

MATRIX MODEL OF TREATMENT



MATRIX MODEL OF TREATMENT

- Why the Matrix Model of Treatment?
 - A number of projects have demonstrated that participants treated with the Matrix model demonstrate statistically significant reductions in drug and alcohol use, improvements in psychological indicators, and reduced risky sexual behaviors associated with HIV transmission.
 - National Institute on Drug Abuse

MATRIX MODEL OF TREATMENT

- **Why we think it works for CARS**
- The therapist functions simultaneously as teacher and coach, fostering a positive, encouraging relationship with the patient...
- The interaction between the therapist and the patient is realistic and direct but not confrontational or parental.
- A positive relationship between patient and therapist is a critical element for patient retention.
 - National Institute on Drug Abuse

**WE ARE ALWAYS COACHING,
ENCOURAGING, BUILDING....**



MATRIX MODEL OF TREATMENT

- **What is CD Treatment?**
- **Two Paradigms**
 - “Curing” a sickness with therapy and/or a conversion experience
 - or
 - Providing information, guidance, support and coaching to help alter a chronic behavioral disorder and allow drug related brain modifications to remediate.

MATRIX MODEL OF TREATMENT

- Which paradigm is feasible and best fits the existing data?
 - Providing information, guidance, support and coaching to help alter a chronic behavioral disorder and allow drug related brain modifications to remediate.

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MATRIX MODEL OF TREATMENT

Organizing Principles of Matrix Treatment

- **Create explicit structure and expectations**
- **Establish positive, collaborative relationship with patient**
- **Teach information and cognitive-behavioral concepts**
- **Positively reinforce positive behavior change**



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Organizing Principles of Matrix Treatment (cont.)

- **Provide corrective feedback when necessary**
- **Educate family regarding stimulant abuse recovery**
- **Introduce and encourage self-help participation**
- **Use urinalysis to monitor drug use**

MATRIX MODEL OF TREATMENT

Different from General Therapy

- 1. Focus on behavior vs. feelings**
- 2. Visit frequency results in strong transference**
- 3. Transference is encouraged**
- 4. Transference is utilized**
- 5. Goal is stability (vs. emotional catharsis)**



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Different from General Therapy

- 6. Focus is on abstinence**
- 7. Bottom line is always continued abstinence**
- 8. Therapist frequently pursues less motivated clients**
- 9. The behavior is more important than the reason behind it**

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Different from Typical Residential Treatment

- 1. Less confrontational**
- 2. Progresses more slowly**
- 3. Focus is on present**
- 4. “Core Issues” not immediately addressed**
- 5. Allegiance is to therapist (vs. group)**

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Different from Typical Residential Treatment

- 6. Nonjudgmental attitude is basis of client-therapist bond**
- 7. Change recommendations based on scientific data**
- 8. Changes incorporated immediately into lifestyle**

Elements of the Matrix Model of Treatment



- Engagement/Retention
- Structure
- Information
- Relapse Prevention
- Family Involvement
- Self Help Involvement
- Urinalysis/Breath Testing

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- **Motivational Interventions**
 - If you build it they will not necessarily come.
 - And, if they do come, they may not come all of the time.
 - Hence:
 - **Motivational Interviewing**
 - **Contingency Management**



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Motivational Interviewing

A Directive, Patient-Centered, Counseling Style

Elicit behavior change

Respect autonomy

Tolerate patient ambivalence

Explore consequences



MATRIX MODEL OF TREATMENT

Motivational Interviewing

Accepting

Non-Judgmental

Empowering

Supportive

Understanding

Patient Elicited

Collaborative

Ambivalence Normal

Facilitative



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Contingency Management (CM)

- **CM: application of reinforcement contingencies to urine results or behaviors (attendance in treatment; completion of agreed upon activities).**
- **Research consistently shows that it works.**



MATRIX MODEL OF TREATMENT

An Integrated, Empirically-based, Manualized Treatment Program

Early Recovery
Relapse Prevention

**Family and Group
Therapy**

**Motivational
Interviewing**

12- Step Involvement

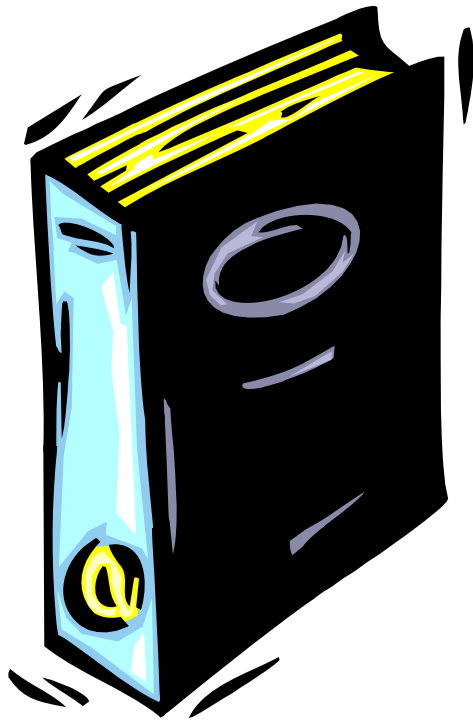
**Contingency
Management**

Social Support

Psychoeducation

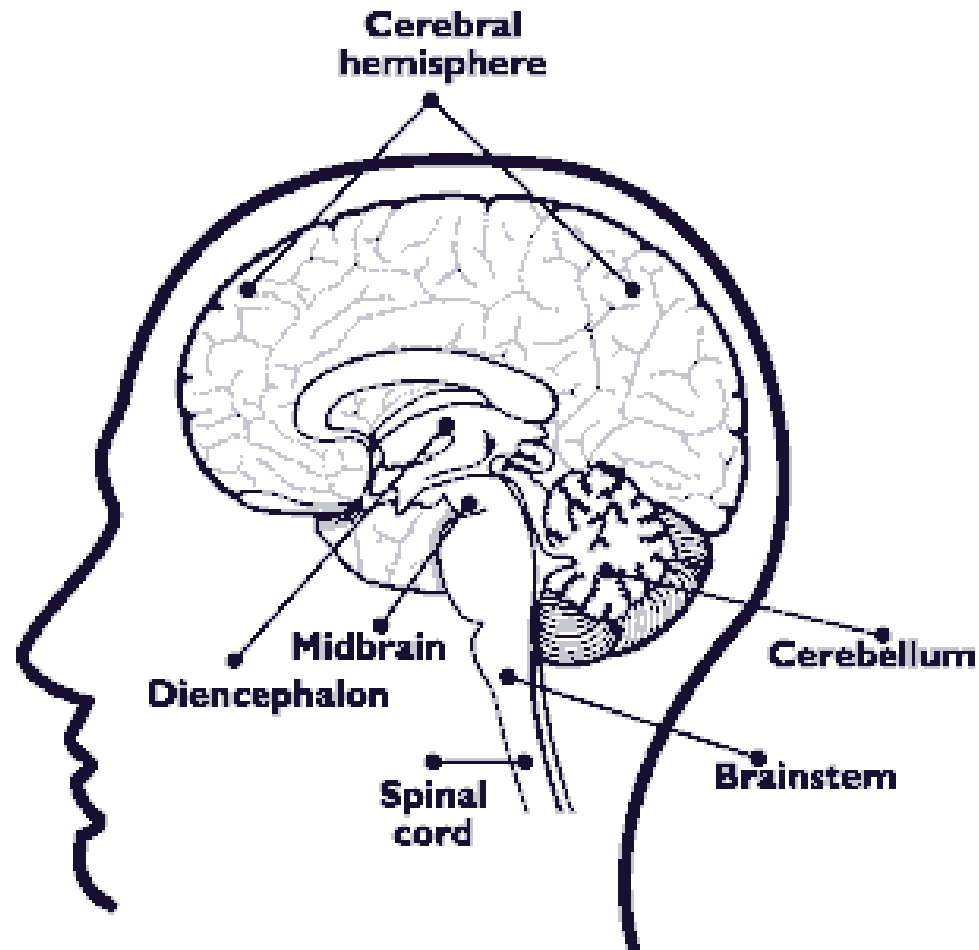
MATRIX MODEL OF TREATMENT

Manuals in Psychosocial Treatment



- **Reduce therapist differences**
- **Ensure uniform set of services**
- **Can more easily be evaluated**
- **Enhance training capabilities**
- **Facilitate research to practice**

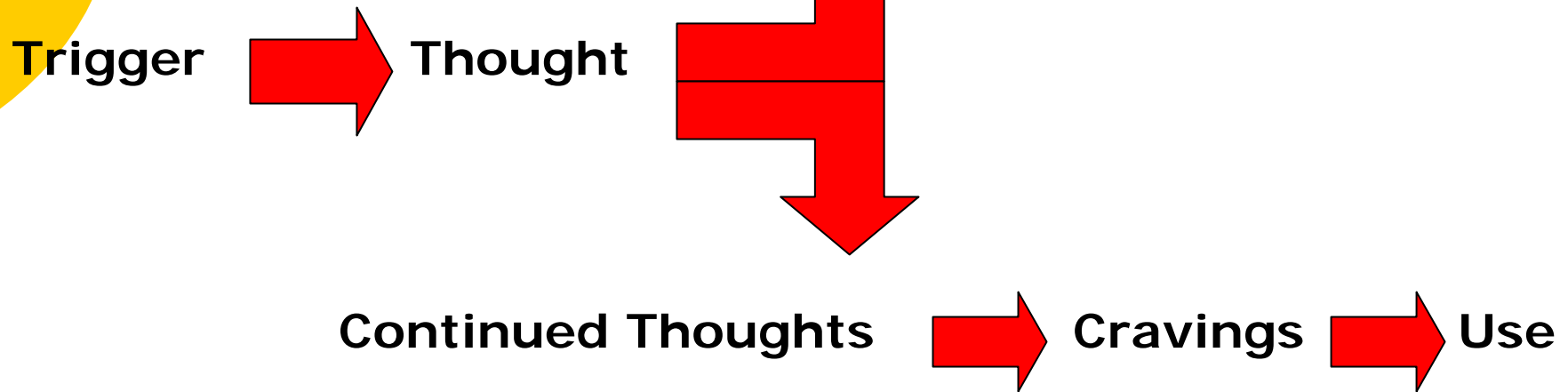
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MATRIX MODEL OF TREATMENT

Key Concept: Thought Stopping

Thought Stopping



- Prevents the thought from developing into an overpowering craving
- Requires practice



MATRIX MODEL OF TREATMENT EARLY RECOVERY GROUP

Goals

- 1. To provide structured place for new patients to learn about recovery skills and self-help programs.**
- 2. Introduce patients to basic tools of recovery.**
- 3. To introduce outside involvement and create an expectation of participation as part of Matrix treatment.**



MATRIX MODEL OF TREATMENT

EARLY RECOVERY GROUP

Goals

- 4. Help patients adjust to participating in groups at Matrix and outside.**
- 5. Allow the patient co-leader to provide a model for gaining initial abstinence.**
- 6. Provide the patient co-leader with increased self-esteem and reinforce his or her progress.**



MATRIX MODEL OF TREATMENT

RELAPSE PREVENTION GROUP

Goals

- 1. To allow clients to interact with other people in recovery.**
- 2. To present specific relapse prevention material.**
- 3. To allow co-leader to share long term sobriety experience.**



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RELAPSE PREVENTION GROUP

Goals (continued)

- 4. To produce some groups cohesion among clients**
- 5. To allow group leader to witness interpersonal interaction of clients.**
- 6. To allow clients to benefit from participating in a long-term group experience.**

Family Education Group

- **Twelve topics: 3 discussion, 9 videos**
- **Meet once per week**
- **For both the client and family members to attend**
- **Each topic has handouts to review and discuss**
- **This is an important group which is often neglected**
- **After completing the twelve weeks of Family Education group, clients can start attending the Social Support Group**

A final thought on why we believe the Matrix Model of Treatment works for us:

What does it mean when we say, “At CARS, everything is clinical.”

- We, as staff members, no matter our job, are role models**
- There are no wasted opportunities to be a positive influence on those in our care**
- There are many opportunities to learn and to teach**
- There are countless teachable moments each day**
- Insecurity and clumsiness are a normal expectation of the skill building and transformation process**
- Kindness and support in response to clumsiness and insecurity are also a normal expectation of the skill building and transformation process**

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