the Rochester Institute of Technology by K.W. Chase, E. Rusling, and G. Long.

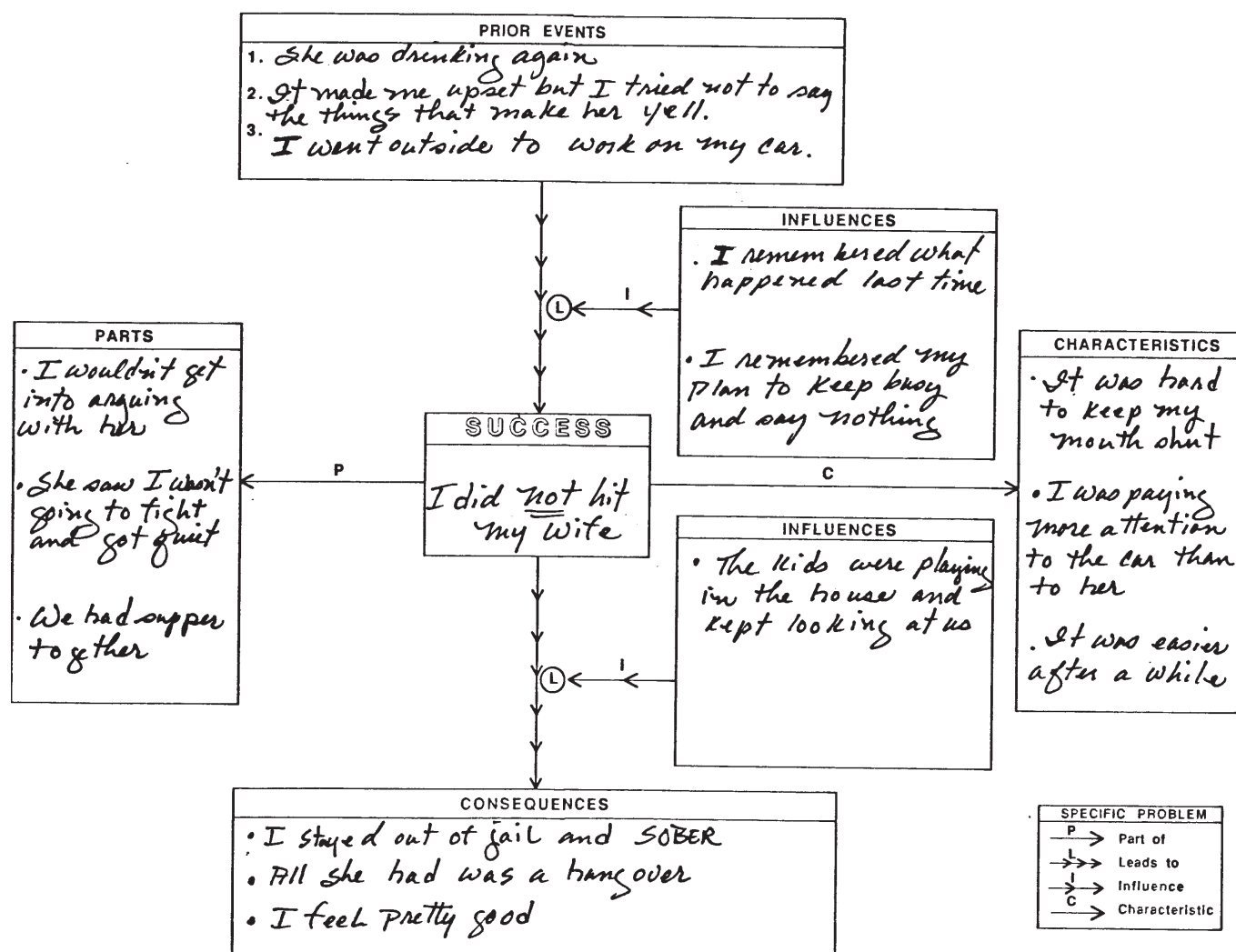
PROBLEM MAP



MAP 5.4b: SOLUTION SEARCH (Completed)

MAP 5.5a: **SUCCESS ANALYZER******Link-to-link Connections**

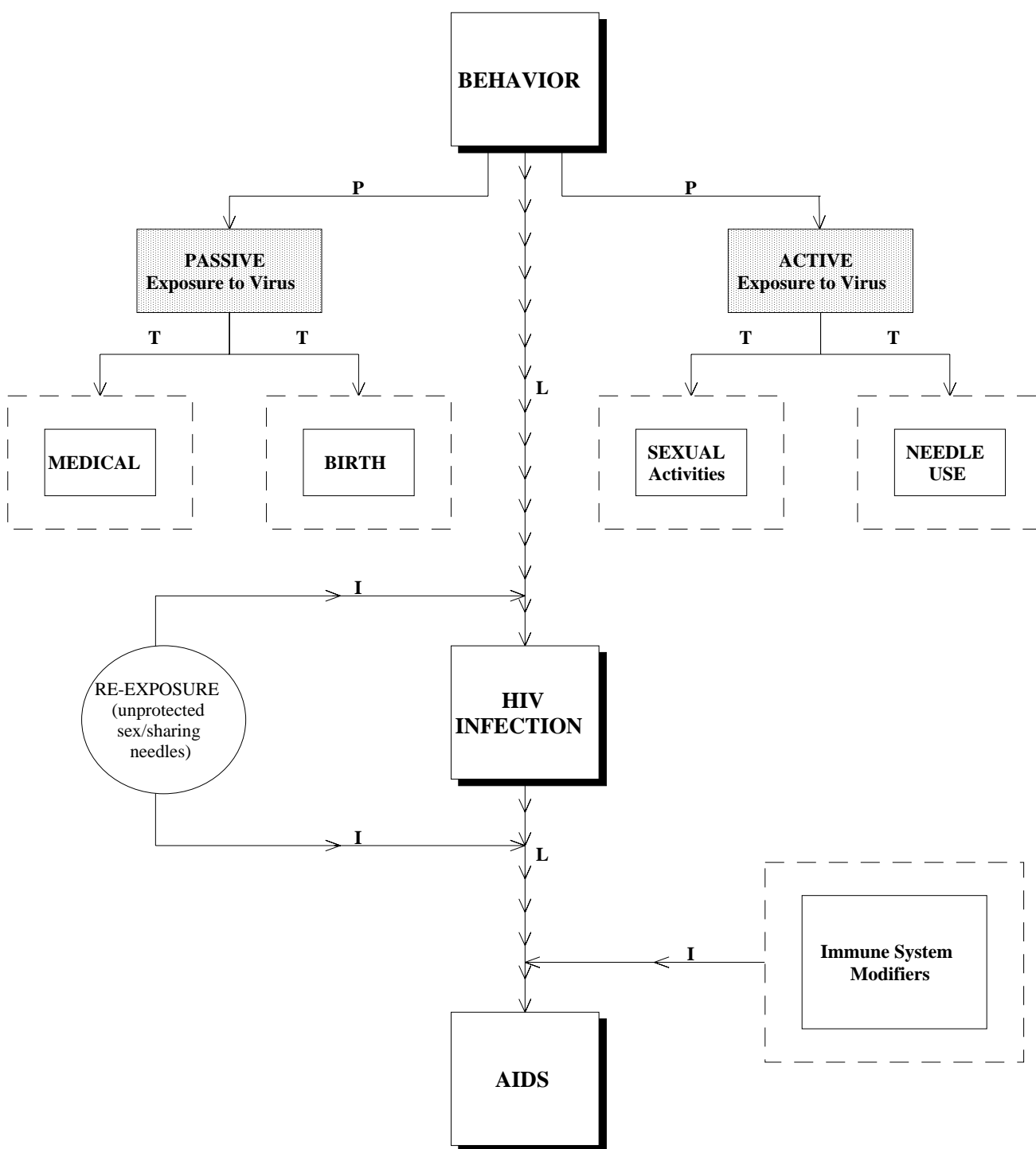
Note the link-to-link connections in the central portion of this map, indicating (in this case) an "influence" or moderating effect on the strength of a "leads to" link (i.e., on the extent to which one set of events will lead to another). We have found the link-to-link connection a useful addition to the more usual link-to-node format.



MAP 5.5b: SUCCESS ANALYZER (Completed)

Presentation Maps

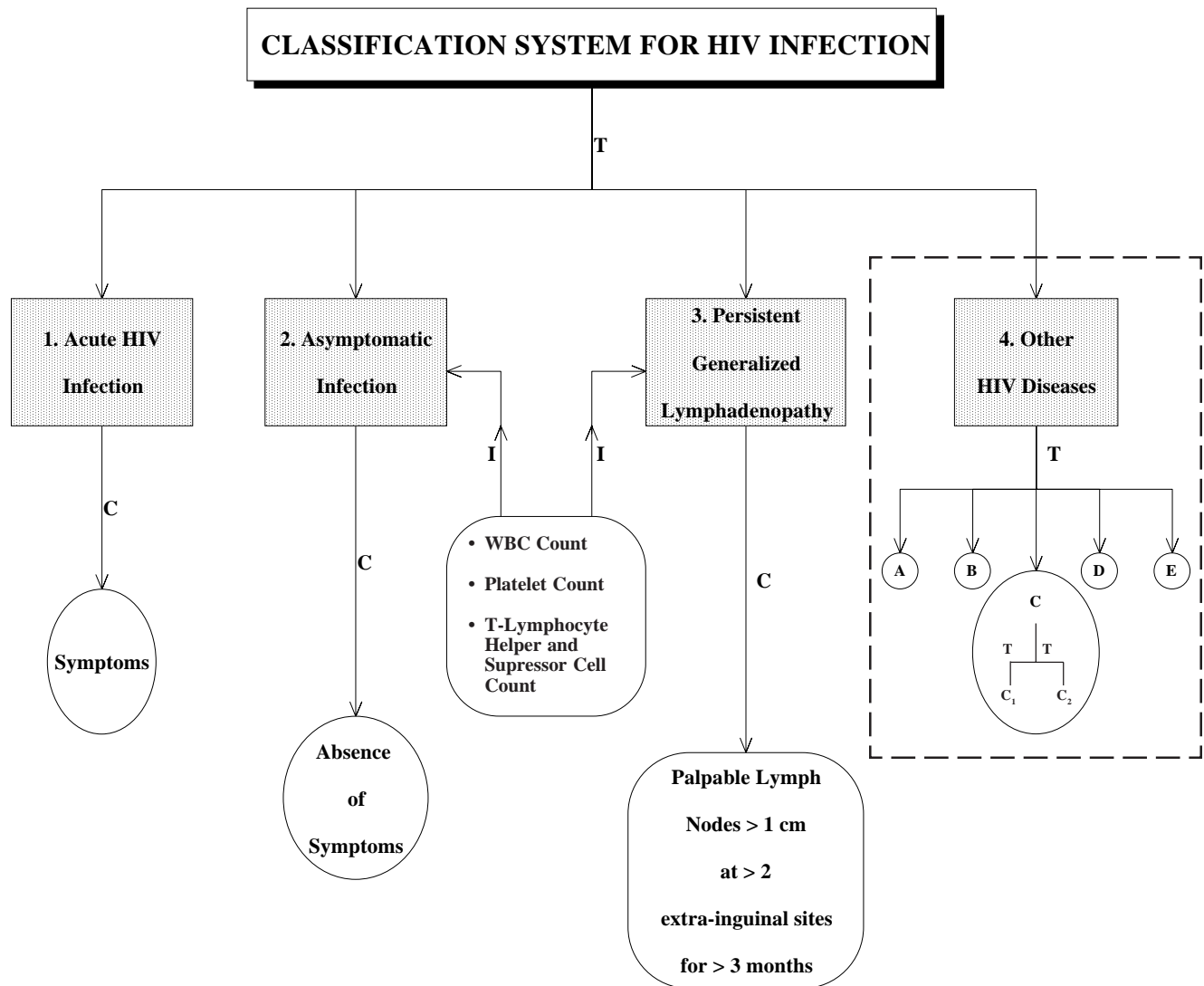
The counselor may use a pre-prepared map as an instructional tool to present specific information about a topic, as have been done in Maps 5.6, 5.7 and 5.8 for AIDS information (the DATAR AIDS/HIV module). Maps 5.9 and 5.10 has been used to teach constructive approaches to dealing with problems. These appear in *Straight Ahead: Transition Skills for Recovery* (also a DATAR manual). Presentation maps are frequently used as overhead transparencies and as handouts. They are especially useful in organizing a lecture or maintaining the focus of discussion on a topic.



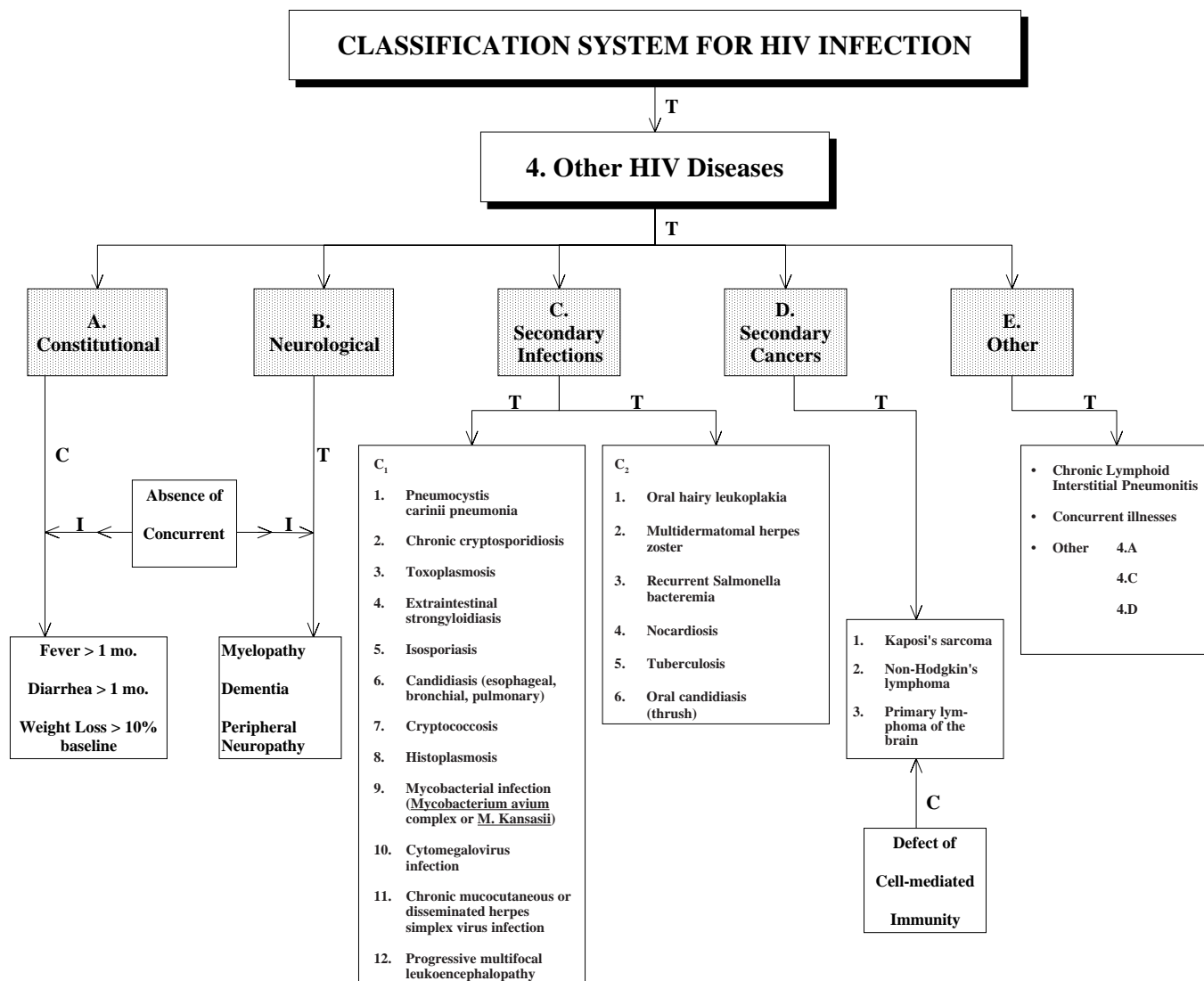
MAP 5.6: THE ROLE OF BEHAVIOR IN HIV INFECTION* (From AIDS Module)

***Link-to-link Connections**

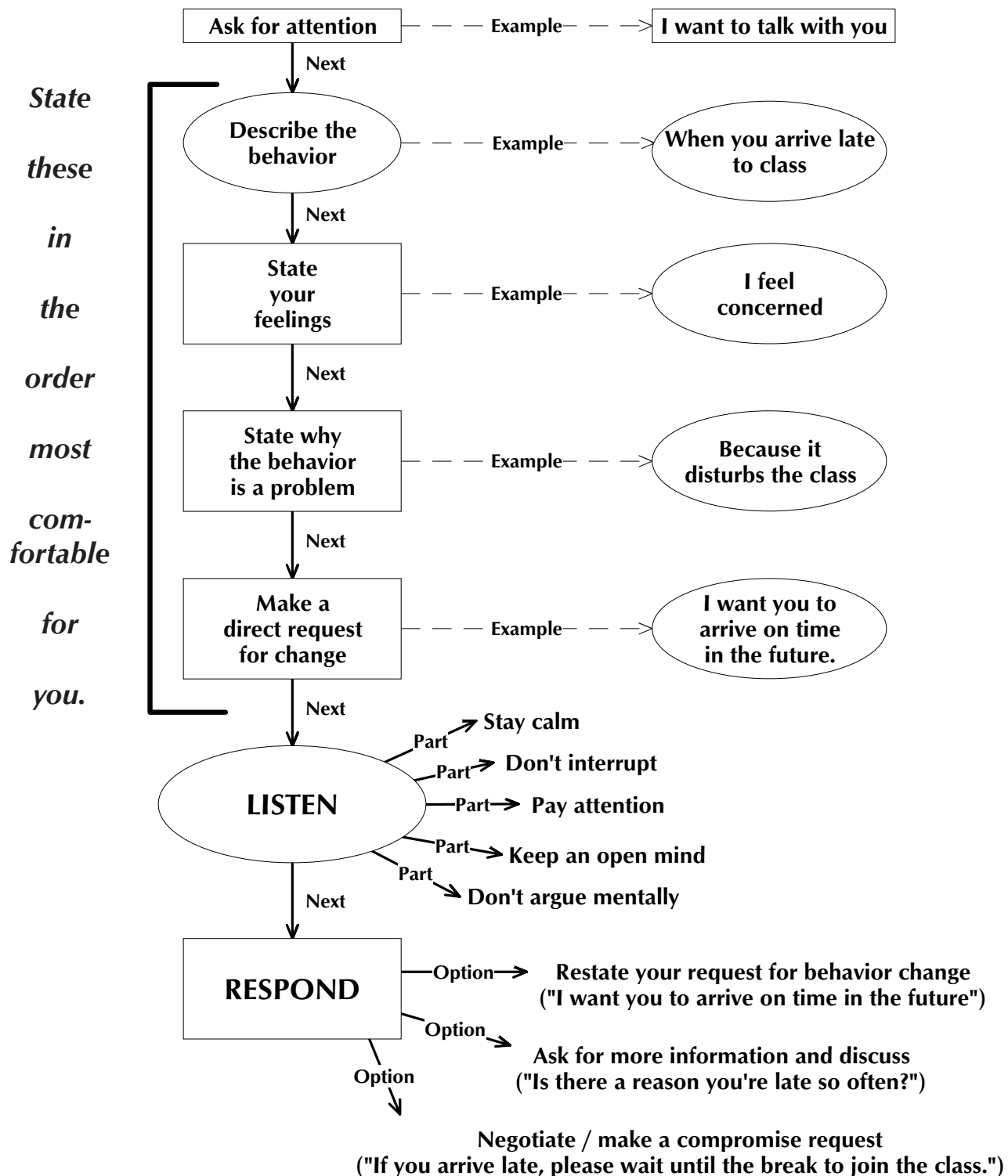
Note the link-to-link connections in the central portion of this map, indicating (in this case) an “influence” or moderating effect on the strength of a “leads to” link (i.e., on the extent to which one set of events will lead to another). We have found the link-to-link connection a useful addition to the more usual link-to-node format.



MAP 5.7: CLASSIFICATION SYSTEM FOR HIV INFECTION - I (From AIDS Module)



MAP 5.8: CLASSIFICATION SYSTEM FOR HIV INFECTION - II (From AIDS Module)

MAP 5.9: ASSERTIVE MESSAGE MAP* (From DATAR'S *STRAIGHT AHEAD* Manual)

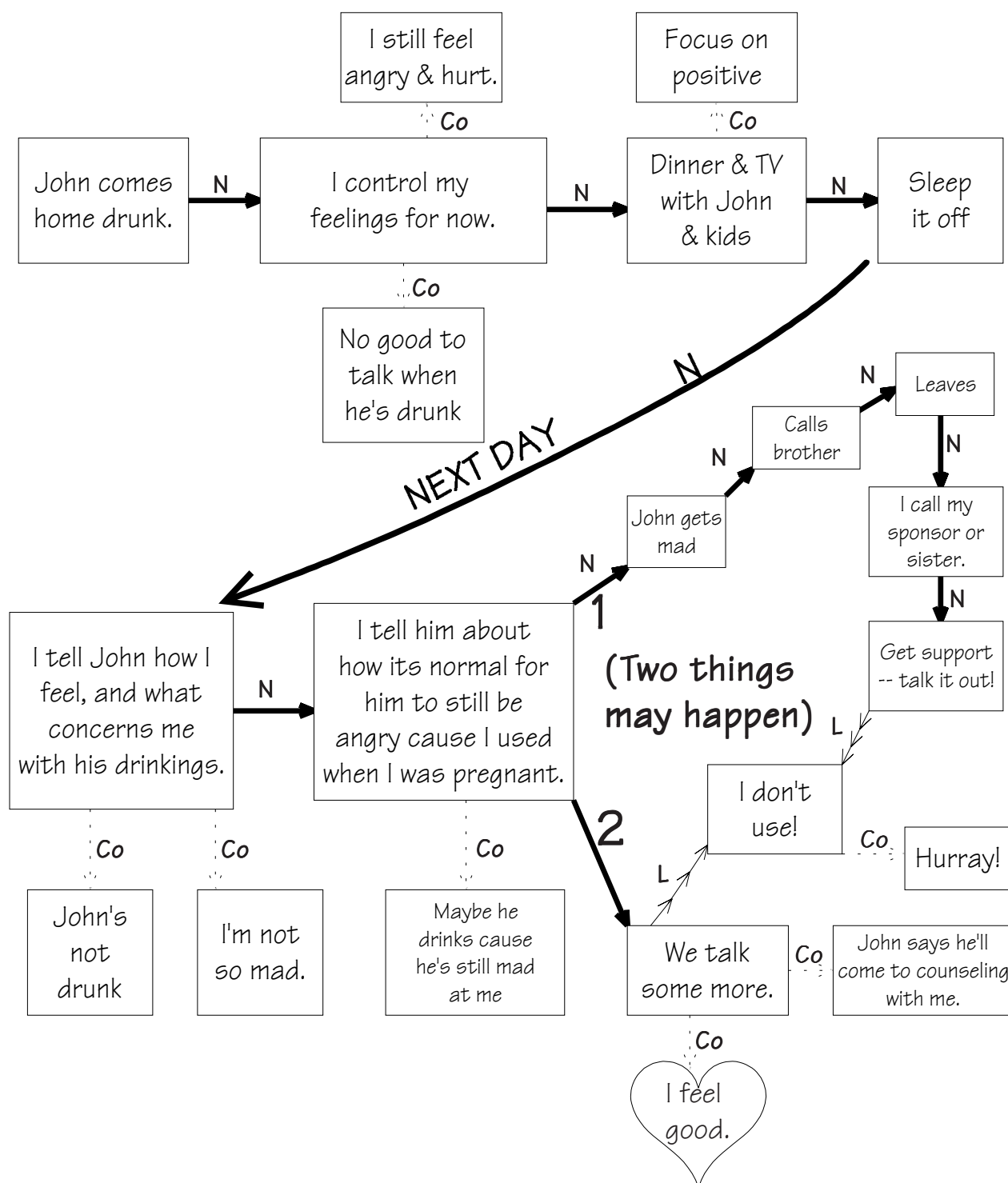
*This map was prepared for clients who may or may not have been introduced to the mapping link system.

Problem: Husband drinks

won't talk to me

gets angry

runs away from talking



MAP 5.10: PROBLEM SOLVING MAP (From DATAR'S STRAIGHT AHEAD Manual)

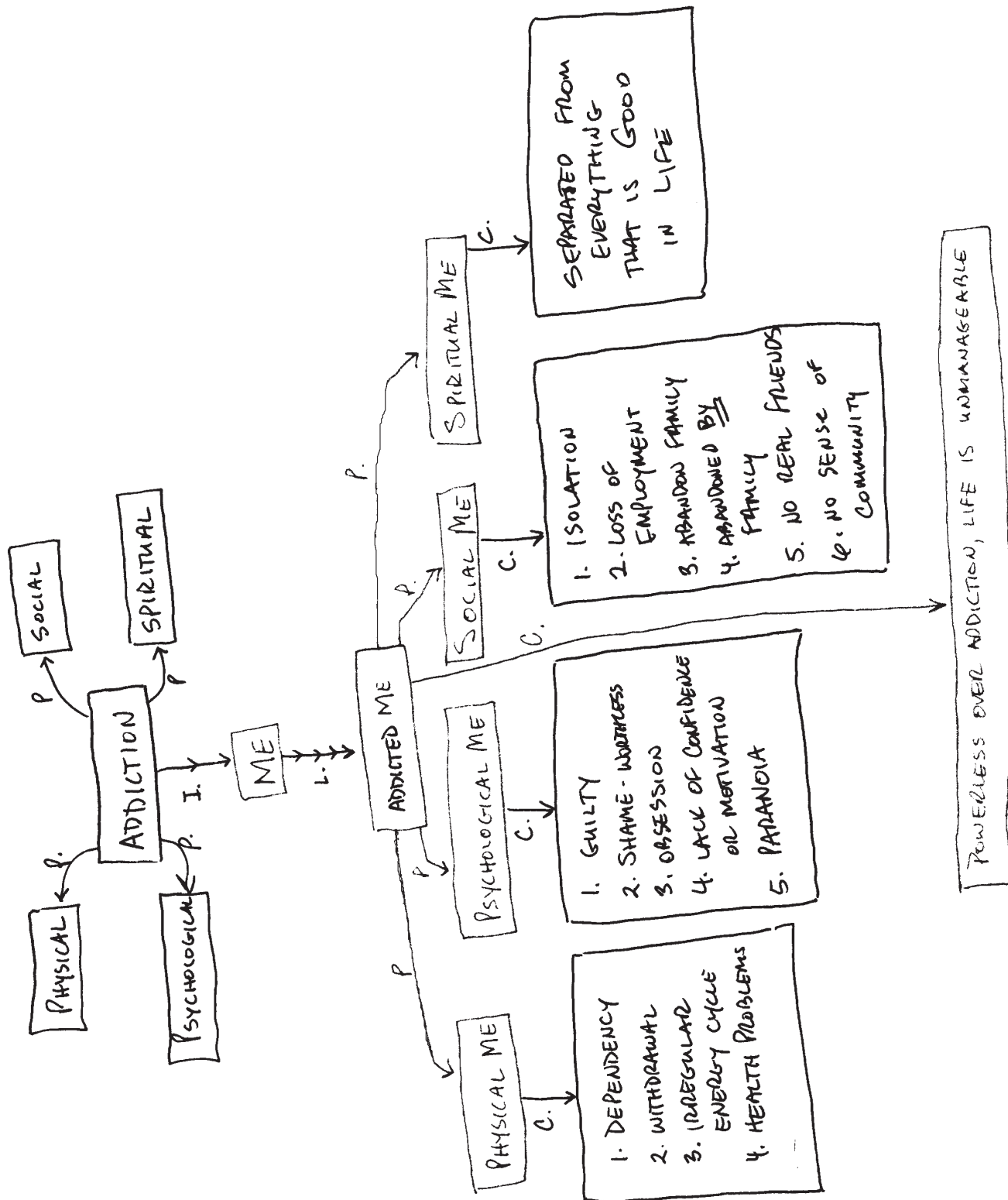
Appendix A — Group Counseling Session Maps

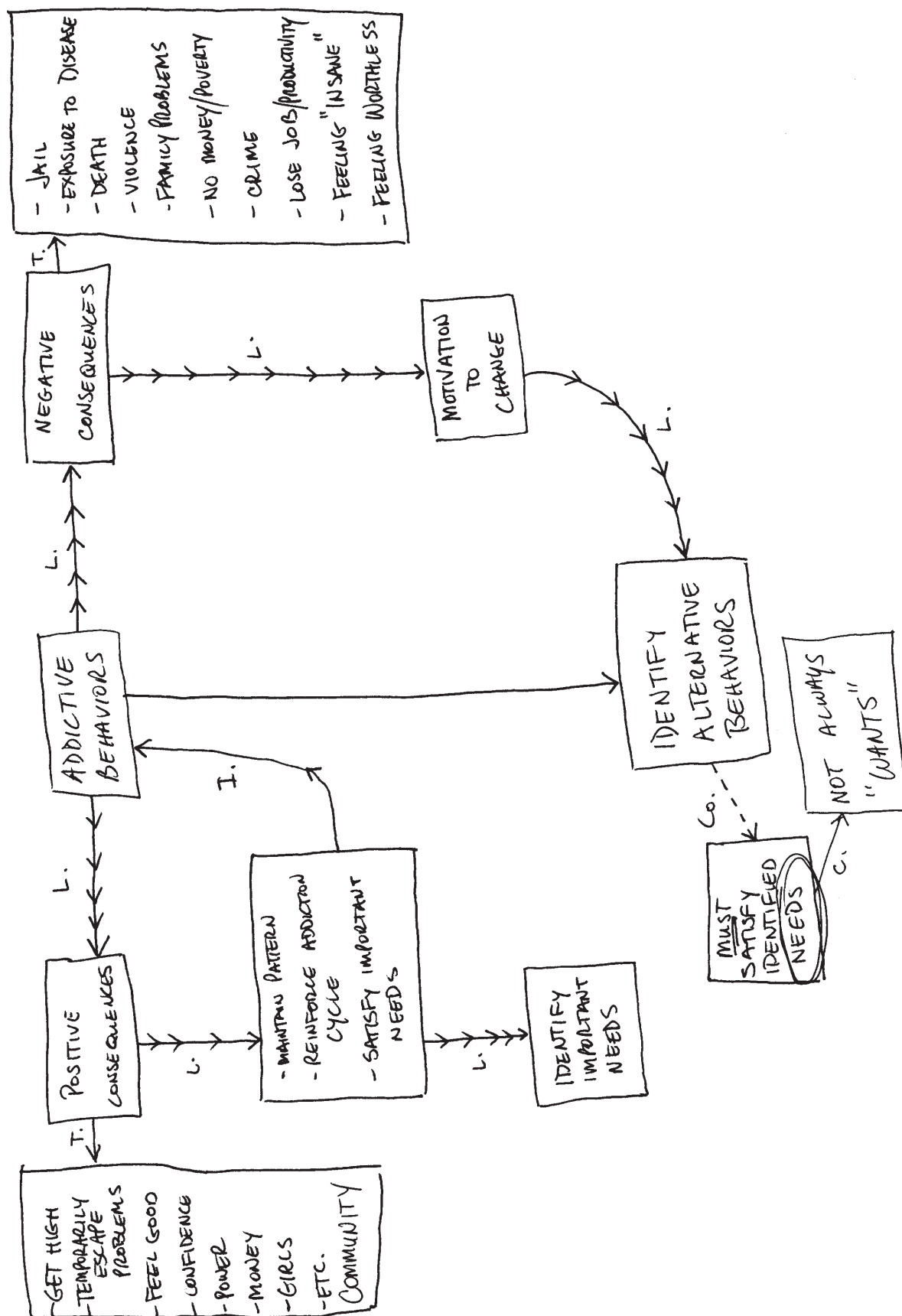
Maps vary widely, depending on the nature of the counseling session and the mapping skills and style of the counselor. The maps presented here were drawn during DATAR group counseling sessions and represent the range of maps created during this project. They were not chosen for technical accuracy or esthetic appeal. Although we have included these maps to demonstrate the range of uses and forms, counselors might also choose particular maps to copy and give to clients as a means of stimulating discussion, considering new perspectives, and thinking in alternate ways. Clients may write ideas on the map copies or create maps of their own dealing with similar topics.

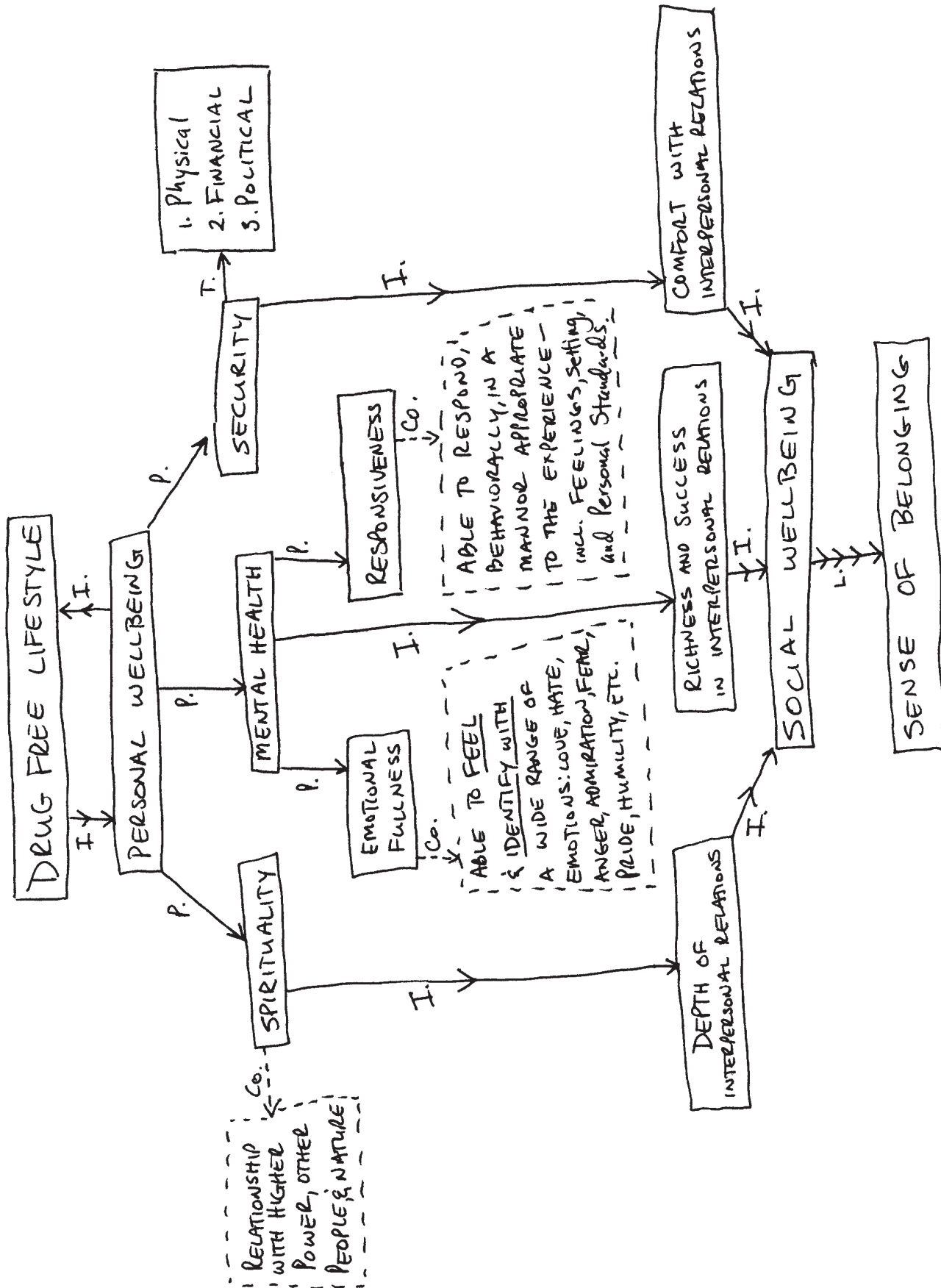
Appendix A Contents

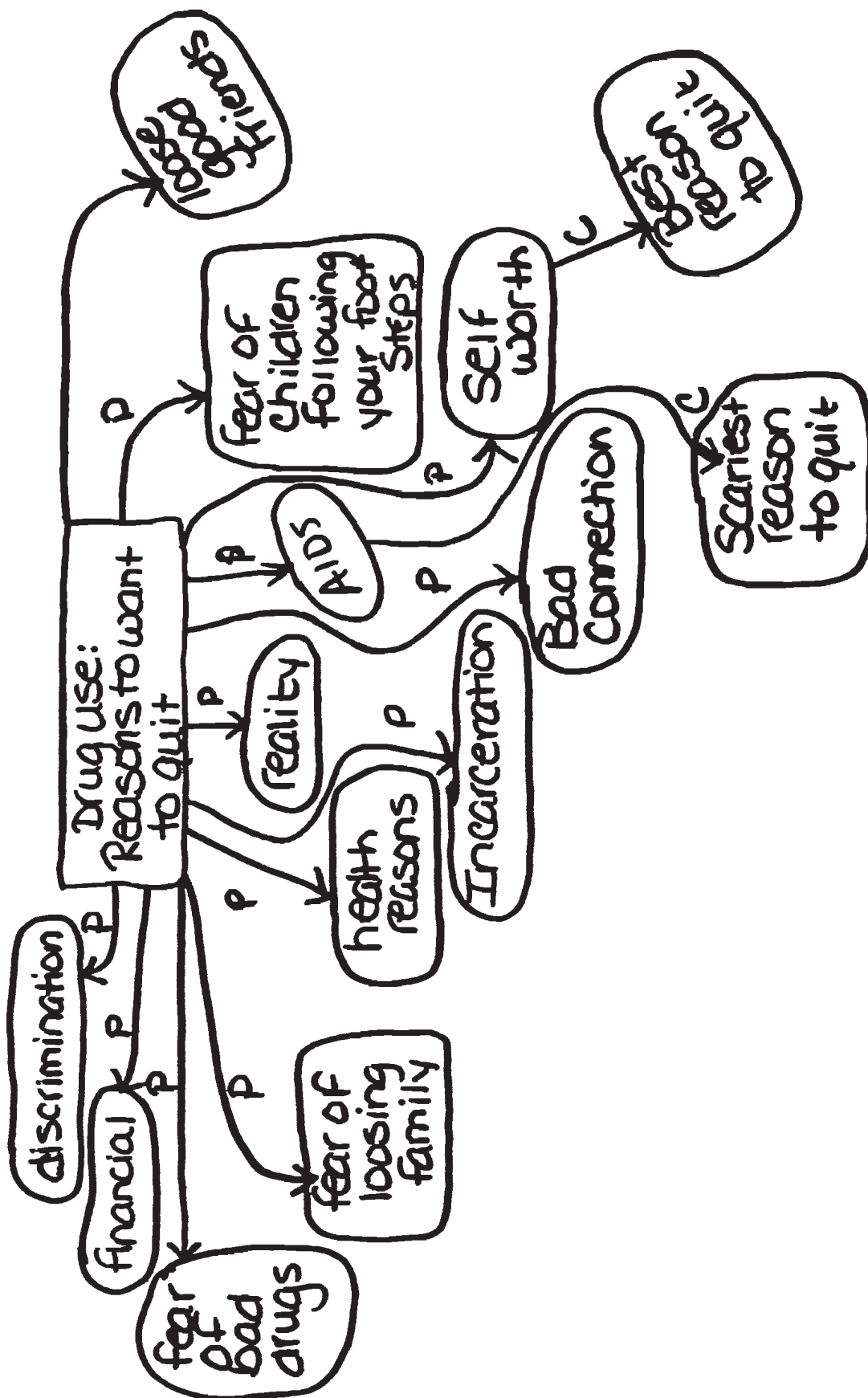
Drug Issues	Page 80
Treatment Issues	Page 85
General Issues	Page 93

Drug issues



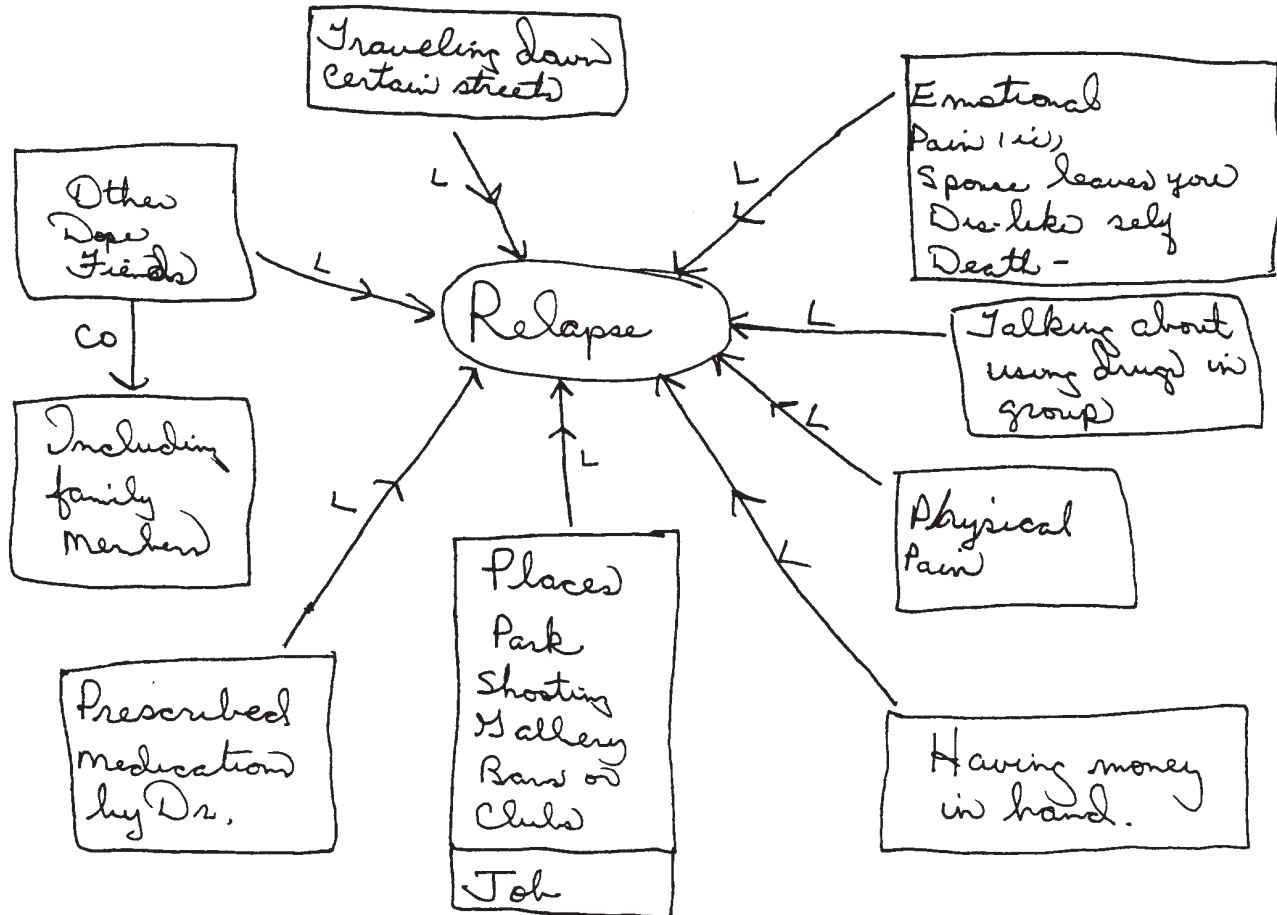




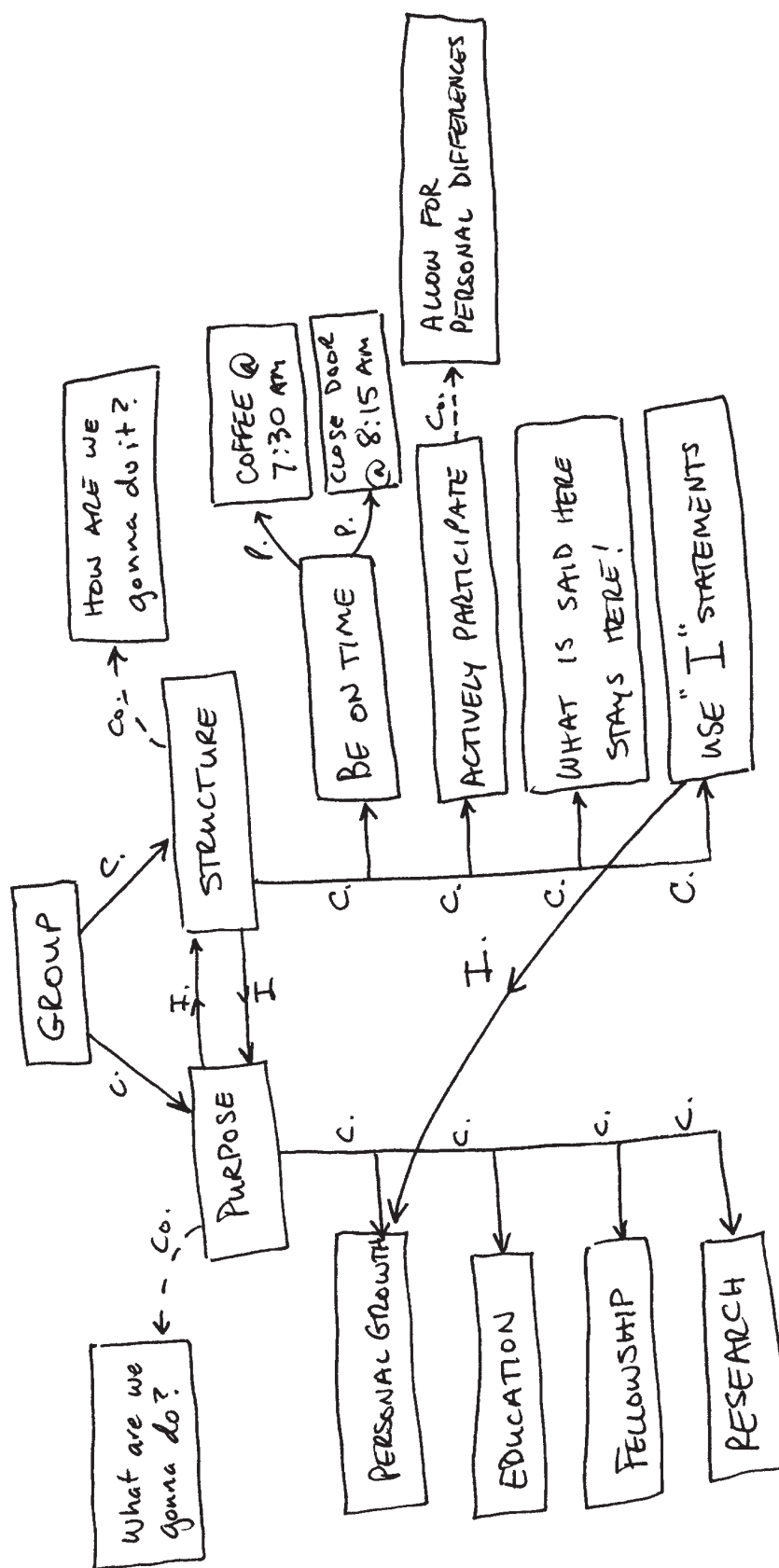


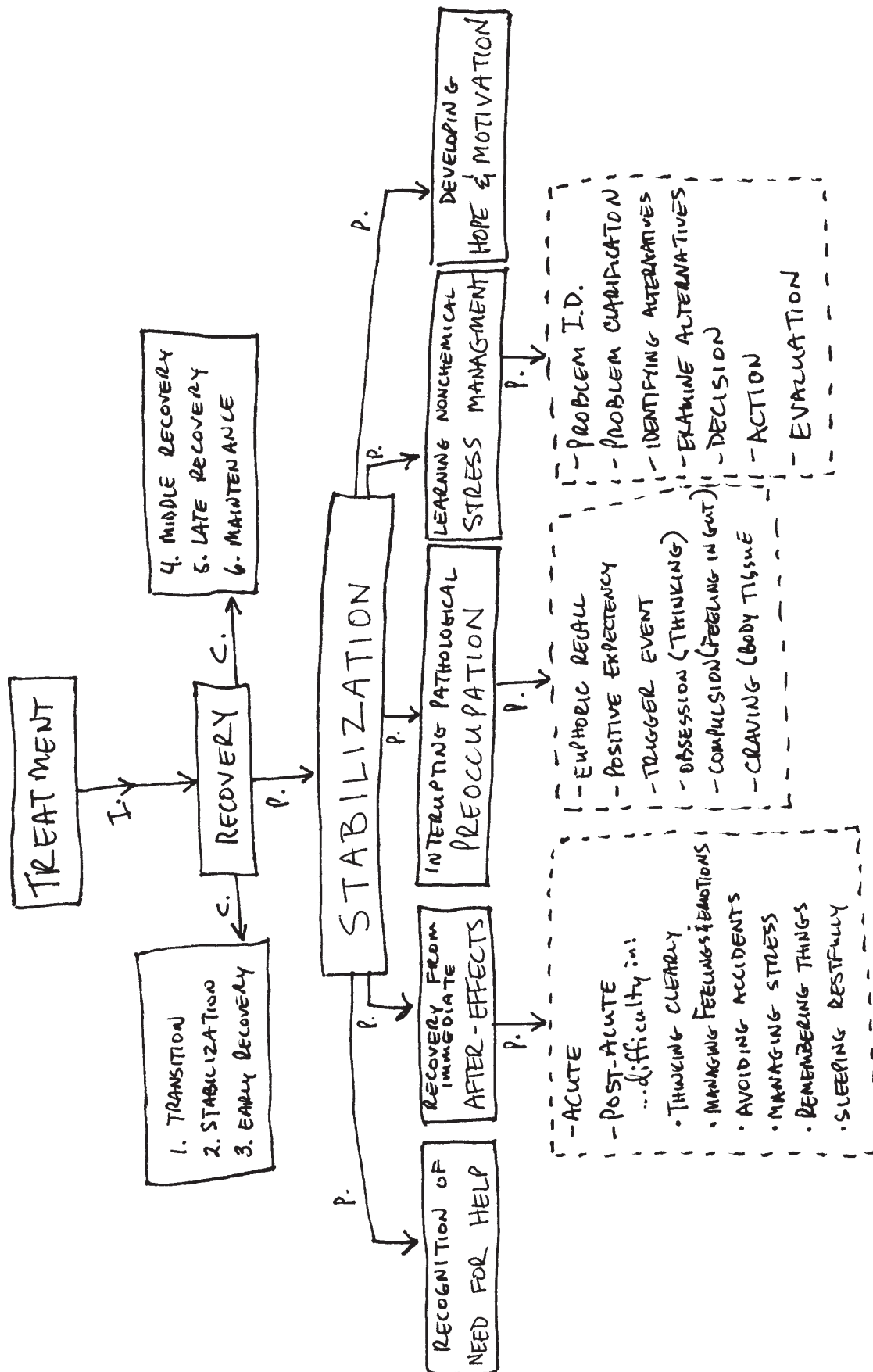
Mapping Group

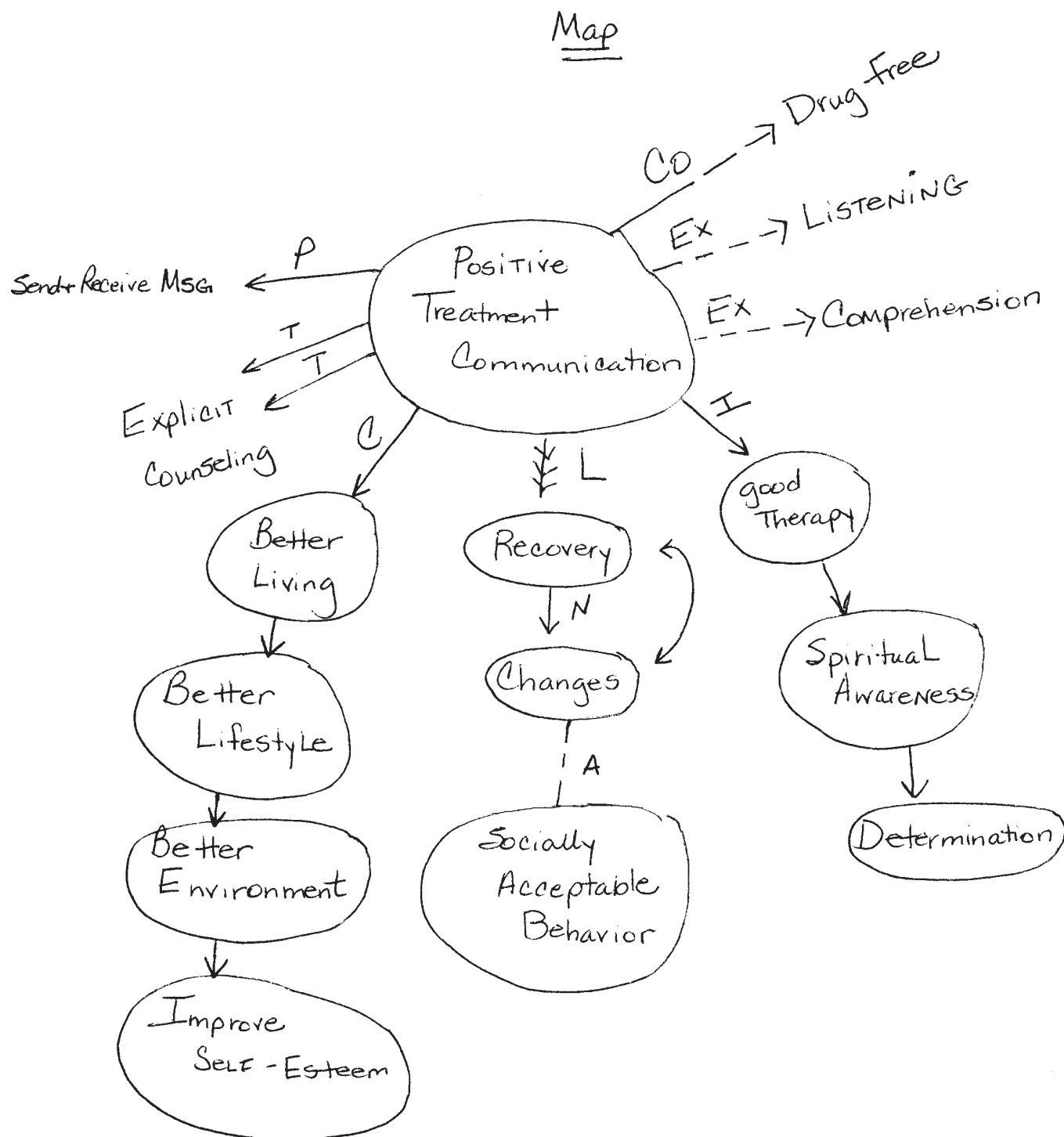
Map

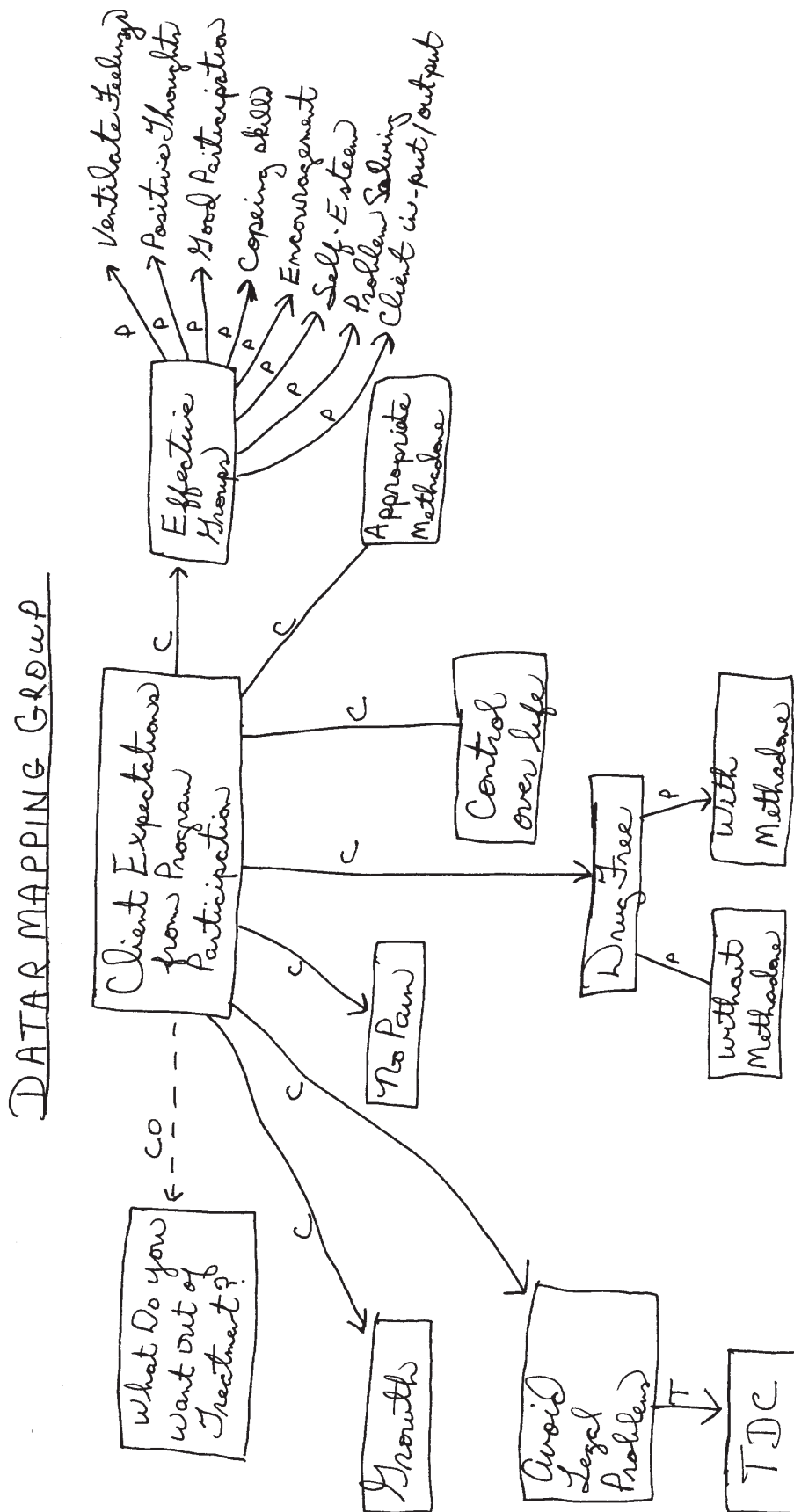


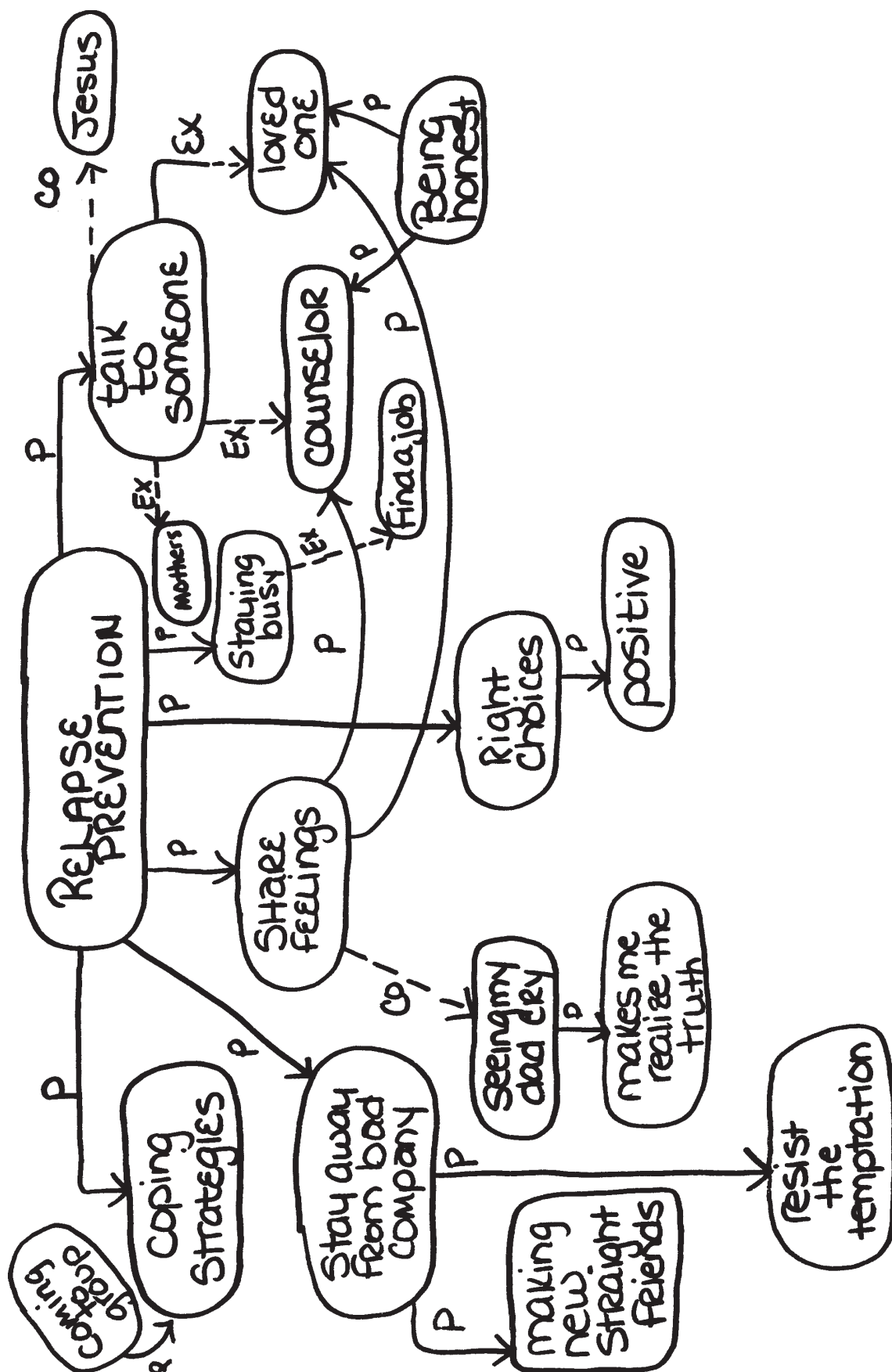
Treatment Issues

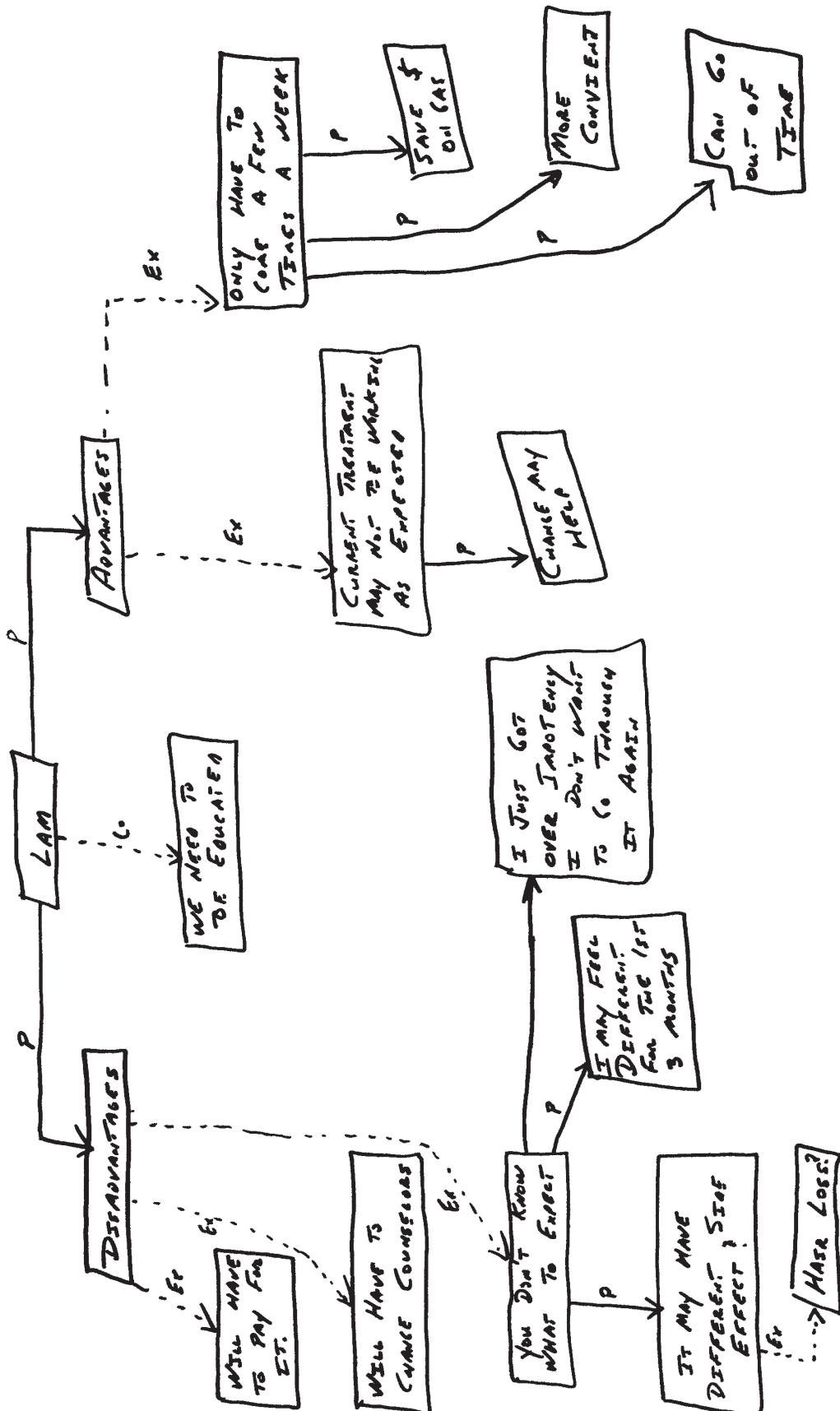


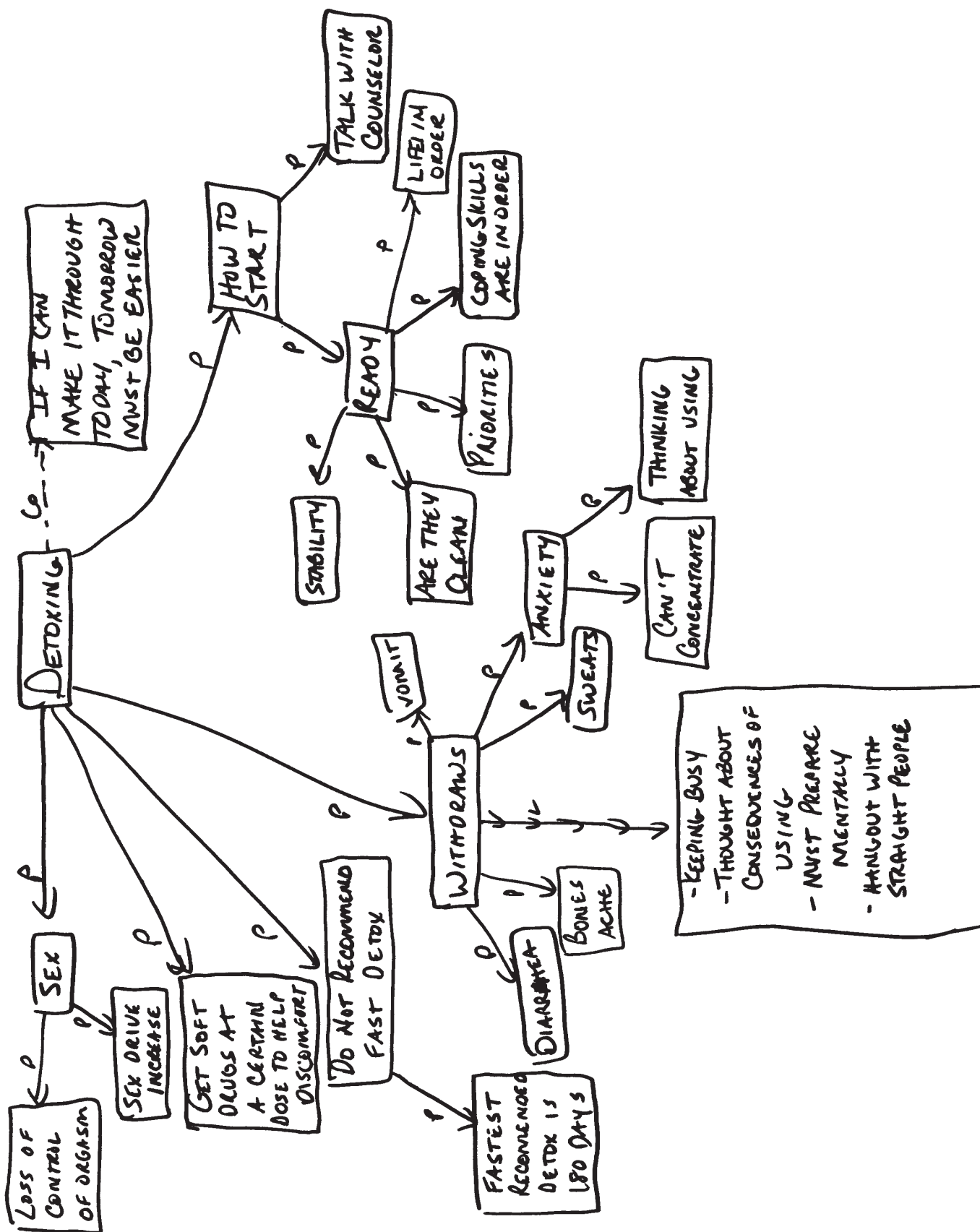


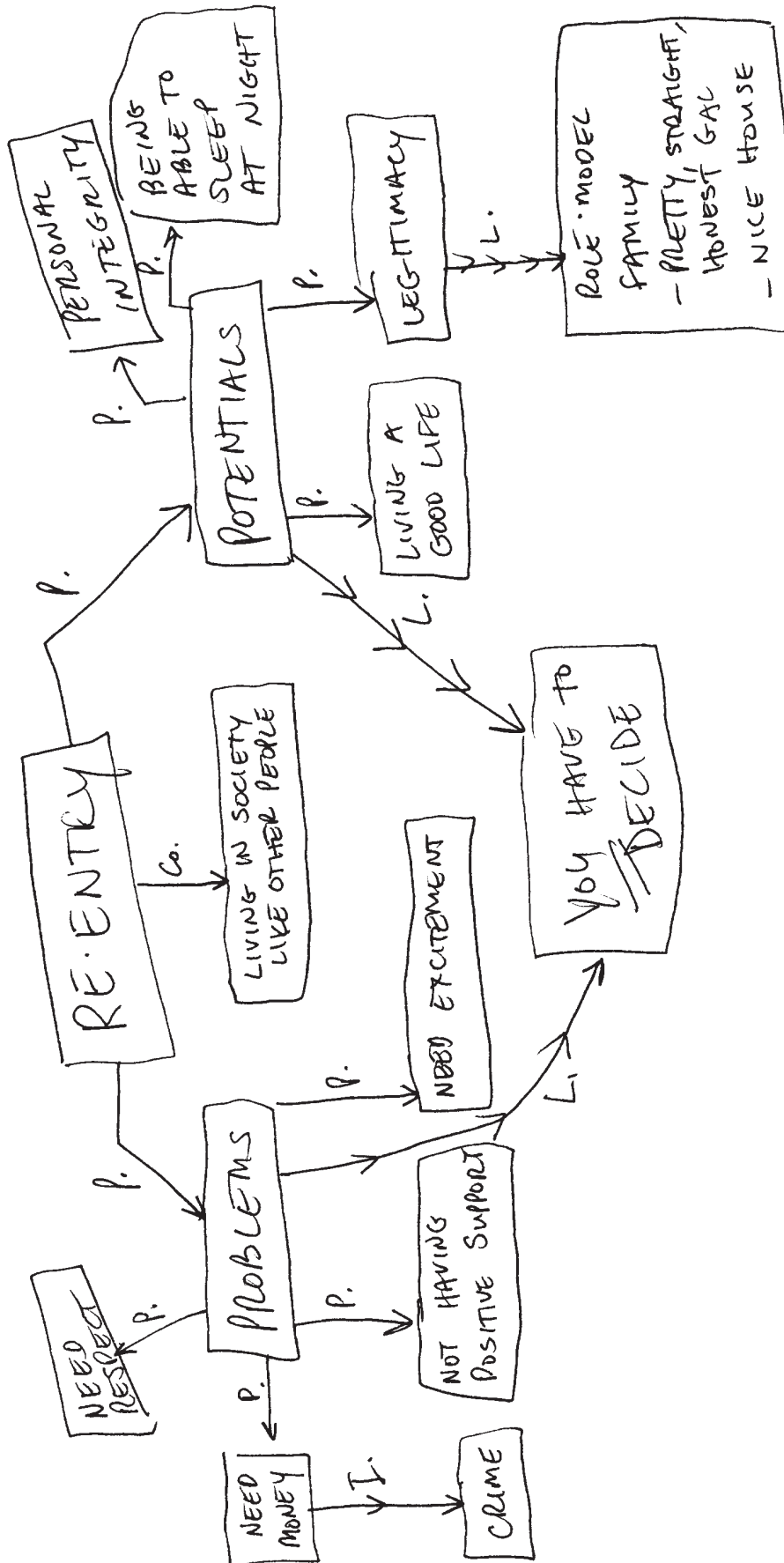




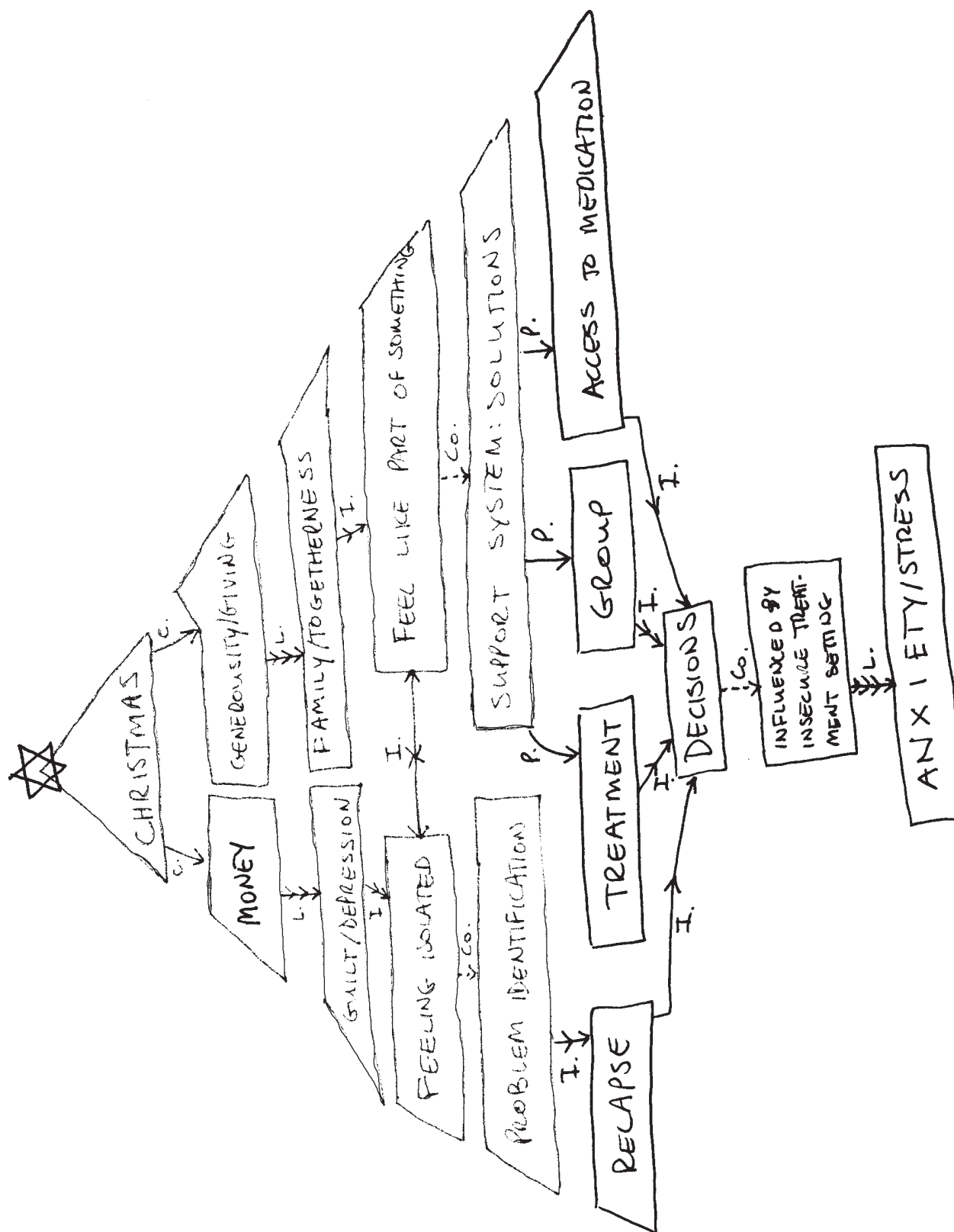


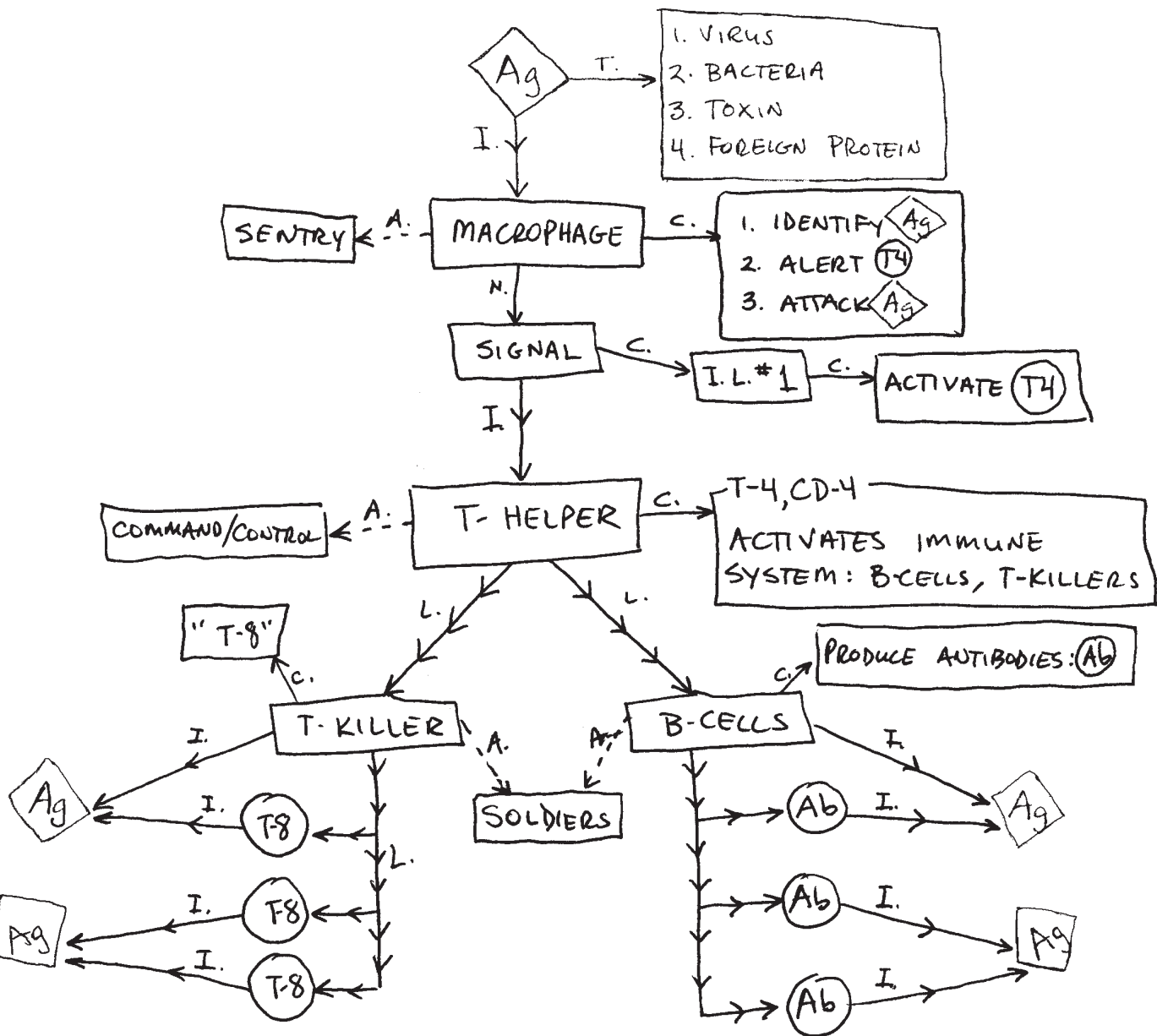


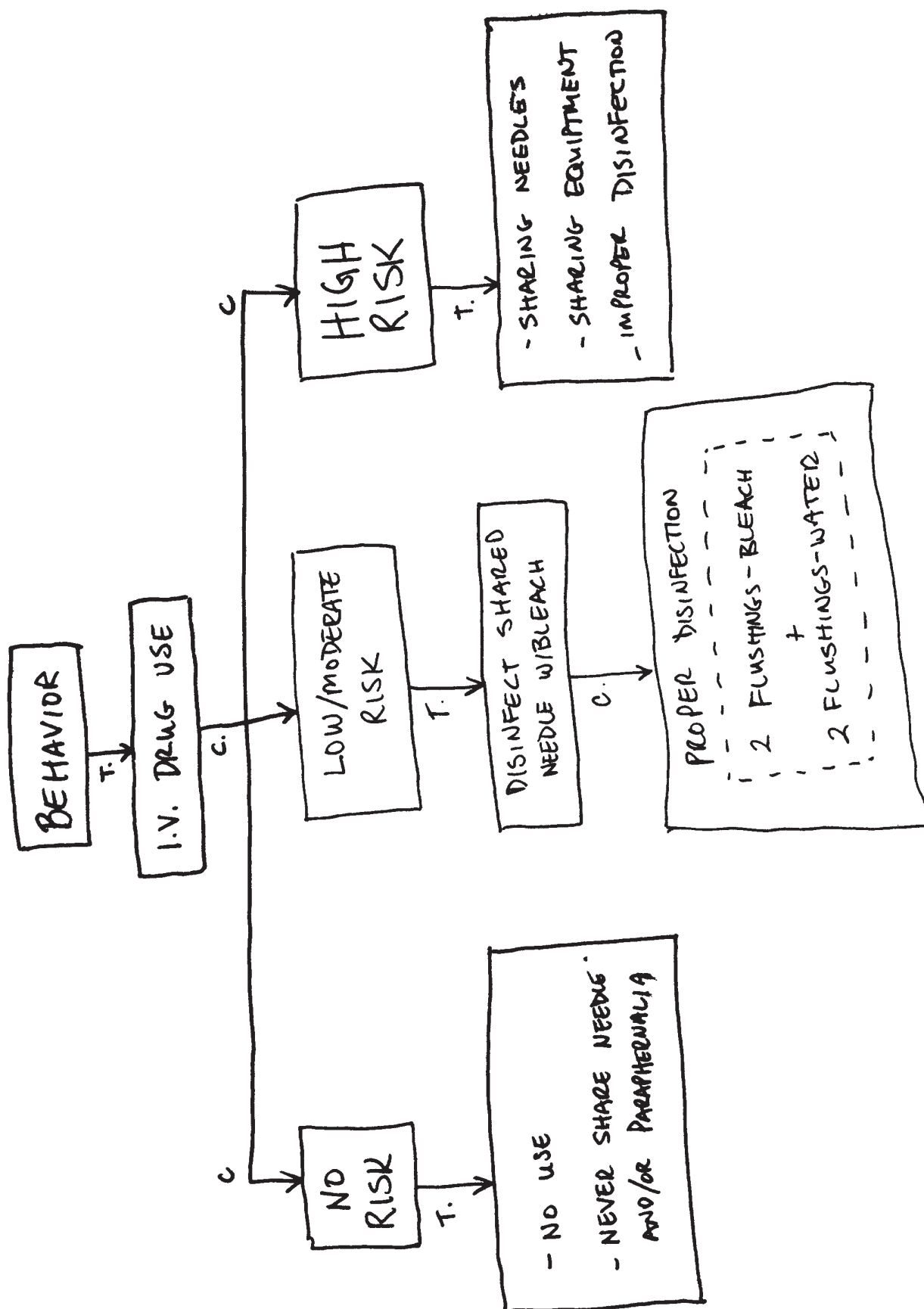




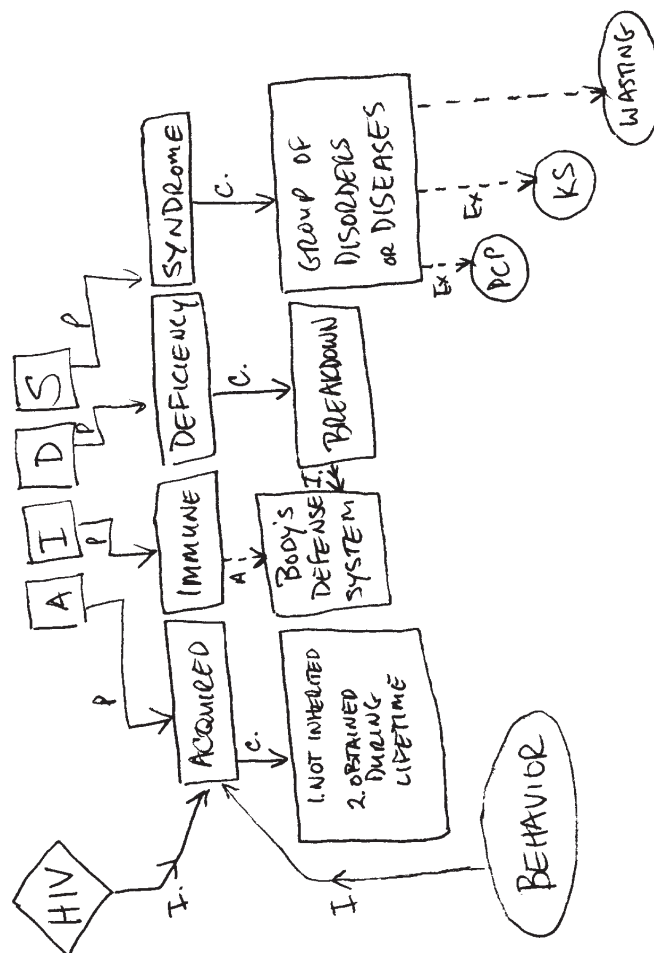
General issues



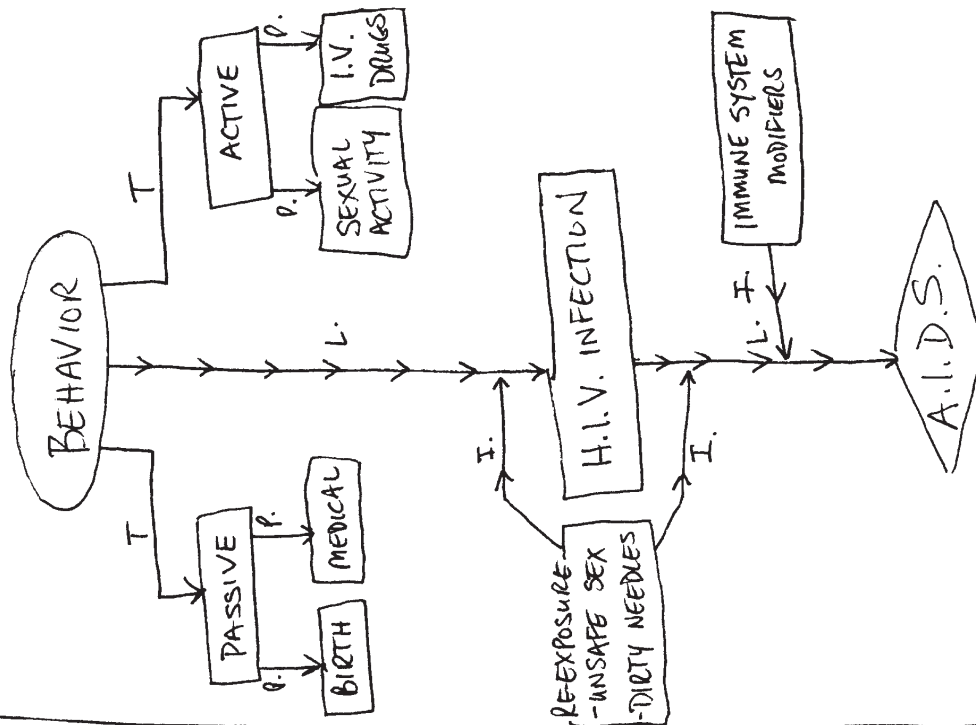


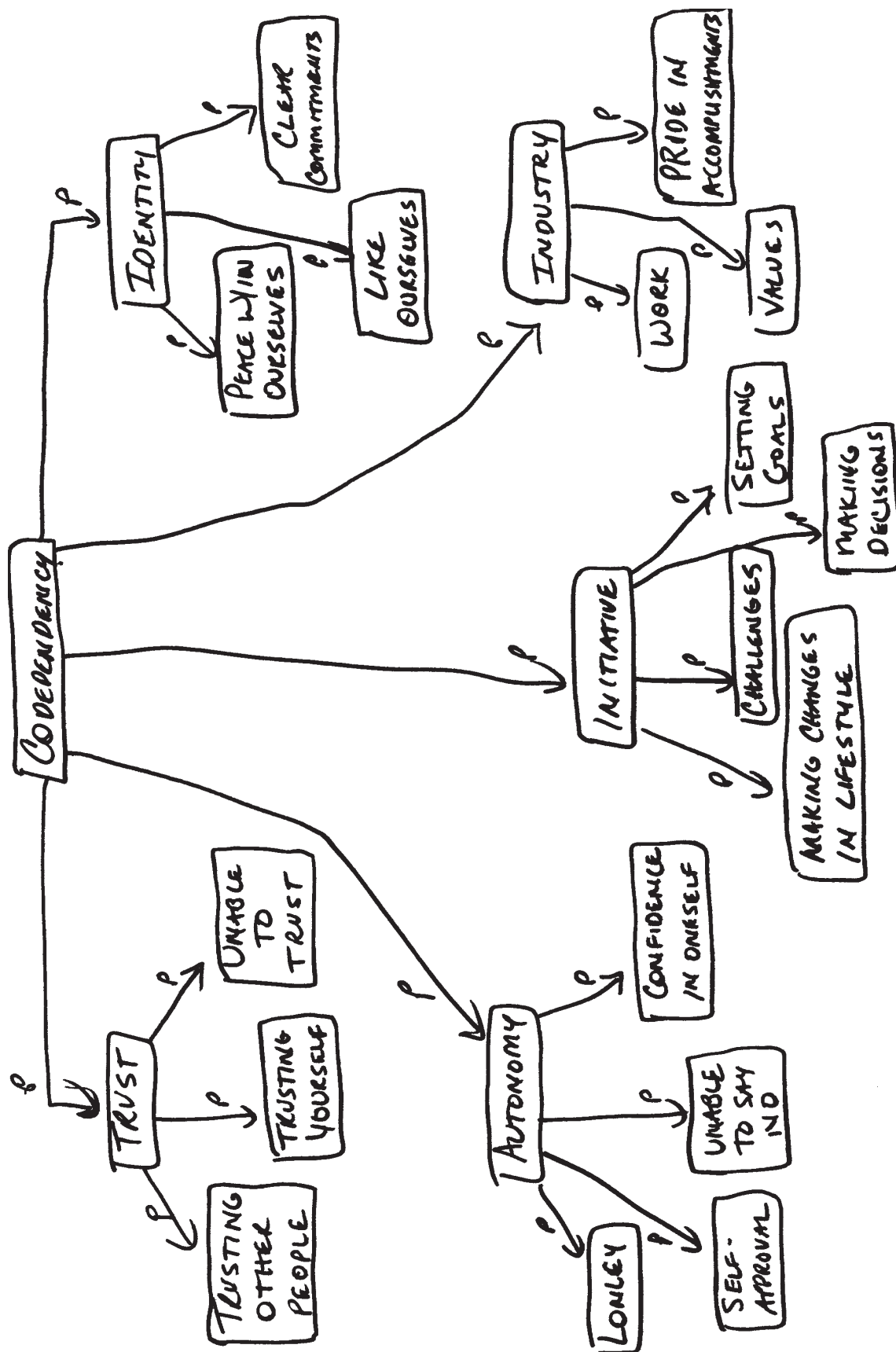


MAP #1



MAP #2





Appendix B — Individual Counseling Session Maps

We have included maps from individual counseling sessions, as for group sessions, to demonstrate their different uses and forms. Again, maps from this section could be copied and given to clients to annotate (i.e., write comments on) as a means of helping clients find new perspectives and think in alternative ways.

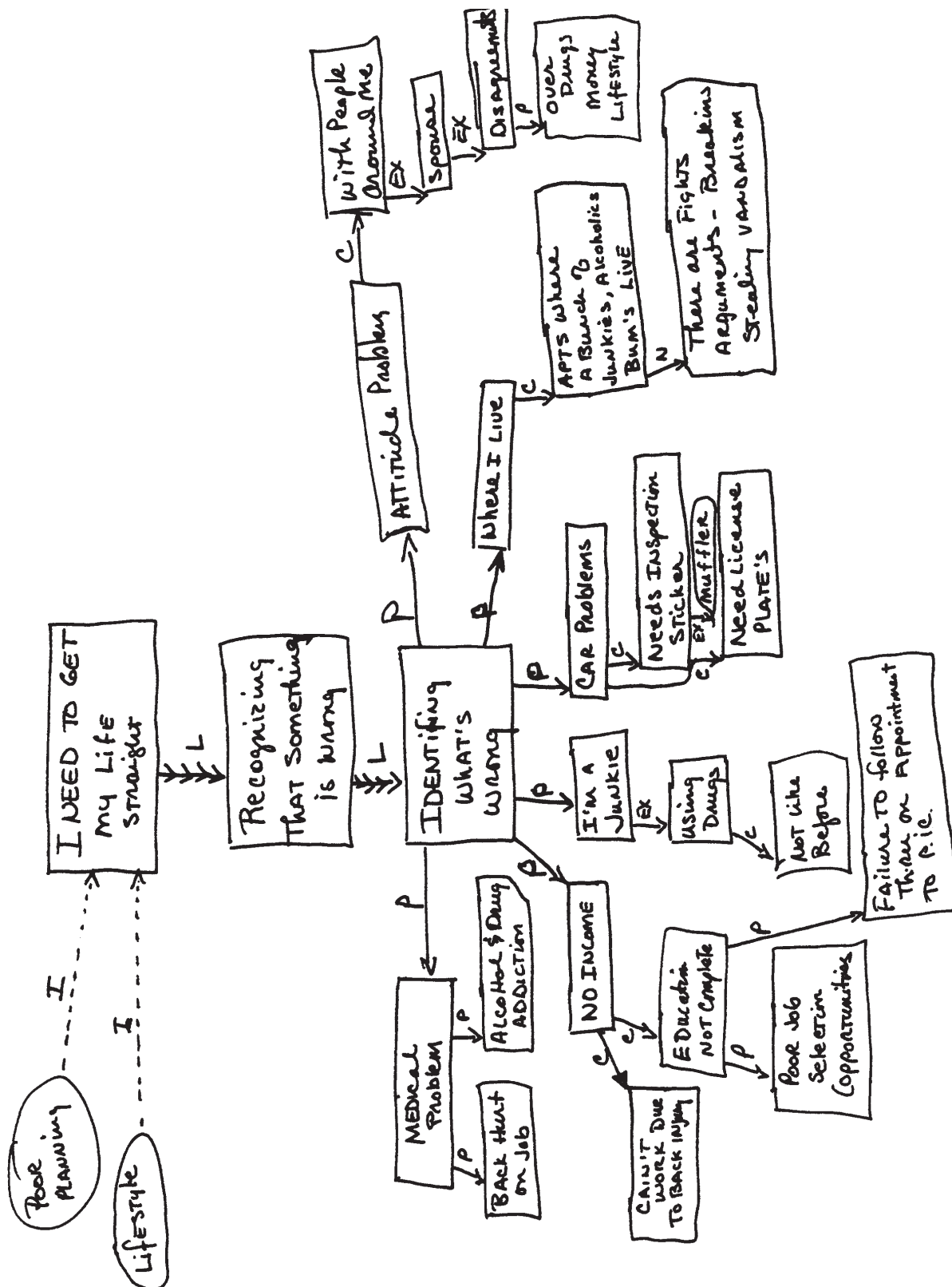
Appendix B Contents

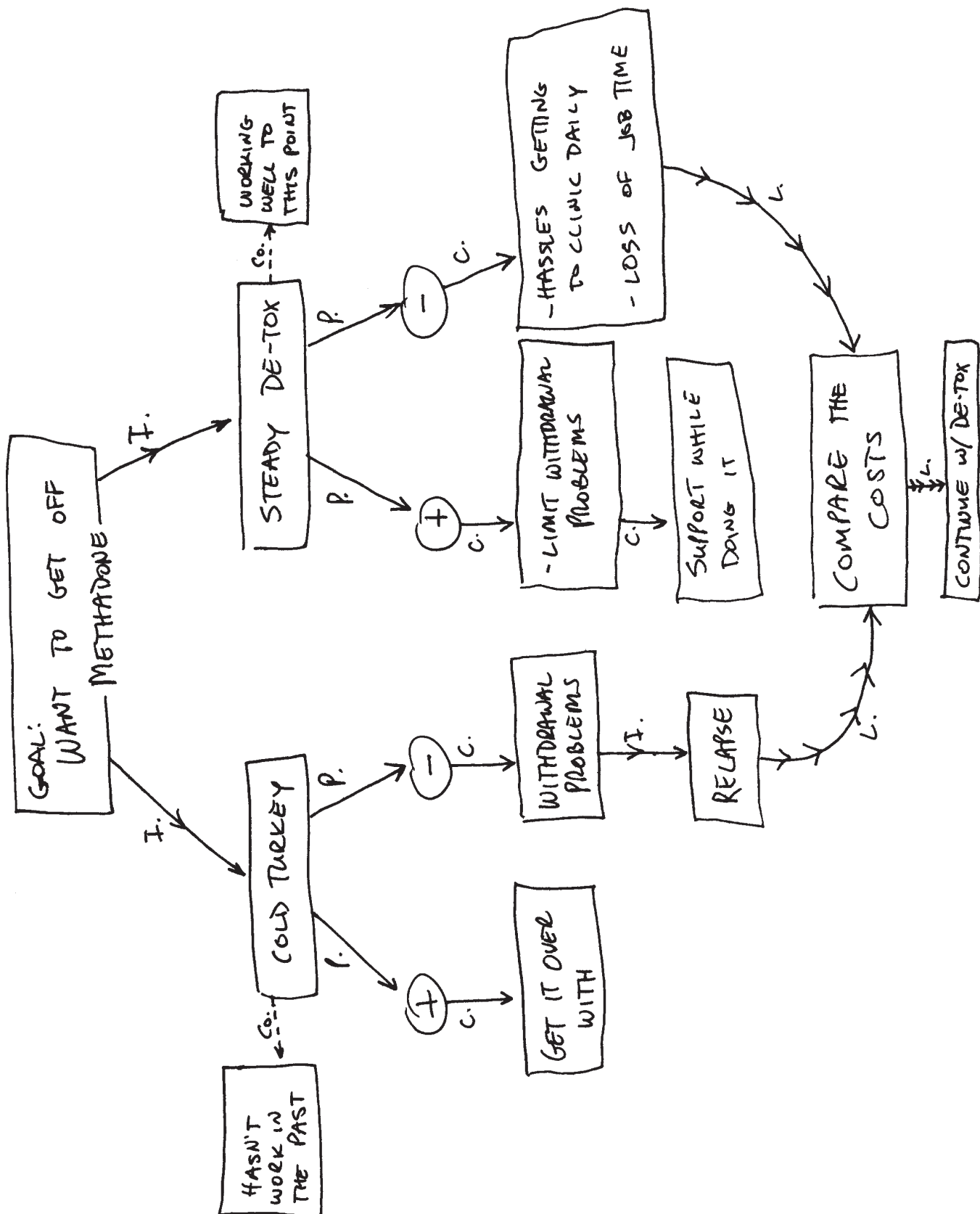
Drug Issues Page 100

Treatment Issues Page 102

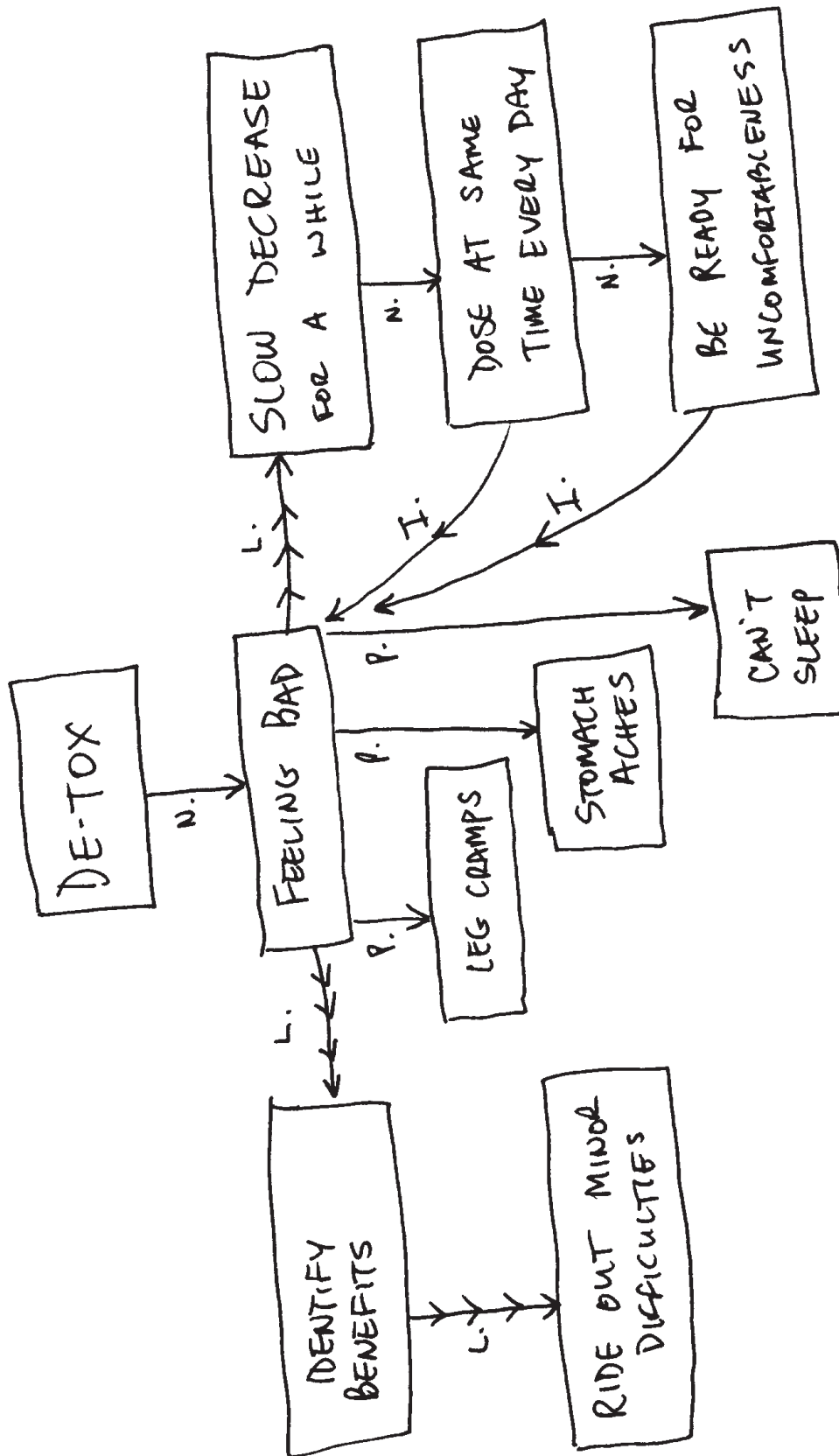
General Issues Page 108

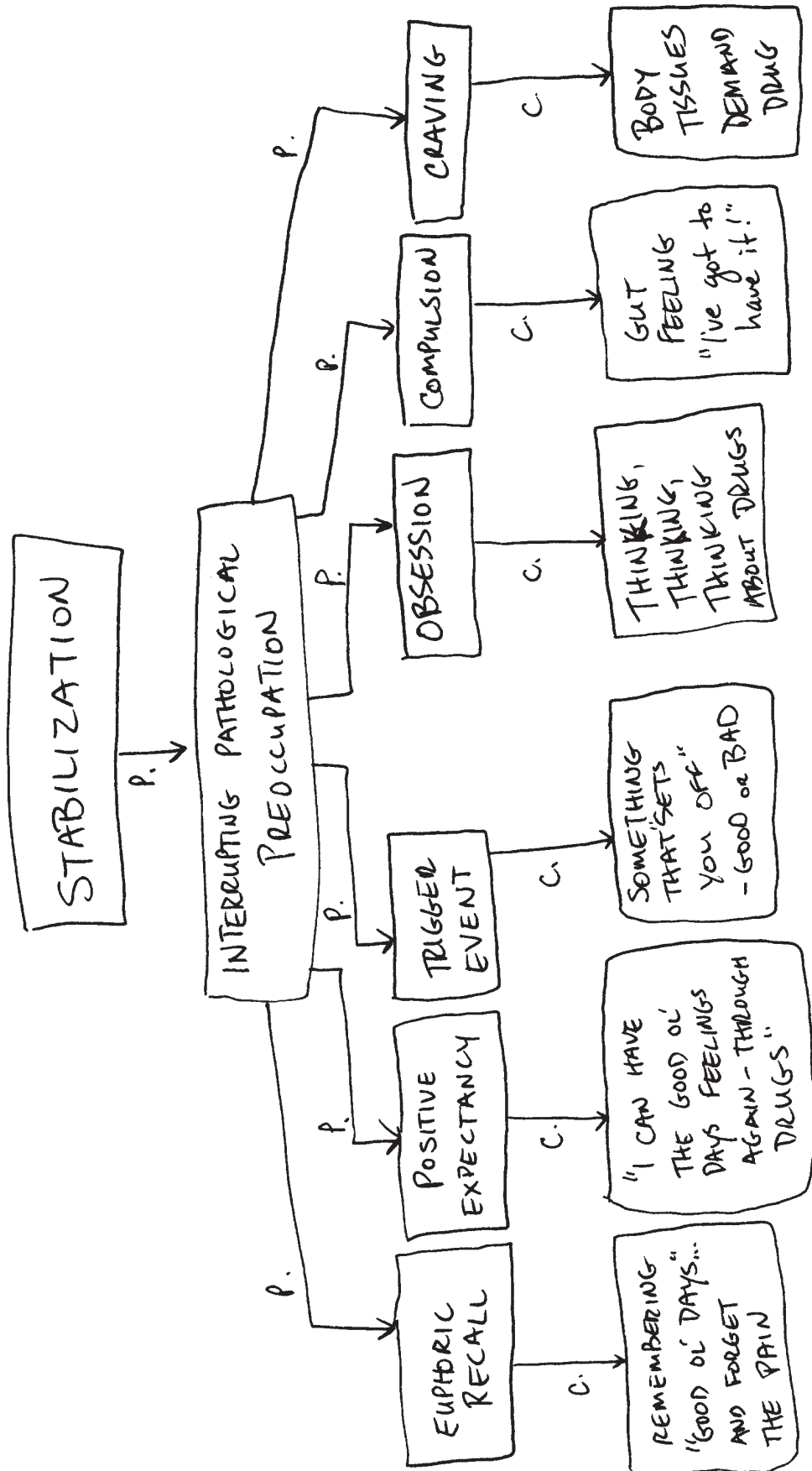
Drug issues

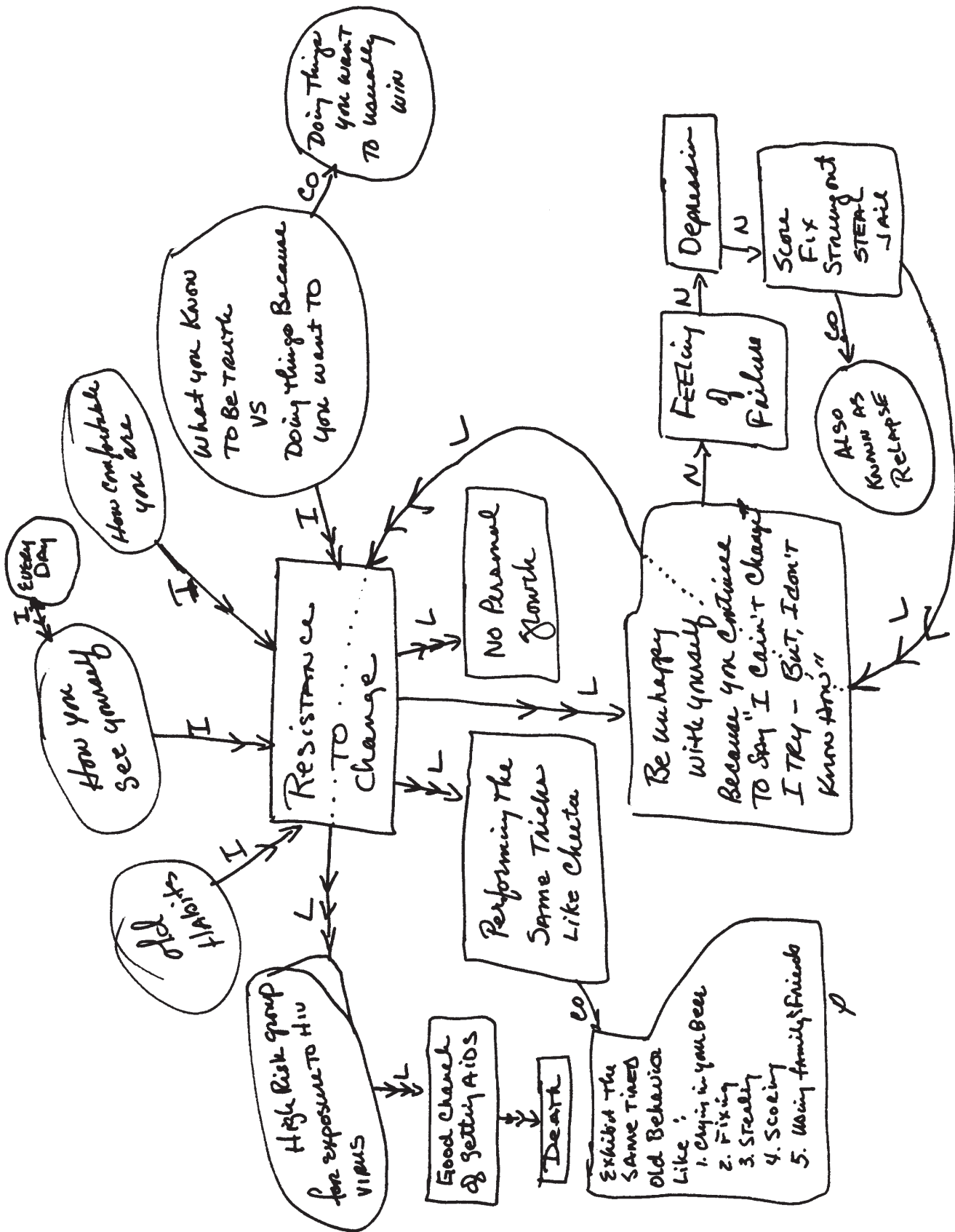


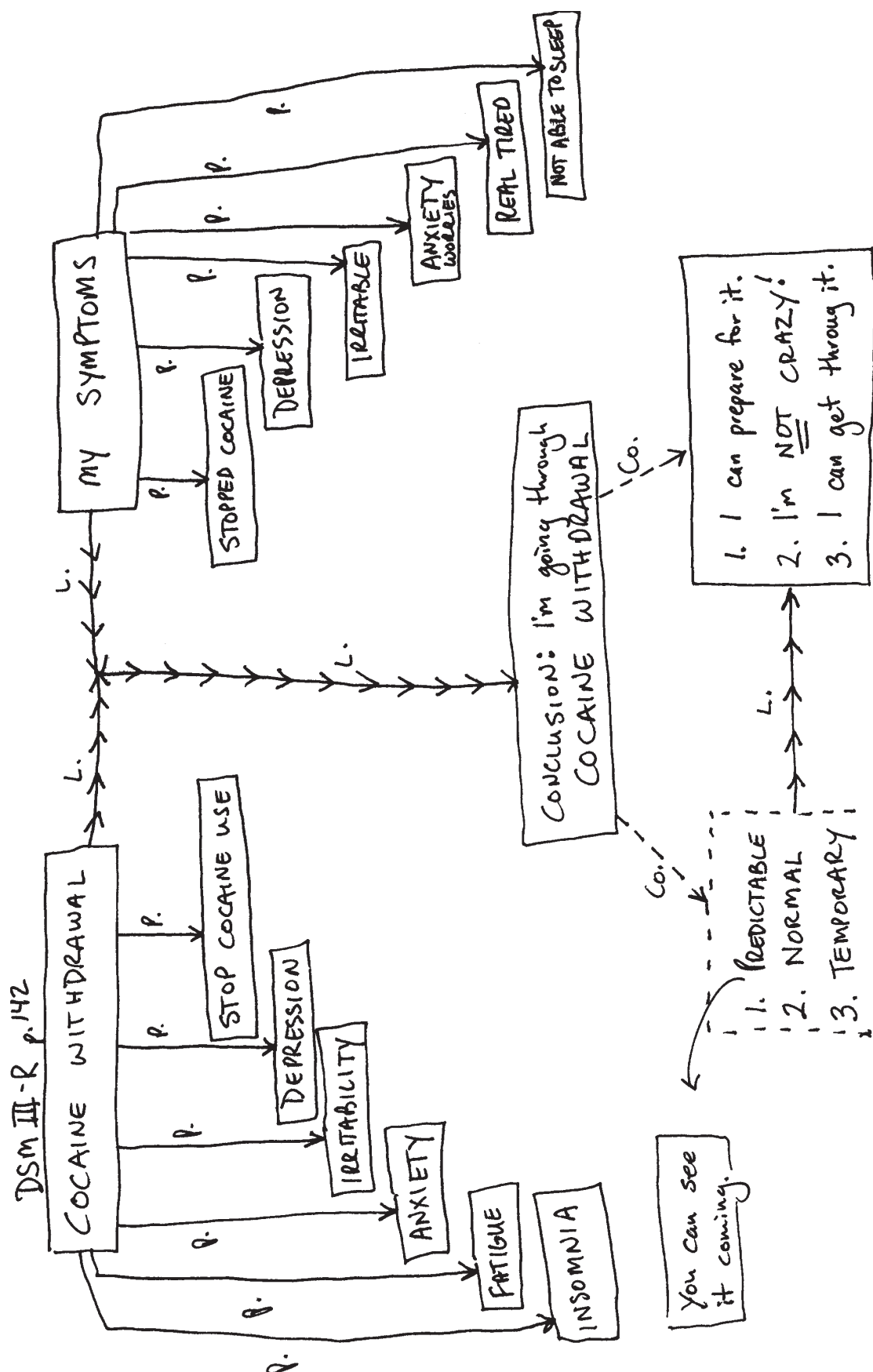


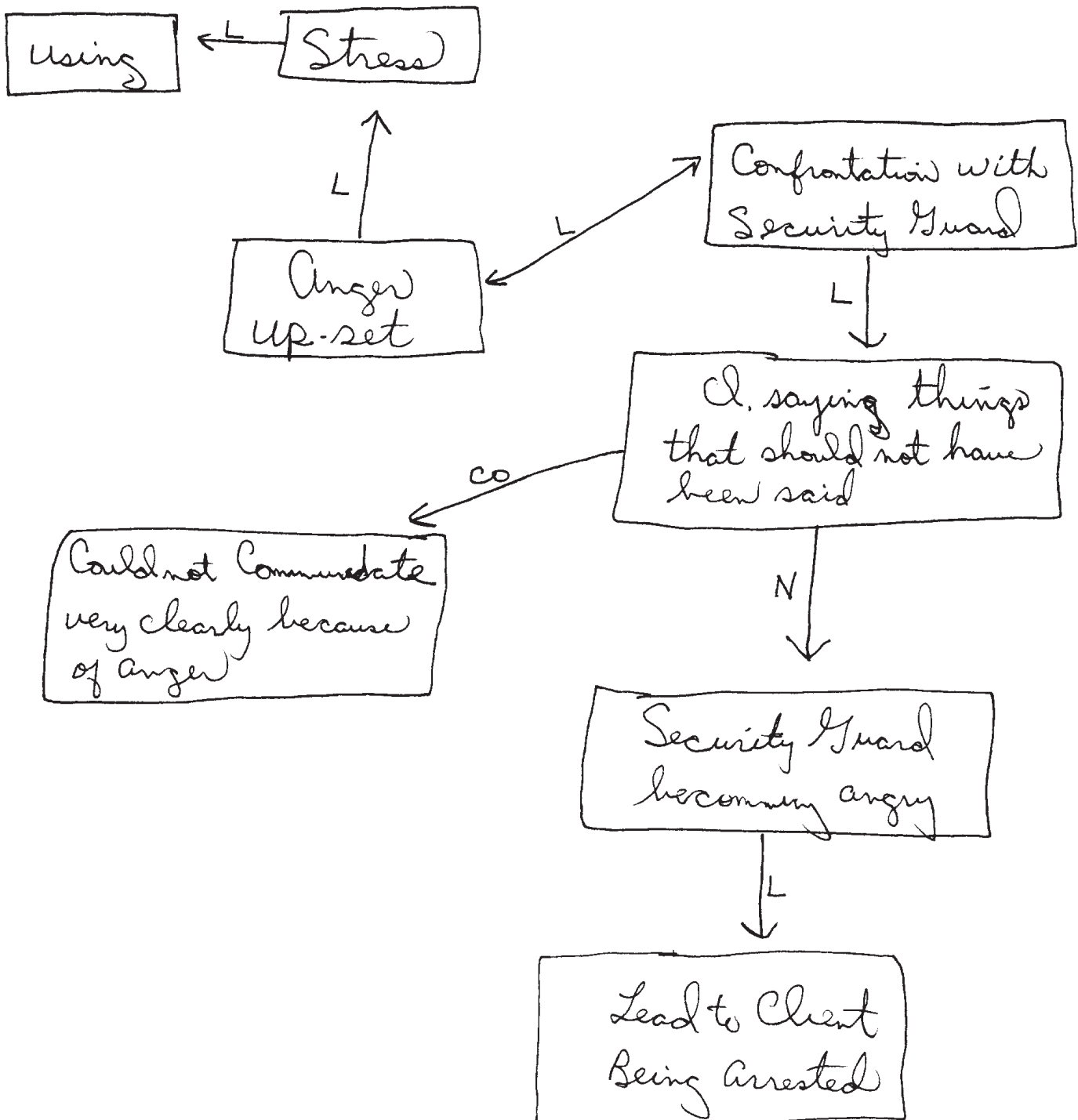
Treatment issues

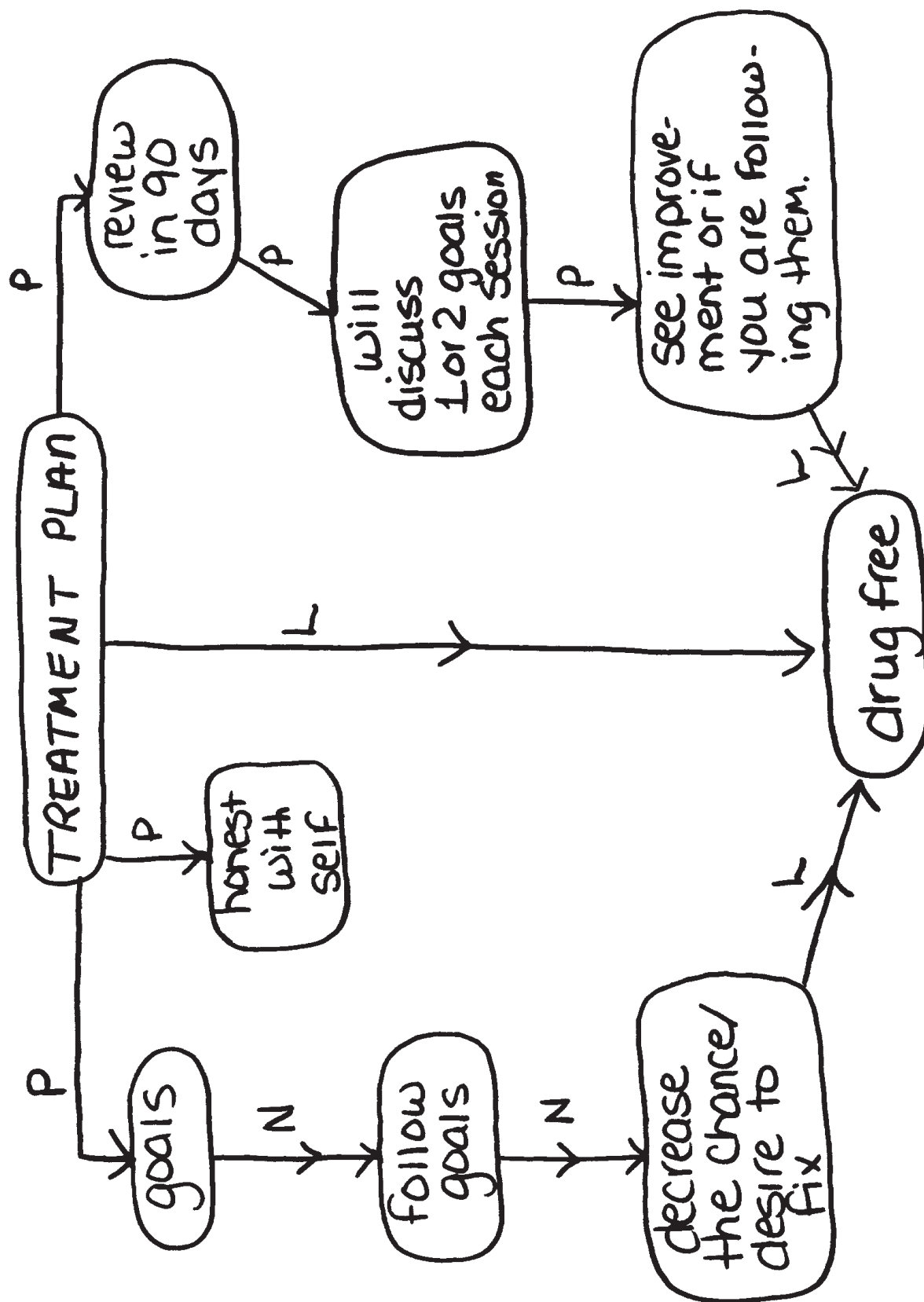




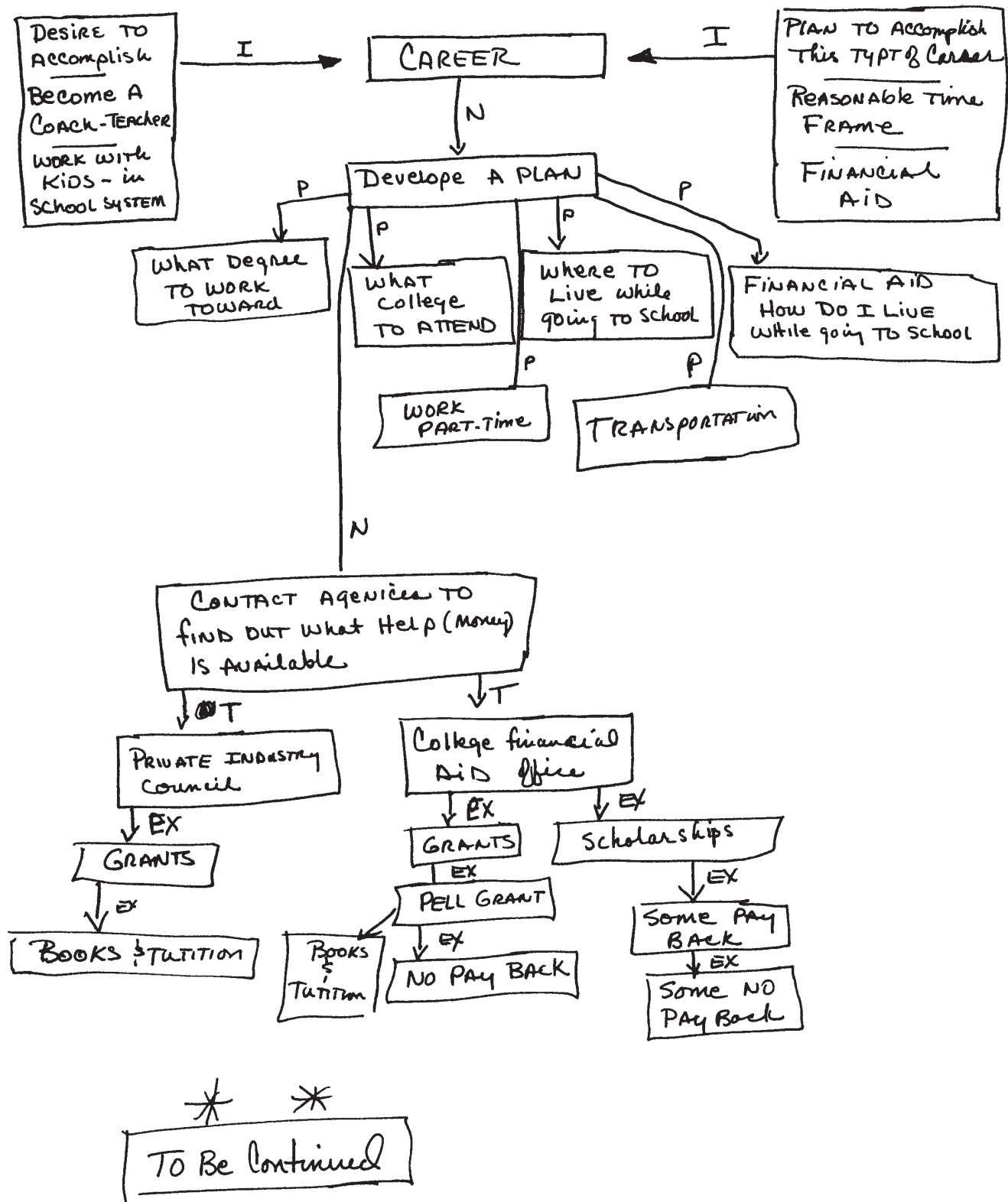


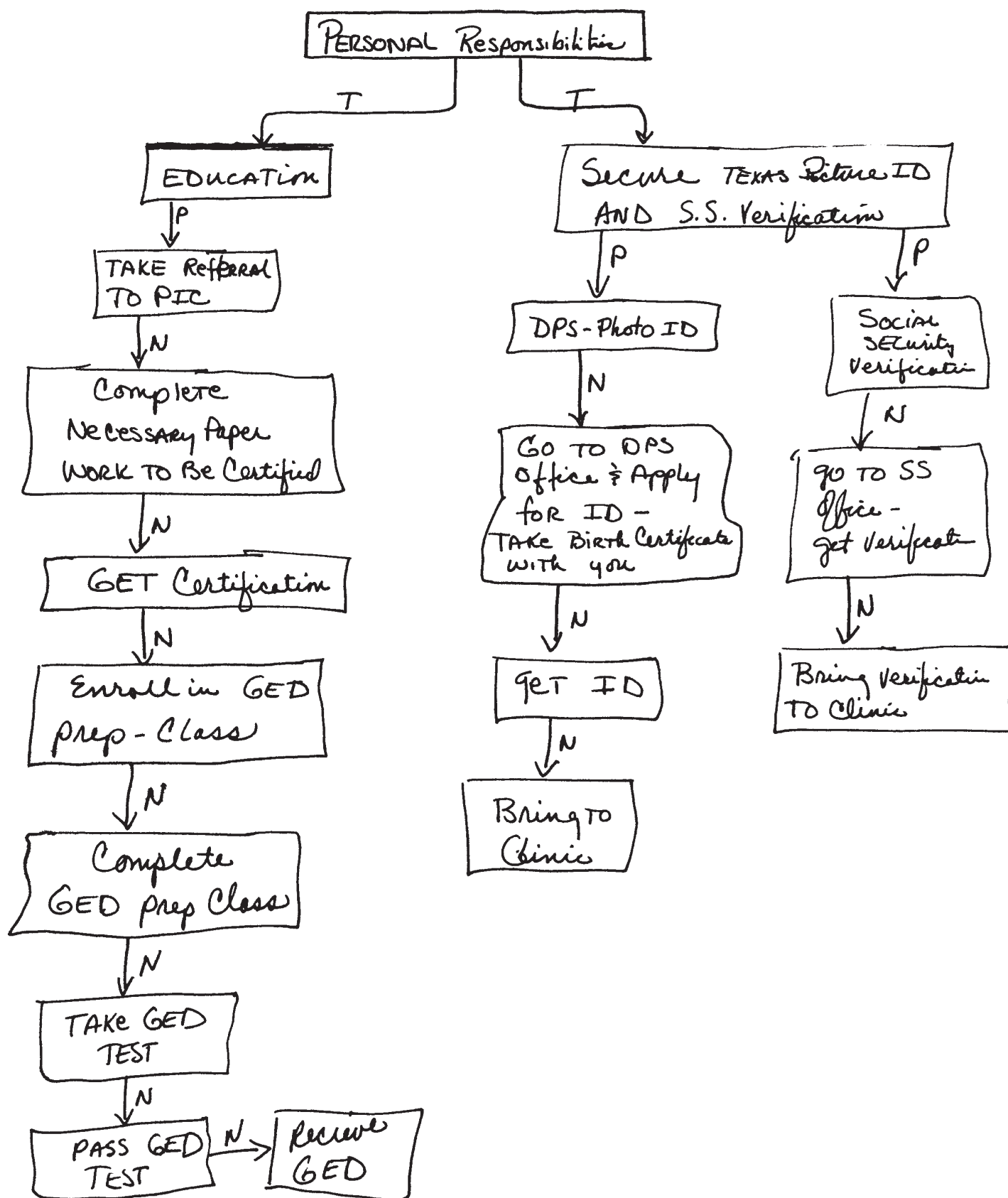


MAP

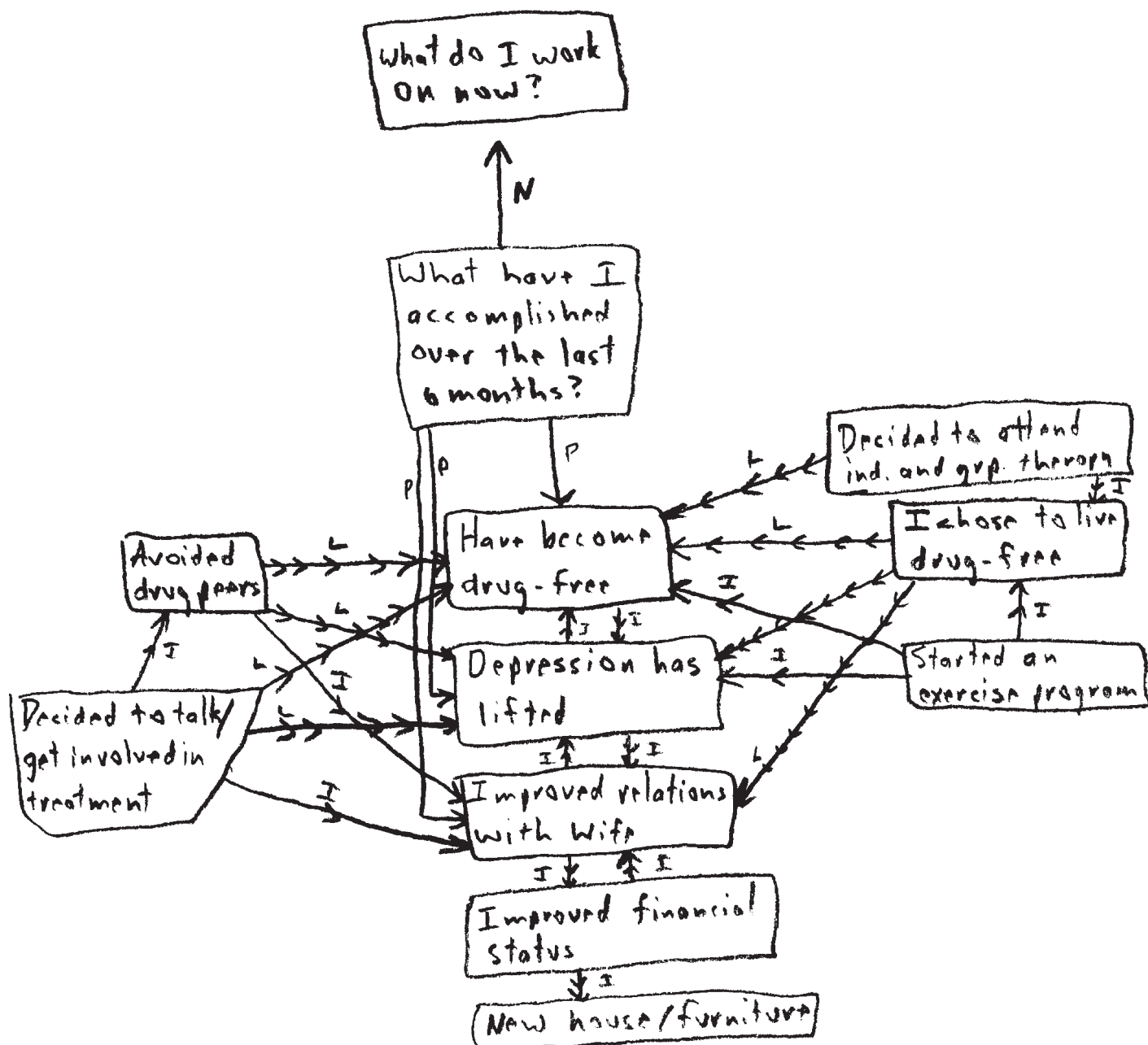


General issues









Appendix C — Additional Practice with Mapping

Instructions In Section 1, convert each of the node-link sets to a sentence or sentences, then look across to the next page for illustrated answers. Section 2 contains an exercise with illustrated answers for converting sentences to maps.

Appendix C Contents

Section 1 (Maps to Sentences) Page 114





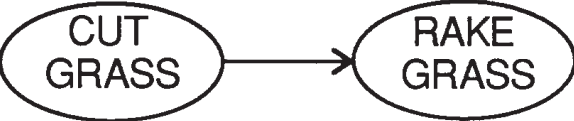
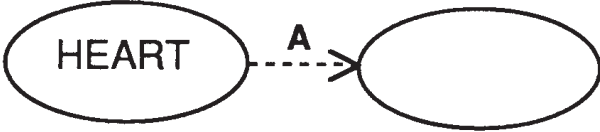
Section 2 (Sentences to Maps) Page 122

Section 1 — Maps to Sentences

MAPPING EXERCISES

Convert each of the node-link sets to a sentence or sentences, then turn to the next page for illustrated answers.

PROBLEMS

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

MAPPING EXERCISES

Answers to problems on previous page.

PROBLEMS

MAP		IN SENTENCE FORM
1.	<pre> graph LR FISH([FISH]) -- T --> BASS([BASS]) </pre>	One type of fish is a bass; or, A bass is a type of fish.
2.	<pre> graph LR CAT([CAT]) -- C --> PURRS([PURRS]) </pre>	One characteristic of a cat is that it purrs; or, Purring is a characteristic of cats.
3.	<pre> graph LR AIRPLANE([AIRPLANE]) -- P --> WINGS([WINGS]) </pre>	One part of an airplane are the wings; or, Wings are a part of an airplane.
4.	<pre> graph LR DRINKING_ALCOHOL([DRINKING ALCOHOL]) -- L --> HANGOVER([HANGOVER]) </pre>	Drinking alcohol leads to a hangover.
5.	<pre> graph LR CUT_GRASS([CUT GRASS]) -- N --> RAKE_GRASS([RAKE GRASS]) </pre>	Cut the grass and next, rake it. Or, After you cut the grass, rake it.
6.	<pre> graph LR HEART([HEART]) -. A .-> WATER_PUMP([WATER PUMP]) </pre>	One analogy to a heart is a water pump; or, A water pump is analogous to a heart.

MAPPING EXERCISES

PROBLEMS	
MAP	IN SENTENCE FORM
7. EXERCISE --CO--> JUST DO IT!	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
8. NUTRITION -->> HEALTH	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
9. SMART GUY -->> EINSTEIN	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
10. YOU JUST WON A MILLION DOLLARS --CO--> 	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
11. --EX--> HITLER	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
12. ADVERTISING --I-->> 	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>

MAPPING EXERCISES

Answers to problems on previous page.

PROBLEMS

MAP		IN SENTENCE FORM
7.		One comment about exercise is "Just do it!"
8.		Nutrition influences health.
9.		One example of a smart guy is Einstein.
10.		My comment about the statement, "You just won a million dollars," is "You must be kidding!"
11.		An example of a bad guy is Hitler.
12.		Advertising influences buyer behavior.

MAPPING EXERCISES

PROBLEMS	
MAP	IN SENTENCE FORM
13.	
<pre> graph TD A([PHYSICAL EXAMINATION]) --> B([DIAGNOSIS OF ILLNESS]) B --> C([]) C --> D([RECOVERY]) </pre>	
14.	
<pre> graph TD A([UNIVERSITIES]) --> B([PRIVATE]) A --> C([]) </pre>	
15.	
<pre> graph TD A([FLORENCE NIGHTINGALE]) -.-> B([]) B --> C([WORK IN HOSPITALS]) </pre>	
16.	
<pre> graph TD A([]) --> B([]) A --> C([EMERGENCY ROOM]) A --> D([OPERATING ROOMS]) </pre>	

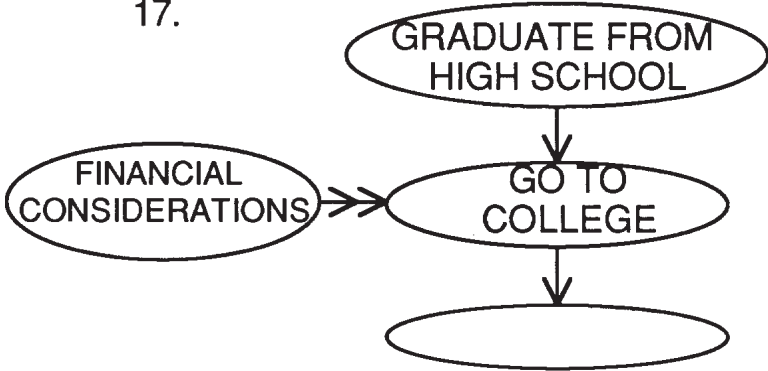
MAPPING EXERCISES

Answers to problems on previous page.

PROBLEMS

	MAP	IN SENTENCE FORM
13.	<pre> graph TD A([PHYSICAL EXAMINATION]) -- L --> B([DIAGNOSIS OF ILLNESS]) B -- L --> C([TREATMENT]) C -- L --> D([RECOVERY]) </pre>	A physical examination can lead to a diagnosis of an illness. This leads to treatment, which leads to recovery.
14.	<pre> graph TD A([UNIVERSITIES]) -- T --> B([PRIVATE]) A -- T --> C([PUBLIC]) </pre>	Two types of universities are public and private.
15.	<pre> graph TD A([NURSES]) -- C --> B([WORK IN HOSPITALS]) A -.- EX --> C([FLORENCE NIGHTINGALE]) </pre>	Nurses work in hospitals. One example of a nurse is Florence Nightingale.
16.	<pre> graph TD A([HOSPITALS]) -- P --> B([EMERGENCY ROOM]) A -- P --> C([OPERATING ROOMS]) A -- C --> D([DISTINCT ODORS]) </pre>	Two parts of a hospital are the emergency room and the operating rooms. Hospitals have distinct odors.

MAPPING EXERCISES

PROBLEMS	
MAP	IN SENTENCE FORM
17.  <pre>graph TD; A([FINANCIAL CONSIDERATIONS]) --> B([GO TO COLLEGE]); B --> C([GRADUATE FROM HIGH SCHOOL]); C --> D([])</pre>	

MAPPING EXERCISES

Answers to problems on previous page.

PROBLEMS		
	MAP	IN SENTENCE FORM
17.	<pre> graph TD A([GRADUATE FROM HIGH SCHOOL]) -- N --> B([GO TO COLLEGE]) B -- N --> C([EMBARK ON A CAREER]) D([FINANCIAL CONSIDERATIONS]) -- I --> B </pre>	<p>You graduate from high school and next, you go to college. This is influenced by financial considerations.</p> <p>After college you next embark on a career.</p>

Section 2 — Sentences to Maps

MAPPING EXERCISES

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

PROBLEMS	
ENGLISH	MAP
18. Kissing him was like taking medicine.	
19. Government funding creates many new employment opportunities.	
20. Congress is composed of the Senate and the House of Representatives.	
21. Experiments with two diseases of the pox strain, cow pox and small pox, resulted in the principle of vaccination.	

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.

PROBLEMS

ENGLISH	MAP
18. Kissing him was like taking medicine.	<pre> graph LR A(KISSING HIM) -.-> A B(TAKING MEDICINE) </pre>
19. Government funding creates many new employment opportunities.	<pre> graph LR A(GOVERNMENT FUNDING) --> L B(NEW EMPLOYMENT OPPORTUNITIES) </pre>
20. Congress is composed of the Senate and the House of Representatives.	<pre> graph TD A(CONGRESS) --> P B(SENATE) A --> P C(HOUSE OF REPRESENTATIVES) </pre>
21. Experiments with two diseases of the pox strain, cow pox and small pox, resulted in the principle of vaccination.	<pre> graph TD A(EXPERIMENTS WITH DISEASES OF POX STRAIN) --> T B(COW POX) A --> T C(SMALL POX) A --> L D(PRINCIPLES OF VACCINATION) </pre>

Glossary

Action links	Links that reflect activity and influence; “leads to,” “next,” and “influence” are action links.
Analogy link (A)	A link or relationship that expresses similarities between distant ideas (e.g., a hangover is analogous to being stuck in a clothes dryer). This link is used to enrich a client’s understanding of a particular issue.
Central node	The node that best reflects the content or topic of the map (e.g., “relapse,” “anger,” “relationships”). This node is often the first node that is drawn (i.e., the starting node).
Characteristic link (C)	A link that indicates traits, attributes, or qualities of something (e.g., one characteristic of heroin is that it is physically addictive).
Comment link (Co)	Usually an observation or remark that indicates the counselor’s or client’s opinion about something.
Description links	A link that indicates an idea or issue. “Characteristic,” “type,” and “part of” are descriptive links.
Example link (Ex)	A link that connects a concrete example with a more abstract idea (e.g., jumping off of a bridge is an example of attempted suicide).
Fill-in map	A structured, pre-prepared map that is to be completed by adding detailed information to the nodes.
Group counseling session maps	Maps drawn or presented in group counseling sessions.
Illustration links	Links that indicate an illustration or enrichment of an idea. “Analogy,” “comment,” and “example” are illustration links.
Individual counseling session maps	Maps drawn during or after an individual counseling session.
Influences link (I)	An action link indicating one thing may influence or impact another (e.g., family stability influences relapse).
Leads to link (L)	An action link indicating that one thing causes or produces another (e.g., cocaine leads to hyperactivity).

Link-to-link connection	This occurs when a link is connected directly to the label of another link. This type of connection shows how a relationship is modified by other things (e.g., the extent to which alcohol leads to a hangover is influenced by amount of food in the person's stomach).
Link types	The labeled lines that connect the nodes in a map (there are 9 basic link types (See Figure 4, p. 10) and many others that can be created for special situations).
Links	These are lines that express relationships between ideas by connecting nodes in a node-link map.
Maps	Node-link displays that show the relationship among ideas, actions, and emotions (somewhat similar to flow charts and organizational diagrams).
Mapping	The process of producing a node-link map.
Next link (N)	An action link that specifies a sequence of events or ideas (e.g., after going to counseling, next get your methadone dose).
Node	A graphic box (circular, rectangular, square) that contains ideas, emotions, or actions. Nodes are connected to one another by "links" to create a map.
Node-link mapping	(See "Mapping" above.)
Overhead transparency	The clear plastic sheet that is used on an overhead projector to magnify a map for viewing by a group.
Part link (P)	A description link that indicates parts or components (e.g., counseling is a part of drug abuse treatment).
Presentation Map	A pre-prepared map used by a counselor to provide information (e.g., presentation of AIDS information to groups).
Problem definition	Describing the important or critical aspects of a negative event or issue.
Process Map	A map that is developed in the process of counseling, can be contrasted with a presentation map (see above).
"Reading" a map	This involves understanding the meaning of a map and being able to express that meaning verbally.

Shared ownership This occurs when clients and counselors both fully participate in the creation of a map.

Type link (T) A description link that indicates categories of ideas, actions, or emotions (e.g., one ***type of*** negative emotion is sadness).

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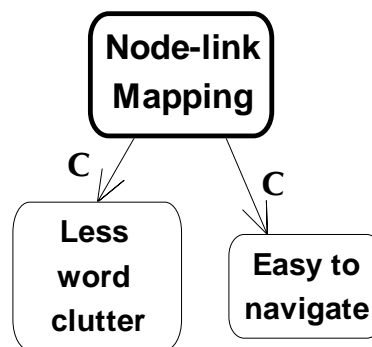
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CHAPTER

1

Mental Roadmaps: An Introduction and Background



C = characteristic

What Are Mental Roadmaps?

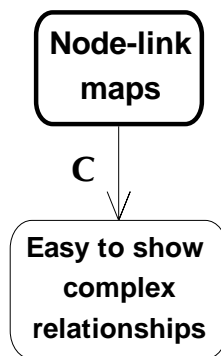
Why Use Node-link Maps?

How Do You Do Simple Mapping?

CHAPTER

2

Using Maps for Group Counseling



C = characteristic

"Growing" Maps in Group Settings

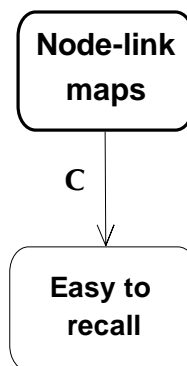
Group Session Example #1 and Comments
on the Process

Group Session Example #2 and Comments
on the Process

CHAPTER

3

Using Maps for Individual Counseling



C = characteristic

Drawing Maps in Individual Counseling

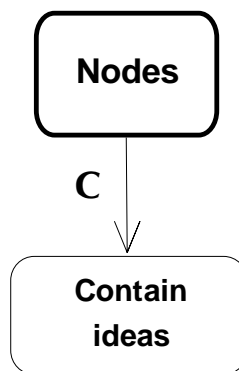
Individual Session Example #1 and
Comments on the Process

Individual Session Example #2 and
Comments on the Process

CHAPTER

4

Introducing Clients to Mapping



C = characteristic

Showing a Client How Maps Work

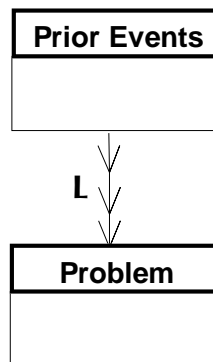
An Example

Comments on the Process

CHAPTER

5

Structured Maps



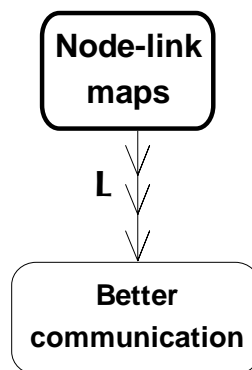
L = leads to

Types of Structured Maps

“Fill-in” Maps

Presentation Maps

APPENDICES



L = leads to

Appendix A — Group Counseling Session Maps

Appendix B — Individual Counseling Session
Maps

Appendix C — Additional Practice with
Mapping

Glossary