

# Routes to Recovery

via criminal justice

Mapping user manual



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# One

## **What is node-link mapping?**

**A brief introduction to the concept of node-link mapping and the possible benefits of using this technique when working with clients with drug problems.**

## Map 01/What is node-link mapping?

### Node-link mapping

## Main “parts” of node-link maps

**Node-link mapping is a simple technique for presenting verbal information in the form of a diagram. It has been shown to have positive benefits for counselling interactions with clients.**

- Node-link mapping was first studied as a tool for helping students take better notes during lengthy college lectures. Students were taught to take notes by placing key ideas in boxes called “nodes” that were connected to other nodes with lines (“links”) representing different types of relationships. The end result often resembled a map or flow chart of the lecture. Other students took notes as they would usually take them, and when the two approaches were compared the students who used the “node-link mapping” system did better on tests and felt more confident about understanding the lecture than did students who took traditional notes. There seems to be something about visually displaying information that helps us better understand things and recall key ideas (hopefully when we need them). This is summarised in the old adage ‘a picture is worth a thousand words’.

- **A node**, which is just an idea captured in a box, circle, or other shape

For example:



- **Links** (named or not) which show the relationship between nodes

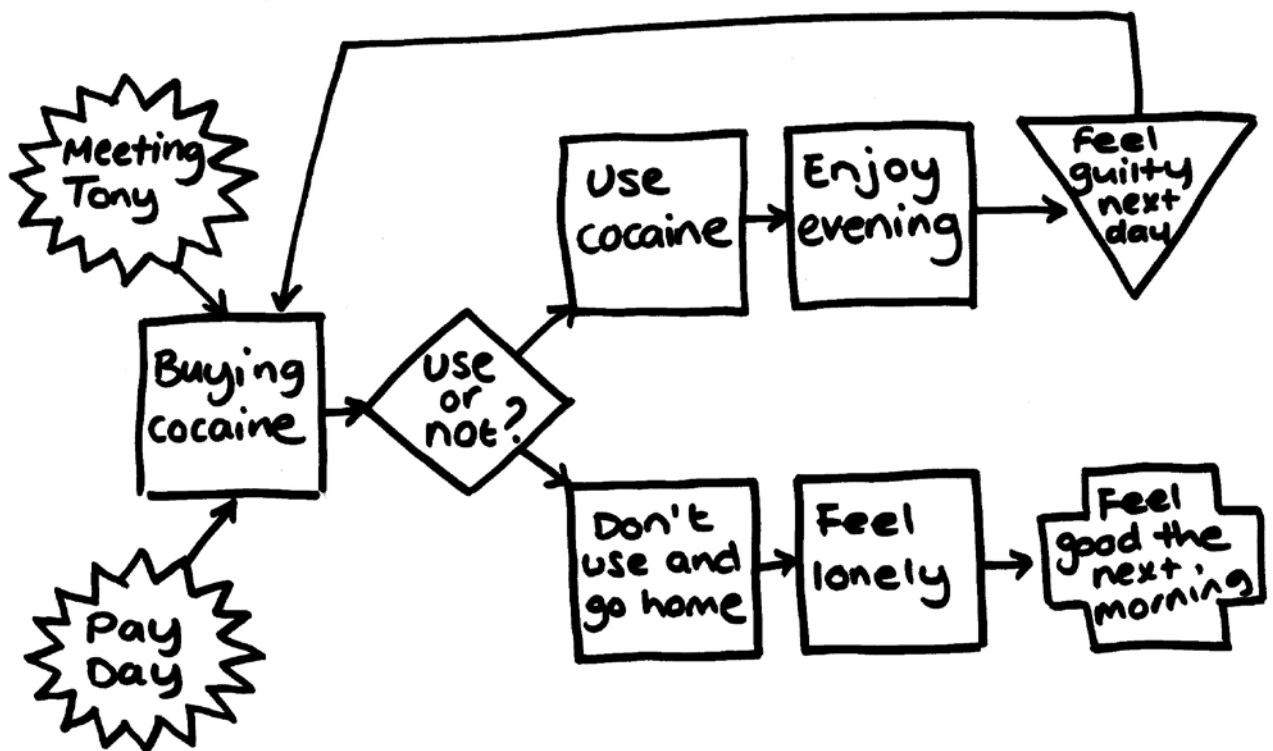
For example:



**“An example of a blockbuster movie is Avatar”**

## Free maps:

Start with a blank piece of paper and draw out a picture or diagram of the ideas being discussed. By simplifying and summarizing the ideas that the client or worker produces (in nodes), and by demonstrating how these ideas link together (links), patterns of behaviour or emotions can become clearer. The act of producing the map together can ensure that the worker gets an accurate understanding of the client's issues, as the client is able to alter the map as it is produced. The drug worker should take the lead in briefly explaining mapping to the client(s) and providing a starting point for creating the map. However, when at all possible, both drug worker and client should have pencils or pens available to facilitate the joint creation of a map. The example below shows a free map created during a treatment session on "relapse."



An example of a 'free map' produced during a counselling session

Dansereau, D. F., Dees, S. M., Greener, J. M., et al (1995)

Node-link mapping and the evaluation of drug abuse counseling sessions. *Psychology of Addictive Behaviors*, 9, 195-203.

Dansereau, D. F. & Simpson, D. D. (2009) A picture is worth a thousand words: The case for graphic representations.

*Professional Psychology: Research and Practice*, 40, 104-110.

## Map 03/What is node-link mapping?

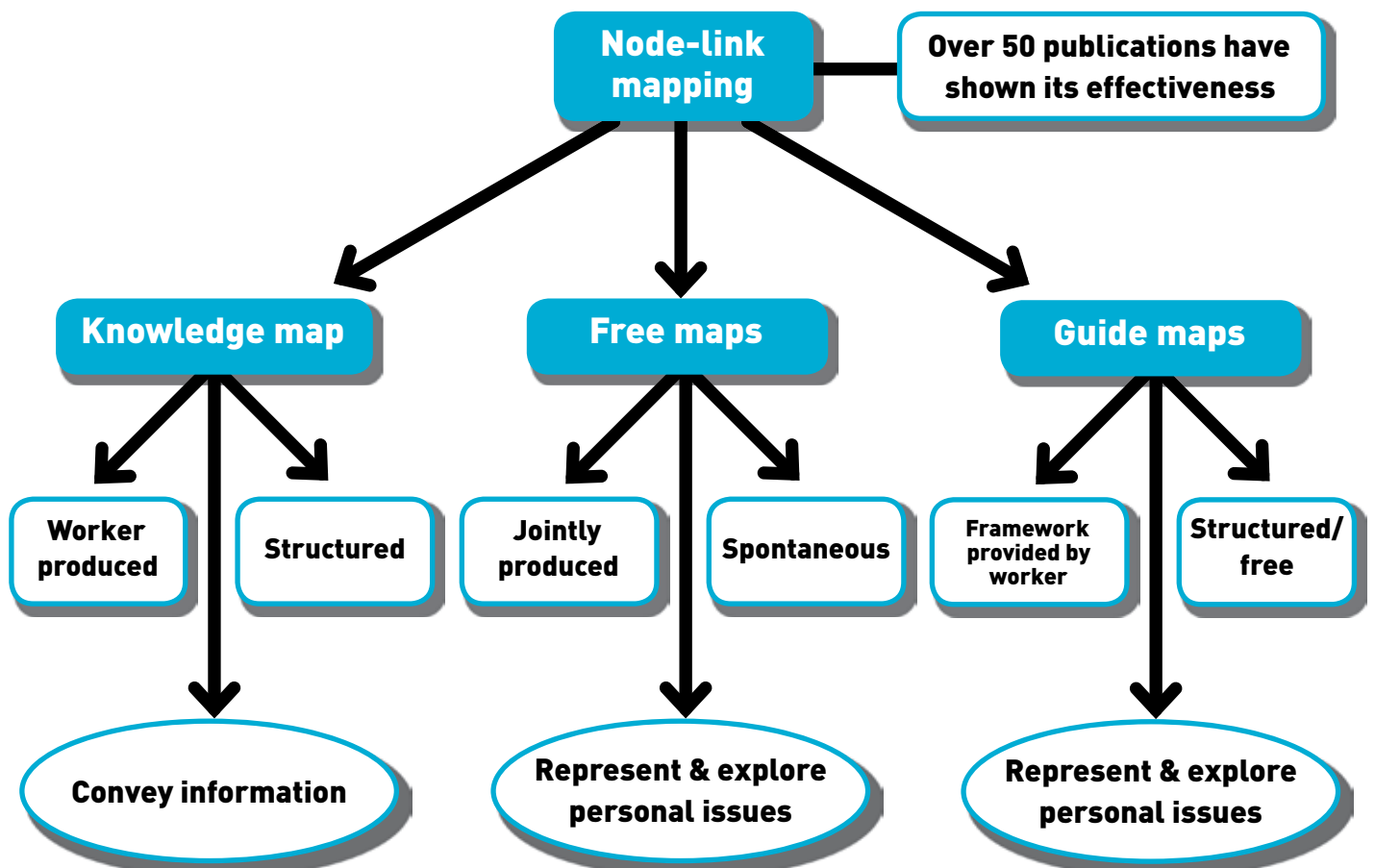
### Three ways of using node-link maps

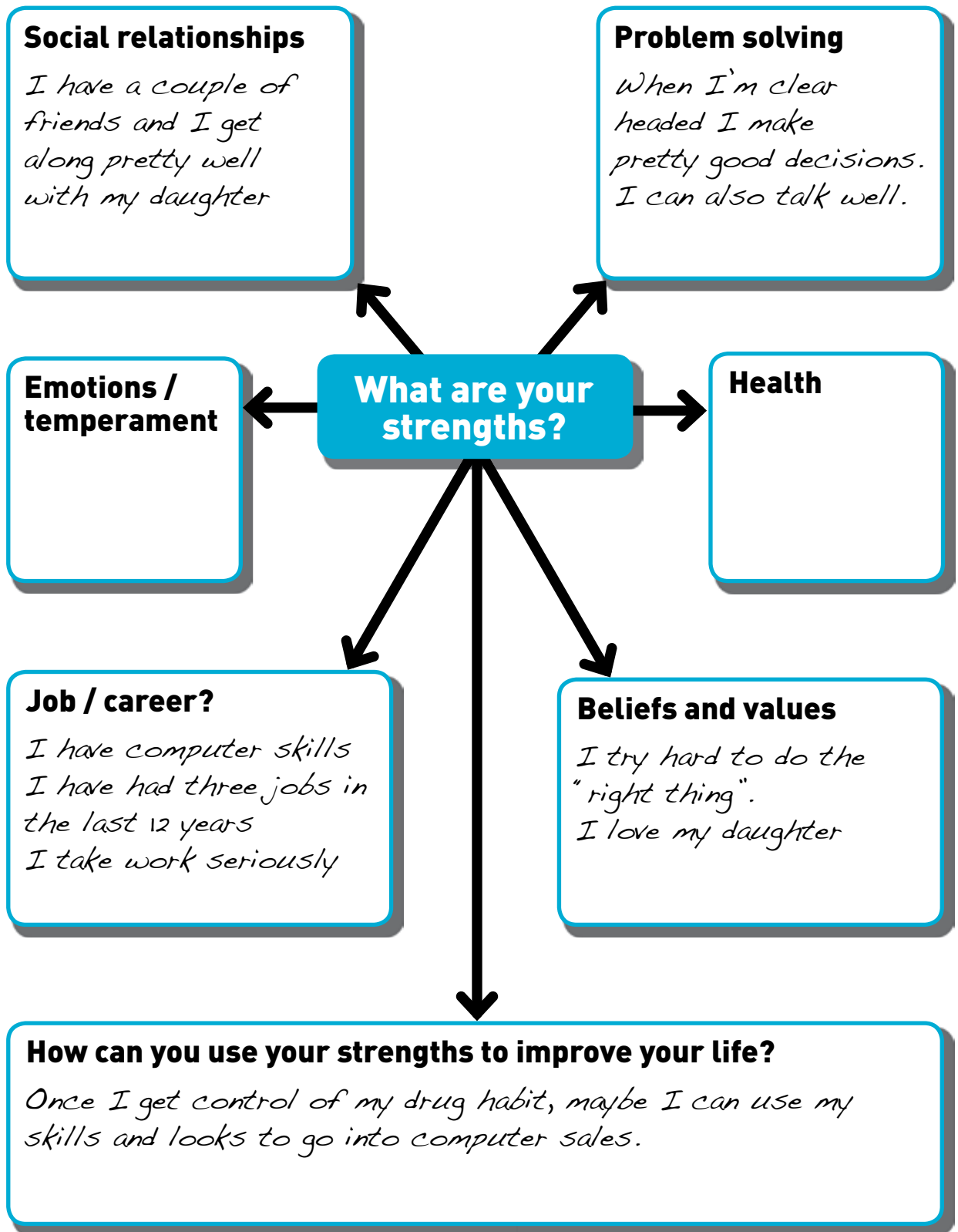
#### Guide maps:

The mapping materials contained in this pack are guide maps. Guide maps are pre-structured templates with a “fill-in-the-space” format that help guide the counsellor-client interaction during a session, while also allowing freedom for self-expression. As part of an individual counselling session, these maps provide a structure for thinking about and talking about goals, personal resources, and specific steps and tasks for arriving at goals. Guide maps can be used as homework or as individual worksheets that are then processed and discussed within a session. Similarly, they can be used to focus and keep a discussion on track, and copies can be given to the client or used to structure clinical supervision sessions. An example is given on page 06.

#### Information maps:

Information maps have been used in a variety of settings to help communicate basic information in a readily understandable way. Information maps are usually prepared ahead of time to serve as handouts or presentation slides. These maps organise facts on a particular topic and present them in an easy-to-remember format. Early mapping studies with clients attending psychoeducational groups on HIV-risk reduction found that information maps were useful in helping clients learn and retain information about HIV transmission and high-risk practices. Examples of information maps appear throughout this pack (for example, see section five on harm reduction). Below is an information map demonstrating the three ways of using node-link mapping.





## Map 05/What is node-link mapping?

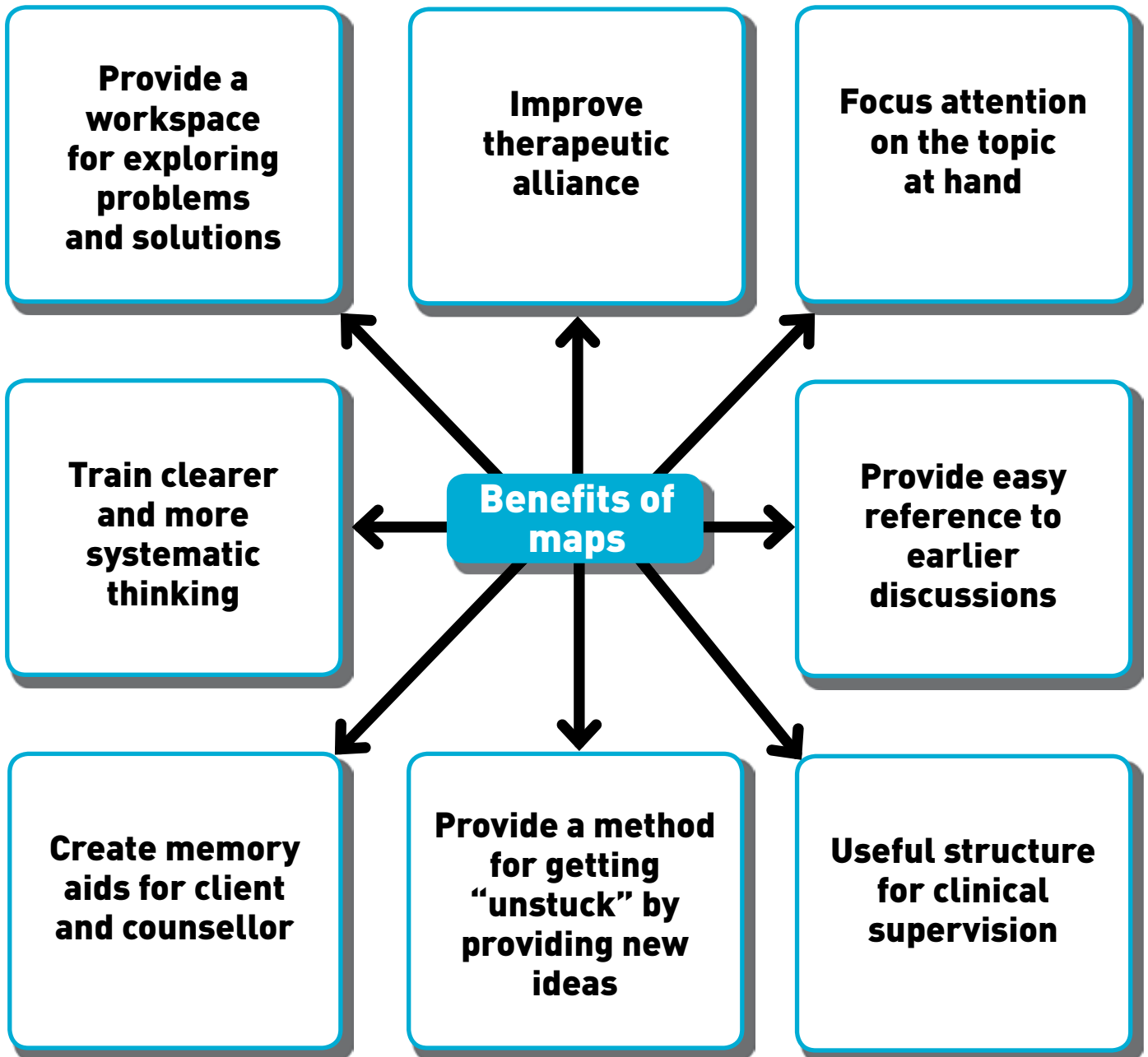
# Three ways of using node-link maps

## Mapping as a keyworking or counselling tool

**Both research evidence and clinical experience suggest that an effective counselling session has four key elements (Dansereau, Dees et al. 1995; Dansereau and Simpson 2009):**

- 1. Communication:** Drug working can be thought of as a problem-solving exercise, and so a clear, shared understanding of the issues is important to facilitate communication. Maps provide a clear visual representation of issues, and have less word clutter than traditional oral or written material. Node-link mapping has been shown to be particularly helpful for clients with less education, and for those with ethnic backgrounds that are different from their workers'. Mapping also enhances clients' own perceptions of their communication abilities, thus building confidence and self-esteem.
  - 2. Focus:** Mapping provides a way to cluster information meaningfully, as well as providing a readily available summary to guide and focus discussions. Evidence suggests that maps help counsellors and clients maintain their focus and attention, and mapping has been shown to benefit clients with attentional problems.
  - 3. Producing ideas:** Counselling sessions may need to cover a lot of ground in order to resolve a particular problem. Node-link maps can provide a strategy for idea generation, and may also facilitate causal thinking by making clients examine what influences their behaviour, or what may happen next. This process may be most useful when keyworkers and clients are struggling to remember details, or are in need of a fresh approach. Node-link mapping also leads to greater insights from the counsellor, helping him or her identify gaps in clients' thinking, and to address psychological issues facing clients.
  - 4. Memory:** Memory for session information is related to the effectiveness of counselling. Node-link maps have been shown to enhance the recall of information in both educational and clinical settings.
- Observations of mapping-enhanced counselling sessions and discussions with keyworkers and counsellors suggest that this technique increases collaboration between client and therapist by taking the direct focus off the client and putting it on a picture or diagram of the therapeutic issues. For clients who are uncomfortable maintaining eye contact, node-link mapping provides a relevant, alternative visual stimulus and therefore can reduce anxiety. Maps created during a session can be given to the clients as reminders or as vehicles for homework between sessions. They may also be reintroduced by the counsellor to evaluate changes and progress, and used as a structure for clinical supervision sessions. However, it should also be noted that mapping, especially if overused, can sometimes disrupt therapeutic rapport (e.g. by slowing the pace of the session). It therefore is important for individual counsellors to tailor their use of maps to fit both their own style and client needs.
  - The following map summarises the key benefits of adopting a node-link mapping approach.





# Two

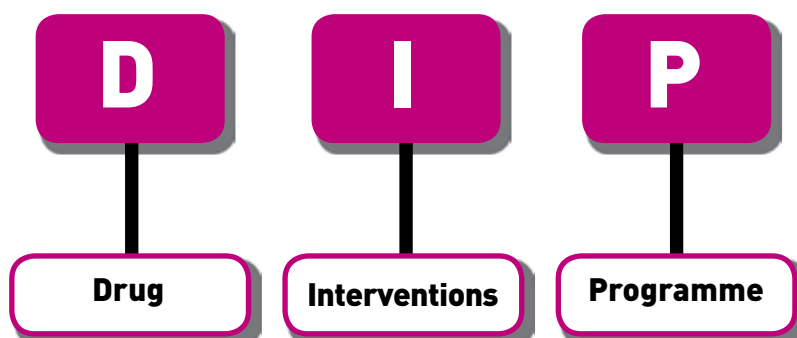
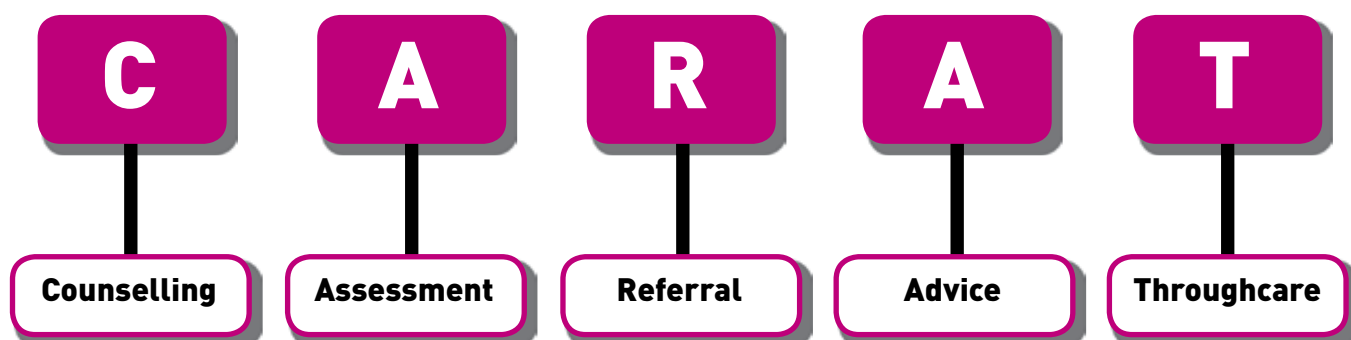
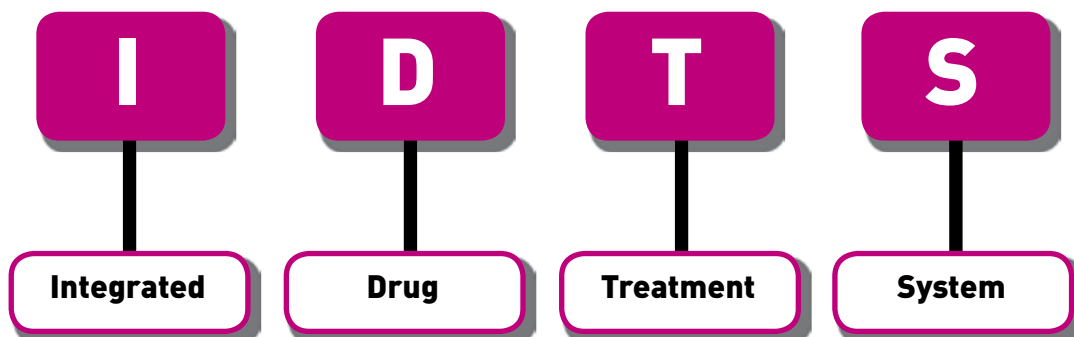
## Process through the prison

**Mapping can be used to help the prisoner understand the range of treatment services available within the criminal justice drug treatment system.**

**Two examples of knowledge maps are included, but each worker may wish to develop their own maps to support their work.**

# Map 01/Process through the prison

## Drug treatment in prison



Client name:

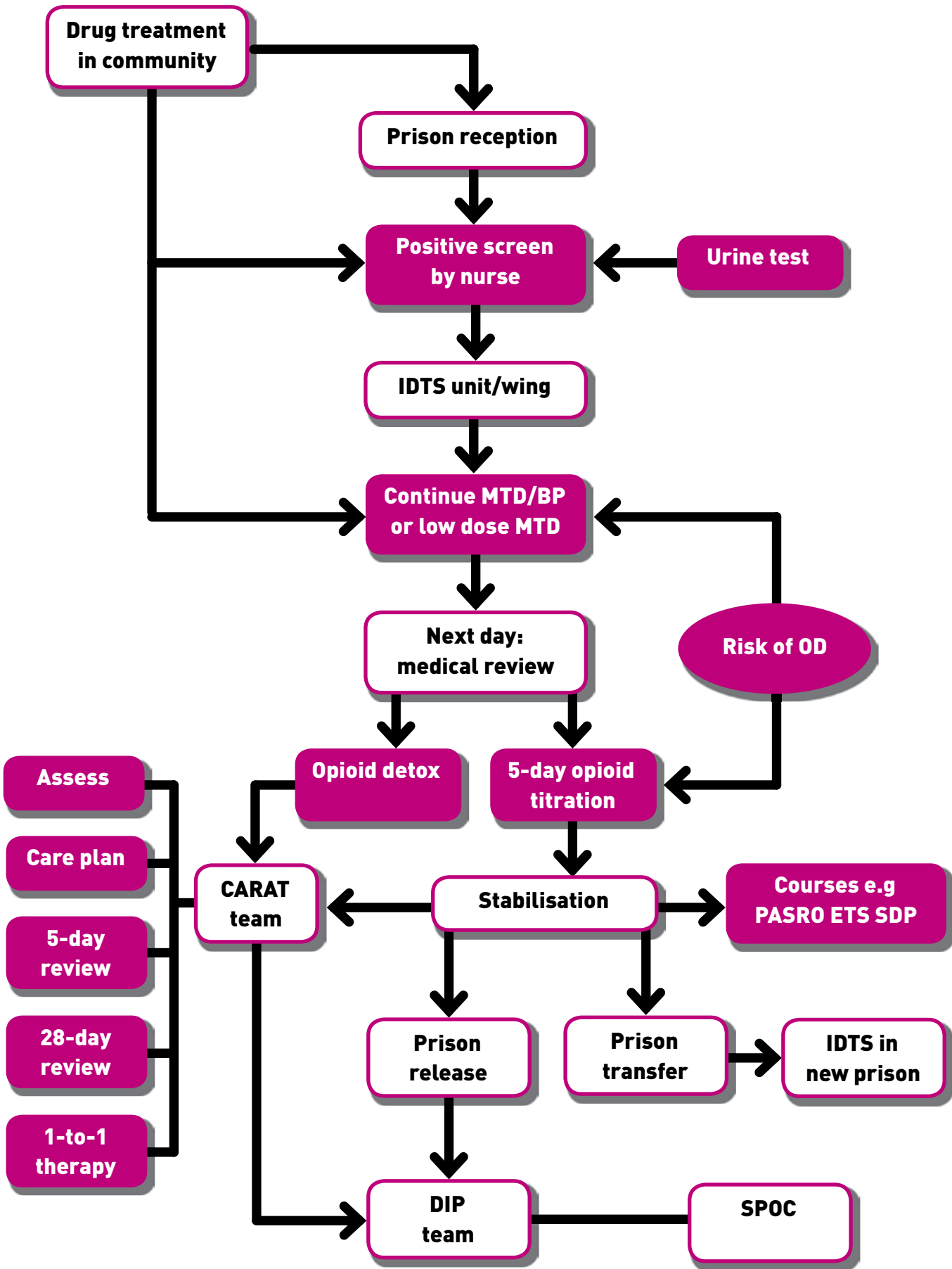
Keyworker:

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

**Process through the prison/Map 02  
Drug treatment in prison**



Client name:

Keyworker:

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

# Three

## Maps to enhance assessment

**The use of node-link mapping during the assessment process helps to structure the process while also focusing on building therapeutic alliance. Maps can ensure that the process is more collaborative, while also helping the worker in the completion of compulsory paperwork.**

**These maps are useful to break the ice and to build a therapeutic alliance. The map entitled 'progress report' can be completed from casenotes before the first contact and then shown to the client. This demonstrates to the client that the worker is interested in them as a person, and prevents repetition of questions.**

**Other maps are available to download, including a series linked to the CSMA. Workers may also wish to develop their own maps tailored to particular information gathering needs.**

Map 01/Assessment  
Me today

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

Keyworker:

Client name:

Me today

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

Comments:

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Client name: \_\_\_\_\_

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

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

**My drug use**  
Drug: \_\_\_\_\_

Things that are good about using

Things that aren't so good

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

# Drug use - the pros and cons

Client name: \_\_\_\_\_

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

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

The way it makes you feel?  
Physically

Emotionally

Helps you deal with issues/problems?

Partner or family

Friends?

What drives you to use, or to get money to use?

What problems has your drug use caused?

Relieves boredom/is sociable?

Other reasons?

Education?

Health?

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

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



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

Keyworker:

Client name:

Problem solving/coping

Work or skills

Values and beliefs

Social relationships

Health and physical

Emotions/temperament

What are your strengths?

# Map 05/Assessment My health

Client name:

Keyworker:

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

Problems that run in the family

Problems in the past

Current problems

Diet and exercise

My health

Current medication

Weight

Other

Alcohol and tobacco

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

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

Keyworker:

Client name:

Things that scare me

Things that worry me

What my friends say about me

My mood is usually...

**My emotions**

Things I do to cope with stress

Problems that run in the family

# Map 07/Assessment Progress report

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

Keyworker:

Client name:

**Crime**

**Education/work**

**Amount and frequency of substance use**

**Social support, family and friends**

**Progress in treatment**

**Physical and psychological health**

**Possible challenges**

**Housing and basic needs**

**Major strengths**

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

Client name:

Keyworker:

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

How and when did you first get involved in drug use?



When did you last use drugs?  
What and how did you use?  
Where did you use?  
Who were you with?



Has anything changed about your drug use since you first used?

Have you had any periods when you have been drug-free?  
If so, when and for how long?



What helped you to get drug-free?



In prison?



In the community?

# Four

## Care planning and care plan reviews

**The maps presented in this section can help to ensure that the care plan is holistic and client-led, and that goals set as part of the process are achievable and realistic. Reinforcing the achievement of a goal with praise and encouragement can help to build a strong therapeutic relationship, and instill optimism in the client.**

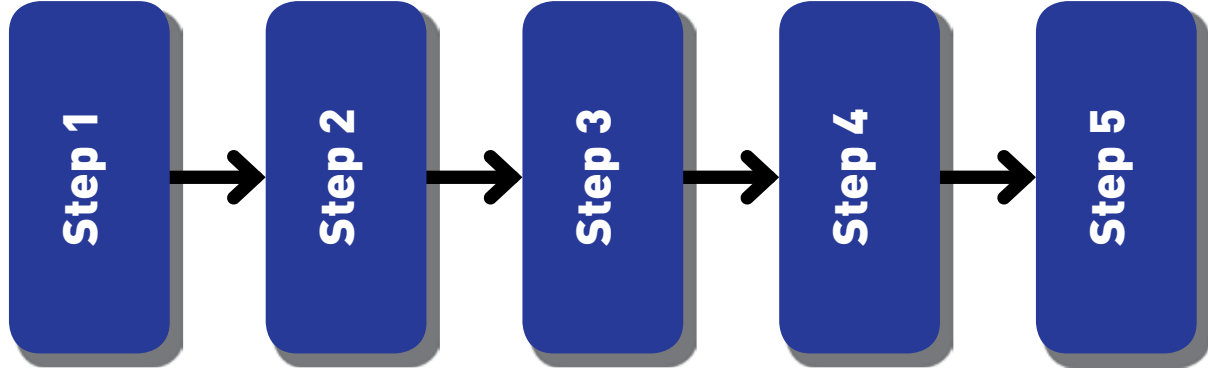
**More detail about the approach to care planning presented here can be found in the Routes to Recovery Manual Part 4, available at [www.nta.nhs.uk](http://www.nta.nhs.uk)**

# Map 01/Care planning Instructions

Client name: \_\_\_\_\_

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

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



Ask the client to complete the 'goal planner' map by considering each of the areas listed in the first column and rating them between 1 and 10. Use the goal planner rating sheet to explain this to the client. Explain that a score of '1' means that things in this area could not be any worse, whereas '10' means they could not be any better.

Go through each of the areas and discuss what the score means to the client. For example, if they have rated 'Money' as 3, what would have to happen to make it a 5? What would happen to make it a 1? Try to get a deeper understanding of what the client means by the score.

Identify the first 3 problems to tackle in treatment. These may be the 3 areas with the lowest scores, but not always. Remember that by agreeing to tackle a 'middle-ranking' problem, you may have more chance of early success, thus building the client's confidence.

Complete the care plan for each of the first 3 problem areas. Use this to develop treatment goals and time scales for tackling them.

Use a separate 'care plan goals' map to consider each goal in more detail. Each goal should be broken down into Specific, Measurable, Agreed-upon, Realistic and Time-limited (SMART) steps. Considering possible problems may indicate that smaller steps are required. Achieving a goal leads to increased confidence and self-esteem, and builds therapeutic alliance.

Client name:

Keyworker:

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

Problem area	Satisfaction out of 10	What would have to change to increase my score out of 10?	'Priority' - Up to 3
Drug and / or alcohol use			
Health (physical & mental)			
Social life and friends			
Relationships (partner or family)			
Housing			
Job/education			
Money			
Exercise			
Legal and crime			



# Map 03/Care planning Goal planner rating sheet

Client name:

Keyworker:

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

1 2 3 4 5 6 7 8 9 10

It can't get any worse

It can't get any better

**Give each area of the goal planner map a score between one and ten to show how happy you are now with this area of your life**

1 = it can't get any worse

5 = not unhappy, but not happy either

10 = it can't get any better

(adapted from the Happiness Scale. Copyright 1995. Used with permission from the authors, Robert Meyers, Ph.D., and Jane Ellen Smith, Ph.D.)

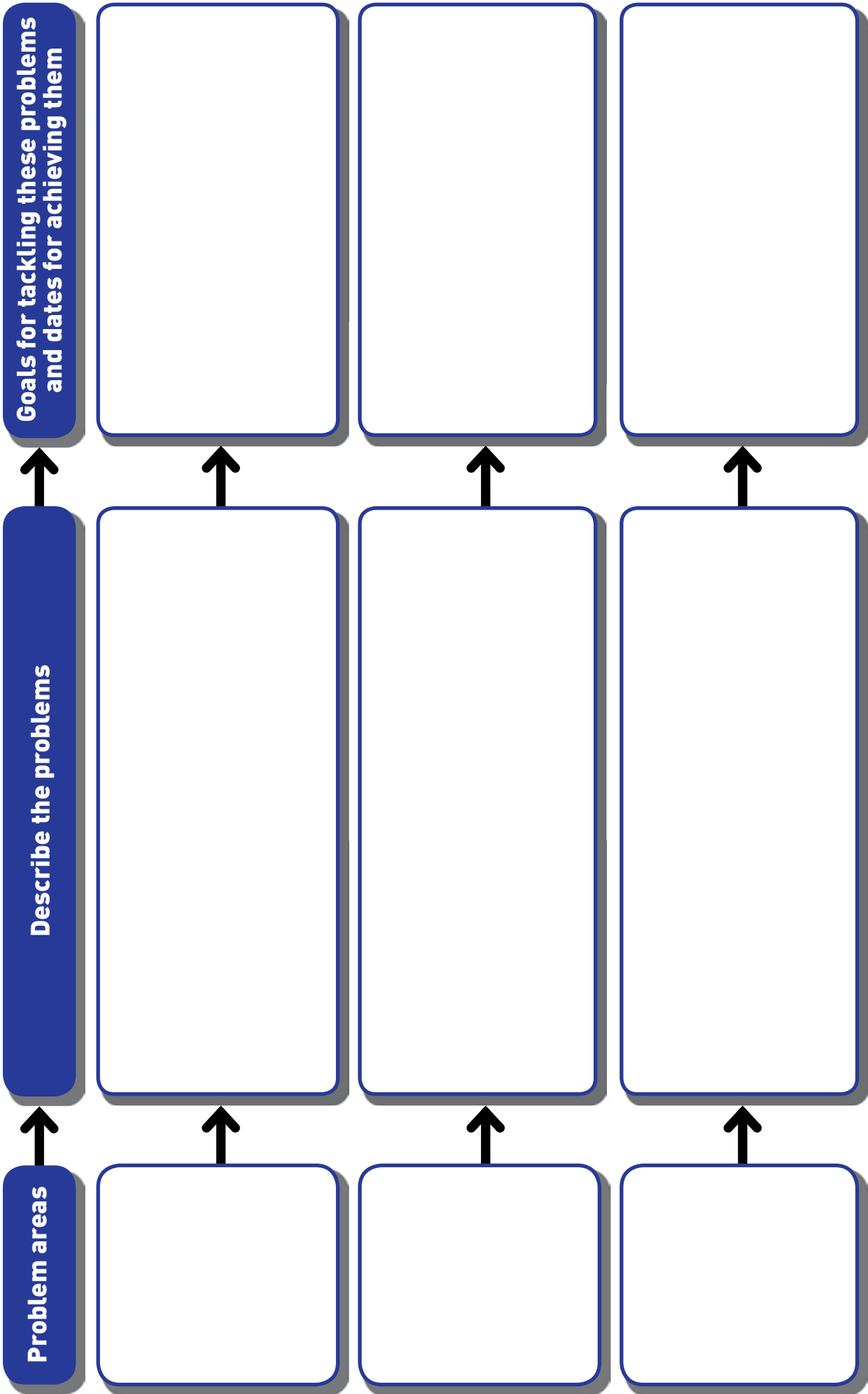
How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

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

Keyworker:

Client name:



# Map 05/Care planning

## Care plan goals

Client name:

Keyworker:

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

Specific actions

When

Helpful people and useful thoughts

Strengths you have or need

Possible problems

Solutions

My goal

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

Care planning/Map 06  
Things I would like to change

Describe what you want to change

How would life be different if it happened?

[Empty box for describing the change]

[Empty box for describing the difference]

[Empty box for describing the change]

[Empty box for describing the difference]

[Empty box for describing the change]

[Empty box for describing the difference]

[Empty box for describing the change]

[Empty box for describing the difference]

[Empty box for describing the change]

[Empty box for describing the difference]

Client name:

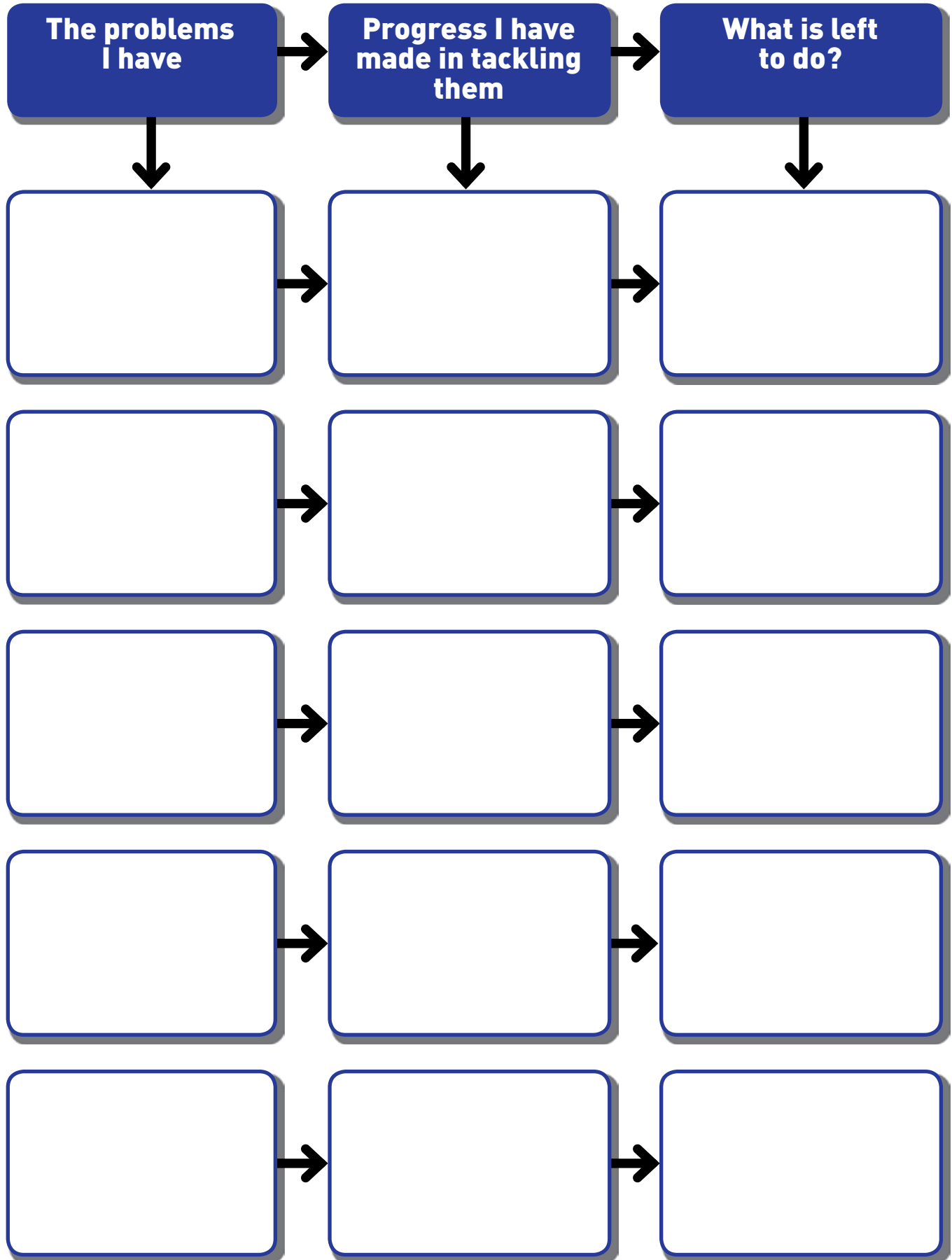
Keyworker:

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

**Map 07/Care planning**  
**Care plan update**



**Client name:**

**Keyworker:**

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

**Comments:**

**Describe the goal that you didn't achieve**



**What did you do?**



**What have you learnt?**



**What was going through your mind?**

**What were you feeling?**

**How will you do it differently next time?**

Client name:

Keyworker:

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

# Five

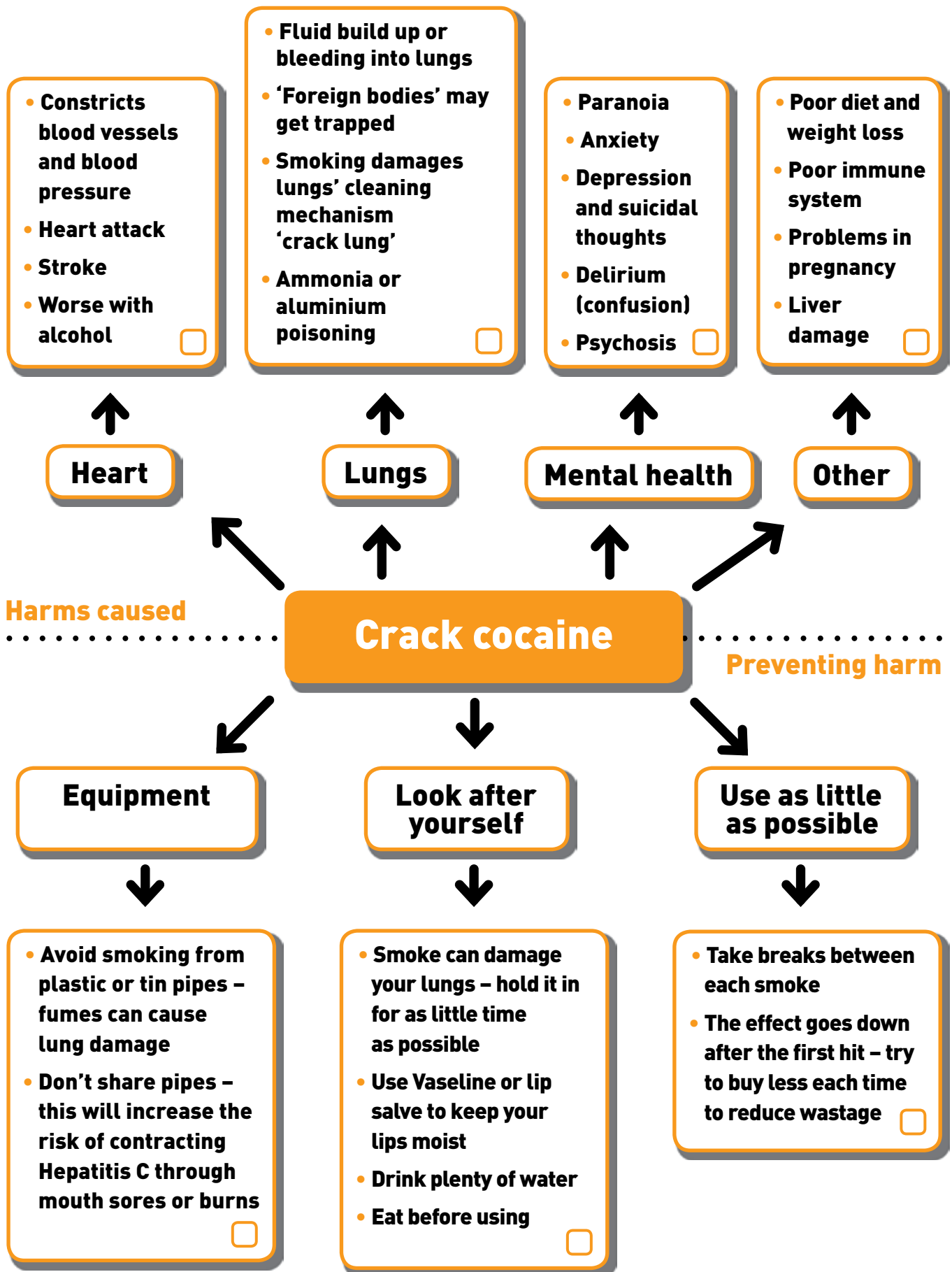
## Harm reduction

**Knowledge maps can be used to structure discussions about harm reduction issues, while providing a useful reminder for the client to take away from the session.**

**By ticking the small box in each section when the topic is discussed, both worker and client have a reminder of what has been discussed.**

**These maps can be supplemented by other written materials.**

**Map 01/Harm reduction**  
**Crack cocaine**



Client name:

Keyworker:

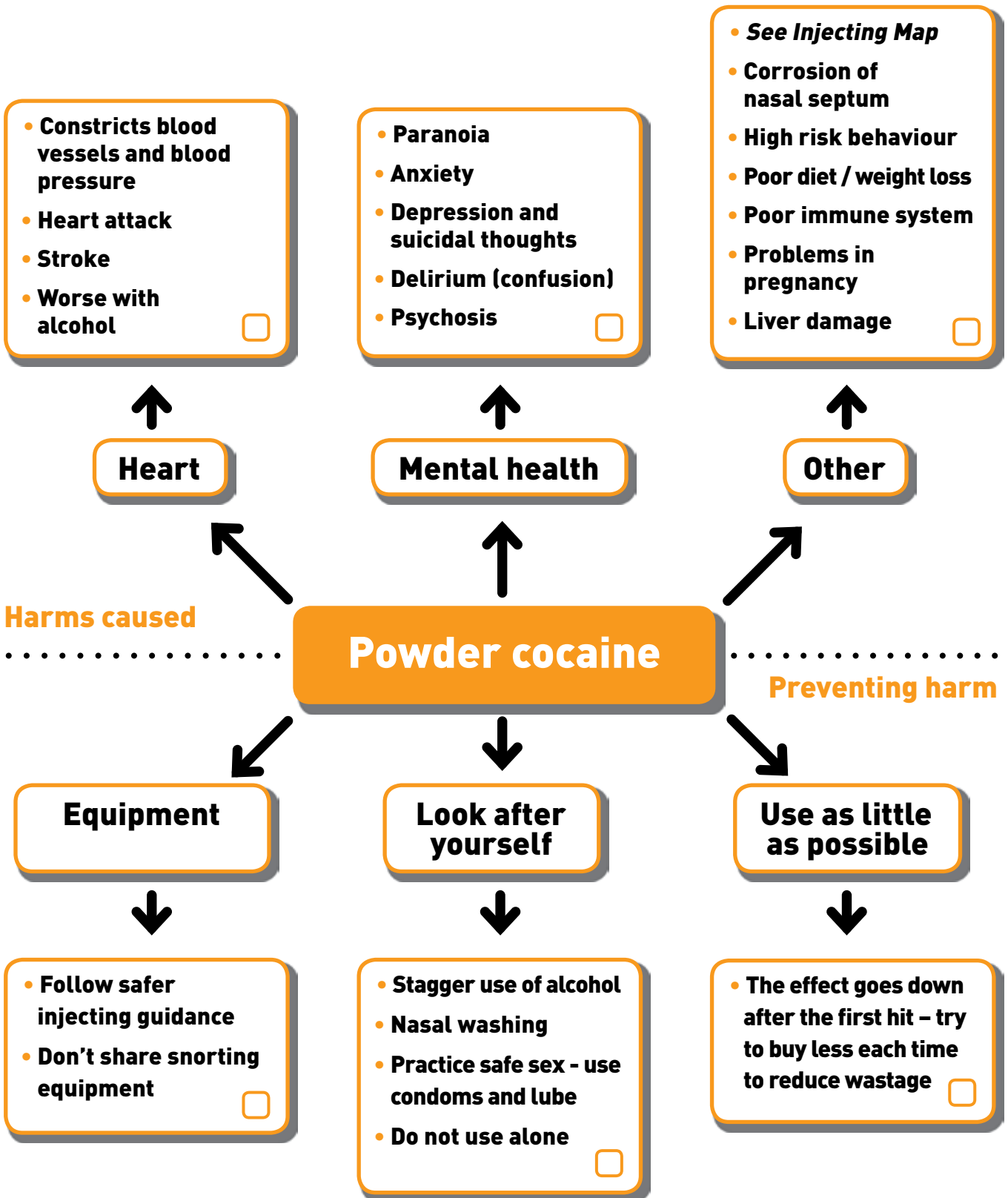
Date: \_\_/\_\_/\_\_

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:



# Harm reduction/Map 02 Powder cocaine



Client name:

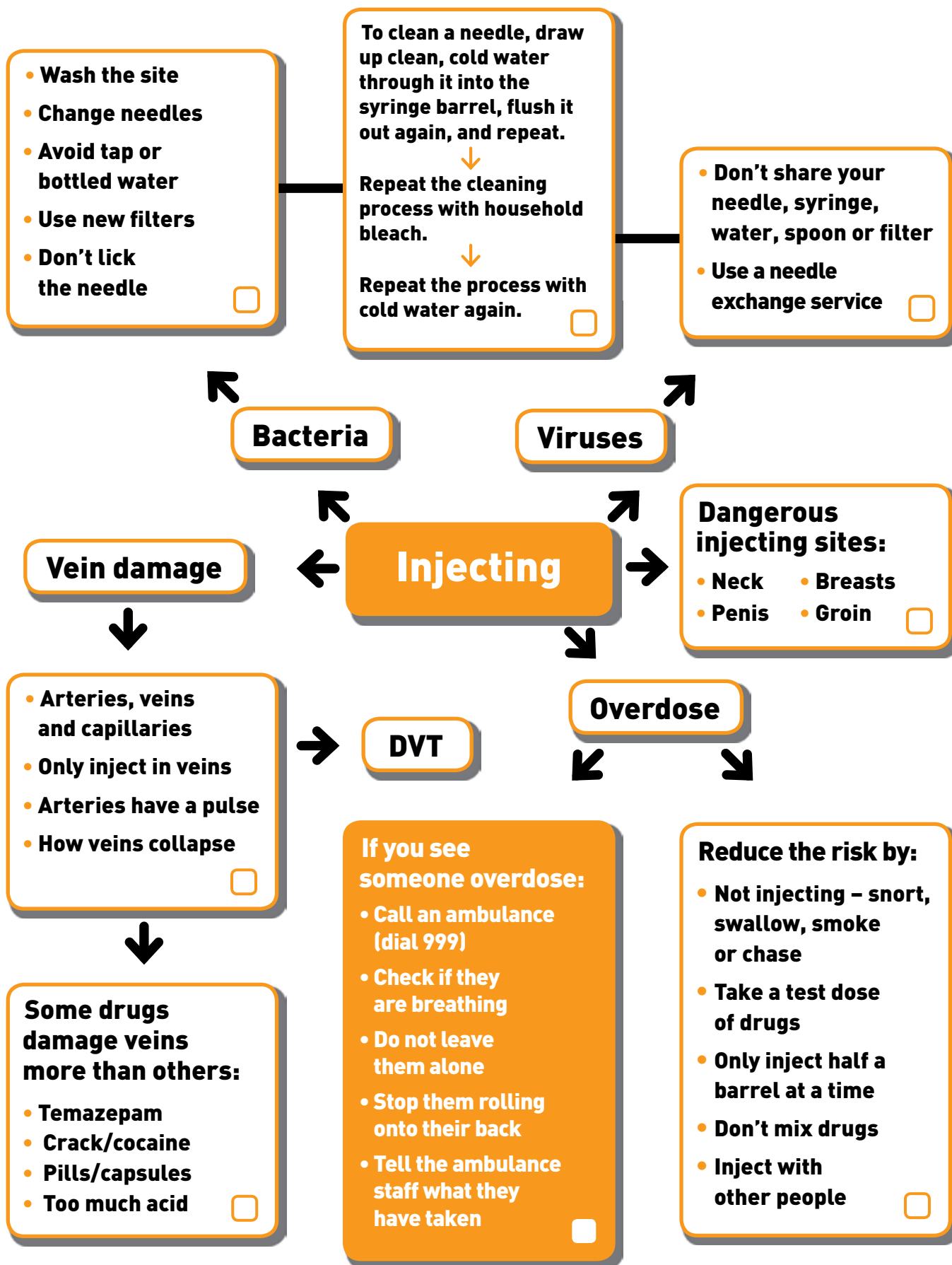
Keyworker:

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

# Map 03/Harm reduction Injecting



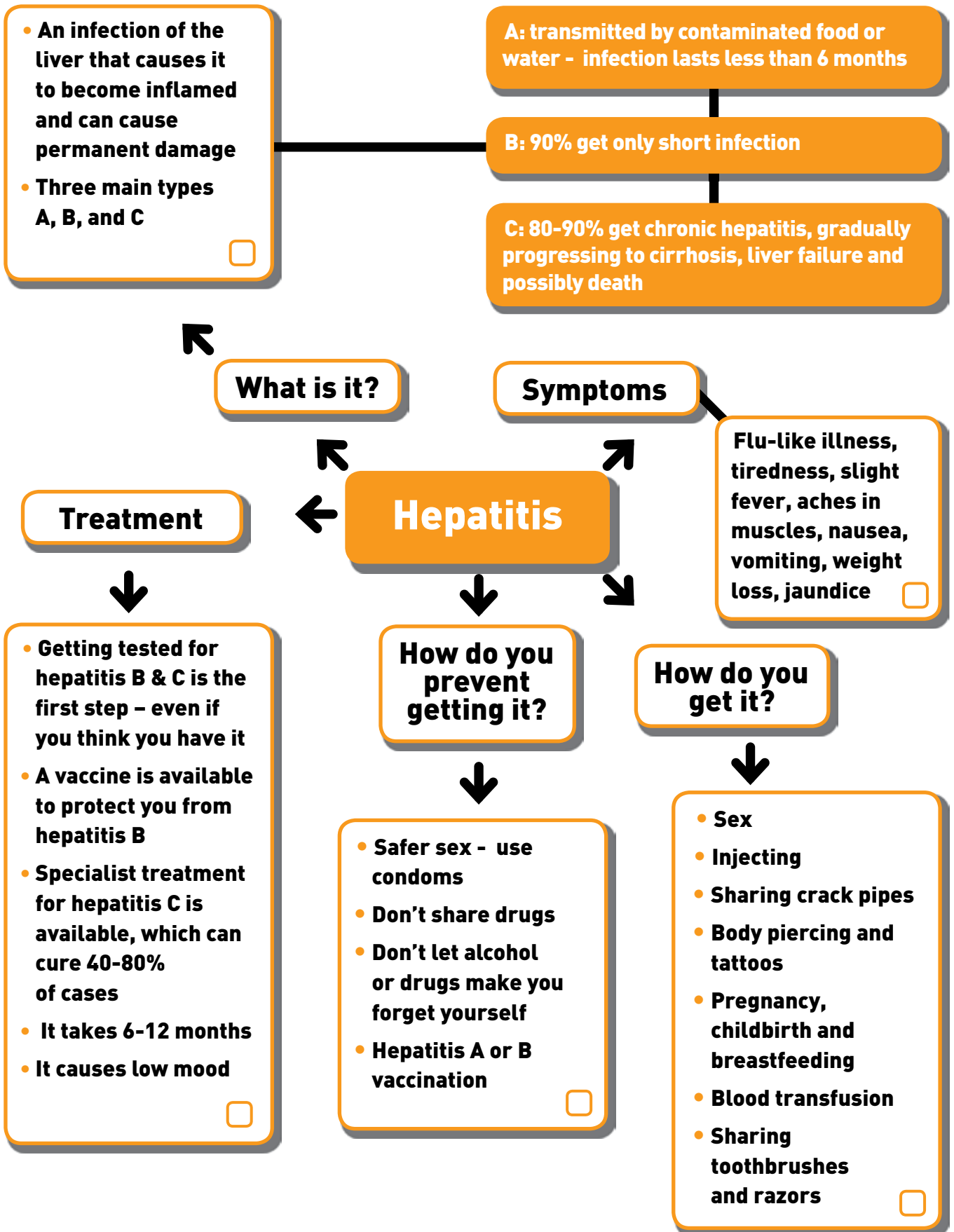
Client name:

Keyworker:

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:



Client name:

Keyworker:

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

**Map 05/Harm reduction**  
**HIV**

- Human Immunodeficiency Virus attacks the immune system
- With reduced protection, the person develops severe illnesses – they are then said to have AIDS (Acquired Immune Deficiency Syndrome)
- There is no cure or vaccination for HIV or AIDS

- Many people have no symptoms for years
- Some get a flu-like illness within 2 months — fever, headache, fatigue, swollen glands in the neck and groin
- Even if there are no symptoms, the person can pass HIV onto another person

**What is it?**

**How can you tell if you have been infected?**

**Treatment**

**HIV**

**How do you get it?**

- The only way to know if you have HIV is to get tested
- Antiretroviral treatment aims to keep the amount of HIV in the body at a low level
- It is not a cure, but it can stop people from becoming ill for many years
- Tablets need to be taken every day for life

**How do you prevent getting it?**

- Safer sex - use condoms
- Don't share drugs
- Don't let alcohol or drugs make you forget yourself

- Sex
- Injecting
- Sharing crack pipes
- Body piercing and tattoos
- Pregnancy, childbirth and breastfeeding
- Blood transfusion
- Sharing toothbrushes and razors

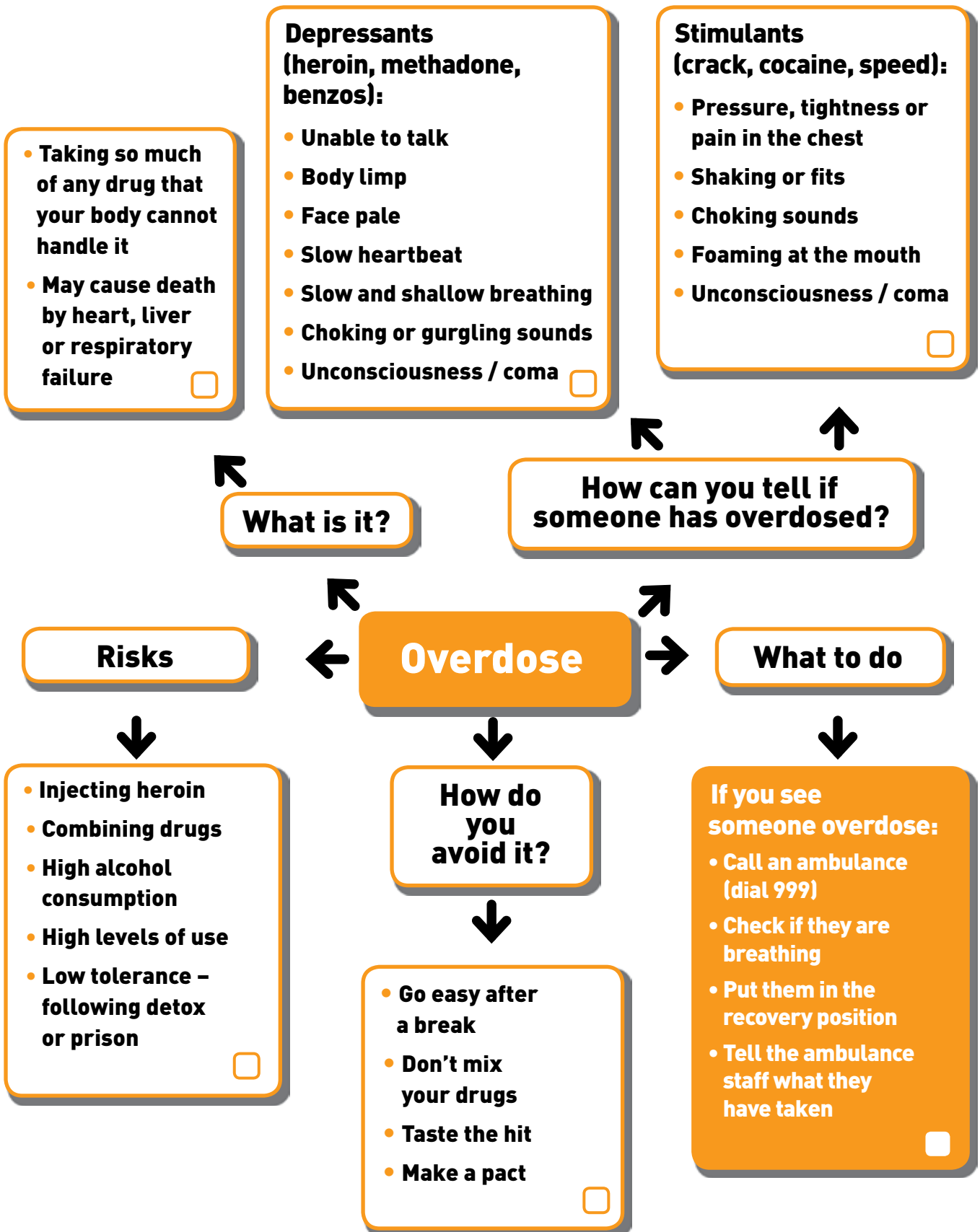
Client name:

Keyworker:

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:



Client name:

Keyworker:

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

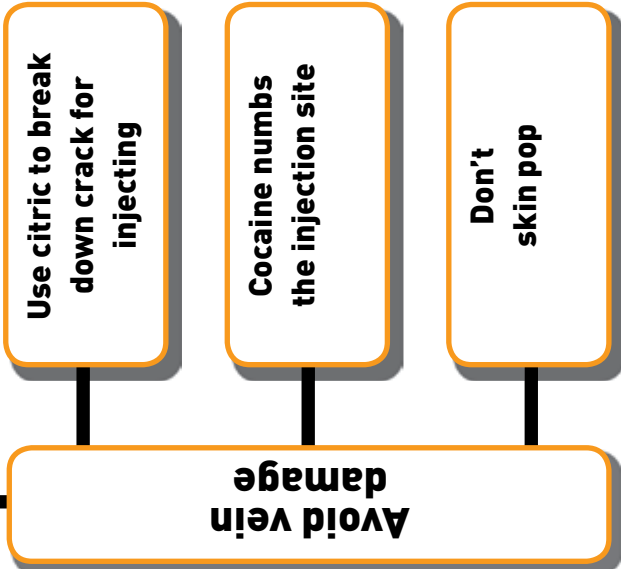
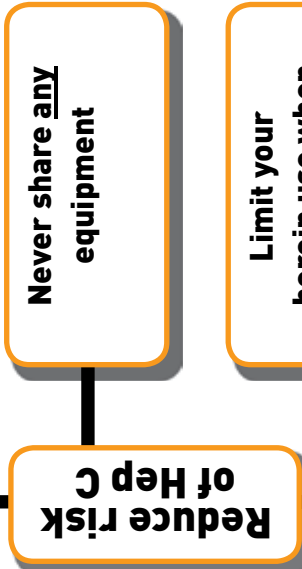
**Map 07/Harm reduction**  
**Useful tips**

Client name:

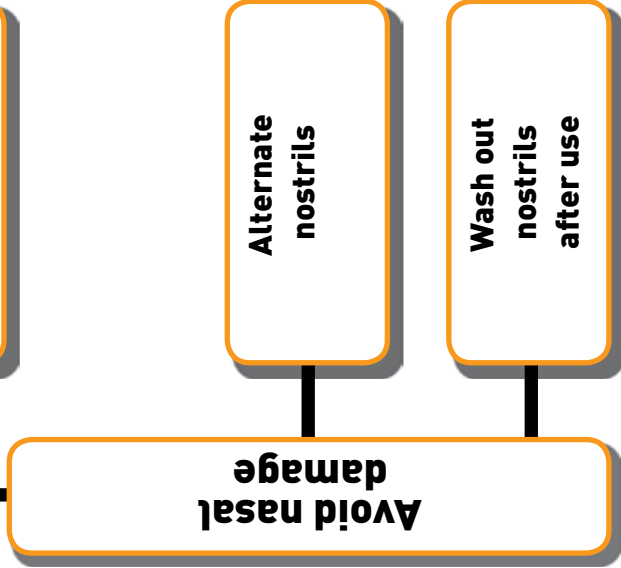
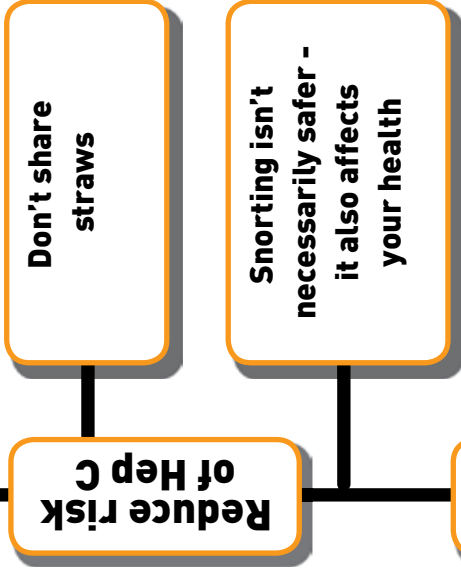
Keyworker:

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

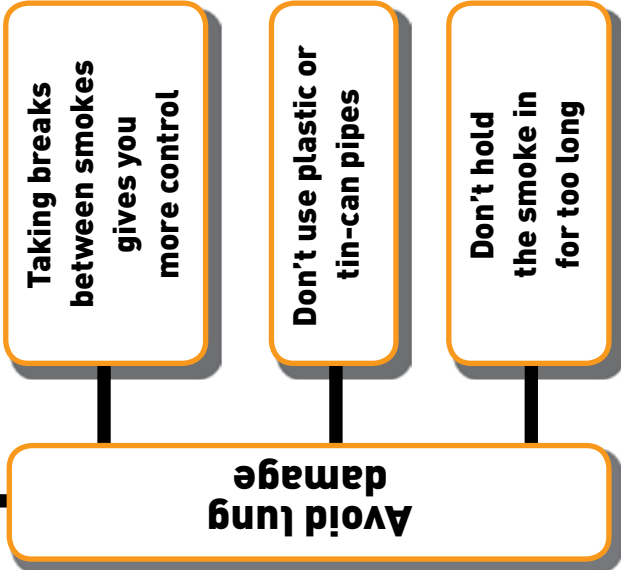
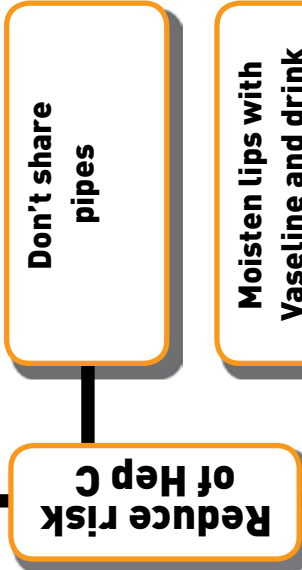
**Injecting**



**Snorting**



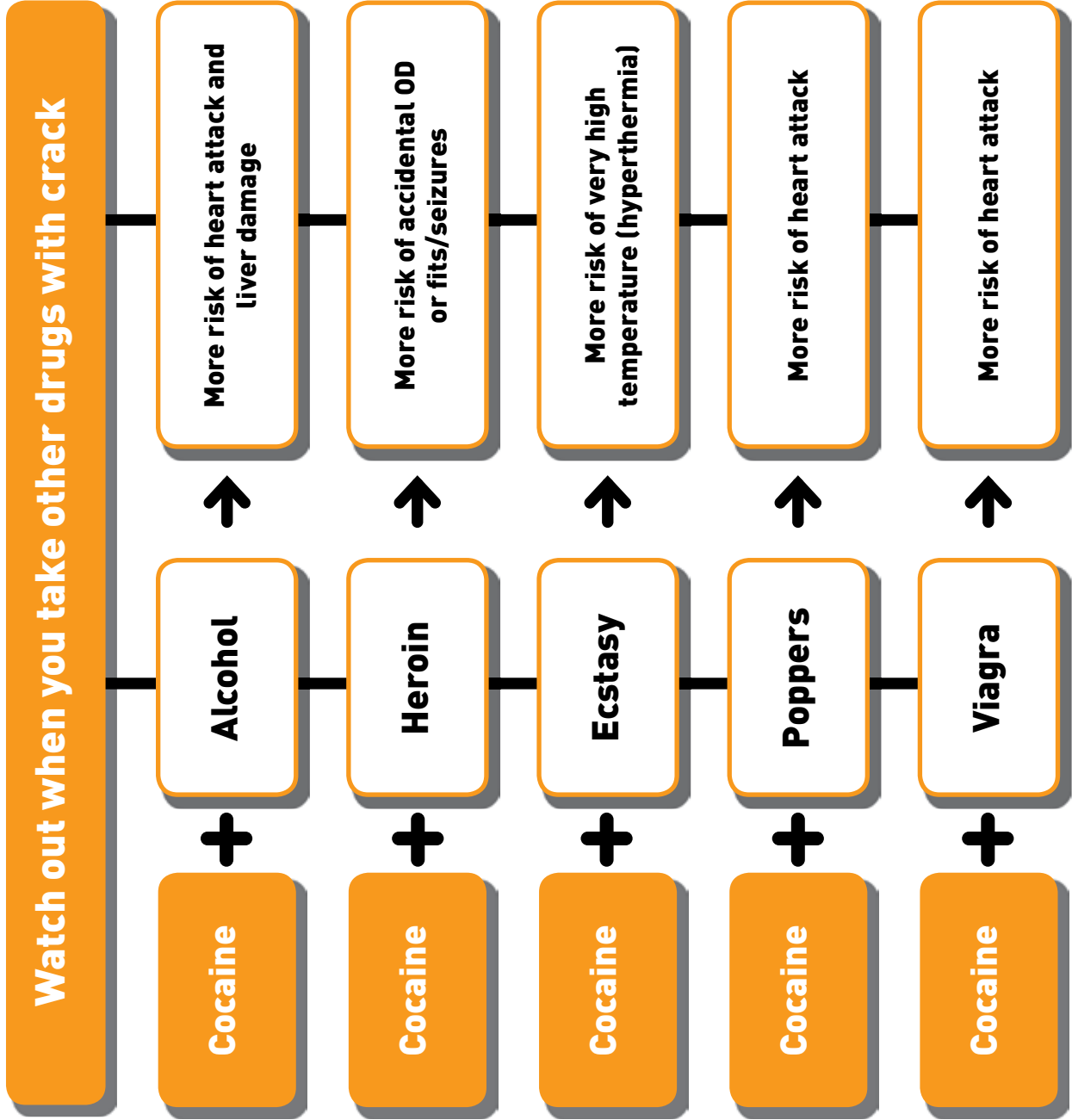
**Smoking**



Client name: \_\_\_\_\_

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

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



# Six

## **Families and social network**

**These maps may be of use when planning family visits, or for discharge planning from prison**



Step 1: Explore concerns

**The five-step family intervention**

Developed by Copello and colleagues to be used with relatives of drug and alcohol users in the primary care setting, this approach will also be useful in prison or in other criminal justice settings. Based on the stress-coping-health model, it includes strategies for exploring three key areas: stress experienced by relatives, their coping responses, and the social support available to them.

**Step 1: Listen, reassure, explore concerns**



**Step 2: Provide relevant information**



**Step 3: Counselling about coping**



**Step 4: Counsel about social support**



**Step 5: Discuss needs for other help**

For more information on the five-step approach see Copello A et al (2000) Methods for Reducing Alcohol and Drug Related Family Harm in Non-Specialist Settings. Journal of Mental Health 9(3): 329-343

Client name:

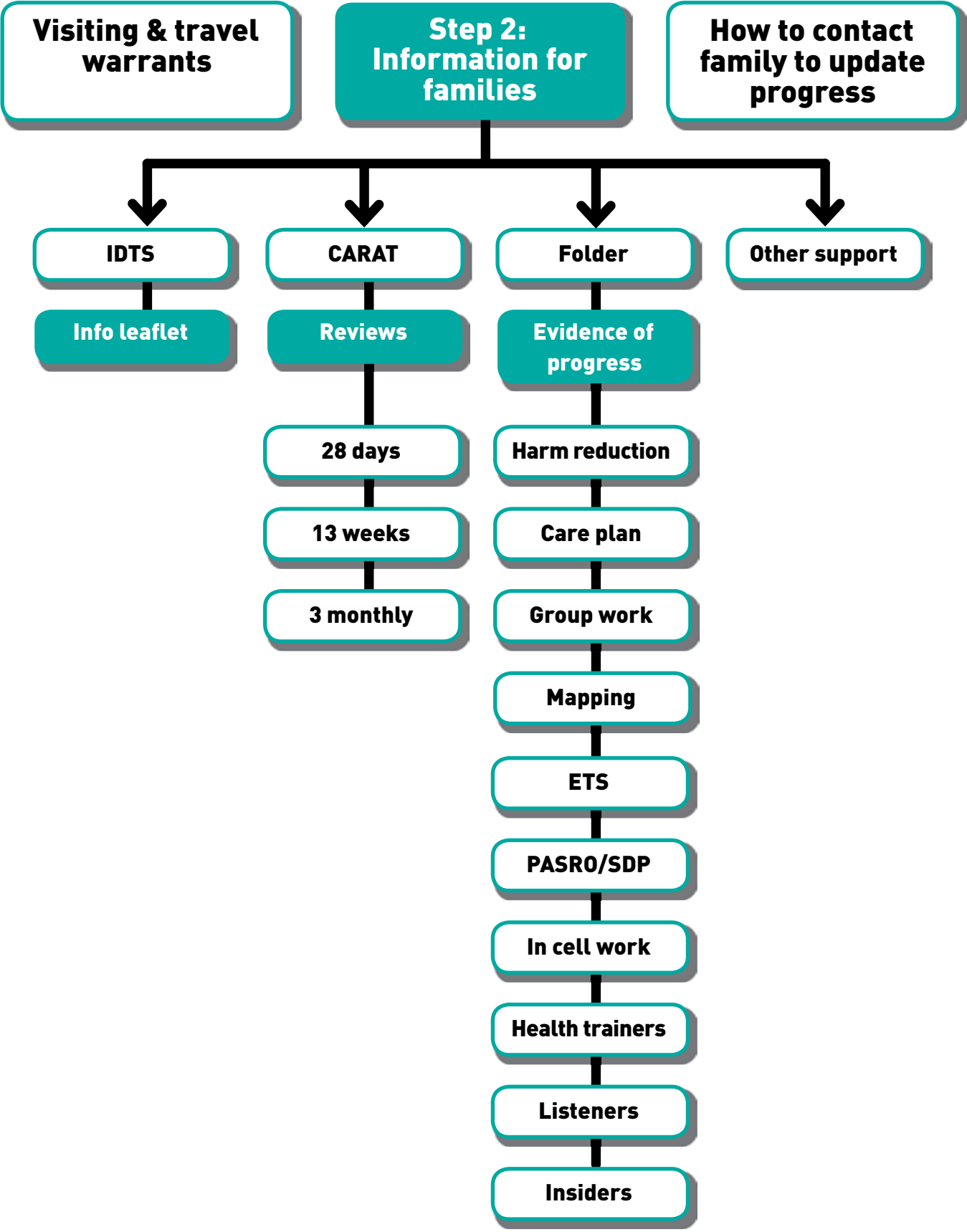
Keyworker:

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

**Families and social network/Map 02**  
**Step 2: Example of information for families**



Client name:

Keyworker:

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

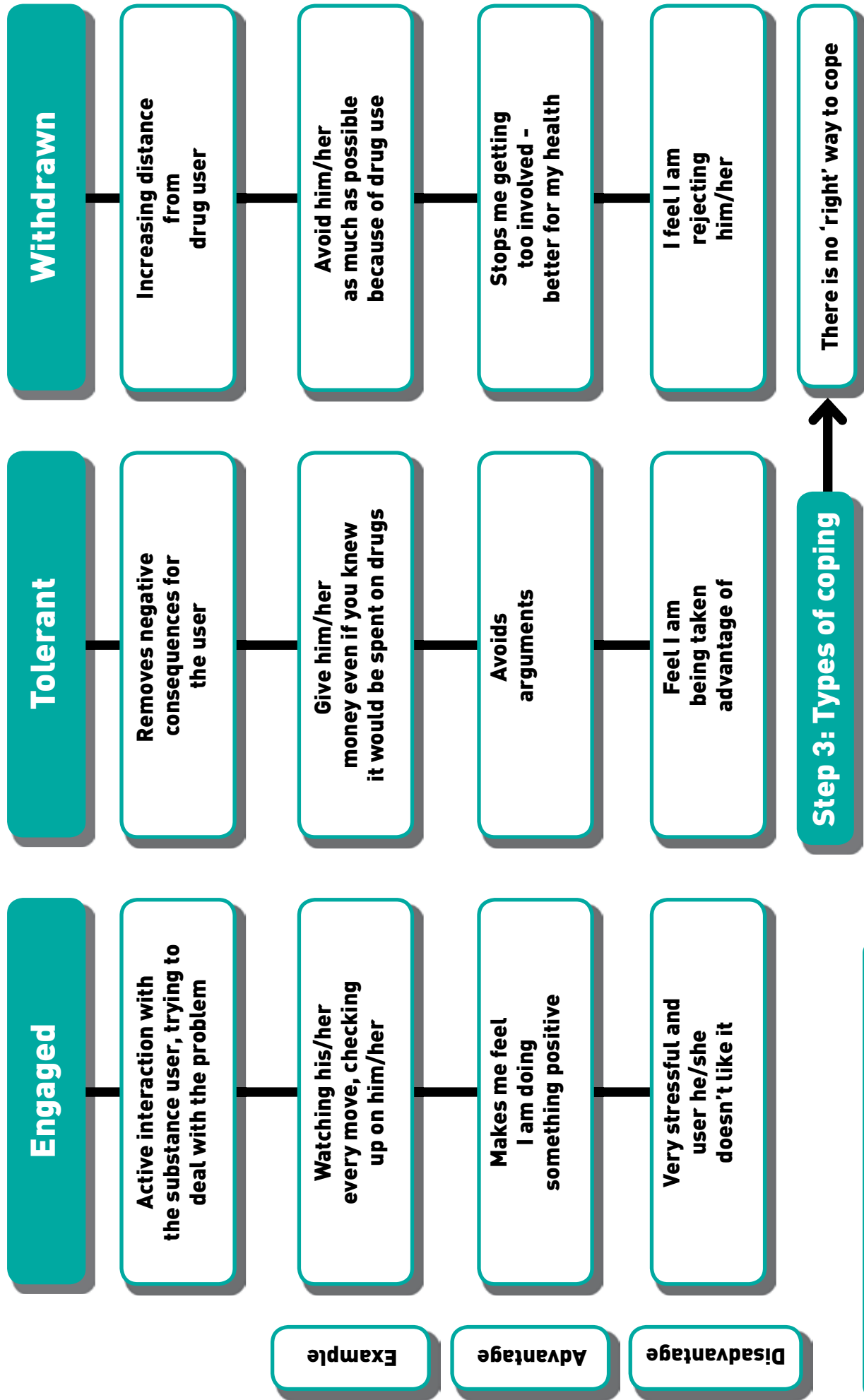
Comments:

Step 3: Types of coping

Client name: \_\_\_\_\_

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

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



- Example
- Advantage
- Disadvantage

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

Client name:

Keyworker:

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

**Strategy 1**

**Advantage**

**Disadvantage**

**Strategy 2**

**Strategy 3**

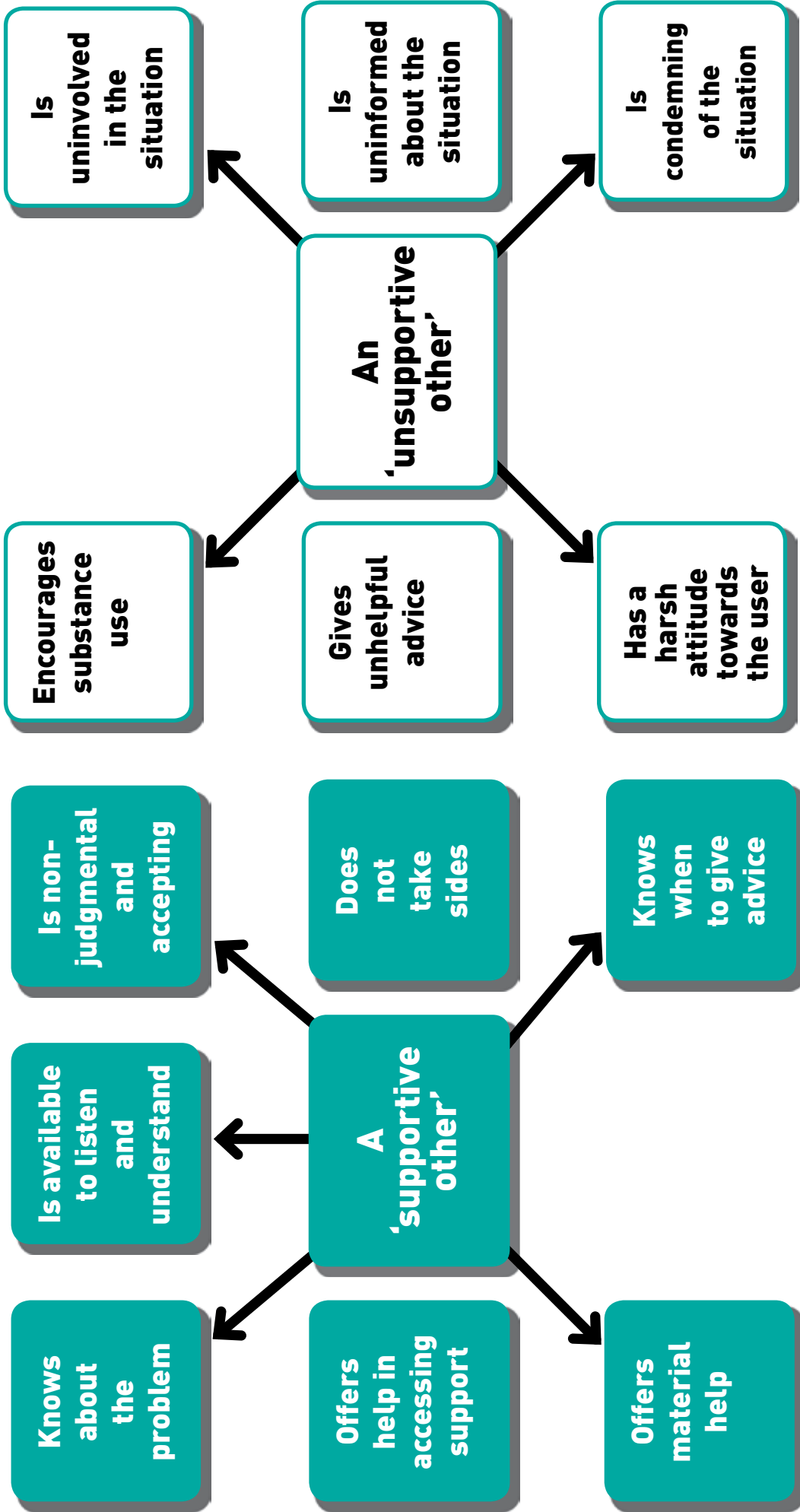
**Step 3: How do I cope?**

Step 4: Exploring and enhancing social support

Client name: \_\_\_\_\_

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

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



Client name:

Keyworker:

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

Help for you

Help for the user



Help for other family members

Help for the whole family

**Map 07/Working with clients to build social support**  
**Family issues to consider**

Client name: \_\_\_\_\_

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

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

**Positives and negatives of family relationship**

**How does criminal and substance use behaviour affect my family? Are there issues around safeguarding children?**

**How can I do things differently on release?**

**How can I do things differently while in prison?**

**What help does my family need?**

**What would a perfect family relationship look like?**

**How would I like to involve my family in my treatment?**

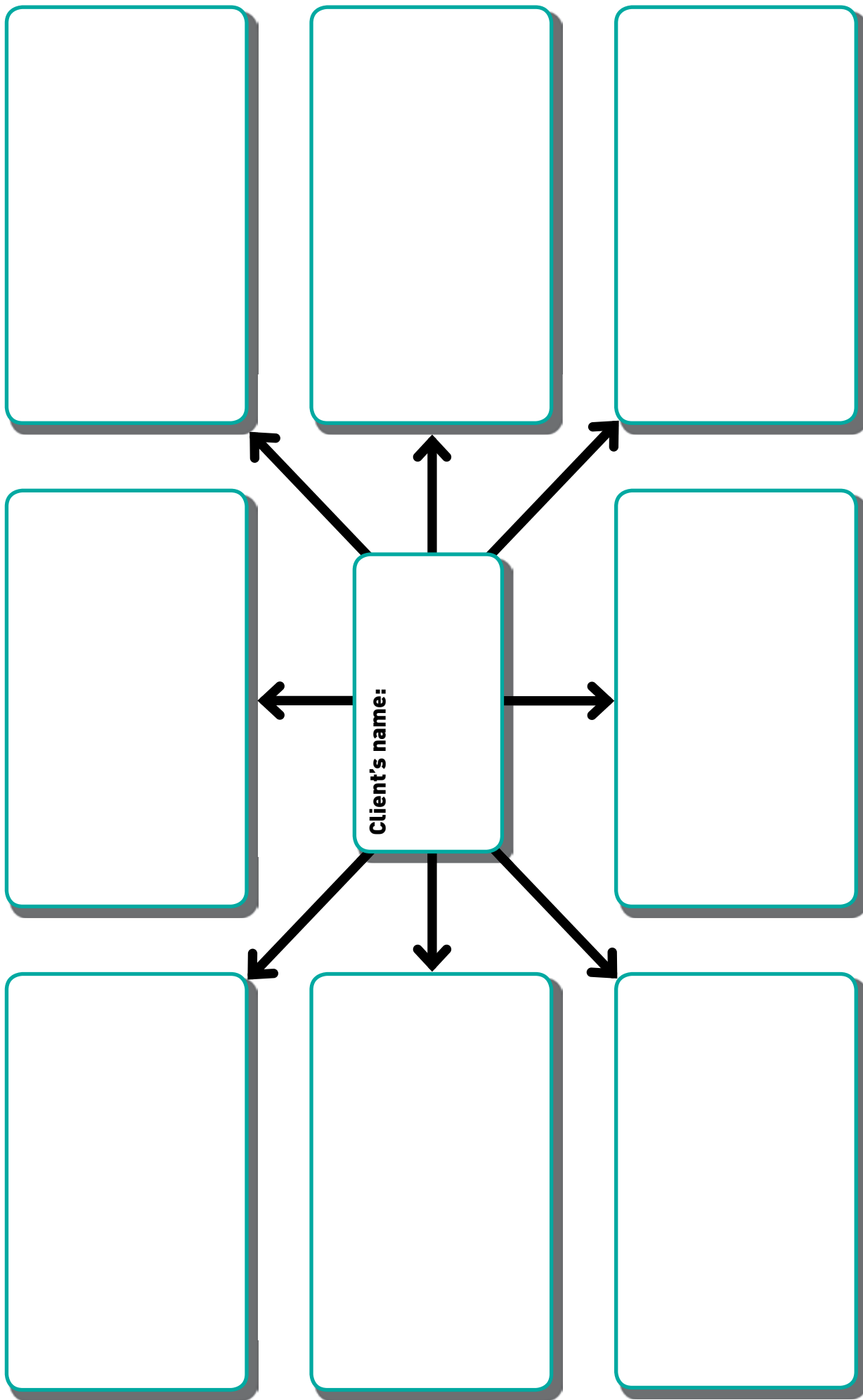
**What does my family know about drugs or drug treatment?**

**Family issues to consider**

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

Keyworker:

Client name:



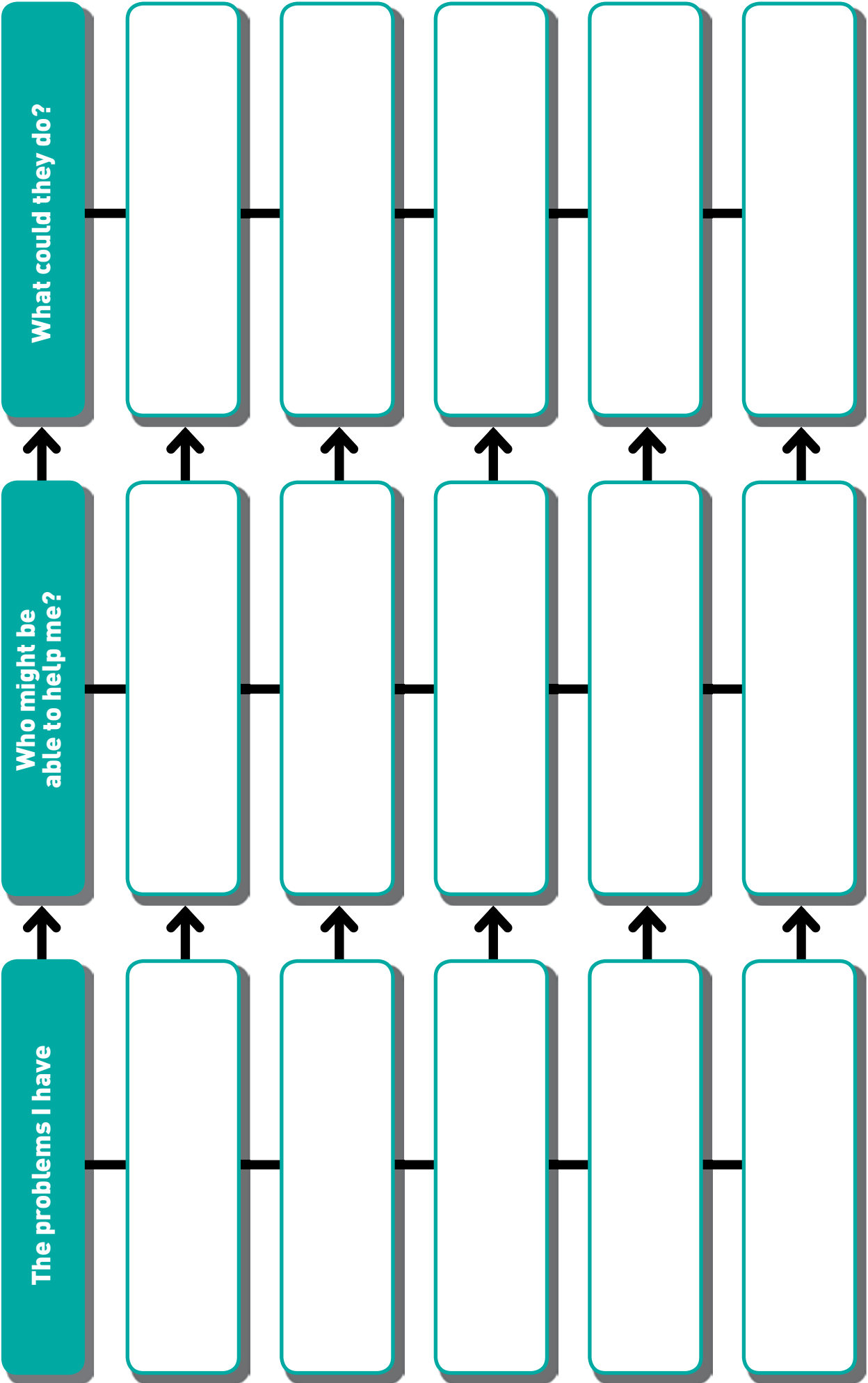


# My network support plan

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

Keyworker:

Client name:



How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10 **Comments:**

Client name: \_\_\_\_\_

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

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

**What problems could taking drugs cause for your children?**

**Safe storage of medication**  
Locked cupboard  
Out of reach  
Bottle with child-proof cap

What, when, where and how?

What other safety measures could you take?

How could you prevent this?

# Seven

## Preparation for release or transfer

Maps from other sections that may be useful include:

Progress report (section 3)

Care plan update (section 4)

Overdose (section 5)

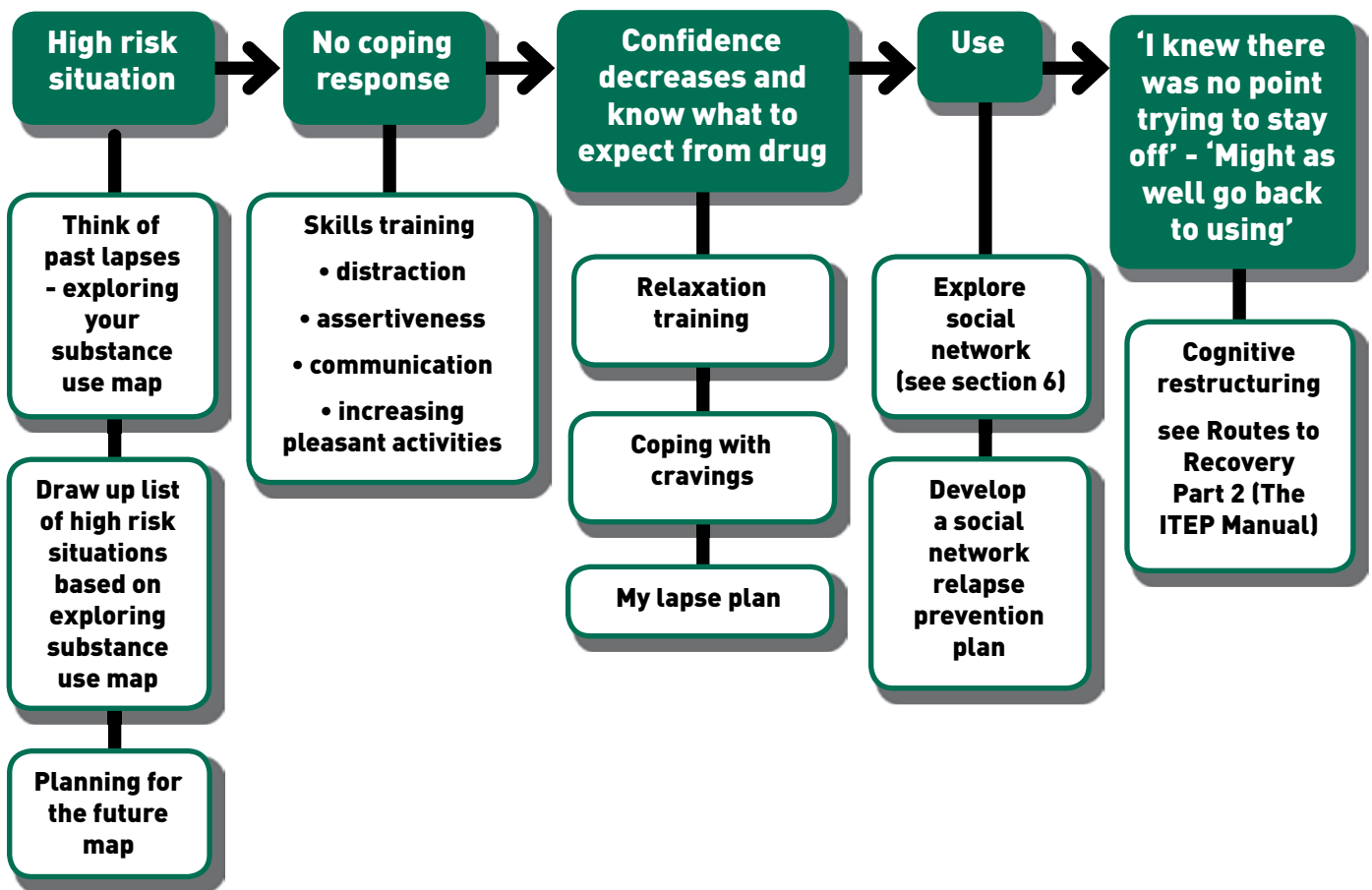
Network support plan (section 6)

Risks to children at home (section 6)

# Map 01/Exiting prison

## Relapse prevention

Node-link mapping can be used in the run up to leaving prison to review progress made, plan for the future, and deliver a harm reduction message



Above is a summary of the principles of 'relapse prevention'. The maps that follow can help the client work through these stages and ultimately draw up a relapse prevention plan.

For further information see:  
 Marlatt GA & Donovan (2005) Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors. Guilford Press, New York

Client name:

Keyworker:

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

# Exploring your substance use

Client name: \_\_\_\_\_

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

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

**External**

Who is with you?

Where are you?

When do you use?

**Internal**

What are you thinking about before you use?

What are you feeling physically?

What are you feeling emotionally?

**Exploring your substance use**

What do you use?

How much do you use?

How long do you use for?

**Short-term effects**

Why do you like using?

Pleasant thoughts

Pleasant physical feelings

Pleasant emotional feelings

**Long-term effects**

Good

Bad

**Map 03/Exiting prison**  
**Planning for the future**

Client name: \_\_\_\_\_

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

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

**Will you still be mixing with people who use cocaine?**

Who?

Have you still got dealers' numbers?

Why?

Have you told people that you don't want to use anymore?



**Will you still go to places where you used to use/score?**

Where?

Where could you go instead?

Why?



Comments:

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

# How can I deal with my cravings?

Client name: \_\_\_\_\_

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

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

## How can I deal with my cravings?

Things I can tell myself

Ways of distracting myself

Ways of relaxing myself

# Map 05/Exiting prison

## My lapse plan

Client name:

Keyworker:

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

**How can I avoid these?**

**Internal**

**External**

**How can I avoid these?**

**Cravings**  
How do they feel?

**How can I cope with cravings?**

**What do I do if I lapse?**

**Lapse**

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:



Client name: \_\_\_\_\_

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

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

Specific actions

When

Helpful people and useful thoughts

Strengths you have or need

Possible problems

Solutions

**My goals on release**

# The changes I want to make

Client name:

Keyworker:

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

**The change I want to make**

**The reasons why I want to make this change**

**My main goals for myself in making a change**

**People who could help me**

---

**What they could do**

**The first steps I will take will be:**

**What**

---

**When**

**The positive results that I hope my plan will have**

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

Client name:

Where and when?

What did you use?

Who were you with?

What were you thinking and feeling?

Keyworker:

**A previous lapse  
back to drugs**

How could you have avoided this lapse?

What plans had you made to prevent it?

What would you do differently next time?

What would help you to do this?

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

Comments:

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

# Eight

## **Prescribing in a criminal justice setting**

**The following knowledge maps may help support prescribing in prison or on release. They should be used in conjunction with prison prescribing guidelines.**

# Map 01/Prescribing in a prison setting

## Methadone

Client name: \_\_\_\_\_

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

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

### Starting Methadone

- Take it once a day
- Takes 5 days for methadone to have its full effect
- No serious long-term problems
- But.. may be hard to stop after taking it for several years
- Reviewed at least every 3 months

### Combinations of drugs

- Methadone + alcohol or benzos (valium, temazepam) = increased risk of overdose
- Methadone + Subutex = withdrawals

### Storage

- 5 or 10ml of methadone could kill a child
- In prison - supervised consumption
- At home - keep in a locked cupboard
- Warn children of dangers of medications
- Use bottle with child-proof cap



### Side effects

- Constipation
- Sweating
- Itching
- Nausea
- Drowsiness

### Overdose

- Taking more opioids (heroin, methadone, codeine etc) than your body can handle = breathing slows and then stops
- 20mg methadone can kill a non-dependent person
- Death tends to happen on 2nd or 3rd day of treatment

### Health issues

- Avoid constipation - eat fruit and veg and drink plenty of water
- Swill mouth out with water after taking methadone
- Brush teeth regularly (but don't share brushes)
- Loss of sex drive

Client name: \_\_\_\_\_

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

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

### Starting Subutex

- Causes withdrawal effects if taken too soon after other opioid drugs
- First dose must be at least 8 hours after last heroin
- At least 36 hours after last methadone
- Less withdrawal symptoms than methadone, but may be hard to stop after taking it for several years

### Combinations of drugs

- Subutex + alcohol or benzos (valium, temazepam) → increased risk of overdose
- Heroin will have a reduced effect – trying to get a hit increases the risk of overdose
- Methadone + Subutex → withdrawals

### Storage

- A small dose of Subutex could kill a child
- In prison – supervised consumption / crushing
- At home – keep in a locked cupboard
- Warn children of dangers
- Use child-proof cap

## Buprenorphine (Subutex)

### Side effects

- Constipation
- Sweating
- Itching
- Nausea

### Overdose

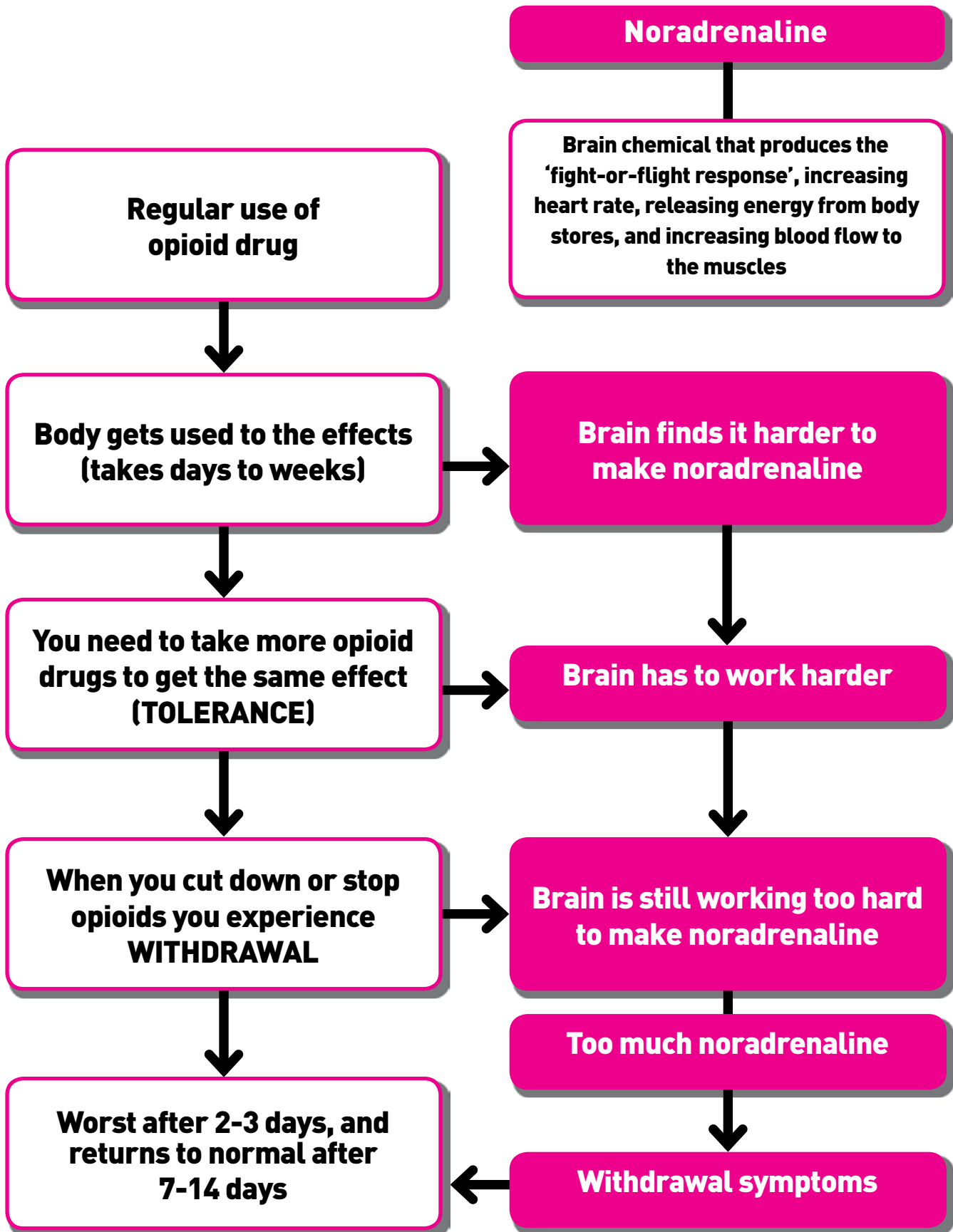
- Taking Subutex in combination with alcohol and benzodiazepines may cause your breathing to slow and then stop

### Health issues

- Avoid constipation – eat fruit and veg and drink plenty of water
- Brush teeth regularly (but don't share brushes)
- Loss of sex drive

# Map 03/Opioid detoxification

## The opioid withdrawal syndrome



Client name:

Keyworker:

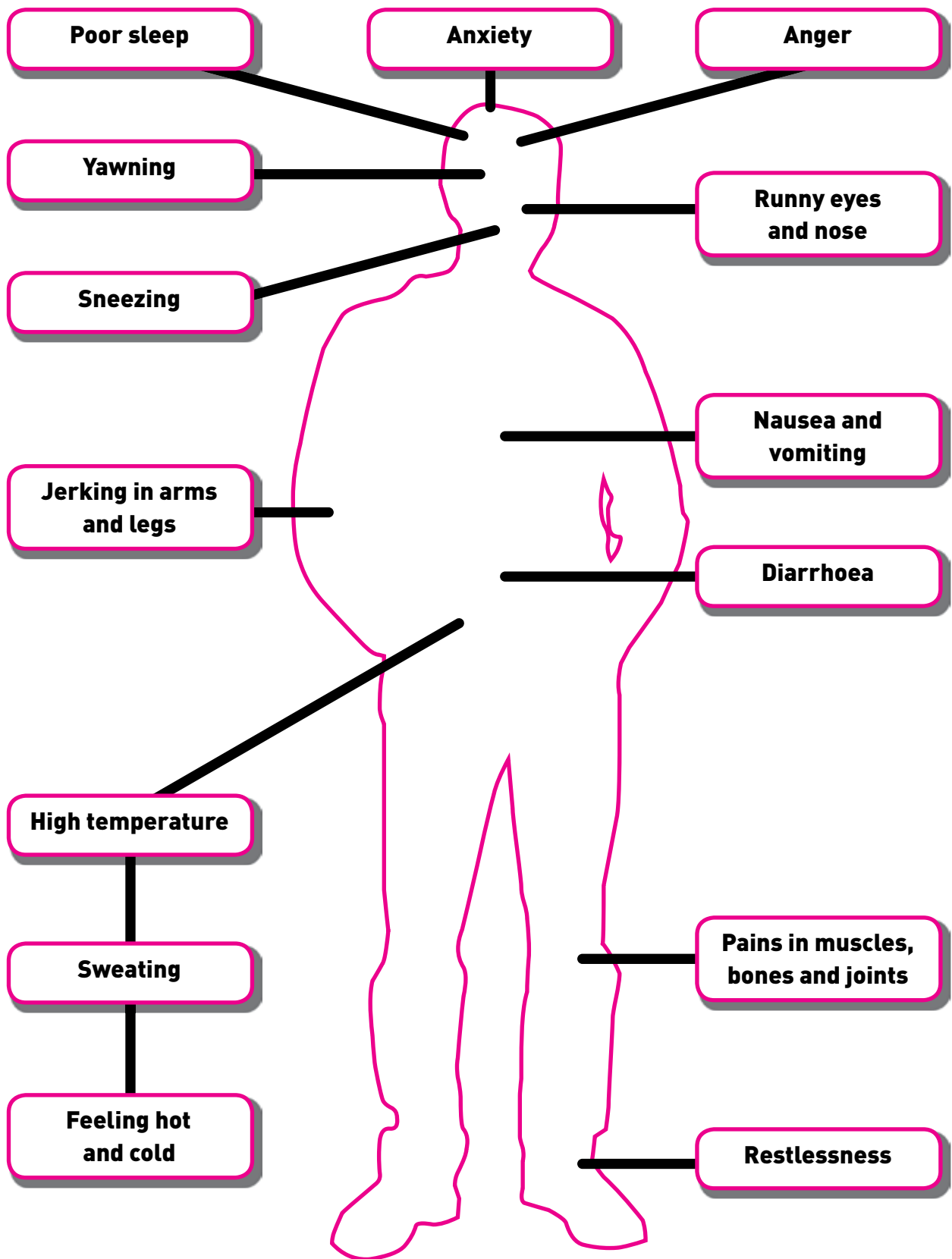
Date: \_\_/\_\_/\_\_

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:

# Opioid detoxification/Map 04

## The opioid withdrawal syndrome



Client name:

Keyworker:

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10

Comments:



### **Acknowledgements**

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A wide range of node-link mapping materials are available for free at [www.ibr.tcu.edu](http://www.ibr.tcu.edu)



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