Routes to Recovery
via criminal justice
Mapping user manual
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.
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:

  ![Blockbuster movie](image)

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

  For example:

  ![Blockbuster movie](image) ![Avatar](image)

  “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

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.
Exploring self

Social relationships
I have a couple of friends and I get along pretty well with my daughter

Problem solving
When I'm clear headed I make pretty good decisions. I can also talk well.

Emotions / temperament

Job / career?
I have computer skills
I have had three jobs in the last 12 years
I take work seriously

Beliefs and values
I try hard to do the "right thing".
I love my daughter

Health

What are your strengths?

How can you use your strengths to improve your life?
Once I get control of my drug habit, maybe I can use my skills and looks to go into computer sales.

Client name: Chris (A fictional study) (1): Strengths
Keyworker: ____________________________ Date: __/__/__

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10
Comments:
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.
What is node-link mapping?/Map 06

Benefits of maps

- Provide a workspace for exploring problems and solutions
- Improve therapeutic alliance
- Focus attention on the topic at hand
- Train clearer and more systematic thinking
- Provide easy reference to earlier discussions
- Create memory aids for client and counsellor
- Provide a method for getting “unstuck” by providing new ideas
- Useful structure for clinical supervision

Benefits of maps
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

Integrated Drug Treatment System

Counselling Assessment Referral Advice Throughcare

Drug Interventions Programme

Client name: Keyworker: Date: __/__/__

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

Keyworker: 

Date: __/__/__

Map 03/Assessment
Drug use - the pros and cons

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

- The way it makes you feel?
  - Physically
  - Emotionally

- Helps you deal with issues/problems?

- Partner or family

- Friends?

What problems has your drug use caused?

- Relieves boredom/is sociable?
- Other reasons?
- Education?
- Health?

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10
Comments:
Map 05/Aessment

My health

Date: __/__/__

Problems that run in the family

Diet and exercise

Weight

Problems in the past

Other

Current problems

Current medication

Alcohol and tobacco

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: ___________________________

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?

Drug use - then and now

Assessment/Map 08
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
Step 1: 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.

Step 2: 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.

Step 3: 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.

Step 4: Complete the care plan for each of the first 3 problem areas. Use this to develop treatment goals and time scales for tackling them.

Step 5: 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.

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10
Comments:
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.)
Care planning/Map 06
Things I would like to change

Describe what you want to change

How would life be different if it happened?

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

- The problems I have
  - Progress I have made in tackling them
  - What is left to do?

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.
Crack cocaine

**Harms caused**

- Constricts blood vessels and blood pressure
- Heart attack
- Stroke
- Worse with alcohol
- Fluid build up or bleeding into lungs
- 'Foreign bodies' may get trapped
- Smoking damages lungs' cleaning mechanism 'crack lung'
- Ammonia or aluminium poisoning
- Paranoia
- Anxiety
- Depression and suicidal thoughts
- Delirium (confusion)
- Psychosis
- Poor diet and weight loss
- Poor immune system
- Problems in pregnancy
- Liver damage

**Preventing harm**

- Avoid smoking from plastic or tin pipes – fumes can cause lung damage
- Don’t share pipes – this will increase the risk of contracting Hepatitis C through mouth sores or burns
- Smoke can damage your lungs – hold it in for as little time as possible
- Use Vaseline or lip salve to keep your lips moist
- Drink plenty of water
- Eat before using
- Take breaks between each smoke
- The effect goes down after the first hit – try to buy less each time to reduce wastage

**Equipment**

**Look after yourself**

**Use as little as possible**
Powder cocaine

Harms caused
- Constricts blood vessels and blood pressure
- Heart attack
- Stroke
- Worse with alcohol

Heart
- Paranoia
- Anxiety
- Depression and suicidal thoughts
- Delirium (confusion)
- Psychosis

Mental health
- See Injecting Map
- Corrosion of nasal septum
- High risk behaviour
- Poor diet / weight loss
- Poor immune system
- Problems in pregnancy
- Liver damage

Other

Preventing harm
- Follow safer injecting guidance
- Don’t share snorting equipment

Equipment
- Stagger use of alcohol
- Nasal washing
- Practice safe sex - use condoms and lube
- Do not use alone

Look after yourself

Use as little as possible
- The effect goes down after the first hit – try to buy less each time to reduce wastage

Equipment

Comments:

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

Client name:     Keyworker: Date: __ /__ /__
To clean a needle, draw up clean, cold water through it into the syringe barrel, flush it out again, and repeat.

Repeat the cleaning process with household bleach.

Repeat the process with cold water again.

Don't share your needle, syringe, water, spoon or filter

Use a needle exchange service

Wash the site
Change needles
Avoid tap or bottled water
Use new filters
Don't lick the needle

Bacteria

Viruses

Vein damage

Arteries, veins and capillaries
Only inject in veins
Arteries have a pulse
How veins collapse

Injecting

Some drugs damage veins more than others:
Temazepam
Crack/cocaine
Pills/capsules
Too much acid

Dangerous injecting sites:
Neck
Breasts
Penis
Groin

Overdose

DVT

If you see someone overdose:
Call an ambulance (dial 999)
Check if they are breathing
Do not leave them alone
Stop them rolling onto their back
Tell the ambulance staff what they have taken

Reduce the risk by:
Not injecting – snort, swallow, smoke or chase
Take a test dose of drugs
Only inject half a barrel at a time
Don't mix drugs
Inject with other people

Client name: 
Keyworker: 
Date: __/__/__
• An infection of the liver that causes it to become inflamed and can cause permanent damage
• Three main types A, B, and C

What is it?
A: transmitted by contaminated food or water - infection lasts less than 6 months
B: 90% get only short infection
C: 80-90% get chronic hepatitis, gradually progressing to cirrhosis, liver failure and possibly death

Symptoms
Flu-like illness, tiredness, slight fever, aches in muscles, nausea, vomiting, weight loss, jaundice

Treatment
• Getting tested for hepatitis B & C is the first step – even if you think you have it
• A vaccine is available to protect you from hepatitis B
• Specialist treatment for hepatitis C is available, which can cure 40-80% of cases
• It takes 6-12 months
• It causes low mood

How do you prevent getting it?
• Safer sex - use condoms
• Don’t share drugs
• Don’t let alcohol or drugs make you forget yourself
• Hepatitis A or B vaccination

How do you get it?
• Sex
• Injecting
• Sharing crack pipes
• Body piercing and tattoos
• Pregnancy, childbirth and breastfeeding
• Blood transfusion
• Sharing toothbrushes and razors

Client name: Keyworker: Date: __/__/__
**What is it?**

- 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

**How do you get it?**

- 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

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

- 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?**

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

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

**HIV**

- Sex
- Injecting
- Sharing crack pipes
- Body piercing and tattoos
- Pregnancy, childbirth, and breastfeeding
- Blood transfusion
- Sharing toothbrushes and razors
Harm reduction/Map 06
Overdose

**Depressants** (heroin, methadone, benzos):
- Unable to talk
- Body limp
- Face pale
- Slow heartbeat
- Slow and shallow breathing
- Choking or gurgling sounds
- Unconsciousness / coma

**Stimulants** (crack, cocaine, speed):
- Pressure, tightness or pain in the chest
- Shaking or fits
- Choking sounds
- Foaming at the mouth
- Unconsciousness / coma

**What is it?**
- Taking so much of any drug that your body cannot handle it
- May cause death by heart, liver or respiratory failure

**How can you tell if someone has overdosed?**
- Injecting heroin
- Combining drugs
- High alcohol consumption
- High levels of use
- Low tolerance – following detox or prison

**How do you avoid it?**
- Go easy after a break
- Don’t mix your drugs
- Taste the hit
- Make a pact

**What to do**
- If you see someone overdose:
  - Call an ambulance (dial 999)
  - Check if they are breathing
  - Put them in the recovery position
  - Tell the ambulance staff what they have taken

**Risks**
- Go easy after a break
- Don’t mix your drugs
- Taste the hit
- Make a pact

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

**Smoking**
- Don’t share pipes
- Moist mix with liquid to stop dehydration
- Taking breaks between smokes gives you more control
- Don’t use plastic or tin-can pipes
- Don’t hold the smoke in too long

**Snorting**
- Don’t share straws
- Snorting isn’t necessarily safer – it also affects your health
- Alternate nostrils
- Wash out nostrils after use

**Injecting**
- Never share any equipment
- Limit your heroin use when speedballing
- Use citric to break down crack for injecting
- Cocaine numbs the injection site
- Don’t skin pop

Reduce risk of Hep C
Avoid lung damage
Avoid nasal damage
Avoid vein damage

Client name:

Date: __/__/__

Keyworker:

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

Comments:
More risk of heart attack and liver damage
More risk of accidental OD or fits/seizures
More risk of very high temperature (hyperthermia)
More risk of heart attack
More risk of heart attack

Watch out when you take other drugs with crack

Alcohol
Heroin
Ecstasy
Poppers
Viagra

Cocaine
Cocaine
Cocaine
Cocaine
Cocaine

Useful tips...
Try not to buy off the street
Use with people you trust in a comfortable place
Try to buy less – effect goes down after first hit
Eat before using / use vitamin supplements
Let ammonia evaporate fully when freebasing – it damages your lungs
Six

Families and social network

These maps may be of use when planning family visits, or for discharge planning from prison
Map 01/Families and social network

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


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

Visiting & travel warrants
- IDTS
  - Info leaflet

Step 2: Information for families
- CARAT
  - Reviews
    - 28 days
    - 13 weeks
    - 3 monthly

- Folder
  - Evidence of progress
    - Harm reduction
      - Care plan
        - Group work
          - Mapping
            - ETS
            - PASRO/SDP
              - In cell work
                - Health trainers
                  - Listeners
                    - Insiders

How to contact family to update progress
- Other support

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

**Withdrawn**
- Increasing distance from the drug user
- Avoiding contact as much as possible because of drug use
- Stops me getting too involved - better for my health
- I feel I am rejecting him/her
- There is no ‘right’ way to cope

**Tolerant**
- Removes negative consequences for the user
- Giving him/her money even if you knew it would be spent on drugs
- Avoids arguments
- Feel I am being taken advantage of

**Engaged**
- Active interaction with the substance user, trying to deal with the problem
- Watching his/her every move, checking up on him/her
- Makes me feel I am doing something positive
- Very stressful and user he/she doesn’t like it

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

Comments:

Client name: __________

Date: __/__/__

Keyworker: __________
Map 05/Families and social network

Step 4: Exploring and enhancing social support

A ‘supportive other’

- Knows about the problem
- Offers help in accessing support
- Offers material help
- Knows when to give advice
- Has a non-condemning attitude towards the user
- Does not take sides
- Encourages substance use
- Is non-judgmental, accepting and understanding

An ‘unsupportive other’

- Knows about the problem
- Offers help in accessing support
- Offers material help
- Knows when to give advice
- Has a non-condemning attitude towards the user
- Does not take sides
- Encourages substance use
- Is non-judgmental, accepting and understanding

Date: __ / __ / __

Client name:__________________________

Keyworker:___________________________

Comments:_____________________________
Family issues to consider

- 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 would a perfect family relationship look like?
- How would I like to involve my family in my treatment?
- What help does my family need?
- What does my family know about drugs or drug treatment?
- What does my family know about drugs or drug treatment?

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

Comments:
Working with clients to build social support/Map 08

My social network

Client's name: __________

Keyworker: __________

Client name: __________

Date: __/__/__

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

Comments: __________
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?

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

**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?

**Short-term effects**
- Why do you like using?
  - Pleasant thoughts
  - Pleasant physical feelings
  - Pleasant emotional feelings

**Long-term effects**
- How long do you use for?
  - Good
  - Bad

Client name:
Keyworker:
Date: ___ / ___ / ___

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10
Comments:
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?
How can I deal with my cravings?

Things I can tell myself

Ways of distracting myself

Ways of relaxing myself

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?

Lapse

What do I do if I lapse?

Client name: 

Keyworker: 

Date: __/__/__

Map 05/Exiting prison

My lapse plan

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

Comments:
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
A previous lapse back to drugs

Where and when?

What did you use?

Who were you with?

What were you thinking and feeling?

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?
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**

**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

**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

**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

**Side effects**
- Constipation
- Sweating
- Itching
- Nausea
- Drowsiness

**Date:** __ / __ / __

**Client name:**

**Keyworker:**

**Comments:**
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

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

How useful was this map and discussion? 1 2 3 4 5 6 7 8 9 10
Comments:
Map 03/Opioid detoxification
The opioid withdrawal syndrome

- Regular use of opioid drug
- Body gets used to the effects (takes days to weeks)
- You need to take more opioid drugs to get the same effect (TOLERANCE)
- When you cut down or stop opioids you experience WITHDRAWAL
- Worst after 2-3 days, and returns to normal after 7-14 days

Noradrenaline
- Brain chemical that produces the ‘fight-or-flight response’, increasing heart rate, releasing energy from body stores, and increasing blood flow to the muscles
- Brain finds it harder to make noradrenaline
- Brain has to work harder
- Brain is still working too hard to make noradrenaline
- Too much noradrenaline
- Withdrawal symptoms
The opioid withdrawal syndrome

- Poor sleep
- Anxiety
- Anger
- Yawning
- Runny eyes and nose
- Sneezing
- Nausea and vomiting
- Diarrhoea
- Jerking in arms and legs
- Feeling hot and cold
- High temperature
- Sweating
- Pains in muscles, bones and joints
- Restlessness

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

Client name: 

Keyworker: 

Date: ___/___/___

Comments:
Acknowledgements

This manual was prepared by Ed Day in conjunction with Nick Shough (Birmingham & Solihull Mental Health NHS Foundation Trust). Contributions were made by Kieran Lynch and Emma Pawson (National Treatment Agency), and considerable feedback and suggestions came from members of the Eastern Region Integrated Drug Treatment Services. In particular staff from HMP Peterborough, Chelmsford System Change Pilot (HMP Chelmsford and Chelmsford DIP team), HMP Littlehey and HMP Edmunds Hill.

We would like to thank Professor Don Dansereau and Norma Bartholomew for their generous sharing of materials that they have developed around node-link mapping, and Professor Dwayne Simpson for his leadership and support in bringing these materials to Drug treatment services in England.

A wide range of node-link mapping materials are available for free at www.ibr.tcu.edu