Family Recovery Pathways Conference

Sioux Falls South Dakota
May 2019

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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


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/
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.

Pg. 4-28
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.
COMPONENTS OF THE MATRIX MODEL

**Early Recovery Group**
- Relapse Prevention
- Family/Conjoint Sessions
- Medicated Assisted Treatment
  (Hazelden 2\textsuperscript{nd} Edition)

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

**Teen Matrix**
- All the above but:
  - Separate Teen Education & Parent Education
  - All Groups 1 hour
  (except Parent Group)

**Individual Sessions**
- Family Education Groups
- Social Support
- Random Drug/Alcohol Testing
- Peer Mentors (Co-leaders)
Phineas Gage
The importance of a high level of structure in an outpatient program
# Program Schedule

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

<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>7-8:30 PM Relapse Prevention</td>
<td>12-step Meeting and/or other community participation SMART</td>
<td>7-8:30 PM Family Education Group</td>
<td>6-Early Recovery Skills</td>
<td>12-Step/Spiritual Meetings and Other Recovery Activities</td>
</tr>
<tr>
<td>Weeks 5 Through 16</td>
<td>7-8:30 PM Relapse Prevention Group</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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<tr>
<td>Weeks 17 Through 52</td>
<td></td>
<td>7-8:30 PM Social Support</td>
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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
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

© 2006 Matrix Institute
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

Cravings Return
Abstinence Violation

Protracted Abstinence

Emotional Swings
Unclear Thinking
Isolation
Family Problems
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

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 help 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 that 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 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 behaviors. If you go off the schedule, your “addicted brain” may be taking you back to drinking or using drugs.

Daily/Hourly Schedule

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Notes:

Reminders:
• 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.