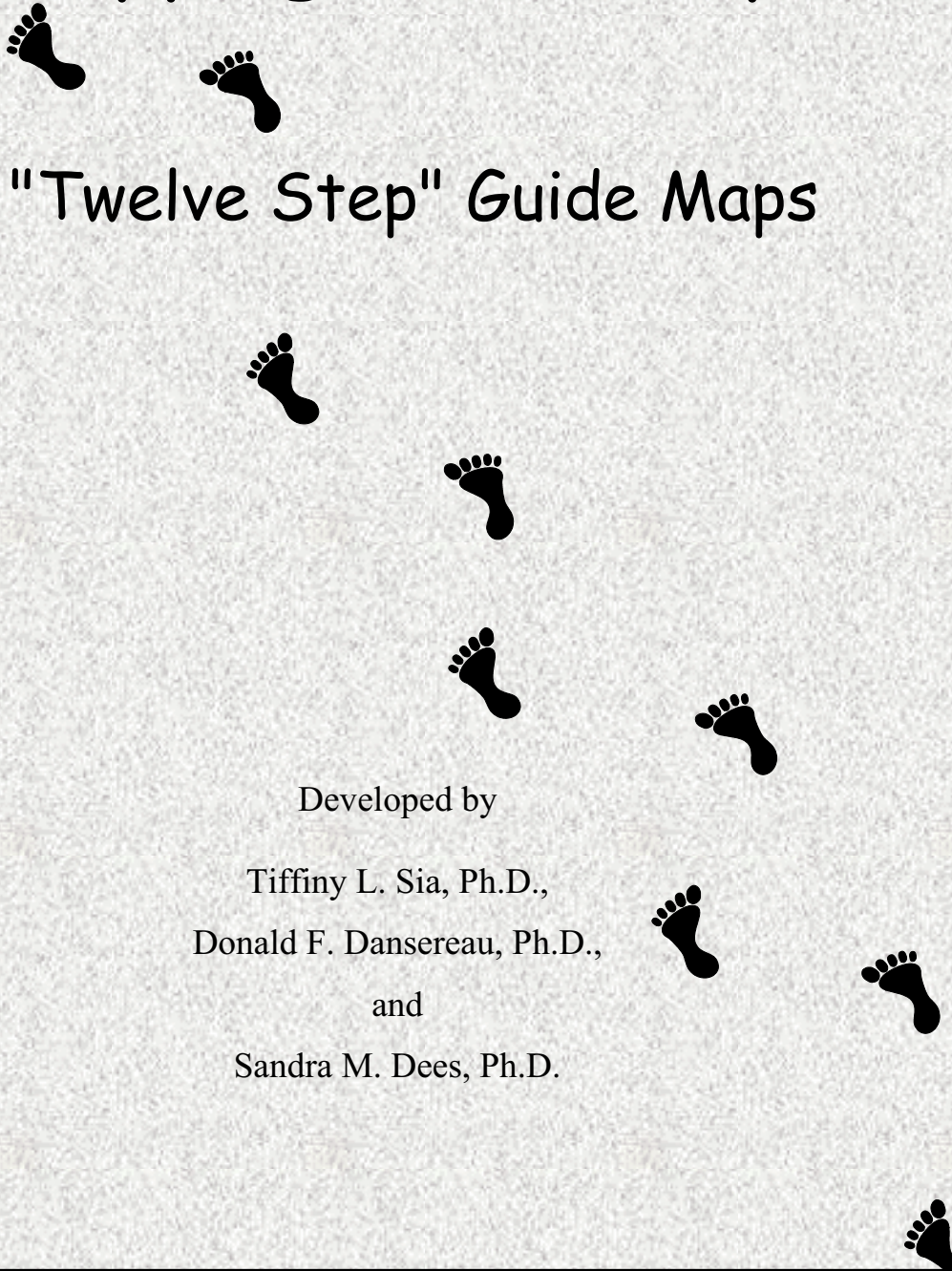


# Mapping Your Steps:



## "Twelve Step" Guide Maps

Developed by

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# PREFACE

*This manual introduces a series of fill-in-the-blank node-link maps based on the **Twelve Step** program of **Alcoholics Anonymous (AA)**. The manual is intended as a supplementary tool to help counselors facilitate and enhance the contemplation and discussion of the **Twelve Steps**. Node-link maps, in general, have been shown to be useful communication tools and the maps in this manual can be incorporated easily into most types of **Twelve Step** treatments. The initial idea for the **Twelve Step** maps and the general format were created by Dr. Marilyn Pugh, who was then a graduate student at Texas Christian University and is now at Texas Wesleyan University. The format of the maps was then expanded with the help of counselors in a criminal justice substance abuse treatment facility. These counselors continue to use the maps extensively as a supplement to an already established treatment program; they report that both they and their clients benefit from the maps.*

## **THE MANUAL IN BRIEF**

*The **Mapping Your Steps** manual provides instructions and essential materials for the use of the **Twelve Step** maps as a counseling tool. The introduction presents the rationale behind using these maps and possible activities. The remainder of the manual has the actual maps. It is divided into four main sections. The first section has maps based on the **Twelve Steps of Alcoholics Anonymous**. The second has maps for **The Serenity Prayer**. The third section has maps on the **Slogans** that are used by **AA**, and the fourth section has maps based on the **Twelve Traditions of AA**. Each section has a brief introduction and overview, the maps, and some possible discussion topics. All of the maps are based on **AA** material, although the problem area and group name on each map has been left as a fill-in-the-blank so that the maps can be used with other twelve step programs (such as **Narcotics Anonymous** and **Gamblers Anonymous**).*

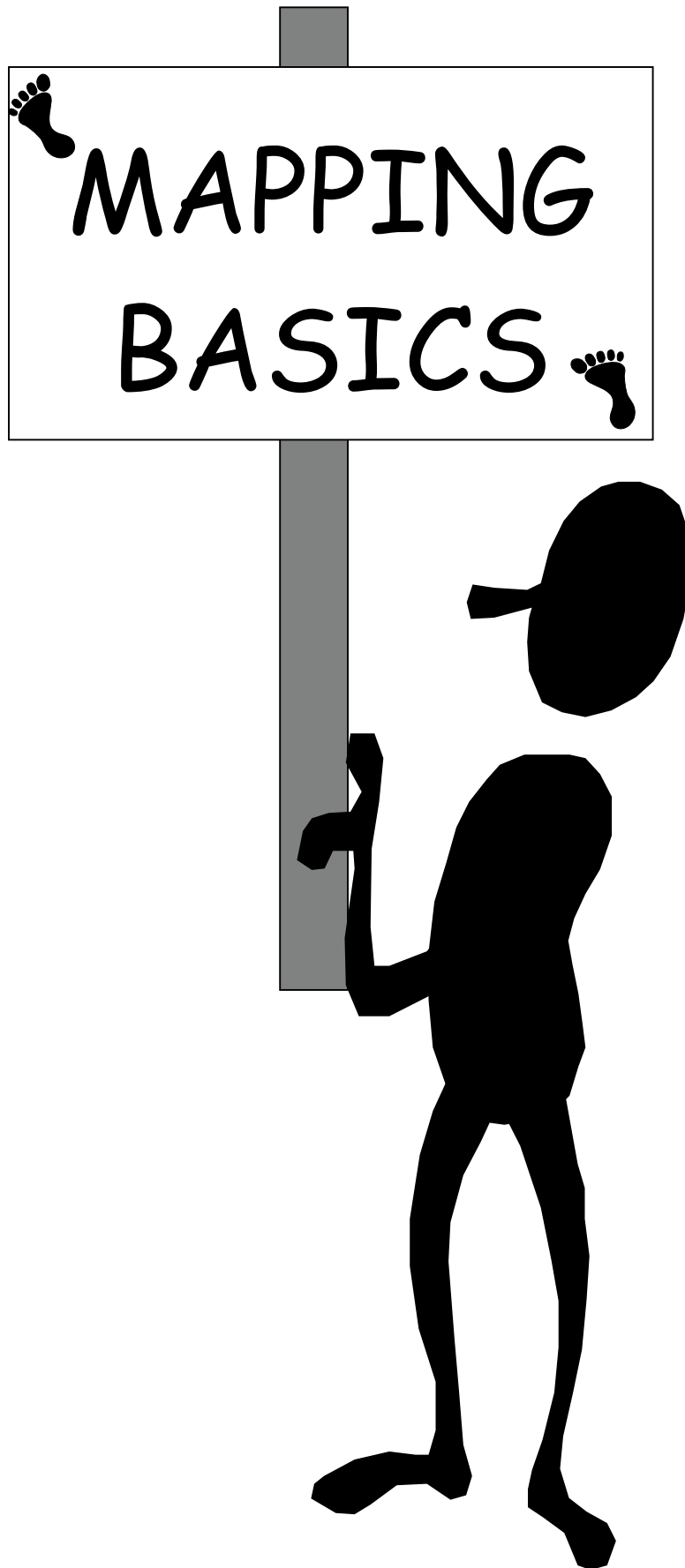
## **ADDITIONAL MANUALS**

*We hope that you find **Mapping Your Steps** to be a useful adjunct to your own strategies. If you enjoy using node-link maps, **Mapping New Roads to Recovery: Cognitive Enhancements to Counseling** and **TCU Guide Maps: A Resource for Counselors** are highly recommended. These show how to create and/or use maps for a variety of issues within a substance abuse counseling setting. The Institute of Behavioral Research (IBR) has been involved in developing strategies for improving treatment process and outcomes for the past decade (for review, see Simpson, Joe, Dansereau, & Chatham, 1997, referenced on p. 19). Additional manuals developed by the Institute of Behavioral Research at Texas Christian University include:*

- ***Preparation for Change: The Tower of Strengths and The Weekly Planner***
- ***Downward Spiral: The Game You Really Don't Want to Play***
- ***Downward Spiral (The College Version): The Game You Really Don't Want to Play***
- ***Time Out! For me: An Assertiveness/Sexuality Workshop Specially Designed for Women***
- ***Time Out! For Me: A Communications Skills/Sexuality Workshop for Men***
- ***Approaches to HIV/AIDS Education in Drug Treatment***
- ***Straight Ahead: Transition Skills for Recovery***

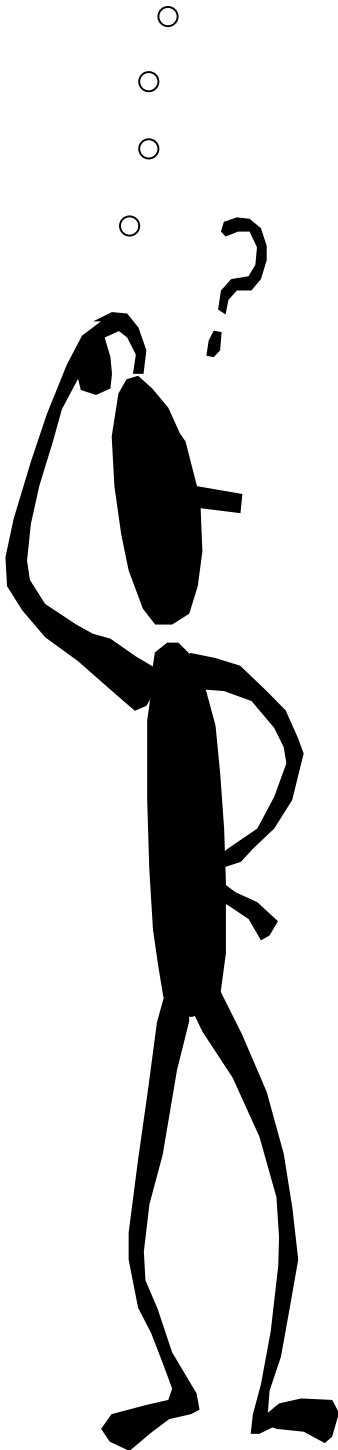
*Copies of these materials are available through **Lighthouse Institute**, a nonprofit division of Chestnut Health Systems in Bloomington, Illinois. To order call (309) 827-6026, or visit their website at <http://www.chestnut.org/LI/bookstore/index.html>. For additional information on these tools and on research on substance abuse treatment, visit the IBR Web site at <http://www.ibr.tcu.edu>.*







# WHAT IS A MAP?



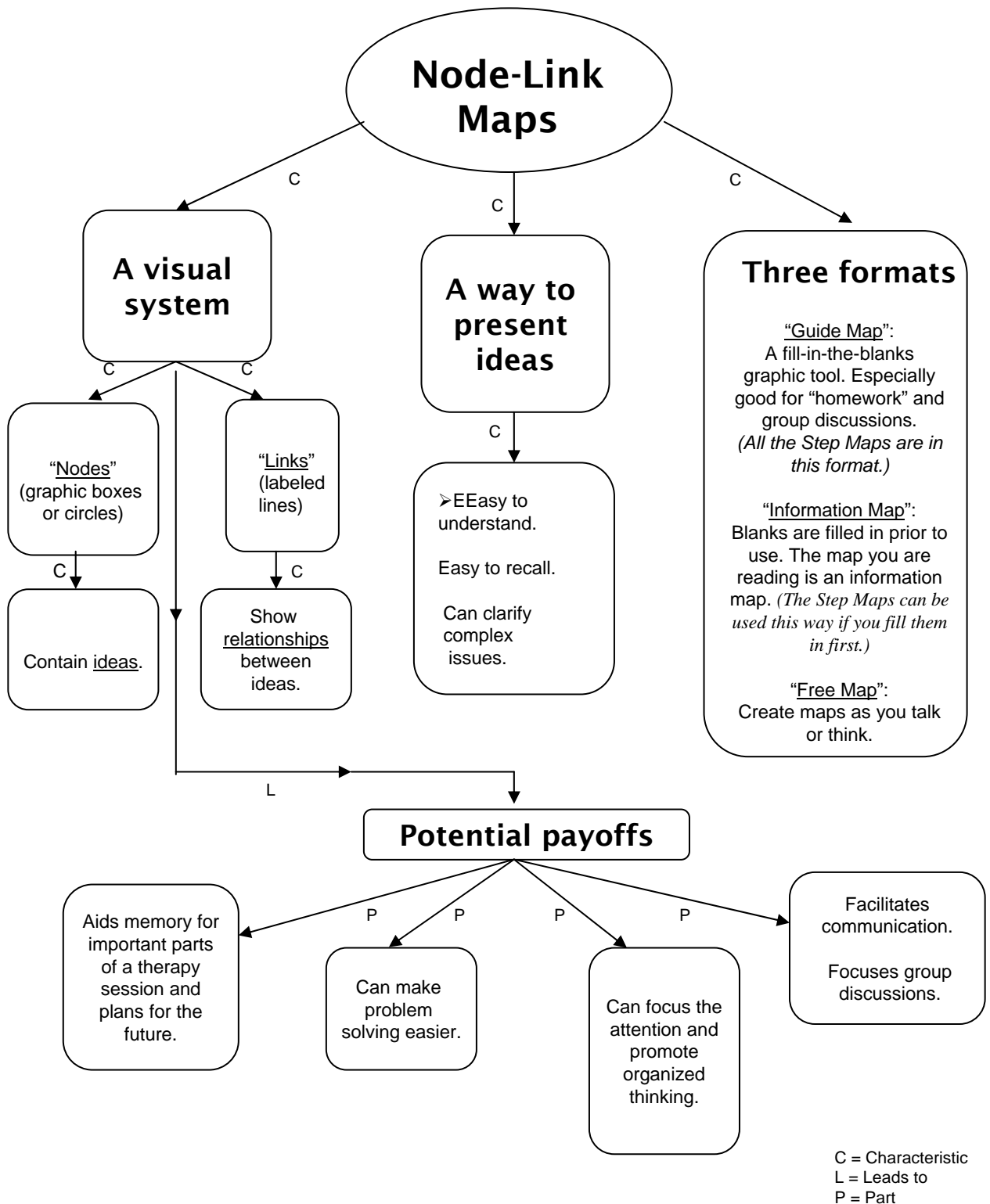
A node-link map is a way to represent ideas and relationships visually. A map includes boxes or nodes which hold the ideas, and links between each node to show how the ideas are related to each other.

Maps have several advantages over text, making them a helpful supplementary tool in both teaching and counseling. It is possible to easily represent complex relationships that would be difficult to describe verbally. Maps are easier to recall than text and can improve communication and comprehension. In group discussion, maps focus attention on a topic, keeping group members on track and helping them view issues in new ways. Maps can be used to help stimulate group discussion or as individual homework.

The easiest way to understand a map is to see one. The map shown on the next page is a map explaining maps. And on the page after that is a sample step map.

The maps in this manual are “guide” maps. This type of fill-in-the-space map acts as both a guide for discussion and a personal exploration tool. The use of guide maps is fairly simple to learn and easy to implement into existing presentations and formats.

# FIGURE 1: A MAP TO EXPLAIN MAPS!



From TCU Guide maps: A Resource for Counselors, Texas Christian University, 2000.

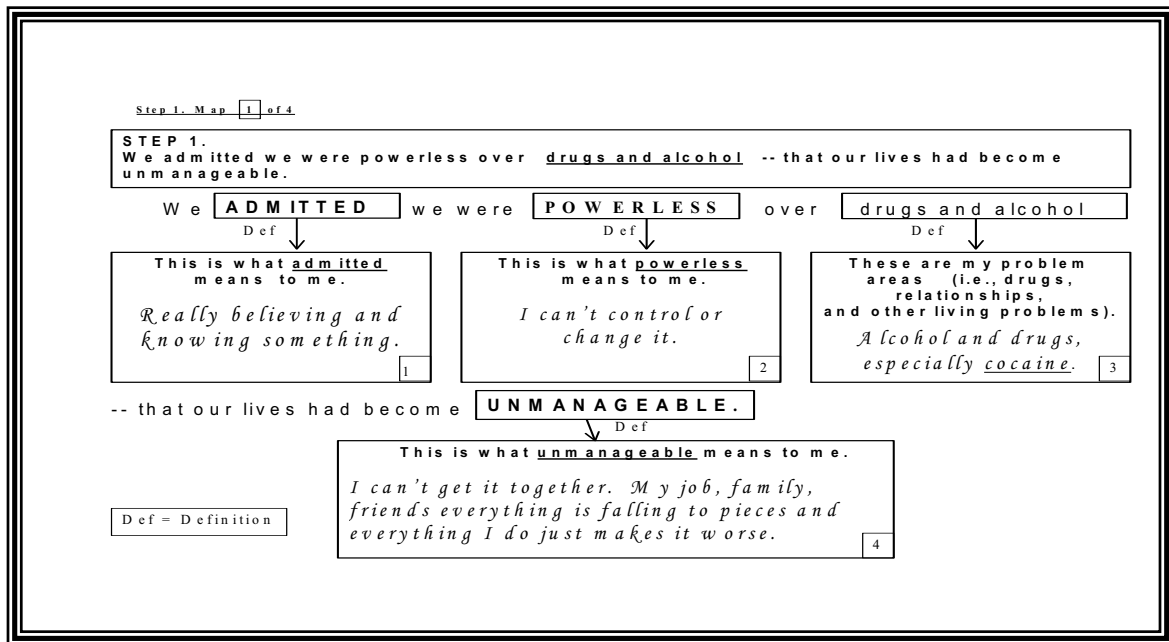
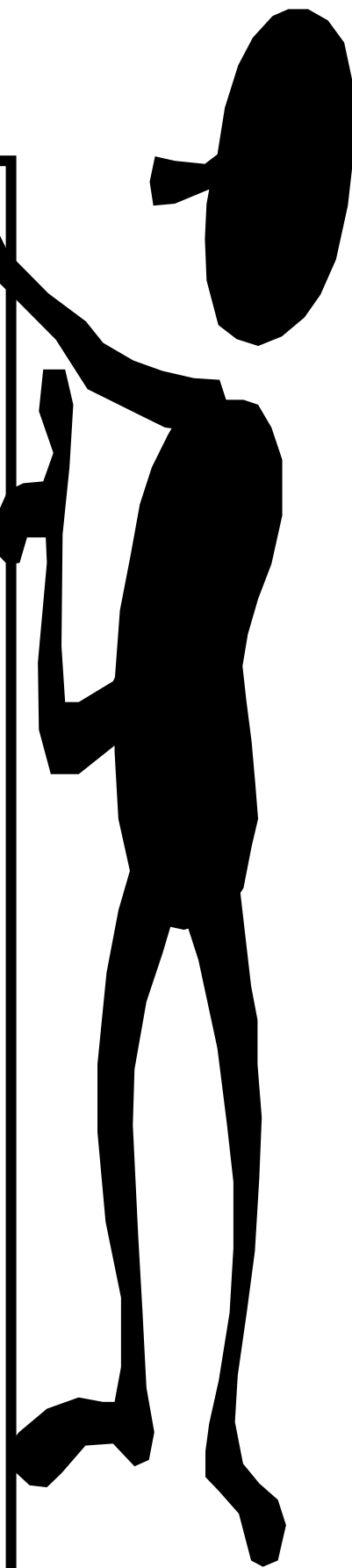


Figure 2: Sample Step Map

## THINGS TO KNOW ABOUT MAPS

- ★ *Maps allow for more personal expression* in large group settings. Maps can help users
  - organize thoughts and feelings
  - remember important issues and plans,
  - improve their communication with other group members or counselors.
- ★ *Research shows that maps have a positive impact* on the counseling process, especially for group counseling. *The research on maps section on the next page shows how we know that guide maps work. You don't need to read this section to use the maps, but you will be aware of the scientific basis of this strategy if you do. There is also a reference list for extra reading in case you are interested in more information.*
- ★ *Maps are only enhancements to counseling*; they aren't intended to change, interfere with, or replace a counselor's basic approach or style.
- ★ *Maps are very flexible in how they can be used.* You can tailor to your own needs the number or sequence of maps. The maps can be used with individuals and groups. They can be assigned as homework or used to fuel discussions. We encourage folks to be creative!
- ★ *Maps can enhance Twelve Step Programs.* They aren't intended to replace, change or interfere with the *Twelve Step* approach. They simply give people another way to consider and perhaps extend their thinking on the *Twelve Step* program.



# IS THERE PROOF THAT MAPS WORK?



**NOTE:** If you don't feel like looking at the research now, you are familiar with it, or you don't need to be convinced that guide maps are useful, please go to page 10.

## Research on maps

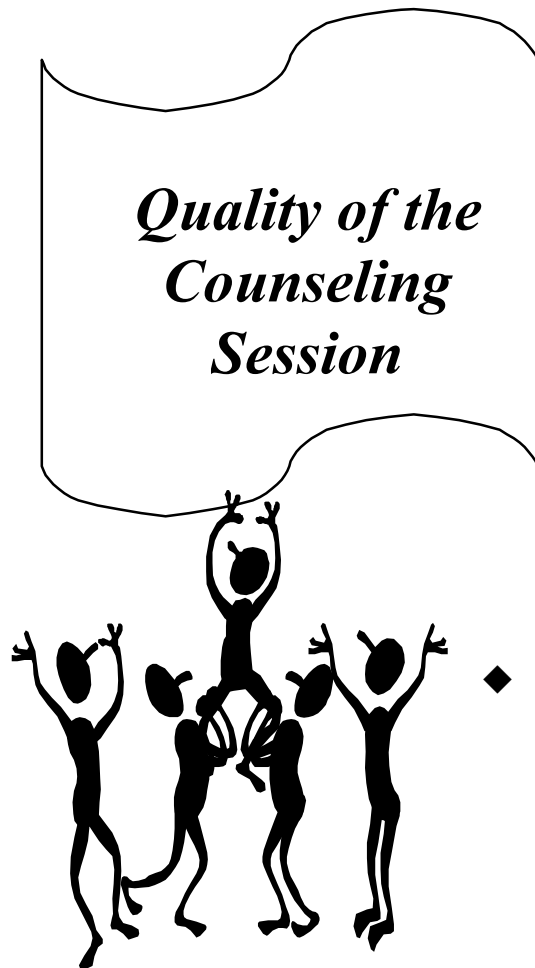
Beginning in 1989, maps were developed and studied at Texas Christian University as cognitive tools for the prevention of substance abuse among college students (*Tools for Improving Drug and Alcohol Education and Prevention*, D. F. Dansereau, Principal Investigator). This research was sponsored by the National Institute on Drug Abuse (NIDA).

Concurrently, the NIDA-sponsored DATAR research (from the *Drug Abuse Treatment for AIDS-Risk Reduction project*, D. D. Simpson, Principal Investigator), was also using these maps with heroin-addicted clients and their counselors in three methadone clinics. There were positive findings from both studies. Further support for the positive impact of maps on counseling sessions was provided by a second DATAR project (*Improving Drug Abuse Treatment, Assessment, and Research*) and the NIDA-sponsored CETOP project (*Cognitive Enhancements for Treatment of Probationers*; Dansereau and Simpson, Co-Principal Investigators ).

The maps in this manual have been used in the CETOP project, which was designed to study cognitive enhancements to treatment for clients in a mandated substance abuse treatment program. One important part of the conventional treatment in this program was the use of the traditional *Twelve Steps* from *Alcoholics Anonymous* (slightly modified to apply to all substance abuse). Since an in-depth understanding of the *Twelve Steps* is seen as essential for clients trying to integrate these steps into their lives, a set of maps was created as a way to increase understanding of the steps. These maps now have been used and tested extensively in this program, and both counselors and clients have found the maps to be quite useful. On the following pages is a summary of findings from the CETOP and DATAR projects. The research articles that support each finding are referenced here as well. A complete reference list is included on pages 19-20.

# ***What Research Reveals About the Impact of Mapping: A Quick Summary***

*(From TCU Guide Maps: A Resource for Counselors, 2000)*



◆ ***Memory for the Session : Maps make treatment discussions more memorable.***

- ◆ J. Boatler, Knight, & Simpson, 1994
- ◆ K. Knight, Simpson, & Dansereau, 1994

◆ ***Focus: Maps increase on-task performance in group sessions and are especially helpful for clients who have attentional problems.***

- ◆ Dansereau , Dees, Greener, & Simpson, 1995
- ◆ Dansereau , Joe, & Simpson, 1993
- ◆ D. Knight, Dansereau , Joe, & Simpson, 1994
- ◆ Joe, Dansereau , & Simpson, 1994
- ◆ Czuchry , Dansereau , Dees, & Simpson, 1995
- ◆ Dansereau , Joe, & Simpson, 1995

◆ ***Communication : Maps give clients greater confidence in their ability to communicate. This is especially so for non-Anglo clients and clients with limited education.***

- ◆ Pitre, Dansereau , & Joe, 1996
- ◆ Dansereau , Joe, Dees, & Simpson, 1996
- ◆ Newbern , Dansereau , & Pitre, 1999

◆ ***Ideas: Maps facilitate the production of insights and ideas. Mapping can...***

***Stimulate greater session depth,***

- ◆ Dansereau , Dees, Greener, & Simpson, 1995
- ◆ Newbern , Dansereau , Dees, 1997

***Identify gaps in thinking,***

- ◆ Pitre, Dansereau , & Simpson, 1997

***Uncover psychological issues,***

- ◆ Collier, Czuchry, Dansereau, & Pitre, in press
- ◆ Dansereau , Joe, & Simpson, 1993

***Provide greater breadth.***

- ◆ Dansereau , Joe, & Simpson, 1993



*(What Research Reveals About the Impact of Mapping, continued)*



***Quality  
of the Client  
&  
Counselor  
Relationship***

- ◆ ***Rapport: Mapping facilitates the counselor-client therapeutic alliance.***

- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ Dansereau, Joe, & Simpson, 1995
- ◆ Dansereau, Joe, Dees, & Simpson, 1996
- ◆ Simpson, Joe, Rowan-Szal, & Greener, 1997



***During  
Treatment  
Outcomes***

(e.g., issue  
resolution &  
more effective  
life skills)

- ◆ ***Positive Feelings Toward Self & Treatment: Maps facilitate self-confidence, self-efficacy, and problem solving. Using maps can enhance positive feelings about personal progress in treatment and positive perceptions of treatment process.***

- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ Dansereau, Joe, & Simpson, 1995
- ◆ Dansereau, Joe, Dees, & Simpson, 1996
- ◆ Joe, Dansereau, & Simpson, 1994
- ◆ Pitre, Dees, Dansereau, & Simpson, 1997
- ◆ Czuchry, Dansereau, Dees, & Simpson, 1995
- ◆ D. Knight, Dansereau, Joe, & Simpson, 1994
- ◆ Pitre, Dansereau, Newbern, & Simpson, 1998
- ◆ Newbern, Dansereau, & Pitre, 1999

- ◆ ***Show Up “Clean”: Clients who map miss fewer sessions and have fewer positive urinalysis tests for opiates or cocaine.***

- ◆ Czuchry, Dansereau, Dees, & Simpson, 1995
- ◆ Dansereau, Joe, Dees, & Simpson, 1996
- ◆ Dansereau, Joe, & Simpson, 1993
- ◆ Joe, Dansereau, & Simpson, 1994
- ◆ Dansereau, Joe, & Simpson, 1995
- ◆ Dees, Dansereau, & Simpson, 1997

***(What Research Reveals About the Impact of Mapping, continued)***

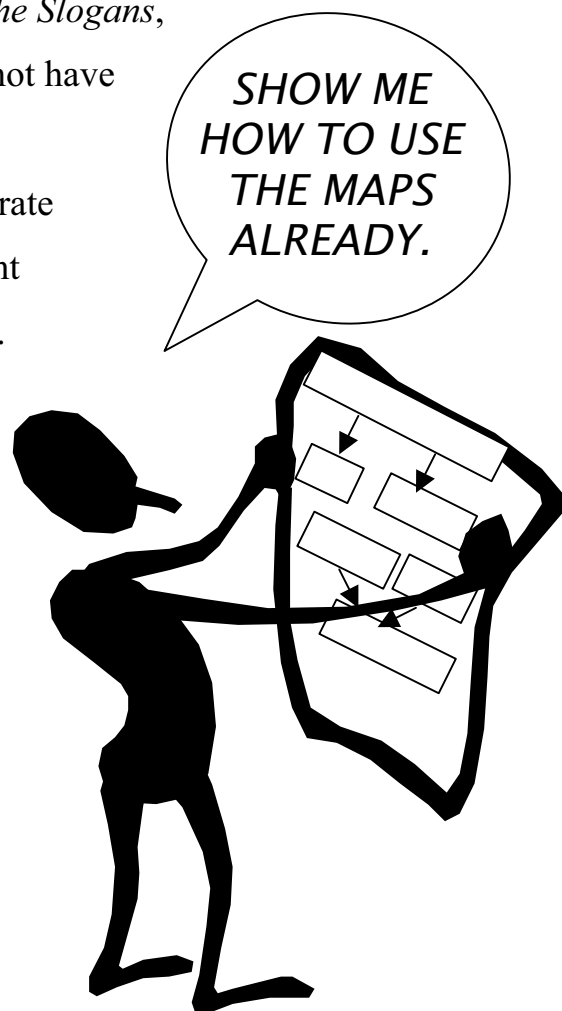


*Note: Complete references are on page 19-20!*

## Maps sound pretty good, but I already use *the Twelve Steps*. What are the benefits of using *Mapping Your Steps*?

There are several ways in which the maps can be a useful supplement for groups using the general tenets of *Alcoholics Anonymous*. Each of the maps focuses on a specific tenet of *AA* with the intent of stimulating mappers to consider the *Twelve Steps*, *The Serenity Prayer*, *the Slogans*, and *the Twelve Traditions* in ways that they may not have thought of otherwise.

Completing a map requires people to elaborate quite a bit on the topic. Elaboration is an important tool for remembering and organizing information. in addition, by using *Mapping Your Steps*, an individual can develop a well-organized, and personalized view of each of the *Twelve Steps* to re-visit whenever necessary. It should be noted that the maps are only meant to **supplement** *Twelve Step* counseling, they are **not** meant to replace traditional methods.



# HOW TO “MAP YOUR STEPS”



## How the Manual is Organized

It is important to be familiar with how the manual is organized. There are four sections of maps. The first section deals with the *Twelve Steps*.

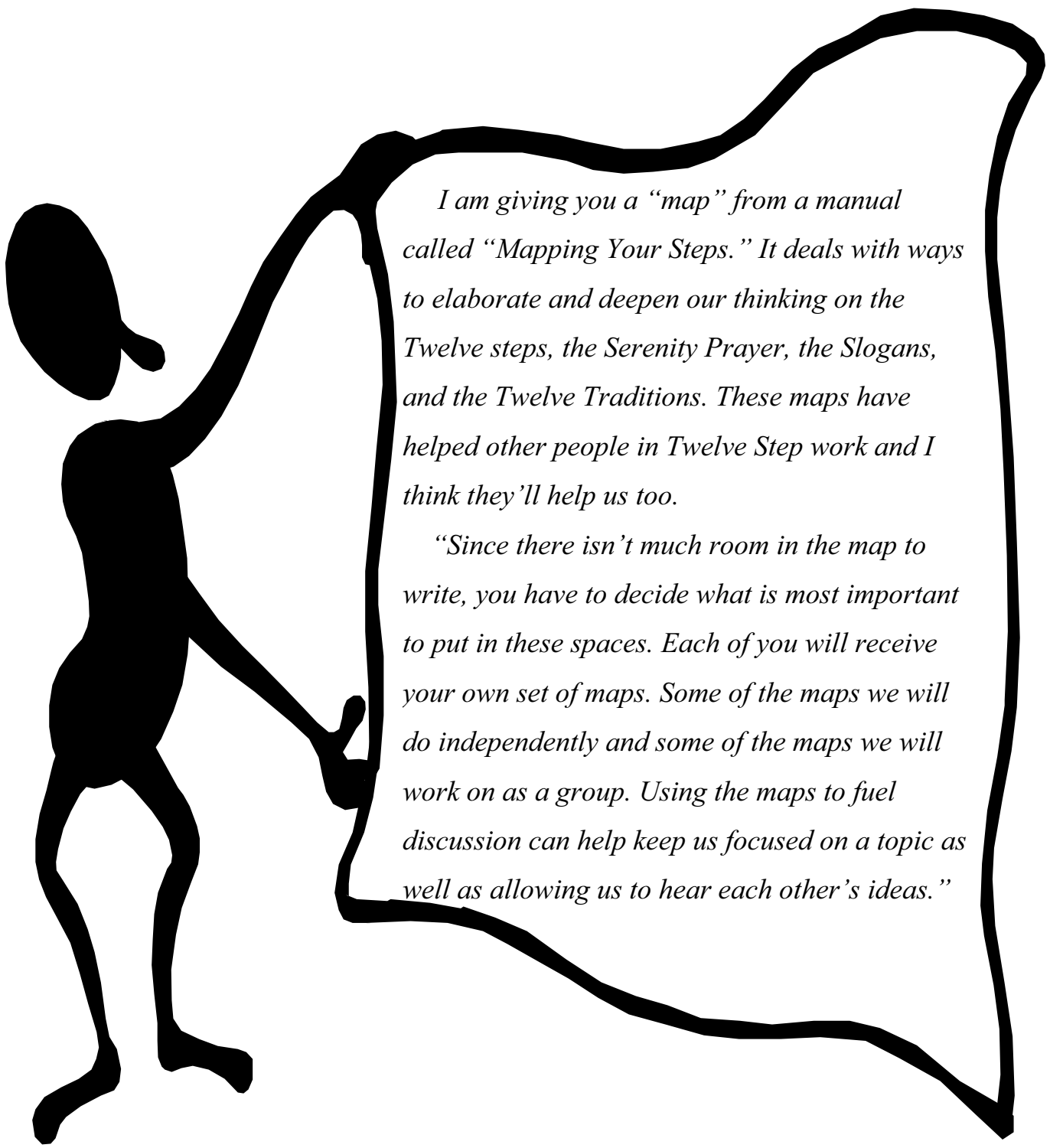
There are several maps that deal with each individual step (See page 4 for a sample of a map from Step 1). The second section deals with *The Serenity Prayer* maps. The third section deals with the *Slogans*. Maps on *the Twelve Traditions* are in section four.

All of the maps use a fill-in-the-space format. People usually catch on quickly. The *Twelve Step* maps are designed to be worked through from Step 1 to Step 12. In contrast *The Serenity Prayer*, *Slogans*, and *Traditions* maps may be used independently or to supplement the *Twelve Step* maps. You do not have to use all of these maps together, nor is there a proper order. You may want to choose maps that match an issue that your group is currently dealing with. For example, you might want to use the “Let go and let God” slogan map while working on Step 2. Once you select a map to use, you must decide how you want to use it and how to introduce the maps to the people who will be using them.

Maps can be used in a group or individually. They can be done independently as homework, or in collaboration with other group members. The important thing to remember is that you should be comfortable using the maps. The following sections give some suggestions on ways the maps can be used.

# INTRODUCING *THE STEP MAPS*

## (A Possible Script)

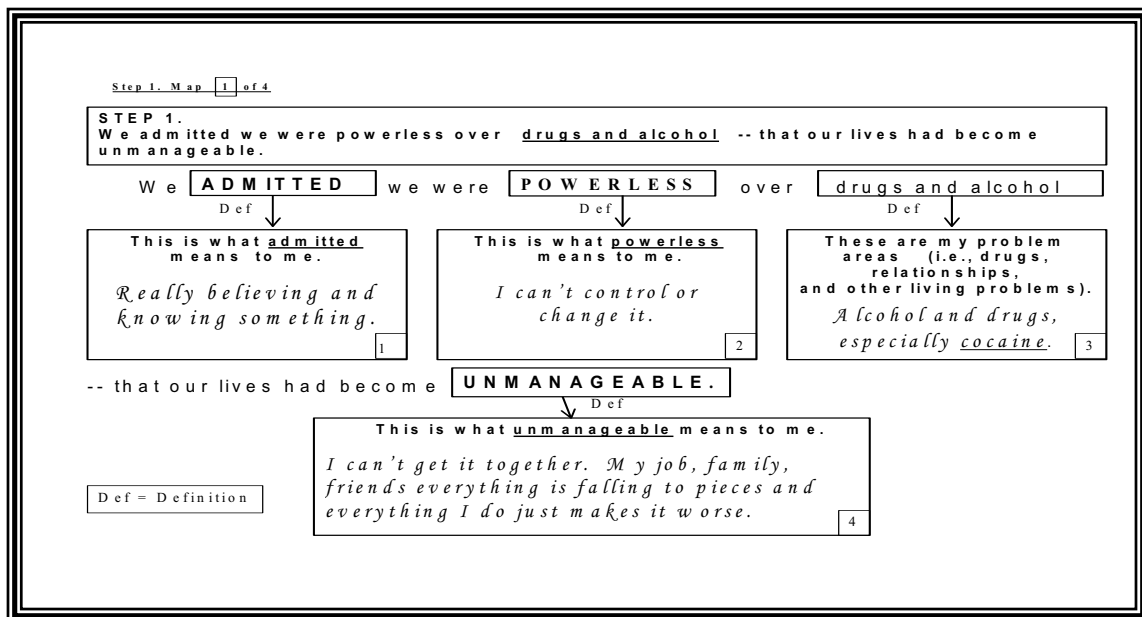


*I am giving you a “map” from a manual called “Mapping Your Steps.” It deals with ways to elaborate and deepen our thinking on the Twelve steps, the Serenity Prayer, the Slogans, and the Twelve Traditions. These maps have helped other people in Twelve Step work and I think they’ll help us too.*

*“Since there isn’t much room in the map to write, you have to decide what is most important to put in these spaces. Each of you will receive your own set of maps. Some of the maps we will do independently and some of the maps we will work on as a group. Using the maps to fuel discussion can help keep us focused on a topic as well as allowing us to hear each other’s ideas.”*

# INDIVIDUAL MAPPING

One simple way to use a map is to have each person in the group take it home to fill out independently (as a type of “homework”). Provide a map for each person in the group and explain that the map is a way to examine the topic in more depth or in a different way than they might have considered it previously. Once everyone has his or her blank map, explain that it is fill-in-the-space and give an example of how the first node might be filled in (see a sample filled in map below). The first node reads, “This is what admitted means to me.” A person might fill in this node with “being honest with myself about something.” You may want to copy the blank map onto an overhead transparency so the group can follow along.

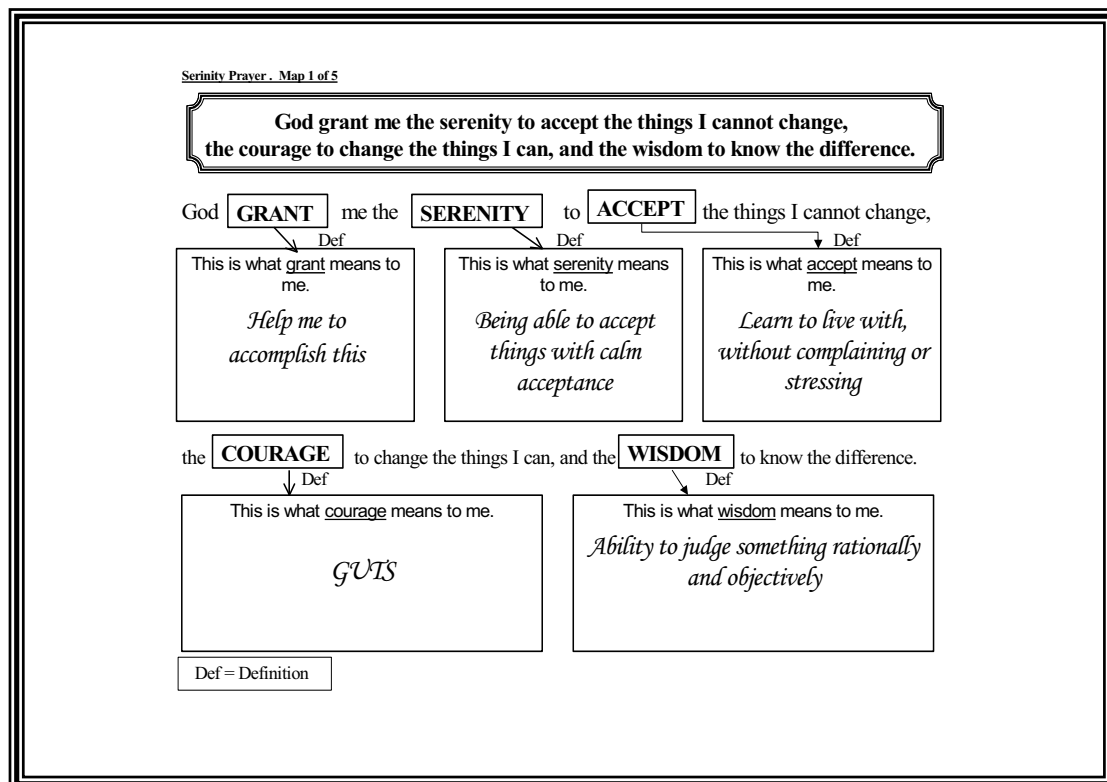


Let them know if or when the homework will be discussed in the group and if they will be sharing the map with you, a group member, or the group as a whole. When the discussion date comes around, you simply start a group discussion (see the “Discussion Topics” for that section). You may want to collect the maps. If so, we suggest giving the maps back to people to keep as a record. As you move on to Step 2, you can pass out the next set of maps and so on.

# GROUP MAPPING

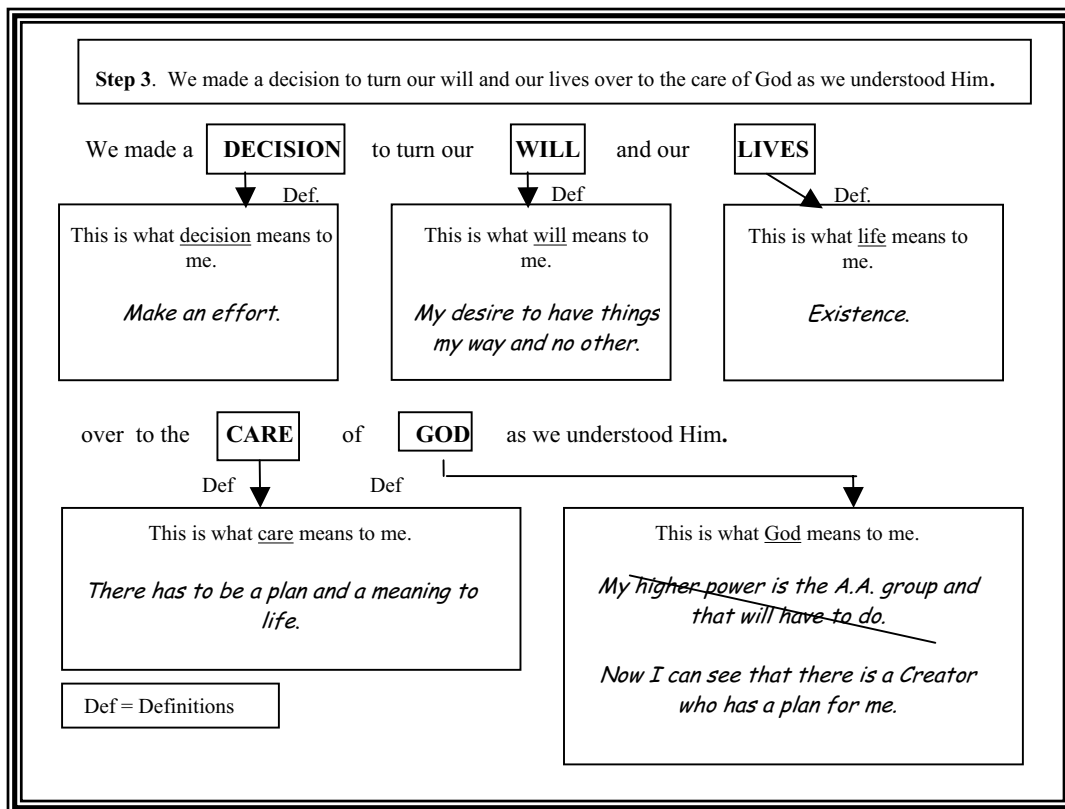
Another way to use the maps is to do the maps in the group as part of a discussion. Pass out a map to everyone, but ask them not to fill it out. The maps can then be used to guide the discussion. For example, look at the sample *Serenity Prayer* map below. Before filling it out, you might start the discussion with what does “grant” mean. People could discuss their different ideas and then fill in the blank based on what they learned in the discussion. Then the group would discuss the next node, serenity, and so on. This method helps people to see other points of view and keeps people from drawing a blank. It also keeps the group focused on topic, since they need to complete the map.

When using the maps this way, the discussion takes place as the maps are being completed. After a map or maps are complete, it is often nice to finish up with a general discussion of what has been learned (see the “Discussion Topics” for that section).



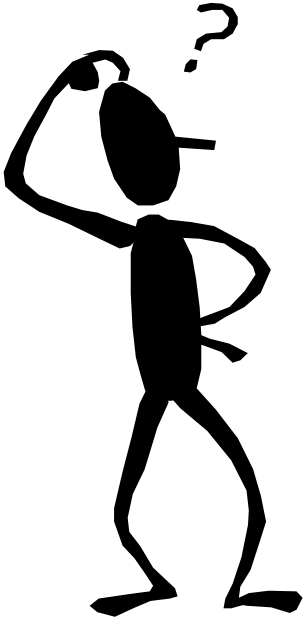
# DÉJÀ VU MAPPING

It may also be helpful to re-visit completed maps periodically. For instance, a person whose “higher power” is initially “my AA group,” may later on in the program develop a relationship with and come to understand his or her higher power as God (see sample map below). At this point the individual can go back and re-do the maps to reflect new knowledge and beliefs. It is apparent that working the *Twelve Steps* is not always a linear process and that individuals change as they work their steps; their maps can reflect this change. It is simple to review maps and change whatever no longer feels right. This can be done individually or in groups with a discussion on how people’s perceptions have changed. This can help people see progress they have made, as well as keep the maps relevant to their current program.





# ARE THERE ANY QUESTIONS?



## How difficult are these maps to use?

The maps are very user friendly. They follow a basic fill-in-the-space structure. Unlike fill-in-the-blank tests, there are no definite answers. The maps are used simply to explore, clarify, and personalize individuals' thoughts and beliefs about each of the *Twelve Steps*.

## Do you have to be a counselor to use *Mapping Your Steps*?

Although being a counselor is certainly an advantage, any interested party can use the maps.

## Do I have to use all of the maps in the manual?

Don't let the number intimidate you. Although there are a lot of maps, the *Step* maps are designed to be done in a series over time. Just as no one is expected to master the whole *Twelve Steps* in one sitting, no one is expected to fill out all the maps at once. All of these maps should be used to facilitate an ongoing exploration of the steps, slogans, prayers or traditions.

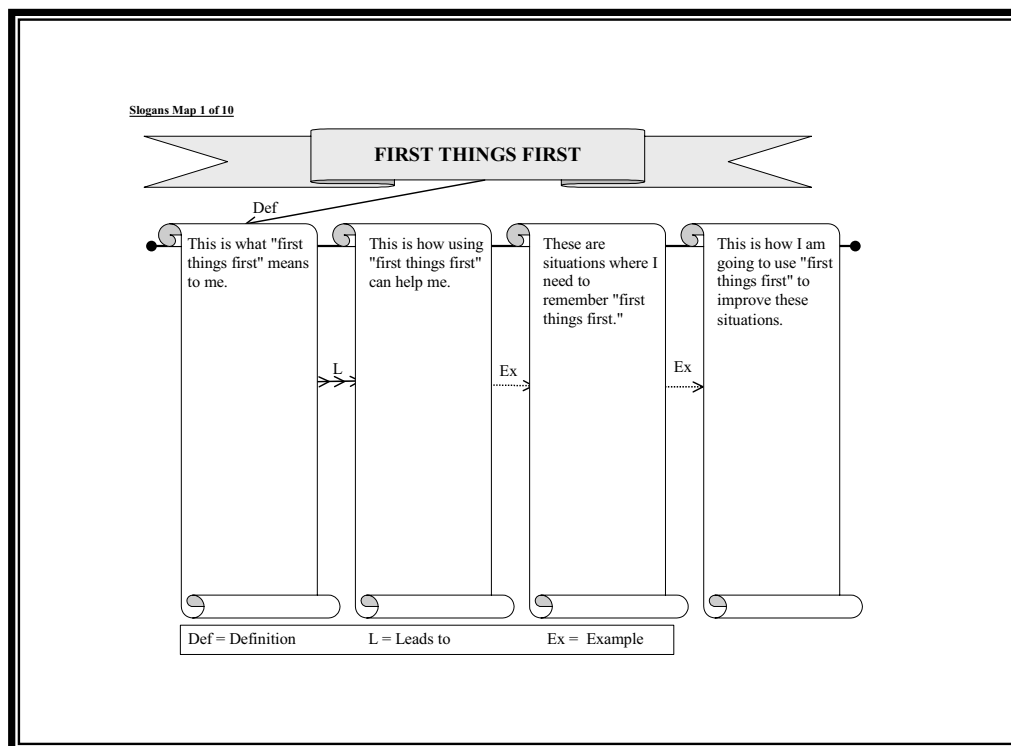
As the other major topics (*The Serenity Prayer*, the *Slogans*, and the *Twelve Traditions*) are introduced, the maps associated with the topic may be used to facilitate discussion. Maps should be used only when they enrich the process.

# What if I want to create my own maps?

Feel free. For example, there may be a favorite slogan that isn't included in the manual. You could simply create a map modeled on the other slogan maps (see below). A blank slogan map is included on page 112. Part of the utility of mapping is that it is flexible, easy to learn and can be used in refreshingly innovative ways.

## Can these maps be used for problems other than substance abuse?

The maps were developed based on the tradition of Alcoholics Anonymous. Although the *Twelve Steps* were created originally to help alcoholics recover, they are now being used more generally for substance abuse, gambling, overeating, support for the family of alcoholics, and other kinds of addictive problems. Although the maps have been used primarily in substance abuse treatment, they can also be applied to all types of *Twelve Step* programs.



## Map References

- Boatler, J. F., Knight, K., & Simpson, D. D. (1994). Assessment of an AIDS intervention program during drug-abuse treatment. *Journal of Substance Abuse Treatment, 11*(4), 367-372.
- Collier, C.R., Czuchry, M., Dansereau, D. F., & Pitre, U. (in press). The use of node-link mapping in the chemical dependency treatment of adolescents. *Journal of Drug Education*.
- Czuchry, M., & Dansereau, D. F. (1998). The generation and recall of personally relevant information. *Journal of Experimental Education, 66*(4), 293-315.
- Czuchry, M., & Dansereau, D. F. (1999). Node-link mapping and psychological problems: Perceptions of a residential drug abuse treatment program for probationers. *Journal of Substance Abuse Treatment, 17*(4), 321-329.
- Czuchry, M., Dansereau, D. F., Dees, S. D., Simpson, D. D. (1995). The use of node-link mapping in drug abuse counseling: The role of attentional factors. *Journal of Psychoactive Drugs, 27*(2), 161-166.
- Czuchry, M., Dansereau, D. F., Sia, T. L., & Simpson, D. D. (1998). Using peer, self, and counselor ratings to evaluate treatment process. *Journal of Psychoactive Drugs, 30*(1), 81-87.
- Dansereau, D. F., Dees, S. M., Chatham, L. R., Boatler, J. F., & Simpson, D. D. (1993). *Mapping new roads to recovery: Cognitive enhancements to counseling*. A training manual from the TCU/DATAR Project. Bloomington, IL: Lighthouse Institute Publishing.
- Dansereau, D. F., Dees, S. M., & Simpson, D. D. (1994). Cognitive modularity: Implications for counseling and the representation of personal issues. *The Journal of Counseling Psychology, 41*(4), 513-523.
- Dansereau, D. F., Dees, S. M., Greener, J. M., & Simpson, D. D. (1995). Node-link mapping and the evaluation of drug abuse counseling sessions. *Psychology of Addictive Behaviors, 9*(3), 195-203.
- Dansereau, D. F., Joe, G. W., Dees, S. M., & Simpson, D. D. (1996). Ethnicity and the effects of mapping-enhanced drug abuse counseling. *Addictive Behaviors, 21*(3), 363-376.
- Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1993). Node-link mapping: A visual representation strategy for enhancing drug abuse counseling. *Journal of Counseling Psychology, 40*(4), 385-395.
- Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1995). Attentional difficulties and the effectiveness of a visual representation strategy for counseling drug-addicted clients. *International Journal of the Addictions, 30*(4), 371-386.
- Dees, S. M., & Dansereau, D. F. (1997). *A jumpstart for substance abuse treatment CETOP readiness activities, A TCU/CETOP manual for counselors*. Fort Worth, TX: Institute of Behavioral Research, Texas Christian University.
- Dees, S. M., & Dansereau, D. F. (2000). *TCU Guide Maps: A Resource for Counselors*. Bloomington, IL: Lighthouse Institute Publishing.
- Dees, S. M., Dansereau, D. F., & Simpson, D. D. (1994). A visual representation system for drug abuse counselors. *Journal of Substance Abuse Treatment, 11*(6), 517-523.

## (Map References, continued)

- Dees, S. M., Dansereau, D. F., & Simpson, D. D. (1997). Mapping-enhanced drug abuse counseling: Urinalysis results in the first year of methadone treatment. *Journal of Substance Abuse Treatment, 14*(2), 1-10.
- Joe, G. W., Dansereau, D. F., Pitre, U., & Simpson, D. D. (1997). Effectiveness of node-link mapping-enhanced counseling for opiate addicts: A 12-month post treatment follow-up. *Journal of Nervous and Mental Diseases, 183*(5), 306-313.
- Joe, G. W., Dansereau, D. F., & Simpson, D. D. (1994). Node-link mapping for counseling cocaine users in methadone treatment. *Journal of Substance Abuse, 6*, 393-406.
- Knight, D. K., Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1994). The role of node-link mapping in individual and group counseling. *The American Journal of Drug and Alcohol Abuse, 20*, 517-527.
- Knight, K., Simpson, D. D., & Dansereau, D. F. (1994). Knowledge mapping: A psycho educational tool in drug abuse relapse prevention training. *Journal of Offender Rehabilitation, 20*, 187-205.
- Newbern, D., Dansereau, D. F., & Dees, S. M. (1997). Node-link mapping in substance abuse treatment: Probationers' ratings of group counseling. *Journal of Offender Rehabilitation, 25*(1/2), 83-95.
- Newbern, D., Dansereau, D. F., & Patterson, M. E. (1997). Spatial-semantic display processing: The role of spatial structure on recall. *Contemporary Educational Psychology, 22*, 319-337.
- Newbern, D., Dansereau, D. F., & Pitre, U. (1999). Positive effects on life skills, motivation and self-efficacy: Node-link maps in a modified therapeutic community. *American Journal of Drug and Alcohol Abuse, 25*(3), 407-423.
- Pitre, U., Dansereau, D. F., & Joe, G. W. (1996). Client education levels and the effectiveness of node-link maps. *Journal of Addictive Diseases, 15*(3), 27-44.
- Pitre, U., Dansereau, D. F., Newbern, D. & Simpson, D. D. (1998). Residential drug-abuse treatment for probationers: Use of node-link mapping to enhance participation and progress. *Journal of Substance Abuse Treatment, 15* (6), 535-543.
- Pitre, U., Dansereau, D. F. & Simpson, D. D. (1997). The role of node-link maps in enhancing counseling efficiency. *Journal of Addictive Diseases, 16*(3), 39-49
- Pitre, U., Dees, S. M., & Dansereau, D. F. (1997). Mapping techniques to improve substance abuse treatment in criminal justice settings. *Journal of Drug Issues, 27*(2), 435-449
- Sia, T. L., & Czuchry, M. (1996). *The downward spiral of substance abuse. Instructional game*. Institute of Behavioral Research, Texas Christian University, Fort Worth.
- Sia, T. L., Czuchry, M., & Dansereau, D. F. (1997). Considering personal strengths: The effect of three different methods on mood, arousal, and self-esteem. *Journal of Applied Social Psychology, 29*(6), 1151-1171.
- Simpson, D. D., Joe, G. W., Dansereau, D. F., & Chatham, L. R. (1997). Strategies for improving methadone treatment process and outcomes. *Journal of Drug Issues, 27*(2), 239-260.
- Simpson, D. D., Rowan-Szal, G. A., & Greener, J. M. (1997). Drug abuse treatment process components that improve retention. *Journal of Substance Treatment, 14*(6), 565-572.



The

Twelve Step



guide



maps



## **A BRIEF HISTORY OF THE *TWELVE STEPS***

Alcoholics Anonymous (AA) started in 1935 in Akron, Ohio, as a result of the meeting between a New York stockbroker and an Akron surgeon who were both hopeless alcoholics. They realized that alcoholism was a disease that could be treated by a system of applying spiritual values to daily living. Both men began working with themselves and with other alcoholics. In four years, there were three groups and 100 sober alcoholics. In 1939, based on their experiences (both the failures and the successes), the fellowship published its basic textbook, *Alcoholics Anonymous*<sup>1</sup>, describing the AA philosophy and methods, and establishing the ***Twelve Steps***. This book has been in continuous publication since then. Although it has been revised and updated, the ***Twelve Steps*** have remained the core, touching the lives of a countless number of people around the world.

Shortly after the founding of AA, the families and friends of alcoholics banded together to form *AL-ANON*, an organization that teaches the ***Twelve Steps*** to individuals who are most affected by the alcoholics in their lives. Since then, other groups have adopted the AA philosophy and successfully applied it to many problems. There are, for example, ***Twelve Step*** groups addressing drug abuse (such as *Narcotics Anonymous*, *Cocaine Anonymous*, *Crystal Meth Anonymous*), support for substance abusers' family and friends (such as *AL-ANON*, *AL-ATEEN*, *NARC-ANON*, *Co-dependents Anonymous*), other addictive problems (such as *Debtors Anonymous*, *Gamblers Anonymous*, *Workaholics Anonymous*, *Eating Addictions Anonymous*, and *Overeaters Anonymous*), relationship issues (such as *Incest Survivors Anonymous*, *Relationships Anonymous*, and *Parents Anonymous*), as well as mental health issues (such as *Obsessive-Compulsive Anonymous*, and *Emotions Anonymous*).

<sup>1</sup>Copyright © 1939, 1955, 1976 and published by Alcoholics Anonymous World Services, Inc., New York, NY.

# The Twelve Steps

1. We admitted we were powerless over \_\_\_\_\_ -that our lives had become unmanageable.
2. We came to believe that a power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of God as we understood Him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have God remove all these defects of characters.
7. We humbly asked Him to remove our shortcomings.
8. We made a list of all persons we had harmed, and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continued to take personal inventory and when we were wrong promptly admitted it.
11. We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to fellow sufferers of \_\_\_\_\_, and to practice these principles in all our affairs.



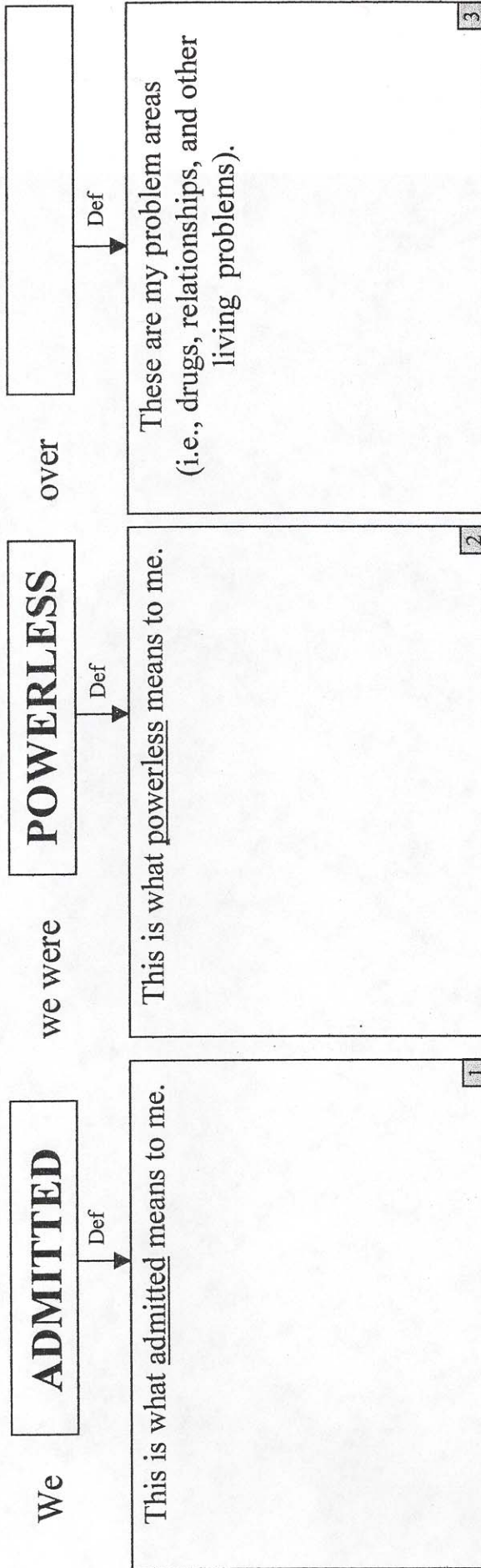
# Step 1 maps

We admitted we were powerless  
over \_\_\_\_\_ (our problem  
area)- that our lives had become  
unmanageable.

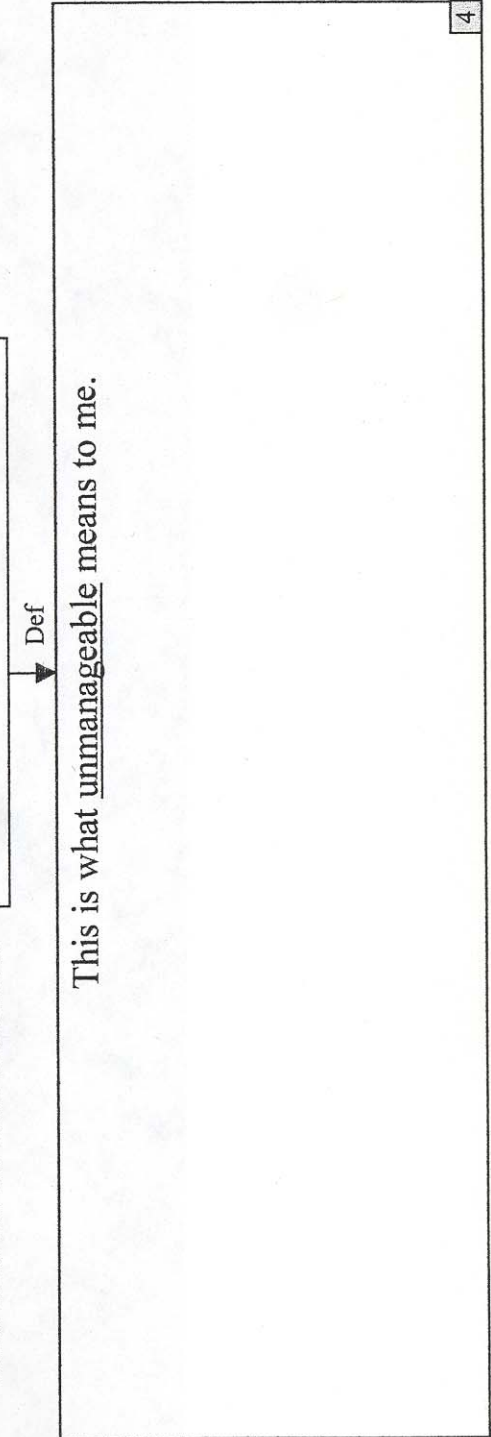




STEP 1. We admitted we were powerless over \_\_\_\_\_ -- that our lives had become unmanageable.



--that our lives had become UNMANAGEABLE



Def = Definition

Adapted from an original design by Marilyn Pugh, Ph.D  
Department of Psychology  
Texas Wesleyan University  
Fort Worth, Texas, 1994

**STEP 1. Map 2 of 4**

**STEP 1. We admitted we were powerless over** \_\_\_\_\_ **-- that our lives had become**  
unmanageable.

**We were powerless over**

These are my problem areas (i.e., drugs, relationships, and other living problems).

Def

This is what this phrase  
means to me.

Ex

Here are some times that  
let me know that I am  
powerless.

C

This is how being powerless  
makes me feel.

C

This is a picture that shows  
how I feel about being  
powerless. (Draw  
or describe.)

Def = Definition    Ex = Example    C = Characteristic

STEP 1. We admitted we were powerless over \_\_\_\_\_ -- that our lives had become unmanageable.

**Our lives had become unmanageable.**

Def

This is what this phrase means to me.

Ex

There are some ways in which my life is unmanageable.

C

This is how I feel when my life is unmanageable.

C

This is a picture that shows how I feel about having an unmanageable life. (Draw or describe.)

Def = Definition    Ex = Example    C = Characteristic



**STEP 1. We admitted we were powerless over \_\_\_\_\_ -- that our lives had become unmanageable.**

Def

This is how I would say this in my own words.

L

This is who I have admitted my powerlessness and unmanageability to.

C

This is how I do or will feel about admitting my powerlessness and unmanageability.

C

This is a picture that shows how admitting it feels or will feel to me. (Draw or describe.)

Def = Definition    L = Leads to    C = Characteristic