The Matrix Model®
in the New Healthcare World:
Implementing EBPs

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Matrix Institute on Addictions
History of The Matrix Model
Traveling Back to the 1980’s
The Cocaine Epidemic

Development of The Matrix Model began in the 1980’s in response to the cocaine epidemic.

Credit: Wikimedia Commons

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Treatment in the Early 1980’s

● *Drug Treatment* was primarily for heroin users.
● “Treatment” was primarily medication (methadone).

● *Alcohol treatment* was usually 12-Step based and insight-oriented.
● The 28-day program.
● Alcoholics were older with long histories.
“Not Ready for Treatment”

Repeated Treatment Failures:

● They were “resistant,” “in denial,” “not ready.”

● Treatment failure was their fault.

● Cocaine users were ready for treatment.

● The treatment system was not ready for them.
A New Kind of Addiction

- Cocaine users had brief histories of use in contrast to alcohol users.
- There were periods of abstinence and relapse.
- They weren’t in denial; they were confused.
The Development of Matrix Model®

- Guided by research-based approaches.
- The utility of each session content was evaluated with regard to:
  - Relevance to the patient
  - Clinical outcome
- “Keepers” were written down to use again
- Over time, shaped into a standard content, delivered in a structured program, to all drug or alcohol users.
NIDA’s List of Evidence-Based Practices (EBP’s) for Addiction Treatment

1. Cognitive/Behavioral Therapy-CBT
1. Contingency Management-CM
1. Community Reinforcement Approach Plus Vouchers
1. Motivational Enhancement Therapy
1. 12-Step Facilitation
1. Family Behavior Therapy
1. Matrix Model® of Outpatient Treatment

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The Matrix Model®

Empirically-Supported and Recommended by NIDA*

- Multiple Weekly Sessions for at least 120 days
- 3 visits per week minimum
- Family involvement important
- 12-step facilitation and participation valuable
- Drug and breath alcohol testing
- Medications for some clients
Evidence-Based Status

- Research was needed to identify an effective methamphetamine treatment.
- CSAT-funded, multi-site study; 1998-2002.
- Matrix Model vs Treatment as Usual.
- Matrix Model had superior treatment response.
Matrix Model vs. Treatment As Usual - Rawson et al., 2004, Addiction

- 978 Methamphetamine users seeking treatment
- CSAT multi-site study; 1998-2002
  - Costa Mesa; San Diego; Hayward; Concord; San Mateo; Billings; Honolulu
- Matrix Model® vs Treatment as Usual
- Random assignment
Matrix Model® vs. Treatment As Usual

(Rawson et al., 2004, Addiction)
Matrix Model vs. Treatment As Usual

(Rawson et al., 2004, Addiction)
“The Matrix Model is a structured, multi-component behavioral treatment that consists of evidence-based practices, including relapse prevention, family therapy, group therapy, drug education, and self-help, delivered in a sequential and clinically coordinated manner. The model consists of 16 weeks of group sessions held three times per week, which combine CBT, family education, social support, individual counseling, and urine drug testing.

Several randomized controlled trials over the past 20 years have demonstrated that the Matrix Model is effective at reducing substance misuse and associated risky behaviors. For example, one study demonstrated the model’s effectiveness in producing sustained reductions in sexual risk behaviors among individuals who use methamphetamines, thus decreasing their risk of getting or transmitting HIV. The Matrix Model has also been adapted to focus more on relationships, parenting, body image, and sexuality in order to improve women’s retention in treatment and facilitate recovery.”
EVIDENCE BASED THERAPIES (EBP’S)
THAT ARE INCORPORATED IN THE MATRIX MODEL

- Cognitive Behavioral Therapy
- Motivational Interviewing
- Contingency Management
- Family Therapies
- 12-Step Facilitation

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Organizing Principals

**Structure**
- Teach information and cognitive-behavioral concepts
- Positively reinforce positive behavior change
- Provide corrective feedback when necessary
- Introduce and encourage self-help participation
- Use urinalysis or other methods to monitor drug use
- Establish positive, collaborative relationship w/ clients
- Educate Family members

**Style (Spirt Of MI)**
- Nonjudgmental supportive attitude
- Engagement and retention
- Strong bond individual counselor or group
- Former clients used as peer mentors (co-leaders)
- Ability to work with relapse
- Meeting the client where they are at
Matrix Model

CBT Concepts

- Encouraging and reinforcing behavior change
- Recognizing and avoiding high risk settings
- Behavioral planning (scheduling)
- Coping skills
- Identifying conditioned “triggers”
- Understanding and dealing with craving
- Understanding basic psychopharmacology principles
- Self-efficacy (MI Concept)
- Identifying distorted thinking (addictive thinking)
Matrix Model

Spirit of Motivational Interviewing Concepts

- Client-centered approach
- Promotes autonomy
- Non-judgmental
- Client paced
- Avoids arguing or wrestling with resistance
- Meets the client where they are
STAGES OF CHANGE: Prochaska & DiClemente
Accepting  
Non-Judgmental  
Empowering  
Supportive  
Understanding  

Style  
Patient Elicited  
Collaborative  
Ambivalence Normal  
Facilitative
MYTH

Punishment is the only way to really motivate long-term change.

* If they feel bad enough, they will change.
* People need to really suffer before they will change.

FACT

• There is no empirical evidence to support the use of excessive confrontation, pain or shame in order to make lifestyle changes.

• Shame, humiliation and character assassination are not primary catalysts for change. The individual has to VALUE change intrinsically.
Not in the Spirit of Motivational Interviewing

- threats
- saying “Just do it because I said so.”
- persuading with logic
- arguing
- control
- shame and ridicule

It is important to learn how to respect the individual, but at the same time, to set appropriate boundaries.
Basic Concepts of The Matrix Model®

- Treatment is based on research-proven methods
- The “Spirit of MI” is used to meet the person where they are in the stages of change
- CBT tools are used, based on Relapse Prevention
- Contingency Management (incentives) are encouraged
Basic Concepts of The Matrix Model®

- Family involvement is an integral part of treatment
- Drug testing is a clinical tool to provide accountability and rewards, not punishment
- Peer support by using graduates as co-leaders (peer mentors)
- On going continuing care
Matrix Model® Manualized Treatment
(Hazelden Revised 2nd Edition)

- Early Recovery Group
- Relapse Prevention
- Family/Conjoint Sessions
- Medicated Assisted Treatment
- Individual Sessions
- Family Education Groups
- Social Support
- Random Drug/Alcohol Testing
- Peer Mentors (Co-leaders)

Criminal Justice Matrix
- All the above and:
  - Adjustment group
  - Crimonogenic Mind
  - ERS 3 times a week
- Up to 52 week long program

Teen Matrix
- All the above but:
  - Separate Teen Education & Parent Education
  - No MAT Section
  - All Groups 1 hour
  (except Parent Group)
The Matrix Model Components
THERAPIST MANUAL

- Importance of the Therapist Manual
- How to Use the Manual
- Value of the Therapist Manual for the counselor
Components of the Matrix Model®

● Individual Sessions
● Early Recovery Groups
● Relapse Prevention Groups
● Family Education Group
● 12-Step Meetings
● Social Support Groups
● Relapse Analysis (One on One Sessions)
● Drug Testing
Program Schedule
A sample schedule for the Matrix IOP program:

<table>
<thead>
<tr>
<th>Week</th>
<th>Monday</th>
<th>Tues.</th>
<th>Wed.</th>
<th>Thurs.</th>
<th>Friday</th>
<th>Saturday &amp; Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weeks 1 Through 4</td>
<td>6-7 PM Early Recovery Skills</td>
<td>12-step</td>
<td>7-8:30 PM Family Education Group</td>
<td>12-step</td>
<td>6-7 PM Early Recovery Skills</td>
<td>12-Step/</td>
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<tr>
<td></td>
<td>7-8:30 PM Relapse Prevention</td>
<td>Meeting</td>
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<td>Meeting</td>
<td>7-8:30 PM Relapse Prevention</td>
<td>Spiritual Meetings</td>
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<td></td>
<td>and Other Recovery Activities</td>
<td>and Other</td>
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<td></td>
<td></td>
<td>Activities</td>
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<tr>
<td>Weeks 5 Through 16</td>
<td>7-8:30 PM Relapse Prevention Group</td>
<td></td>
<td>7-8:30 PM Family Education Group or Social Support</td>
<td>7-8:30 PM Relapse Prevention Group</td>
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<td></td>
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<td>7-8:30 PM</td>
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<td>Family Education Group or Social Support</td>
<td>Relapse</td>
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<td>Prevention</td>
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<tr>
<td>Weeks 17 Through 52</td>
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<td></td>
<td>7-8:30 PM Social Support</td>
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</table>

Urine testing and breath-alcohol testing conducted weekly
Ten individual sessions during the first 16 weeks
DISCUSSION AND EDUCATION ON THE BRAIN MODEL TRIGGERS AND CRAVINGS & ROADMAP TO RECOVERY

- Back bone of the Matrix Model
- Represent 2 of the FAM ED topics
- Material needs to be learned by the counselor so they can teach it to the clients.
- Information is woven through all the topics
- Clients will begin speaking the model and integrating it into their recovery
STAGES OF RECOVERY

OVERVIEW

DAY 0
DAY 15
DAY 45
DAY 120
DAY 180

Withdrawal
Honeymoon
The Wall
Adjustment
Resolution

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Early Recovery Groups

● Generally conducted twice a week for the first month of treatment

● Smaller groups accommodate individual scheduling and basic concept development

● Group revolves around topics in the patient manual.

● Client learning recovery tools then practicing outside of the clinic

● Group is didactic rather than a “process” group. The group leader is educating, gathering information and teaching recovery tools. The focus is on the “here and now”
Early Recovery Groups

- Can be co-lead by clients who are later in recovery and doing well
- Can be used to stabilize relapsing patients who are later in treatment

Thought-Stopping Techniques

A New Sequence
To start recovery by stopping criminal behavior and substance use, it is necessary to change the trigger-use sequence. Thought-stopping provides a tool for breaking the process. The process looks like this:

```
Trigger ➔ Thought ➔ Continued thoughts ➔ Cravings ➔ Use
```

You make a choice. It is not automatic.

Thought-Stopping Techniques
Try the techniques described below and use those that work best for you.

- **Visualization**: Picture a switch or a lever in your mind. Imagine yourself actually moving it from on to off to stop the thought about alcohol or other drugs. Have another picture ready to replace those thoughts. You may have to change what you are doing to make this switch.

- **Snapping**: Wear a rubber band loosely on your wrist. Each time you become aware that you're thinking about alcohol or other drugs, snap the band and say “no” to those thoughts. Have another subject ready to think about one that is meaningful and interesting to you.

- **Relaxation**: Feelings of emptiness, heaviness, and cramping in the stomach may be cravings. These can often be relieved by breathing in deeply (filling your lungs with air) and breathing out slowly. Do this three times. You should be able to feel the tightness leaving your body. Repeat this whenever the feeling returns.

- **Meditating or prying**: Some people find that these are effective forms of thought-stopping.

- **Call someone**: Talking to another person provides an outlet for your feelings and allows you to hear your own thinking process. Have phone numbers of supportive, available people always with you so you can find someone to listen at any time.

If you let thoughts develop into cravings, you're choosing to stay addicted, and/or to stay a criminal.
Relapse Prevention Groups

● Primary group in the treatment model
● Last for 2 to 4 months - manuals have content for four months.
● Group revolves around topics in the patient manual.
● Not run like a “process” group
Relapse Prevention Groups

- To present specific relapse prevention material.
- To allow co-leader to share long term sobriety experience.
- To produce group cohesion among clients
- Clients to benefit from participating in a long-term group experience.
RELAPSE PREVENTION GROUP
Sample Topics

- Alcohol - The Legal Drug
- Boredom
- Avoiding Relapse Drift/Mooring Lines
- Guilt and Shame
- Motivation for Recovery
- Truthfulness
- Work and Recovery
- Staying Busy
- Relapse Prevention
- Dealing with Feelings

- Total Abstinence
- Sex and Recovery
- Trust
- Be Smart; Not Strong
- Defining Spirituality
- Relapse Justification
- Reducing Stress
- Managing Anger
- Compulsive Behaviors
- Repairing Relationships
Family Education Groups

- Family Education most flexible part of the Matrix Model
- Encouraged to use relevant materials to meet the needs of the client, family and community as a whole.
- Focus on education, not a therapy group
- Families, significant others, or AA/NA sponsor may attend
- Great to have families attend, but important for patients to attend, whether their families attend or not.
Family Education Groups

- The three lectures that are critical to understanding the entire Model of treatment are:
  - Triggers and Cravings
  - Roadmap for Recovery
  - Families in Recovery
Social Support Groups

● Co-lead lead by graduates of the program with some supervision from clinical staff

● Usually graduated patients can come in and out of these meetings on an “as needed” basis except in the first month.

● This serves as an unofficial “alumni support group” for patients. On going continuing care
Relapse Analysis

- Developed to assess relapses for those who have had a period of sobriety, with relapses on a regular periodic basis
- Should serve as an individual session when indicated
A relapse episode does not begin when drug/alcohol ingestion occurs. Frequently there are pre-use events that occur, which are indicative of the beginning of a relapse episode. Identifying your individual pre-use patterns will allow you to interrupt the relapse episode before the actual drug/alcohol use and to make adjustments to avoid the full relapse.

Using the chart below, note events occurring during the week immediately preceding the relapse being analyzed.

<table>
<thead>
<tr>
<th>Career Events</th>
<th>Personal Events</th>
<th>Treatment Events</th>
<th>Drug/Alcohol Related</th>
<th>Behavioral Patters</th>
<th>Relapse Cognitions</th>
<th>Health Habits/Status</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Feelings Relative to Above Events**

<p>| | | | | | | |</p>
<table>
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</thead>
</table>

What changes do you need to make to prevent further AOD use?
Drug Testing

• Both urine and breath-alcohol testing

• Weekly testing on a random schedule

• Positive results require increased structure in program

• Testing is done for clinical reasons (see Therapist Guide) rather than punitive.

• Not a substitute for forensic testing
Implementation of the Matrix Model®

Trainers and Key Supervisors are Central to Matrix Model® Dissemination

- Trainers and Key Supervisors serve very different functions and have very different qualifications
- Qualities that make a great trainer are not the same as those that make a good supervisor and change agent
Implementation of the Matrix Model®: Training

- Matrix trainers are people who have extensive experience using the model and adapting it to various populations and situations.
- They are people who have excellent training skills and extensive training experience.
- Matrix does not employ a train-the-trainer model for delivering training, but use select experienced trainers who we update regularly with materials.
Implementation of the Matrix Model®: Matrix Key Supervisors

- They are responsible for assuring fidelity to the model.
- No program can be certified without a Key Supervisor on staff.
- Key supervisors also have the responsibility for training new staff at their site.
- Change Agent
Characteristics of an Ideal Key Supervisor

- Respected clinical leader who is both credible to clinicians and savvy about organizational dynamics
- Possess excellent communication and clinical skills
- Is committed to actively working to implement the Matrix Model® with fidelity and good results
# THERAPIST COMPETENCY

## Matrix Model

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Competency Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First 6 months</strong></td>
<td>Requires much support, guidance, structure, modelling, practice &amp; feedback with regards to the model</td>
</tr>
<tr>
<td><strong>6-12 months</strong></td>
<td>Confident of skills but occasionally overwhelmed by complexity/difficulty of AOD work; supervision may focus on feelings &amp; coping with impediments</td>
</tr>
<tr>
<td><strong>1—2 Years</strong></td>
<td>Assured in Matrix skills; supervision largely an exploratory exchange of ideas for further development</td>
</tr>
<tr>
<td><strong>2 Years +</strong></td>
<td>Functions autonomously and knows his/her limits; will largely set the supervision agenda to increase self-reflective practice</td>
</tr>
</tbody>
</table>
Fidelity Monitoring Instruments

Structural Elements
Minute by Minute Elements
Fidelity Monitoring

- Able to explain rationale for strategies and interventions
- Able to demonstrate and instruct on delivery of the Matrix Model® using Motivational Interviewing techniques
- Employs Motivational Interviewing during the course of supervision
# FIDELITY INSTRUMENTS

**sample**

**MATRIX MODEL FIDELITY SCALE**  
**STRUCTURAL ELEMENTS**

<table>
<thead>
<tr>
<th>CRITERION</th>
<th>UTILIZATION OF MANUAL</th>
<th>YES</th>
<th>NO</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Critical Element</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*1</td>
<td>Clients have and use Matrix manual and handouts</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CRITERION</th>
<th>MODEL COMPONENTS</th>
<th>YES</th>
<th>NO</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Critical elements</td>
<td></td>
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</tr>
<tr>
<td>*2</td>
<td>Two relapse prevention groups per week for entire program.</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*3</td>
<td>One family education group per week (2 for the teen program) starting in week 1.</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>*4</td>
<td>Two early recovery skills groups per week for the first month.</td>
<td>✓</td>
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</tbody>
</table>

Rater: ____________________________  
Site: ____________________________  
Date: ____________________________  
Key Supervisor: ___________________
Fidelity Monitoring: Certification

Matrix Model Certification

The Matrix Model Certification process is designed to identify those treatment programs that are implementing the Model with fidelity.
Summary

- The Matrix Model is an evidence-based intensive outpatient treatment for addiction.
- Can be used with for all Substance Use Disorders
- Has been modified for residential treatment as well
- Can be adapted to fit your needs
- Training in the Matrix Model consists of
  - 2-Day Basic Training
  - Key Supervisor Training
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Director of Training & Clinical Supervisor

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