# Using the MATRIX Model to treat stimulant disorders in a FQHC setting

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### Goals of Matrix

- To develop a treatment that was relevant to our patients/clients
- To develop a treatment that was effective with most of our patients/client, most of the time





# NLCC Mission, Vision, & Values

- Our Mission
- To respond to the health care needs of our communities with an integrated array of quality services and actively remove barriers to care.
- Our Vision
- Healthy, prosperous, engaged communities where everyone thrives.
- Our Values
- Quality- We provide evidence-based, patient-centered, lifelong care.
- Community Health- We focus on prevention to support and improve the health of our communities.
- Collaboration We seek opportunities to strengthen all community partners.
- Stewardship We invest our resources for maximum impact and sustainability.
- **Trust** We respect and advocate for our patients and each other.
- Innovation We utilize data and creativity to drive decisions.

#### Population

- Level 1.0 Outpatient Treatment
- Adult Treatment Court Population
- Probation Referrals
- Medical/OB provider referrals
- Male and Female
- All Substances
- Poverty Level



# Schedule Of Groups

- Ready for Change (RFC)
  - 1–2 weeks (M,W,Th)
  - 3x week
- Early Recovery Skills (ERS)
  - 4-6 weeks (M,TH)
- Relapse Prevention Skills (RPG)
  - 16–18 weeks (M,TH)
- Family Education (FE)
  - 12-14 weeks (W)
- Social Support (SS)
  - Min 4 sessions-Aftercare

# **Ready for Change**

- Discuss barriers to treatment
- Acclimate to schedule/routine
- Motivate for treatment/change of behaviors





# Early Recovery Skills

- Schedules/Routine
- Triggers
  - Internal/External
- Sober Meetings
- Stages of Recovery and Relapse
- Thoughts-Cravings-Feelings-Behaviors

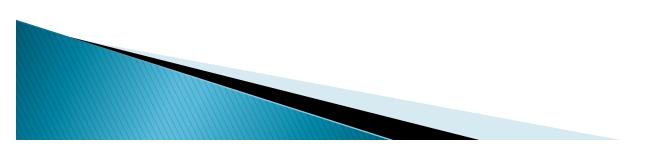


### **Relapse Prevention**

- Coping Skills
- Relapse Justifications
- Boredom
- Feelings
- Truthfulness
- Sex and Recovery
- Budgeting
- Total Abstinence
- Self Care
- Boundaries
- Relationships
- Progression of Disease

# **Family Education**

- Communication Styles
- Education about Substances
- Families Coping with the Addict
- Peer Panel
- Sober Meetings



### Social Support

- Aftercare Group
- Stay connected/Support
- Peer Panel



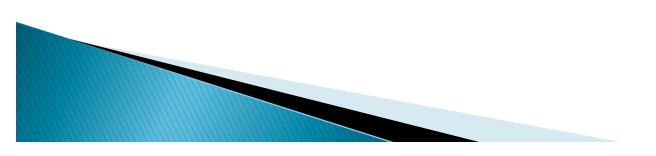
# Individual Sessions

- Weekly One Hour Sessions
  - Slowly decrease amount of sessions once stabilized
- Added Support
- Vrine Drug Screens
- Process Group topics in depth
- Process Relapses immediately
- Referral to Addictionologist



# Importance of Accountability

- Accountability
- Scheduling important/Structure
- Following Policies
- Calling Clients when miss groups/individual sessions
- Brief Interventions when needed



#### **Facilitators Role**

- Add interactive skills to topics
- Material needs to "come alive"
- Keep participants' attention
- Make atmosphere fun and exciting
- Create safe area for all



#### References

- NLCC website
- Clare/Matrix training PowerPoint from WPHCA

