

# Family Recovery Pathways Conference

Sioux Falls South Dakota

May 2019

Sam Minsky, MA, LMFT

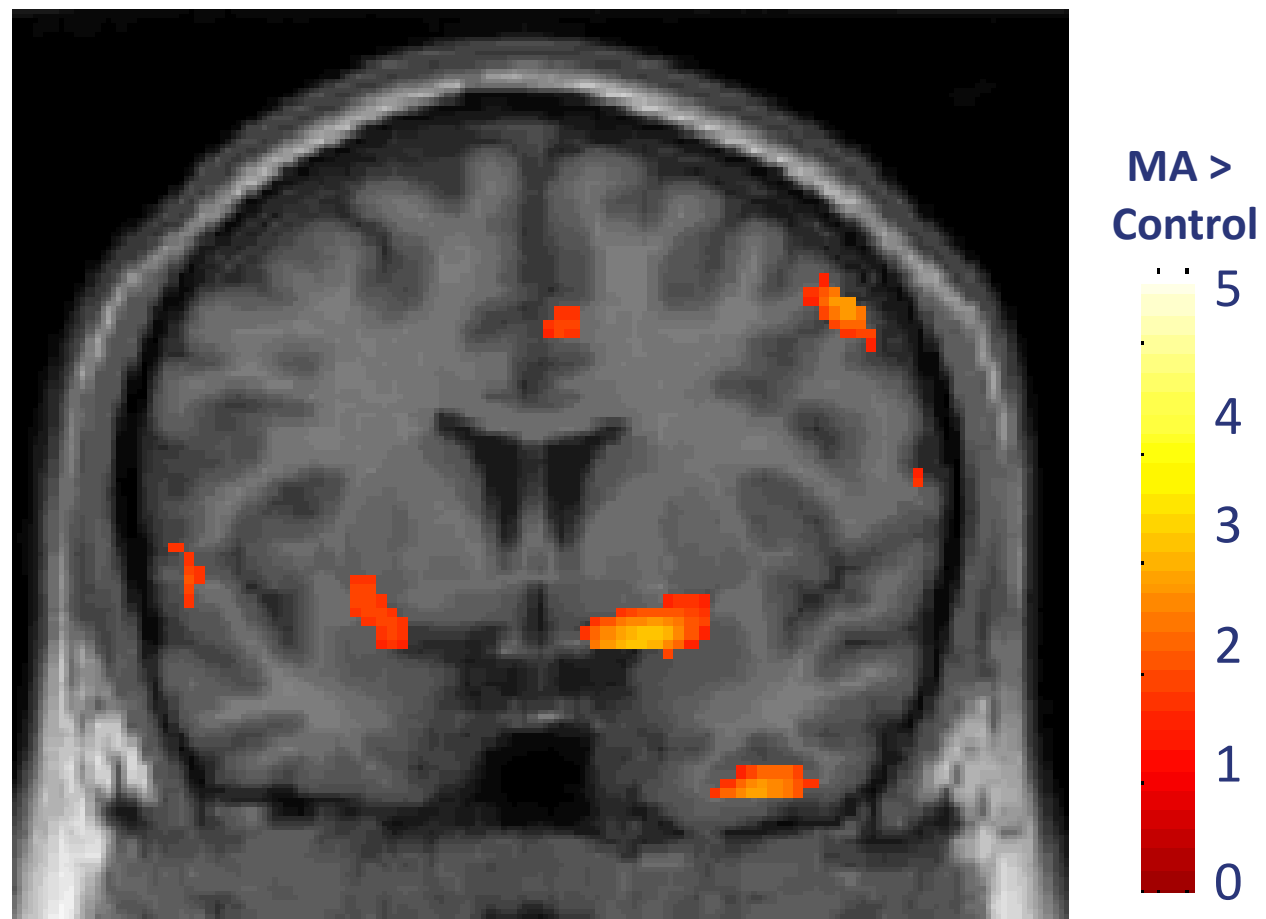
# Initial Interview



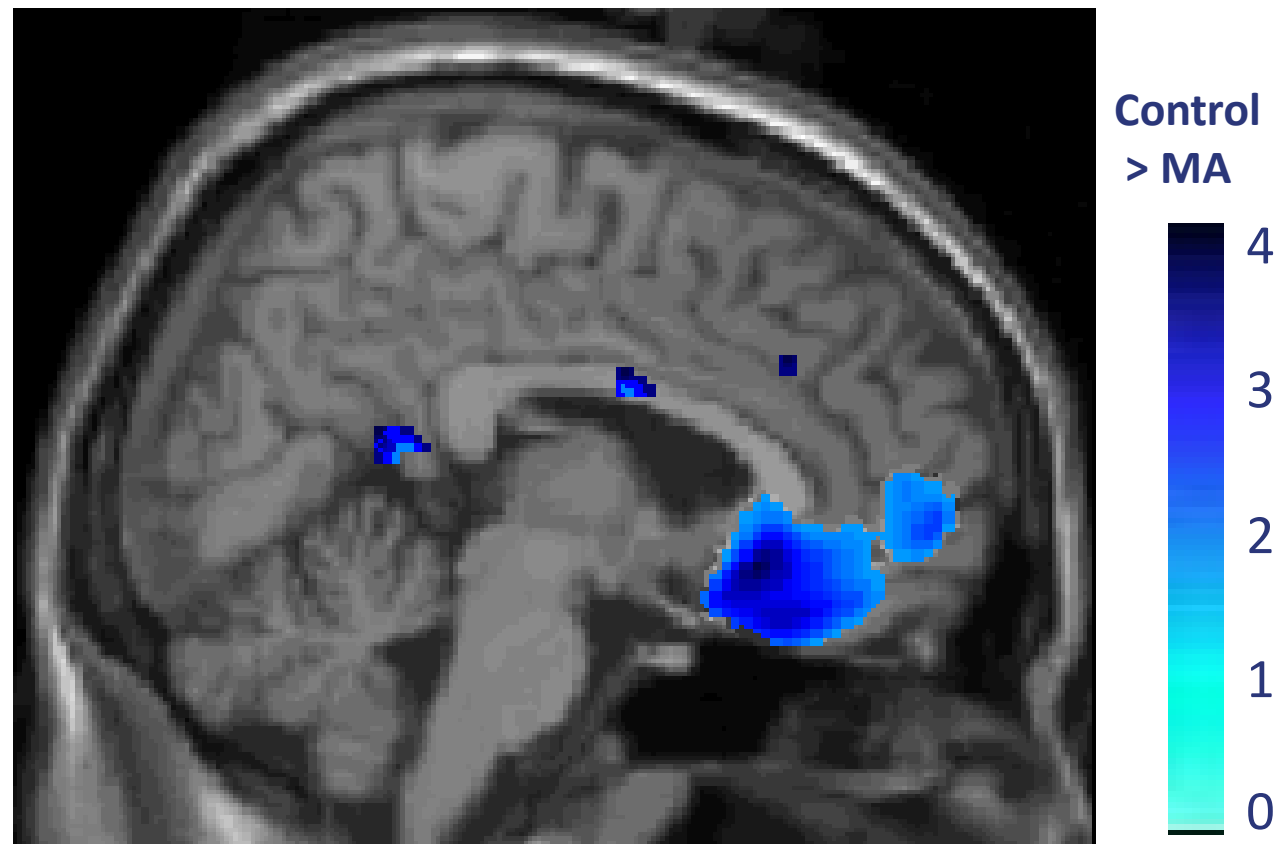
3 Days Later . . .



# Scan #1



# Scan #2

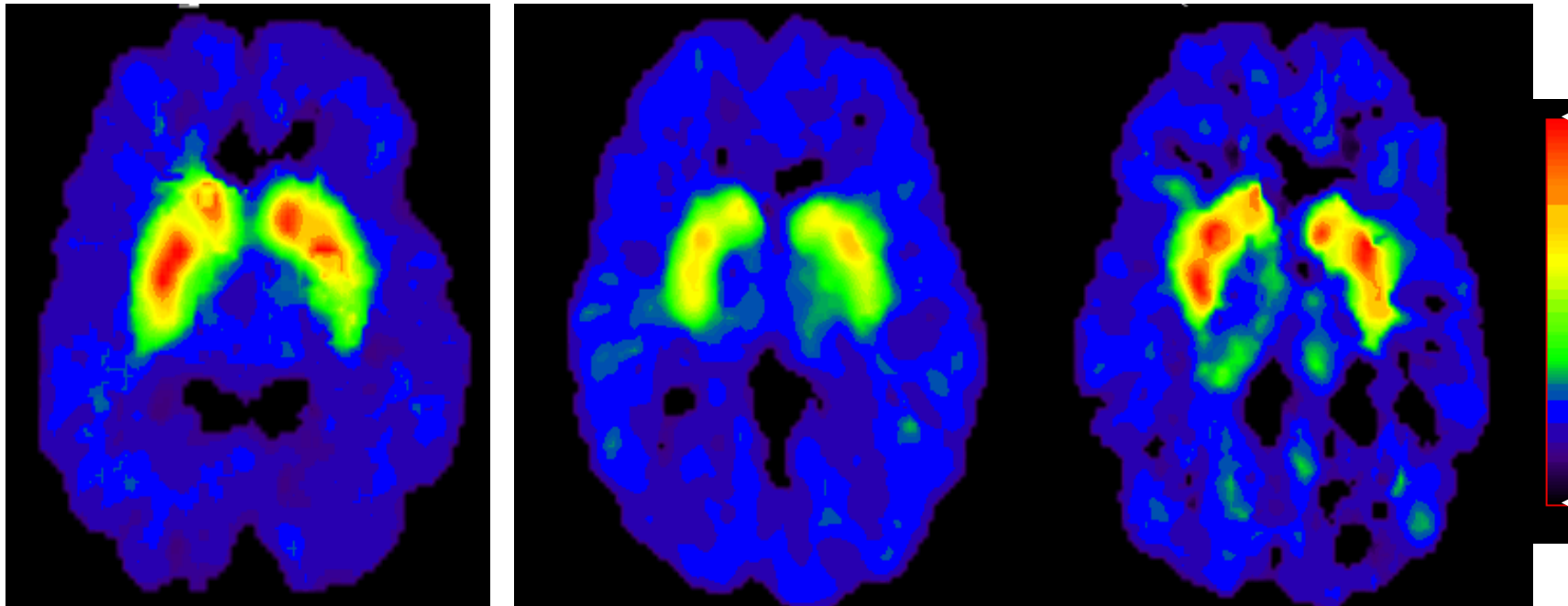


**Prolonged Drug Use  
Changes  
the Brain In Fundamental  
and Long-Lasting Ways**

# Defining Domains: Executive Systems Functioning

- **a.k.a. frontal lobe functioning.**
- **Deficits on executive tasks assoc. w/:**
  - **Poor judgment.**
  - **Lack of insight.**
  - **Poor strategy formation.**
  - **Impulsivity.**
  - **Reduced capacity to determine consequences of actions.**

# Partial Recovery of Brain from Methamphetamine After Abstinence



*Source: Volkow, ND et al., Journal of Neuroscience 21, 9414-9418, 2001.*

Dopamine improvements after 1 year, but not cognitive and motor functioning



# **Matrix Model: an EBP**

- **SAMHSA National Registry of Evidence-based Programs and Practices (NREPP)**

**<http://www.nrepp.samhsa.gov/>**

# **Surgeon General's Report**

## **Vivek H. Murthy M.D. MBA, 2016**

**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 3 times per week, which combines CBT, family education, social support, individual counseling, and urine drug testing.**

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# **Surgeon General's Report**

## **Vivek H. Murthy M.D. MBA, 2016**

Continued

**Several randomized controlled trials over the past 20 years have demonstrated the model's effectiveness 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.**

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# COMPONENTS OF THE MATRIX MODEL

Early Recovery Group  
Relapse Prevention  
Family/Conjoint Sessions  
Medicated Assisted Treatment  
(Hazelden 2<sup>nd</sup> Edition)

## Criminal Justice Matrix

*All the above and:*

Adjustment group  
Crimonigenic Mind  
ERS 3 times a week  
Up to 52 week long program

Individual Sessions  
Family Education Groups  
Social Support  
Random Drug/Alcohol  
Testing  
Peer Mentors (Co-leaders)

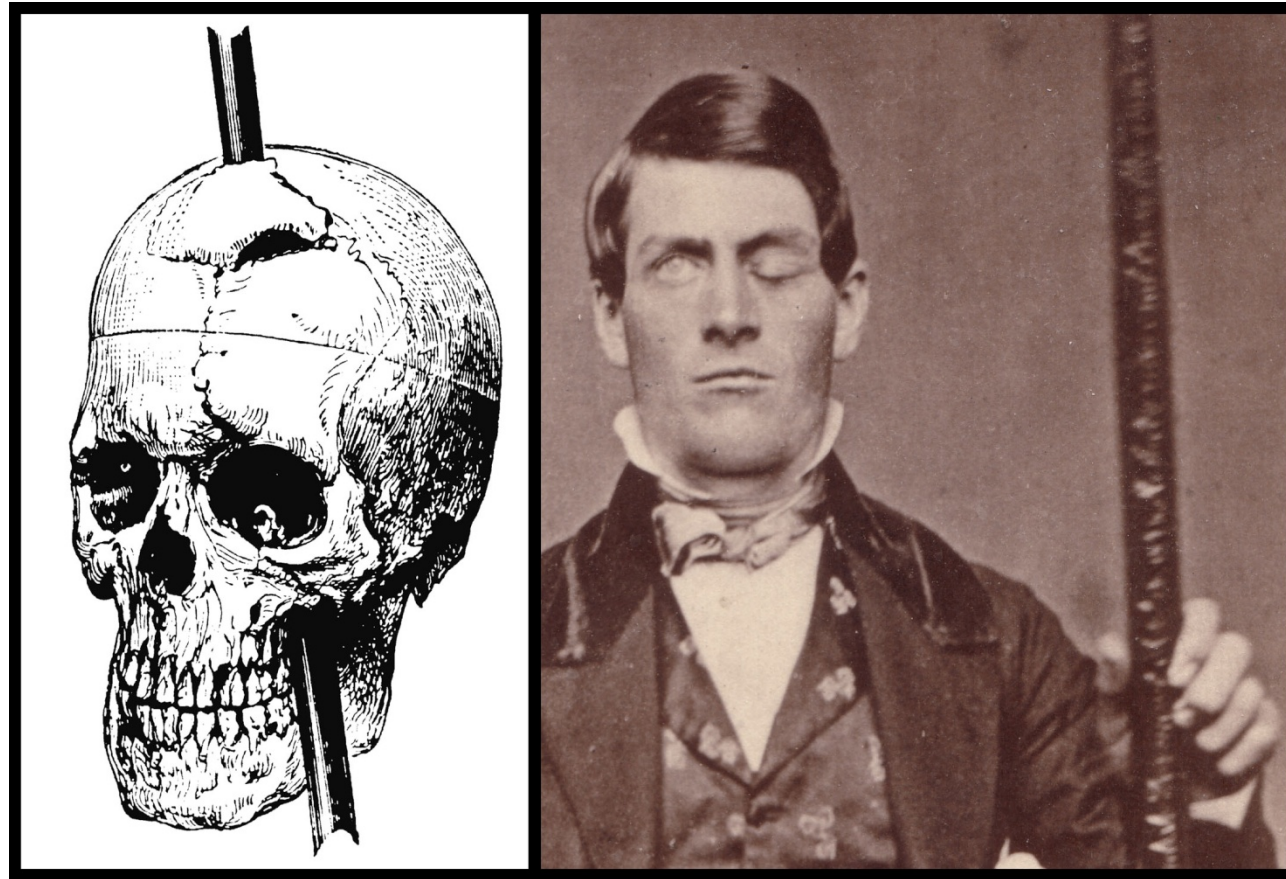
## Teen Matrix

*All the above but:*

Separate Teen Education  
& Parent Education  
All Groups 1 hour  
(except Parent Group)

# Phineas Gage

The importance of a high level of structure in an outpatient program



**A sample schedule for the Matrix IOP program:  
In line with NIDA guidelines for effective OP Tx**

INTENSIVE OUTPATIENT PROGRAM SCHEDULE						
Week	Monday	Tues.	Wed.	Thurs.	Friday	Saturday & Sunday
Weeks 1 Through 4	<b>6-7 PM</b> Early Recovery Skills <b>7-8:30 PM</b> Relapse Prevention	12-step Meeting and/or other community participation SMART	<b>7-8:30 PM</b> Family Education Group	12-step Meeting and/or other community participation SMART	<b>6-Early</b> Recovery Skills <b>7-8:30 PM</b> Relapse Prevention <b>7 PM</b>	12-Step/ Spiritual Meetings and Other Recovery Activities
Weeks 5 Through 16	<b>7-8:30 PM</b> Relapse Prevention Group		<b>7-8:30 PM</b> Family Education Group or Social Support		<b>7-8:30 PM</b> Relapse Prevention Group	
Weeks 17 Through 52			<b>7-8:30 PM</b> Social Support			

Urine testing and breath-alcohol testing conducted weekly  
Ten individual sessions during the first 16 weeks

# Treatment Components of the Matrix Model

- Individual Sessions
- Early Recovery Groups
- Relapse Prevention Groups
- Family Education Group
- 12-Step Meetings or Other Appropriate Community Groups
- Social Support Groups
- Urine Testing
- Adjustment Groups (CJ Matrix Model)

# Matrix Model Approach

## Organizing Principles

- Introduce and encourage self-help/community support participation
- Use urinalysis or other testing to monitor drug/alcohol use
- “Ambivalence” or confusion is normal not necessarily “Denial”.
- Keep them coming back. (an extremely important criteria for successful IOP)



# **Matrix Model Approach Organizing Principles**

- **Establish positive, collaborative relationship with patient; accepting and non-judgmental**
- **Teach information on addiction and recovery; cognitive-behavioral concepts; relapse prevention**
- **Educate family regarding addiction and recovery**

**Accepting  
Non-Judgmental  
Empowering  
Supportive  
Understanding**

**STYLE**

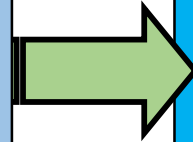
**Patient Elicited  
Collaborative  
Ambivalence Normal  
Facilitative**

# Myths about Motivation

## 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.**



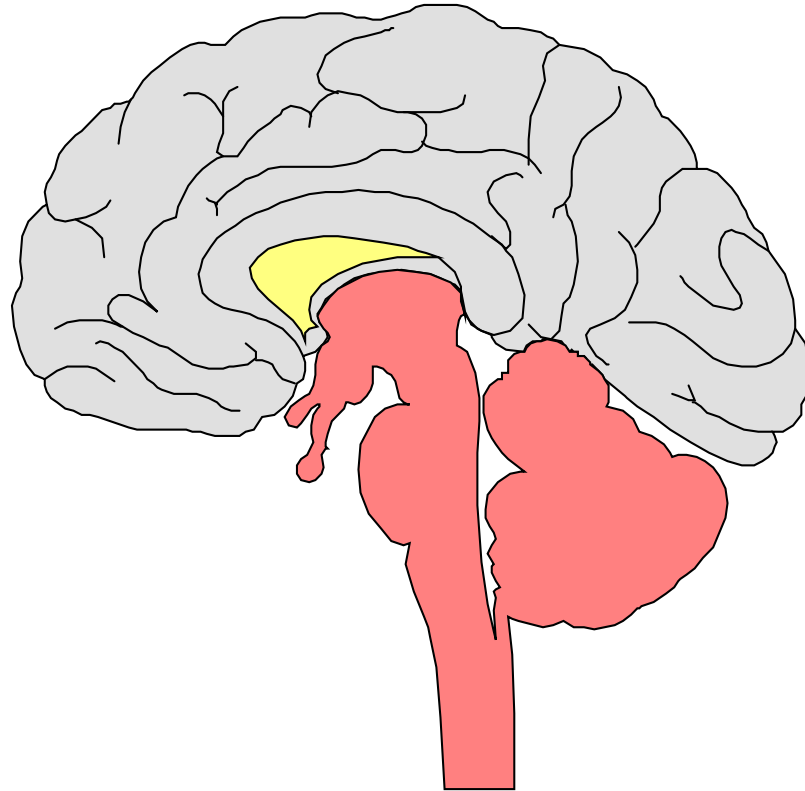
## FACT

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

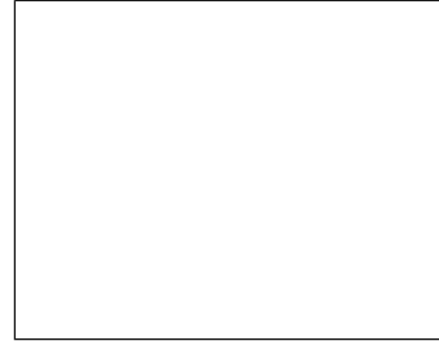
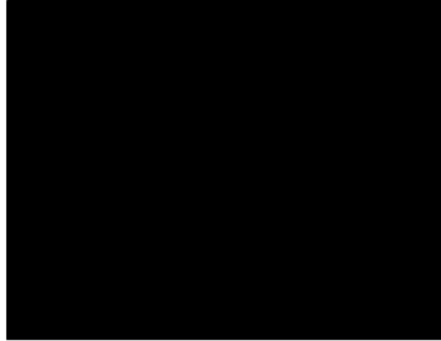
**Shame, humiliation and character assassination are not primary catalysts for change. The individual has to VALUE change intrinsically.**

# Triggers and Cravings

## Human Brain



# Potency Of Cravings!!!



# **Message from the Brain**

**“You need this to survive”**

# Conditioning and the Brain: Message to Patients

- Will power, good intentions are not enough
- Behavior needs to change
- Insight will not affect cravings
  
- Deal with cravings: avoid triggers
- Deal with cravings: thought-stopping
- Scheduling (Behavioral Planning)

# Roadmap for Recovery

**Return to Old  
Behaviors**

**Anhedonia**

**Anger**

**Depression**

**THE WALL**

**Emotional Swings**

**Unclear Thinking**

**Isolation**

**Family Problems**

**Cravings Return**

**Abstinence Violation**

***Protracted Abstinence***



# Matrix Model Groups

- Focus on the present
- Focus on behavior vs. feelings
- Structured, topics, information, analysis of behavior
- Drug cessation skills and relapse prevention
- Lifestyle change in addition to not using

# Matrix Model Approach

## Organizing Principles

- Introduce and encourage self-help/community support participation
- Use urinalysis or other testing to monitor drug/alcohol use
- “Ambivalence” or confusion is normal
- **Keep them coming back. (an extremely important criteria for successful IOP)**

# **Early Recovery Skills Group Topics**

- **Drug cessation**
- **Identify triggers**
- **Get rid of paraphernalia**
- **Avoid triggers-schedule time**
- **Thought-stopping for cravings**
- **12-step introduction**

# **Relapse Prevention Groups**

## **Relapse Prevention**

- **Patients need to develop new behaviors**
- **Recovery is more than not using D.O.C.**
- **Recovery is more than not using drugs and alcohol**
- **Learn to monitor signs of vulnerability to relapse**

# **Relapse Prevention Group**

**What happens in group:**

- **Introduction of new members**
- **Review topic 30-45 minutes and discuss**
- **Discuss problems, progress, and plans for 30-45 minutes**
- **Focus on the recent past and immediate future**

# Relapse Analysis

- Session to be done when relapse occurs after a period of sobriety
- Functional analysis
- Continued drug use is better addressed with Early Recovery topics
- Relapse should be framed as learning experience for client

# IMPORTANCE OF SCHEDULING

## Reminders

- Schedule time between the present Matrix meeting to the next.
- Hour to hour or blocks of time
- Scheduling topic an ERS topic, however, everyone can schedule in RP Group.
- Can schedule at the beginning or end of group
- Help client schedule realistically
- Important to point out questionable or unsafe behaviors in schedule.

# Scheduling

EARLY RECOVERY SKILLS GROUP

1

## Scheduling— Is It Important?

Scheduling is a difficult and tedious thing to do if you're not used to it. It is, however, an important part of the recovery process. People addicted to drugs or alcohol do not schedule their time. People who schedule their time are not actively using, addicted individuals.

1

Why is it necessary?

If you begin your recovery in a hospital, you have the structure of the program and the building to help you stop using. As an outpatient, you have to build that structure around yourself as you continue functioning in the world. Your schedule is your structure.

2

Do I need to write it down?

Absolutely. Schedules that are in your head are too easily revised by your "addicted brain". If you write down your schedule while your rational brain is in control and then follow it, you will be doing what you *think* you should be doing (rational brain) instead of what you *feel like* doing ("addicted brain").

3

What if I am not an organized person?

Buy a schedule book and work with your therapist. Scheduling is vital to solving your substance abuse problem. Remember, your rational brain plans the schedule. If you follow the schedule, you won't use. Your "addicted brain" generates out-of-control behavior. If you go off the schedule, your "addicted brain" may be taking you back to drinking or using drugs.

continued

## Daily/Hourly Schedule

DATE	DATE	DATE
7:00: _____	7:00: _____	7:00: _____
8:00: _____	8:00: _____	8:00: _____
9:00: _____	9:00: _____	9:00: _____
10:00: _____	10:00: _____	10:00: _____
11:00: _____	11:00: _____	11:00: _____
12:00: _____	12:00: _____	12:00: _____
1:00: _____	1:00: _____	1:00: _____
2:00: _____	2:00: _____	2:00: _____
3:00: _____	3:00: _____	3:00: _____
4:00: _____	4:00: _____	4:00: _____
5:00: _____	5:00: _____	5:00: _____
6:00: _____	6:00: _____	6:00: _____
7:00: _____	7:00: _____	7:00: _____
8:00: _____	8:00: _____	8:00: _____
9:00: _____	9:00: _____	9:00: _____
10:00: _____	10:00: _____	10:00: _____
11:00: _____	11:00: _____	11:00: _____

Notes:

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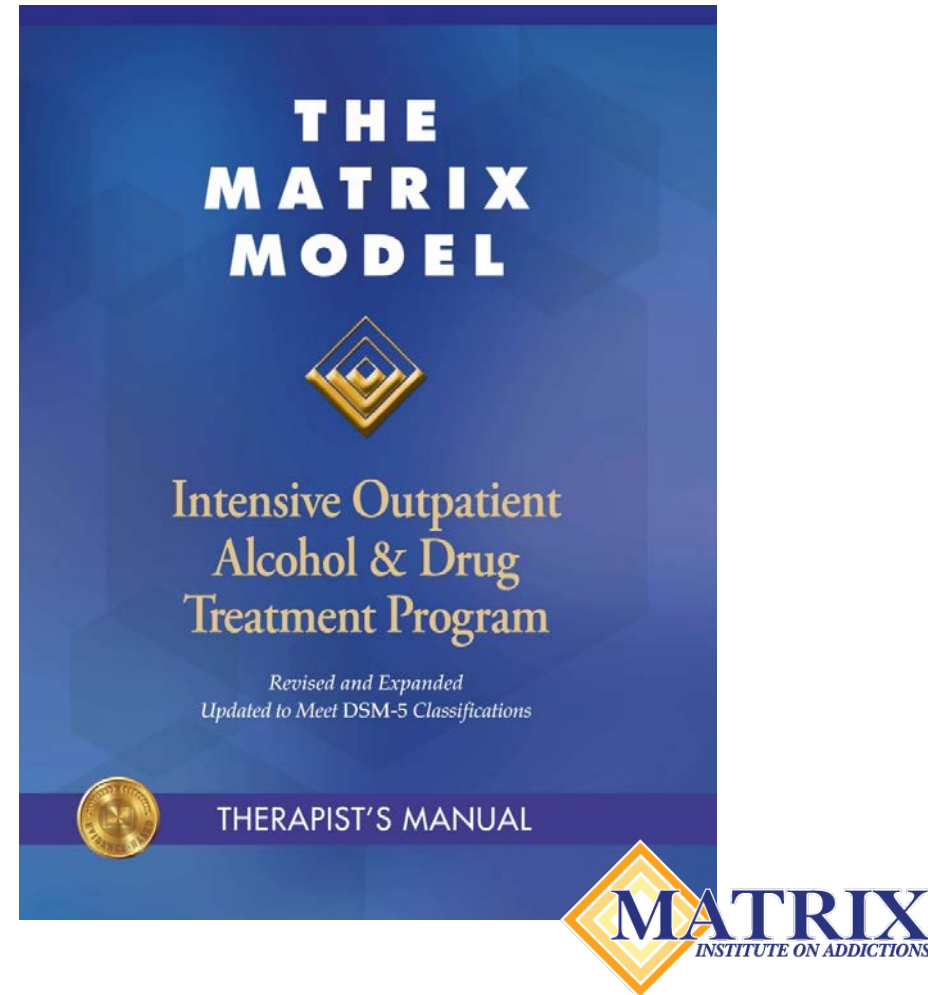
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Reminders:



# Matrix Model Revision 2014

- Includes sessions to introduce the concept medications to all patients.
- Includes sessions for patients who are taking addiction medications.



# Medication-Assisted Treatment

- Medications have been developed for opioid and alcohol use disorders to supplement treatments like the Matrix Model®.

# **MAT**

- **Does everyone need addiction medications?**
  - **No, but everyone should be aware of the options.**
  - **For some, addiction medication is essential to recovery; for some it is helpful; and for some it is not necessary.**

# **Answers to Criticisms**

- **MAT is not a perfect treatment**
- **MAT has some unappealing aspects**
- **Same for dialysis, chemotherapy, and other medical treatments**

# **Stimulants and Marijuana**

- **No medications to date have been found to be effective for stimulant use disorders or marijuana use disorders.**

# **MAT Philosophy**

- **An important message: Medication use does not in any way preclude, diminish, or taint recovery.**

# **Staying the Course**

- **“Medication is a crutch.” (a common critique)**
  - **If you break your ankle, you may need a crutch.**
  - **If you are diabetic, you may need insulin.**
  - **If you have an addiction, you may need medication.**
  - **There is nothing wrong with using available help.**