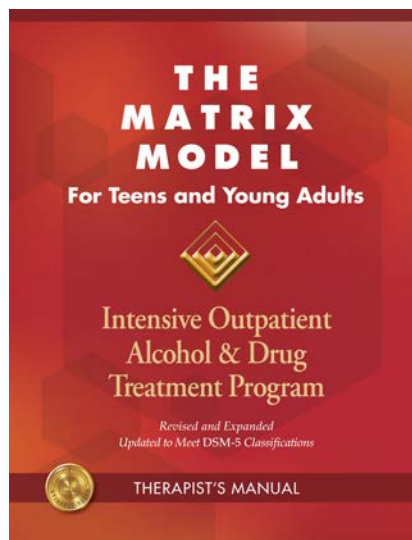


*The Matrix Model
for Teens and Young Adults
Intensive Outpatient
Alcohol and Drug Treatment Program*

Grant Writing Toolkit



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The Matrix Model for Teens and Young Adults: An Overview

The Matrix Model for Teens and Young Adults (Teen Matrix) has been adapted from *The Matrix Model: Intensive Outpatient Alcohol and Drug Treatment*. The original *Matrix Model* for adults is a comprehensive, evidence-based, and individualized program with more than thirty years of research and development by the Matrix Institute on Addictions in Los Angeles, California.

The conceptual framework for *The Matrix Model* is that addiction is a chronic, progressive condition that involves compulsion, loss of control, continued use despite adverse consequences, and relapse. *The Matrix Model* protocol, which is a ready-made intensive outpatient program (IOP) that any treatment center can implement, has been used nationally and internationally to treat people with alcohol and other drug use disorders for more than twenty-five years.

The Matrix Model, an all-inclusive, multiformatted program for adult patients, consists of these components:

- Individual/Conjoint Therapy
- Early Recovery
- Relapse Prevention
- Family Education
- Social Support
- Urine Testing

Similar to *The Matrix Model* approach for adults, *The Matrix Model for Teens and Young Adults* treatment experience is designed to give patients in their teens and twenties the knowledge, structure, and support to

1. Evaluate the significance of their drug and alcohol use
2. Move them to a place of abstinence
3. Provide a supportive environment for sustained recovery

The target populations for this treatment are adolescents (13 through 17 years old) and young adults (18 through 25 years old) who have mild, moderate, or severe substance use disorders. Clients who have co-occurring disorders are also an appropriate market, but they may need additional mental health services.

Both the materials and the content in *The Matrix Model for Teens and Young Adults* have been restructured to address the unique substance-use and addiction issues encountered when working with young people and their families. These revisions are based on the most current research findings regarding effective adolescent treatment and our experience using this model.

The structure of the program is flexible enough to be adapted to youth who need early-stage intervening, are experimenting with drugs, or have developed a mild, moderate, or severe substance use disorder. It can be used with youth whose families may or may not be willing and able to participate.

The Matrix Model for Teens and Young Adults (Teen Matrix) is an intensive outpatient program (IOP) that addresses four core clinical areas through seven components:

1. Individual and Family Sessions
2. Individual and Family Sessions with MAT (Medication-Assisted Treatment)
3. Early Recovery Adolescent Group
4. Early Recovery Young Adult Group
5. Relapse Prevention Group
6. Family Program: Parent Education Group
7. Family Program: Youth Education Group

The Individual and Family Sessions and the Family Program's Education Groups are for both patients and their family members. The Teen Matrix model also includes social support and urine analysis/breath testing.

The program is designed for outpatient treatment centers, but can be used in inpatient or juvenile justice settings or any setting where youth are receiving treatment for a substance use disorder. The Family Program, which has always been included in the Teen Matrix therapist's manual, is also sold separately for treatment organizations that are looking only for a family program.

Introduction to the Grant Writing Toolkit

This Grant Writing Toolkit provides information about the grant-application process and sample text for a grant writer to use in applications for funding to implement *The Matrix Model for Teens and Young Adults*. To the sample text, you should add specific details about your organization to help the grant reviewer envision *The Matrix Model for Teens and Young Adults* at your organization and to understand that your organization is an ideal recipient for funding. It will take time and effort to assemble sufficient details and specificity. It is also vital that you understand the mission and goals of each grant-funding organization to which you apply, and then use that information to clearly show the connections between the funder's purpose and your organization's unique situation.

Grant Writing Viewed through a Reviewer's Eyes

Grant writers should always consider their proposals from the reviewer's perspective. Remember that grant reviewers are people too. Make your grant application concise, compelling, and interesting. A grant is an investment that should further the funding source's goals and objectives in measurable ways. The grant writer's job is to show how the proposed grant will be a good investment for the funding source, in addition to being a good project for your organization, the potential grant recipient.

Funding sources receive many applications, and the process for securing grant funding is highly competitive. The reviewer's job is to select the highest quality applications for final review by the funder. A successful application will be complete, concise, and consistent with the elements in the application form. *Each funding source will have specific and unique requirements—follow all directions exactly.* If you have questions, contact the funder's grant reviewer or other staff member. Reviewers are usually happy to answer applicants' questions. Do not submit an incomplete or ineligible application or any additional or unrequested materials. Unrequested materials will not be reviewed.

The Grant Application Process

Before deciding to seek funding for the implementation of *The Matrix Model for Teens and Young Adults*, consider all of the tasks involved. These five steps are vital in typical proposal writing and grant contract management processes:

1. Identifying potential funding sources
2. Obtaining pre-approvals and letters of commitment
3. Managing the grant application
4. Managing contracts
5. Managing grant follow-up procedures

Let's look at each step in detail.

1. Identifying Potential Funding Sources

When identifying potential funding sources, a clear match must exist among the objectives of *The Matrix Model for Teens and Young Adults*, the nature and scope of your organization's particular problem(s), and the mission of potential funding sources. You must also verify that your proposal is eligible for funding from each potential source. Hazelden Publishing staff may be able to inform you of grant opportunities. Call 800-328-9000 to talk with your Hazelden regional sales representative.

2. Obtaining Pre-approvals and Letters of Commitment

Before you begin writing grant applications, you must obtain the necessary authorization within your own organization to do so; you do not want to be in the position of having to decline awarded grant funds because a top authority does not agree to the project. After you have obtained support from your own organization's leaders, before you proceed to the grant application stage, your organization should form a grant application committee and complete a needs assessment.

Grant Application Committee

Your organization should form a Grant Application Committee of three to five reliable people who will assume responsibility for completing the required steps of the grant applications.

Needs Assessment

The Grant Application Committee will develop a qualitative and quantitative description of the specific problems and conditions at your organization that *The Matrix Model for Teens and Young Adults* could resolve and improve. This is the most important component of the grant application and will likely require the most time. Show a direct connection between your organization's needs assessment and the anticipated outcomes of *The Matrix Model for Teens and Young Adults*. The Fact Sheet included in this toolkit provides relevant information and resources to help you define the nature and scope of the problem(s) at your organization.

3. Managing the Grant Application

The Grant Application Committee will develop, assemble, submit, and track the ongoing status of all applications. Depending on each grant application's requirements, you might need to return to your organization's leaders and partners to obtain specific letters of commitment. You will also need to obtain and submit letters of commitment from key people or partners who will be responsible for the implementation of *The Matrix Model for Teens and Young Adults*. The Fact Sheet in this toolkit will be useful as you seek this support. After your organization has been granted funding, you will obtain the grant agreement (and request for payment) from the funding source. You may also need to negotiate the final terms of the grant agreement.

4. Managing Contracts

Your organization will be responsible for entering into a contract with the Matrix Institute and/or Hazelden Publishing to implement training and to obtain all *The Matrix Model for Teens and Young Adults* materials. You will also be contracting with evaluators and other independent contractors as necessary for implementing the grant.

5. Managing the Grant Follow-up Procedures

When your organization's grant application has been approved and the program funded, you will need to handle these follow-up tasks:

- Gather data on outcomes to send to the funder as required.
- Supervise and track all grant activities.
- Submit periodic financial accounting reports to the funding source.

- Report the results of *The Matrix Model for Teens and Young Adults* evaluation to funders, as required by the grant agreement.
- Complete all grant closeout requirements as stipulated in the funder's agreement.
- Maintain all records as specifically stated in each funder's agreement.

Components of a Typical Grant Application

A typical grant application includes this information:

- Needs assessment
- Organizational capacity
- Goals and objectives
- Implementation plan and timeline
- Budget considerations
- Attachments

Needs Assessment

A. National and International Information

In the needs assessment portion of your grant application, you will focus on the organization's situation at the national and/or international level. You may refer to the Fact Sheet in this toolkit to find information that may be used in this section of your application. Also visit these national organizations' websites for helpful information:

- Substance Abuse and Mental Health Services Administration (SAMHSA), www.samhsa.gov
- National Institute on Drug Abuse (NIDA), www.drugabuse.gov
- Center for Disease Control (CDC), www.cdc.gov

B. State Information

In this portion of your grant application's needs assessment, you will focus on the situation in your state. The organizations just listed as national or international sources often also have state-specific information. In addition, here are some sources that would have helpful state information:

- Department of Education in your state

- Department of Health and Human Services in your state
- Office of Alcohol and Drug Abuse Prevention in your state

C. Local Information

Be as specific as you can when you describe the situation at your organization or in your community. Don't assume the grant reviewer knows anything about your community. Avoid dwelling on the negative or presenting your case as one that's too overwhelming to solve. Briefly and concretely describe the needs, showing that they can be addressed if your organization were to implement *The Matrix Model for Teens and Young Adults*. After compiling your local data, present it in a form consistent with your national and state data.

Data specific to your organization or community might include the following:

- Trends in substance use and attitudes among the population your organization will be serving
- Data and information about the kinds of behaviors your organization will be addressing by implementing *The Matrix Model for Teens and Young Adults*
- A statement from key staff or an example case from your organization
- A description of how your organization or community compares to state and national data
- Results of any survey or other data that your organization or community has collected

Demographic information should include the following:

- The number of people who will be served
- Your organization's location (rural, urban, or suburban)
- Relevant demographic data about diversity, crime, substance use, mobility rates, socioeconomic conditions in your community, and so on

Organizational Capacity

In this section of your grant application, you will show your capacity to successfully implement *The Matrix Model for Teens and Young Adults*. Most grants are highly competitive—you must convince reviewers that your organization is worthy of their

investment and will be a good steward of their funding. Describe clearly how your plan will meet *their* goals and mission.

Show that your organization is well-positioned for success with *The Matrix Model for Teens and Young Adults*. Give a brief history of any other efforts your organization or community has in place that align with *The Matrix Model for Teens and Young Adults*. List the key staff members who will participate in the implementation of *The Matrix Model for Teens and Young Adults*, detailing their qualifications and indicating the percentage of time each will dedicate to this project. Identify any additional supportive resources, such as other community organizations, parent/guardian groups, volunteer groups, neighborhood leaders, individual volunteers, and so on.

The Hazelden Publishing website www.hazelden.org/web/go/matrix provides full background and purchasing information for *The Matrix Model for Teens and Young Adults*.

Describe how you came to your selection of *The Matrix Model for Teens and Young Adults* in terms of its evidence-based approach, demonstrated effectiveness, and national recognition. Details on these features may be copied from the Fact Sheet in this toolkit and pasted directly into your grant application.

Goals and Objectives

In this section of your grant application, you will outline the goals and objectives that *The Matrix Model for Teens and Young Adults* will help you achieve. You will find a list of possible goals and objectives in the Fact Sheet in this toolkit. You may copy and paste these directly into your grant application, and you should accompany them with a brief narrative of why these goals/objectives are important to your organization.

Implementation Plan and Timeline

The Fact Sheet in this toolkit includes the recommended timeline for implementation. This recommended timeline will benefit from the addition of specific details regarding your organization and your unique vision. Remember, the goal is to get the grant reviewer to visualize and value your plans. Be sure to include any grant-management tasks in your timeline that are specific to the opportunity you are applying for, and

consider any unique situations that may influence your plan. Also make sure that you include enough time for your program to show successful results.

Budget Considerations

The budget considerations in the Fact Sheet provide an easy way to estimate the costs of implementing *The Matrix Model for Teens and Young Adults*. As you complete your grant application, be sure to account for additional costs, such as fees, stipends, printing expenses, and so on.

Attachments

Other items to include with typical grant applications:

- *Brief* cover letter/transmittal letter
- Letters of commitment from key partners
- Résumés and/or biographies of key parties
- Project overview to serve as a general summary of your plans (optional)
- Summary of planned post–grant period activities

A funder may want to see how the investment is sustained beyond the term of the grant, which the summary of post-grant period activities provides. In that summary, describe how you will continue implementing *The Matrix Model for Teens and Young Adults* after the grant period has ended.

Samples of letters to accompany the grant application, of commitment from key partners, and of grant application transmittal appear at the end of the Fact Sheet for your reference, modification, and use.

Additional Resources

The Internet offers many resources for writing effective grant applications. The Substance Abuse and Mental Health Services Administration (SAMHSA) offers an excellent resource, *Developing Competitive SAMHSA Grant Applications*. This comprehensive online manual can help you acquire skills and resources for planning, writing, and preparing your grant application. It may be downloaded and ordered at <http://store.samhsa.gov/product/Developing-Competitive-SAMHSA-Grant-Applications/SMA07-4274>. Please refer to the Fact Sheet's References section of this toolkit for more resources.

When you decide to seek grant funds, Hazelden Publishing staff can offer technical assistance as you prepare grant applications. Your regional sales representative can help you select materials and put together a budget to address your needs. You can find an updated list of regional sales representatives at www.hazelden.org/web/public/pub_outreachsals.page or you can call 800-328-9000.

Fact Sheet

The Matrix Model for Teens and Young Adults

General Usage Statistics from 2015

According to the 2015 National Survey on Drug Use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), an estimated 27.1 million people in the United States age 12 or older were using illicit drugs currently (past-month), meaning that they had used an illicit drug during the month prior to the survey interview. Marijuana, the most commonly used substance in the prior month, was used by 22.2 million people. An estimated 6.4 million people reported misusing psychotherapeutic drugs in the previous month, including 3.8 million people who were misusers of prescription pain relievers. Thus, the number of current misusers of pain relievers was second to marijuana among specific illicit drugs.

In 2015, approximately 20.8 million people age 12 or older had an substance use disorder (SUD) in the previous year, including 15.7 million people who had an alcohol use disorder and 7.7 million people who had an illicit drug use disorder. An estimated 2.7 million people age 12 or older had both an alcohol use disorder and an illicit drug use disorder in the previous year.

Thus, among people age 12 or older in 2015 who had an SUD in the past year, nearly 3 out of 4 had an alcohol use disorder, and about 1 out of 3 had an illicit drug use disorder. About 1 in 8 people age 12 or older who had SUDs in the previous year had both an alcohol use disorder and an illicit drug use disorder.

Of the 7.7 million people age 12 or older who had a past-year SUD related to their use of illicit drugs, 4.0 million had a past-year disorder related to their use of marijuana, and 2.0 million people had a disorder related to their misuse of prescription pain relievers. Smaller numbers of people in 2015 had disorders in the previous year related to their use of cocaine or heroin.¹

Statistics Regarding Overdoses and Deaths

Drug overdose deaths and opioid-involved deaths continue to increase in the United States. The majority of drug overdose deaths (more than 6 out of 10) involve an opioid. From 2000 to 2015 more than half a million people died from drug overdoses. Every day in the United States, 91 people die from an opioid overdose. We now know that overdoses from prescription opioids are a driving factor in the fifteen-year increase in opioid overdose deaths. Since 1999, the amount of prescription opioids sold in the United States nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report. Deaths from prescription opioids—such as oxycodone, hydrocodone, and methadone—have more than quadrupled since 1999.²

Heroin-related deaths more than tripled between 2010 and 2015, with 12,989 heroin deaths in 2015. The largest increase in overdose deaths from 2014 to 2015 was for those involving synthetic opioids (other than methadone), which rose from 5,544 deaths in 2014 to 9,580 deaths in 2015. One of these synthetic opioids, illegally made fentanyl, drove the increase. It was often mixed with heroin and/or cocaine as a combination product—with or without the user’s knowledge.³

An Increasing Problem in the United States

It is still obvious that when it comes to alcohol and other drug use and addiction, the United States has a problem—and an increasing one particularly regarding the use of marijuana, psychotherapeutic prescription drugs, and heroin. For example, the percentage of people age 12 or older who were current marijuana users in 2015 was similar to the percentage in 2014, but it was higher than the percentages from 2002 to 2013. This increase in marijuana use among people age 12 or older reflects the increase in marijuana use by adults age 26 or older and, to a lesser extent, increases in marijuana use among young adults 18 to 25 years old.⁴

In 2015, an estimated 3.8 million people age 12 or older were current misusers of pain relievers, which represented 1.4 percent of the that population, and an estimated 276,000 adolescents age 12 to 17 (1.1 percent of that age group) were current misusers of pain relievers. An estimated 829,000 young adults age 18 to 25 (2.4 percent of that age group) misused pain relievers in the past month. An estimated 2.7 million adults aged 26 or older were current misusers of pain relievers, which corresponds to 1.3 percent of that population.⁵

Substance Use Disorders and the Need for Treatment

As the national NSDUH survey emphasized, although there is a desperate need for treatment, a large “treatment gap” continues to exist in this country. In 2015, an estimated 21.7 million people age 12 or older, which is equivalent to about 1 in 12 people (8.1 percent), needed substance use treatment. Among adolescents ages 12 to 17, about 1.3 million (5.1 percent) needed treatment for a substance use problem. Among young adults age 18 to 25, about 5.4 million (15.5 percent or roughly 1 in 6) needed treatment for a substance use problem..⁶

Consequences of Substance Use and Addiction

Drug use and addiction can have tragic and lasting consequences, including financial effects, on an individual and societal basis. According to the National Institute on Drug Abuse (NIDA), abuse of tobacco, alcohol, and illicit drugs costs the United States \$700 billion annually in expenses related to crime, lost work productivity, and healthcare.⁷

NIDA defines addiction as “a chronic and relapsing disease that is characterized by compulsive drug seeking and use despite any harmful consequences.” Addiction not only takes an immense toll on the individual who is addicted to alcohol or other drugs, it

affects all those close to the addict—which is why it is called a “family disease.” It makes sense that, to be truly effective, an alcohol and drug treatment program must include a family component. In this way, commitment to the recovery process is also a commitment to the overall well being of the entire family.

The Matrix Model: Evidence-based and Respected

The Matrix Model for Teens and Young Adults (Teen Matrix) has been adapted from *The Matrix Model: Intensive Outpatient Alcohol and Drug Treatment*. The original *Matrix Model* for adults has been continuously adapted and revised during the last three decades to give patients in treatment and their families the most thorough and up-to-date knowledge, structure, and support possible so they might achieve long-term recovery from alcohol and other drug use. *The Matrix Model* has been recognized as one of the few evidence-based programs for substance use disorders and has been listed on SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP). This prestigious listing was based on the cumulative data from evaluations of *The Matrix Model* during the past twenty-five years.

In addition to the numerous and noteworthy accolades that *The Matrix Model* has consistently earned through the years, it has also proven especially effective in studies on methamphetamine treatment. In fact, no other evidence-based program for stimulant treatment approaches the rigorous studies of *The Matrix Model*. One of its creators, Richard Rawson, is the leading authority on methamphetamine and stimulants treatment in the United States.

The Matrix Model Program Description

The conceptual framework for *The Matrix Model* is that addiction is a chronic, progressive, condition that involves compulsion, loss of control, continued use despite adverse consequences, and relapse. *The Matrix Model* protocol, which is a ready-made intensive outpatient program (IOP) that any treatment center can implement, has been used to treat patients who have alcohol and other drug addictions nationally and internationally for more than twenty-five years.

The Matrix Model program for adults is all-inclusive, multiformatted, and consists of these components:

- Individual/conjoint therapy
- Early recovery
- Relapse prevention
- Family education
- Social support
- Urine testing

Although most intensive outpatient treatment programs are only behavioral, *The Matrix Model* is also educational, integrating Twelve Step recovery into its cognitive-behavioral

approach. In this program, former patients work as co-leaders in conjunction with the therapists so patients can receive immediate feedback, guidance, and hope from someone who has been through what they're going through.

This unique treatment experience is designed to give patients with substance use disorders the knowledge, structure, and support they need to achieve abstinence from alcohol and other drugs and initiate a long-term program of recovery. The program uses materials that have been developed and evaluated in *The Matrix Model* program of research since 1984.

The Matrix Model for Teens and Young Adults Program Overview

Similar to *The Matrix Model* approach for adults, *The Matrix Model for Teens and Young Adults* provides a proven, flexible alcohol and drug treatment program specifically for use with people who are between the ages of 13 and 25. It uses cognitive-behavioral therapy (CBT), and motivational interviewing (MI) to teach patients to analyze events and change thoughts, behaviors, and lifestyle related to alcohol and other drug use. The value of participation in Twelve Step and other peer support group is reinforced throughout. The program also incorporates contingency management, systematically using reinforcement for meeting specific behavioral criteria, which research has shown is particularly effective with adolescents. Instruction for urine and breath testing is also provided.

The program has been updated and expanded to reflect these changes:

- Includes medication assisted treatment (MAT) sessions for patients who are 18 and older
- Includes a new sixteen-session Early Recovery Skills Young Adult Group to meet ASAM criteria for patients who are 18 or older
- Provides new information on today's commonly used addictive substances, including opioids, cannabis, tobacco and e-cigarettes, and other drugs
- Meets *DSM-5* classifications
- Includes the updated twelve-week Matrix Model Family Program with new video recommendations to deepen learning

Treatment Settings and Patients

Built on the evidence-based model used in *The Matrix Model* for adults, this program was designed as an intensive outpatient program (IOP). It is easily adapted to support many levels of care in outpatient and inpatient treatment, partial hospitalization, and community-based settings.

The format of *The Matrix Model for Teens and Young Adults* is sixteen-week IOP. In real-world delivery, insurance and other funding decisions often result in shorter treatment episodes. Although not ideal, shorter episodes have had positive outcomes as long as the treatment is delivered in line with the core philosophy and approach described

in this manual. Settings where *The Matrix Model for Teens and Young Adults* can be used include outpatient treatment, intensive outpatient treatment (IOP), partial hospitalization, and medically monitored intensive inpatient.

The Matrix Model for Teens and Young Adults is designed for use with young adult patients who are participating in an outpatient treatment program for alcohol and/or other drug use and addiction. Patients who are experiencing co-occurring disorders can also effectively make use of this program, but they may also need additional mental health services. Certain components of the program (the individual and family education) are designed to be used with the patient, and his or her parents or guardians, and/or other family members, caregivers, or significant adults.

The Matrix Model for Teens and Young Adults is not limited to certain ethnicities or cultures. The program has been used with Asian populations (most extensively in Thailand), with Native Americans (both in urban areas and on reservations), with African Americans throughout North America, with blacks in South Africa, and in many other cultures. Earlier versions of these manuals, or parts of them, have been translated into Spanish (funded by the Center for Substance Abuse Treatment, or CSAT), Thai, and many other languages for use in other parts of the world. The style of delivery, non-confrontational and motivational, is respectful and honors individual differences. This aspect of the program makes it more appealing to people in many cultures than the more confrontational, directive style of many programs presently operating in the United States. The delivery of information can be tailored to a particular population to make it as culturally specific as desired. For instance, Hawaiian practitioners have chosen to give participants opportunities to use "talk story" in group as a way of integrating the concepts. The use of pictures or illustrations in the delivery of information helps make the material more easily understood by a wide range of cultures and more easily understood by patients whose substance use has resulted in reduced cognitive abilities.

Delivery: Holistic and Integrated

The Matrix Model for Teens and Young Adults treatment materials are delivered primarily in group and individual sessions, each with a specific purpose, topic, and goal. These sessions are neither therapy groups nor confrontational drug groups. The goal of these groups is to address important issues in the areas of initial stabilization, abstinence, maintenance, and relapse prevention during the recovery process. Patient handouts are an integral element of this comprehensive program. The sequence of the material is important to the creation of a treatment dynamic that moves the patient through a systematic recovery process. Although some of the forms may be useful independently, optimal use of the materials is achieved when they are part of a comprehensive treatment experience.

Although most intensive outpatient treatment programs are only behavioral, this holistic program uses an evidence-based treatment approach that incorporates Twelve Step spiritual learning with cognitive-behavioral learning and alcohol and other drug education for the entire family. The goal of this approach is to prevent relapse by providing the necessary tools to help people lead healthy and productive lives without

the use of alcohol and other drugs. Teen Matrix has been continuously adapted and revised over the last two decades in order to give chemically dependent persons and their families the most thorough and up-to-date knowledge, structure, and support possible so they might achieve long-term recovery from drug and alcohol abuse.

More specifically, this integrated therapeutic model incorporates these approaches:

- Cognitive behavioral learning
- Motivational enhancement
- Contingency management
- Twelve Step facilitation
- Individual supportive/expressive psychotherapy and psychoeducation
- Family therapy
- Group therapy and social support

Cognitive-behavioral therapy (CBT) is based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned. With *The Matrix Model for Teens and Young Adults*, patients are taught about how their drug and alcohol abuse has changed the way their brains function. Exercises take into account these neurobiological changes, and the disease of addiction is explained in terms patients can understand. Group topics are designed to help people understand how to deal with these changes in ways that are most likely to effect long-term sobriety.

Motivational enhancement incorporates empathic listening and skillful interviewing, which encourages patients to follow this progression:

- Identify discrepancies between significant life goals and the consequences of substance addiction
- Believe in his or her capabilities for change
- Choose among available strategies and options
- Take responsibility for initiating and sustaining healthy personal behavior

The Matrix Model for Teens and Young Adults also emphasizes using Twelve Step programs (or another spiritual component) in the initial intensive phase of treatment as an important element of the mind, body, and spirit approach to recovery. Twelve Step programs are easy and safe ways to find other people who are doing recovery-oriented activities, and they provide ongoing social support for the recovery process. Studies have shown that people who combine a spiritual component of recovery with this cognitive-behavioral program do better at remaining abstinent for the long term. Because professional treatment is time limited, the involvement with a sponsor in the Twelve Step program is critical.

Program Components and Structure

The Matrix Model for Teens and Young Adults addresses core clinical areas with seven components:

1. Individual and Family Sessions
2. Individual and Family Sessions with MAT (Medication-Assisted Treatment)
3. Early Recovery Adolescent Group
4. Early Recovery Young Adult Group
5. Relapse Prevention Group
6. Family Program: Parent Education Group
7. Family Program: Youth Education Group

An overview of *The Matrix Model for Teens and Young Adults* components' duration is illustrated in a chart in the Implementation Timeline section. Here are details of each component's scope:

Individual and Family Sessions

Eight hour-long sessions orient the patient and family members to the program, establish rapport, and encourage treatment compliance. This is the only formal component of the program in which patients and their family members meet together.

The Individual and Family Sessions with MAT (medication-assisted treatment)

The nine Individual and Family Sessions with MAT sessions are a slight modification of the original Individual and Family Sessions to provide content tailored for patients who are explore the possibility of using addiction medications or already taking addiction medications along with psychosocial treatment.

Early Recovery Adolescent Group

The Early Recovery Adolescent Group's eight sessions meet the ASAM intensive outpatient criteria of six service hours per week for patients younger than 18 years of age. Patients learn many of the basic skills they need to achieve initial sobriety and they participate in discussions designed to increase their readiness to change.

Early Recovery Young Adult Group

The Early Recovery Young Adult Group, for patients who are 18 years or older, covers sixteen similar topics during thirty-two sessions. Along with a relapse prevention group, this meets the ASAM intensive outpatient criteria requiring a three-hour IOP for patients who are 18 years of age or older.

Relapse Prevention Group

This group covers sixteen topics and meets twice weekly for sixteen weeks. Relapse Prevention groups assist patients in maintaining abstinence by delivering information and support and fostering camaraderie as they proceed through recovery. These groups focus on increasing recognition of the dangers of substance use disorders, supporting abstinence, and learning ways to avoid relapse.

Family Program

The Family Program is designed to accommodate patients and family members separately through the Parent Education Group and the Youth Education Group. Ideally, all patients and family members attend the Family Program for twelve weeks.

In the Family Program Parent Education Group's twelve sessions, participants are taught skills to better manage the process of change within their family during recovery. The focus is on raising awareness of drug and alcohol use among youth and on learning effective conflict-management skills. The group offers an opportunity for parents and caregivers to develop a support group and share challenges and solutions. Sessions use a variety of formats: video, discussion, or panels.

The Family Program Youth Education Group consists of twelve sessions held separately from the Parent Education Group. This group covers essential recovery topics that allow patients to learn about alcohol and other drugs and how they affect the brain and body. The young people have an opportunity to share concerns and problems that they may have during treatment. Each session starts with a recommended video and includes handouts for discussion.

Additional Support

In addition social support groups meet beginning during week 13, site-specific groups meet either before or after the weekly Parent Education Group or Social Support Group, and urine testing is done on one randomly selected day each week.

Program Flexibility

In *The Matrix Model for Teens and Young Adults*, both the materials and the content address the unique substance-use and addiction issues encountered when working with young people and their families and are based on the most current research findings regarding effective adolescent treatment and experience using this model.

The structure of the program is flexible enough to be adapted to youth who need early-stage intervening, are experimenting with drugs, or have developed a mild, moderate, or severe substance use disorder. It can be used with youth whose families may or may not be willing and able to participate.

Outcomes of *The Matrix Model* and *Teen Matrix*

The Matrix Model outpatient treatment program was developed at the height of the cocaine epidemic in Southern California in the 1980s. In urban Los Angeles, cocaine and crack were the major drugs to affect communities. Fifty miles to the east of downtown Los Angeles, in San Bernardino County, large numbers of methamphetamine users began to present at the Matrix Institute on Addictions clinic for assistance. At the time, no established approach existed for structuring outpatient services to attempt to meet the needs of these two groups of psychostimulant users.

The development of *The Matrix Model* was influenced by an ongoing interaction between clinicians working with clients and researchers collecting related information. As clinical experience with stimulant dependent individuals was amassed, clinical impressions frequently generated questions that were answered by using relevant research findings. Treatment materials had to be developed that were sophisticated enough to capture the essence of the proven therapies, yet simple enough to be readily used and easily monitored by patients and the clinical staff in widely diverse clinical situations.

Materials were written to guide clinical staff in how to work collaboratively with patients and effectively teach cognitive/behavioral strategies and basic brain research to patients and their families. With funding from NIDA, the authors of *The Matrix Model* integrated existing knowledge and empirically supported techniques into a single, multi-element manual to serve as an outpatient “protocol” for the treatment of cocaine and methamphetamine users.

Scope of Program Use

Although methamphetamine and cocaine users were the focus of the original outpatient treatment, *The Matrix Model* is designed to be used by individuals and families affected by any and all alcohol and other drug use.

Dozens of states and numerous community agencies in the United States have received training and have begun implementing *The Matrix Model*. At the Southern California Matrix Institute clinics, over 20,000 individuals have been treated using this approach. Internationally, *The Matrix Model* has been implemented in Beirut and Lebanon and throughout Thailand in addiction treatment facilities.

Program Recognition

The Matrix Model has been increasingly recognized as an effective protocol-driven outpatient treatment. Evaluations of the program have been conducted at Matrix Institute sites for nearly twenty years. In *Principles of Drug Addiction Treatment: A Research-Based Guide* (1999), *The Matrix Model* is the only comprehensive treatment program noted by the National Institute on Drug Abuse (NIDA) as being a scientifically based approach.

The Matrix Model for Teens and Young Adults is recognized in *Treating Teens: A Guide to Adolescent Drug Programs* (2003), published by Drug Strategies, as an exemplary treatment approach.

In addition, *The Matrix Model* was tested in the 2004 CSAT-sponsored Methamphetamine Treatment Project. The study reported that in the overall sample, and in the majority of sites, those who were assigned to Matrix treatment succeeded in the following:

- They attended more clinical sessions.
- They stayed in treatment longer.
- They provided more methamphetamine-free urine samples during the treatment period.
- They had longer periods of methamphetamine abstinence than those assigned to receive treatment as usual.

Additional Clinical Trials

Other relevant clinical trials conducted on *The Matrix Model* are as follows:

*Initial Pilot Study*⁸

Conducted in 1985, this study documented the clinical progress of 83 people with cocaine use disorders during eight months following treatment admission. During an evaluation session, clients self-selected either no formal treatment (voluntary involvement in AA, CA, or NA), 28-day inpatient treatment, or *The Matrix Model for Teens and Young Adults* outpatient treatment.

The Matrix clients used significantly less cocaine at follow-up. Clients reporting a return to monthly or more cocaine use:

- Matrix group: 13 percent
- Inpatient group: 43 percent
- No formal treatment group: 47 percent

*Open Trial Study*⁹

In two of the Matrix offices in southern California, an open trial was conducted with 486 cocaine users who received treatment between 1986 and 1990. Clients were in treatment in either Beverly Hills or Rancho Cucamonga. The Beverly Hills clients averaged over five months in treatment (21.0 weeks) and 48 percent completed the program. The Rancho Cucamonga clients averaged three months (13.2 weeks) and 22 percent completed.

This open trial with a relatively large number of cocaine users further supported the results from the pilot study that *The Matrix Model for Teens and Young Adults* was a viable treatment approach that could retain clients for substantial treatment episodes.

*The Controlled Trial*¹⁰

A controlled trial of the model was conducted during a two-year period. In this study, 100 subjects with cocaine use disorders were randomly assigned to either six-month Matrix treatment or “other available community resources.” There was a strong positive relationship between the amount of treatment received and the percent of cocaine-negative urine results for the Matrix subjects, but not for the community-resources subjects.

Similarly, greater amounts of treatment participation for the Matrix subjects were associated with improvement on the ASI employment and family scales and on a depression scale.

*Comparison of Methamphetamine and Cocaine Users’ Response to Matrix Treatment*¹¹

A review was done of the charts of 500 clients who used methamphetamine and 224 who used cocaine and were treated at the Matrix Rancho Cucamonga office between 1988 and 1995. Cocaine users remained in treatment an average of 18.0 weeks compared to 17.1 weeks for the methamphetamine users. The percentage of urinalyses positive for the primary drug was 13.3 percent for cocaine users and 19.3 percent for methamphetamine users.

The conclusion from this chart review was that *The Matrix Model for Teens and Young Adults* was well received by cocaine and methamphetamine users. Both groups had a very favorable response to treatment.

*Follow-Up Study on Methamphetamine Users*¹²

A sample of 114 clients out of the 500 referred to in the Huber et al. (1997) report was followed during the 2 through 5 years after treatment. There was a significant change in self-reported methamphetamine use in the 30 days prior to treatment (86 percent reporting use) and 30 days prior to follow-up (17.5 percent reporting use). At treatment admission, 26 percent of the follow-up sample was employed, compared with 62 percent at follow-up.

Implementation Timeline

The Matrix Model for Teens and Young Adults is a 16-week program.

Individual and Family Sessions

- 1 orientation session, 120 minutes (2 hours) long, divided into 4 topics
- 7 additional topics/sessions, each 60 minutes long
- meets throughout the first 16 weeks of treatment

The Individual and Family Sessions with MAT (medication-assisted treatment)

- 9 topics/sessions, each 60 minutes long
- meets throughout the first 16 weeks of treatment

Early Recovery Adolescent Group

- 8 topics/sessions, each 60 to 90 minutes long
- 2 meetings per week, during the first 4 weeks of treatment

Early Recovery Young Adult Group

- 16 topics, 32 sessions, each 90 minutes long
- 2 meetings per week during the first 16 weeks of treatment
- (16 sessions are delivered in the first 8 weeks, then repeated for a 16-week total)

Relapse Prevention Group

- 32 topics/sessions, each 60 to 90 minutes long
- 2 meetings per week during 16 weeks
- (60 minute sessions may be used with adolescents 17 years and younger; 90 minute sessions with young adults 18 years and older)

Family Program Parent Education Group

- 12 topics/sessions, each 60 to 90 minutes long
- 1 meeting per week during the first 12 weeks of treatment
- (Ideally, all patients and family members attend the Family Program for 12 weeks)

Family Program Youth Education Group

- 12 topics/sessions, each 60 to 90 minutes long
- 1 meeting per week during the first 12 weeks of treatment
- (Ideally, all patients and family members attend the Family Program for 12 weeks)

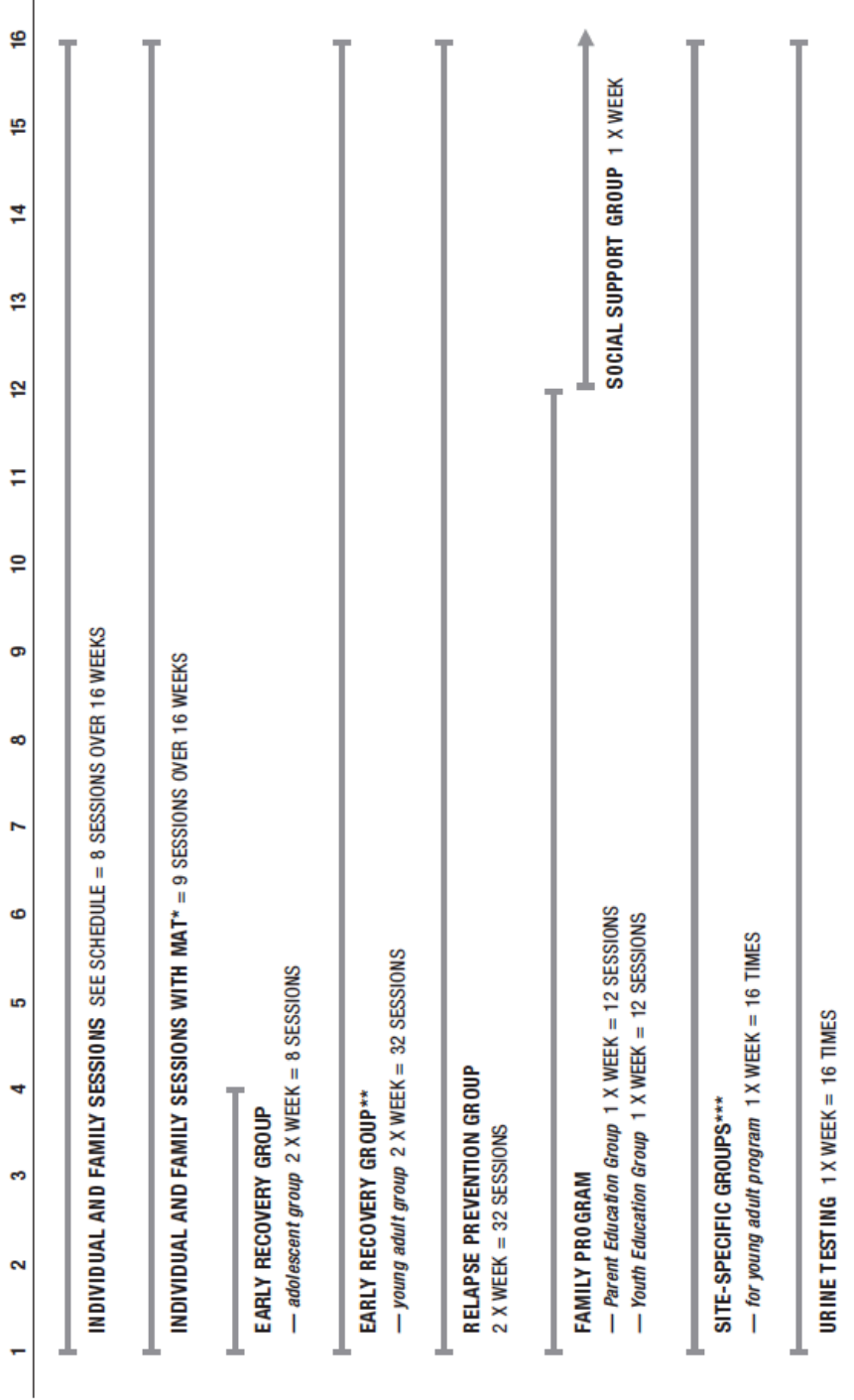
Additional Support

- Social support groups meet beginning during week 13.
- Site-specific groups meet either before or after the weekly Parent Education Group or Social Support Group.
- Urine testing is done on one randomly selected day each week.

The duration of *The Matrix Model for Teens and Young Adults* components is illustrated in the chart that follows.

THE MATRIX MODEL FOR TEENS AND YOUNG ADULTS

Intensive Outpatient Alcohol and Drug Treatment Program (in Weeks)



*Individual and Family Sessions may be delivered with or without MAT.
 **For those over 18, Early Recovery Groups are extended and repeated to meet the 3 hour/day adult ASAM criteria for IOP.
 ***Site-Specific Groups add up to an additional 90 minutes to the Family Program days, assuring a total of 3 hours per day to meet adult ASAM criteria for IOP.

Training and Fidelity

Knowledge of motivational interviewing and stages of change is essential in administering *The Matrix Model for Teens and Young Adults*. This is especially true if therapists work with resistant clients in treatment or criminal justice settings. Motivational interviewing and stages of change are effective in helping clients progress from pre-contemplation to contemplation and beyond.

Fidelity of implementation of *The Matrix Model for Teens and Young Adults* is vital to attaining effective outcomes, so training is highly recommended for therapists and facilities implementing this program receive additional training and support. Participants in such training will accomplish the following:

- Learn how *The Matrix Model for Teens and Young Adults* differs from other substance abuse treatment models
- Understand the benefits of a manualized program that integrates numerous therapies
- Learn about recent findings regarding psychosocial interventions that have proven useful in treating meth abusers
- Study effective implementation strategies
- Network with professionals in the field
- Customize a treatment program to each specific client population

The two-day clinical core Matrix training is required with an additional one day training that will focus on Teen Matrix.

Budget

Product

The Matrix Model for Teens and Young Adults \$695 per manual
includes these items:

- therapist's manual
- instruction for urine or breath testing
- CD-ROM with reproducible patient workbooks of handouts
- lecture videos on DVD
- twelve-week Matrix Model Family Program
- calendar stickers, and medallions

Training

Two days of open-enrollment Core Training \$800 per person

One day of Teen Matrix Training \$400 per person

Pre-requisite is the two-day Core Training

Contract on-site Core Training \$6,200 per contract
(Call (877) 422-2353 to obtain a quote before including this option in your grant request)

Miscellaneous

Be sure to account for any additional costs, such as fees, stipends, printing expenses, and so on that you anticipate in implementation of the program.

Further Assistance

When you decide to seek funds and prepare grant applications, Hazelden Publishing staff can offer technical assistance. Your regional sales representative can help you select materials and put together a budget to address your needs. You can find an updated list of regional sales representatives at www.hazelden.org/web/public/pub_outreachsales.page or you can call 800-328-9000.

References

¹ *Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health*, Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016. <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf>.

² Centers for Disease Control and Prevention, <https://www.cdc.gov/drugoverdose/epidemic/>

³ Centers for Disease Control and Prevention, <https://www.cdc.gov/drugoverdose/epidemic/>

⁴ <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf>

⁵ <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf>

⁶ <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf>

⁷ National Institute on Drug Abuse (NIDA), <https://www.drugabuse.gov/related-topics/trends-statistics>

⁸ R.A. Rawson, J. L. Obert, M. J. McCann, and A. J. Mann, "Cocaine Treatment Outcome: Cocaine Use Following Inpatient, Outpatient and No Treatment," NIDA Research Monograph, no. 67 (1986): 271–77.

⁹ R.A. Rawson, J. L. Obert, M. J. McCann, W. Ling, "Psychological Approaches for the Treatment of Cocaine Dependence— A Neurobehavioral Approach," *Journal of Addictive Diseases* 11, no. 2 (1991): 97–119.

¹⁰ R.A. Rawson, S. J. Shoptaw, J. L. Obert, M. J. McCann, A. L. Hasson, P. J. Marinelli-Casey, P. R. Brethen, and W. Ling, "An Intensive Outpatient Approach for Cocaine Abuse Treatment: The Matrix Model," *Journal of Substance Abuse Treatment* 12, no. 2 (1995): 117–27.

¹¹ A. Huber, W. Ling, S. Shoptaw, V. Gulati, P. Brethen, and R. Rawson, "Integrating Treatments for Methamphetamine Abuse: A Psychosocial Perspective," *Journal of Addictive Diseases* 16, no. 4 (1997): 41–50.

¹² R.A. Rawson, A. Huber, P. Brethen, J. Obert, V. Gulati, S. Shoptaw, and W. Ling, "Status of Methamphetamine Users 2–5 Years after Outpatient Treatment," *Journal of Addictive Diseases* 21, no. 1 (2002): 107–19.

Sample Cover Letter to Accompany Grant Application

[Please print your letter on your organization's letterhead.]

[Insert Date]

[Insert Contact Person's complete name, title, and mailing address]

Re: Grant Application of [Insert your organization's name here]

to Implement *The Matrix Model for Teens and Young Adults*

Dear [Contact Person's name]:

We want to address the substance use and addiction in our community by providing evidence-based treatment and recovery support to those in need at [Insert the name of your school or community]. [Insert a brief summary of the issue, using your national, state, and local information to paint a picture of the problem. Use statistics, if available.]

Fortunately, a nationally recognized evidence-based program exists that can help: *The Matrix Model for Teens and Young Adults*. Because [Insert organization name] has limited resources that prevent self-funding of this program, we submit the attached grant application for your consideration.

I have also included letters of commitment from those who will share responsibility for the long-term implementation of *The Matrix Model for Teens and Young Adults*. I ask that you review our application carefully and consider our deep commitment to this program. We would be delighted to have you award us with the resources needed to address the issue of youth substance use.

Thank you for your attention to this important matter.

Sincerely,

[Insert your name and title]

Sample Letter of Commitment

[Please print your letter on your organization's letterhead.]

[Insert Date]

[Insert Contact Person's complete name, title, and mailing address.]

Re: Letter of commitment to implement *The Matrix Model for Teens and Young Adults* at [Insert the name of your organization]

Dear [Contact person's name],

I submit this letter of commitment with full enthusiasm in the hope that [Insert name of potential funder] will approve [Insert the name of your organization]'s application for funds intended to implement *The Matrix Model for Teens and Young Adults* curriculum at [Insert the name of your organization]. I firmly believe that *The Matrix Model for Teens and Young Adults* is an effective intensive outpatient treatment and relapse prevention program that addresses the alcohol and other drug problems of the clients we serve.

I am pleased to convey my complete support of the goals and objectives of *The Matrix Model for Teens and Young Adults* and my ongoing commitment to doing what is necessary to ensure its implementation at [Insert the name of your organization]. As [job title], I will be one of the people responsible for ensuring that the appropriate staff are also fully committed to the success of *The Matrix Model for Teens and Young Adults* curriculum, and I will work to involve our clients and the community.

I understand that this commitment may involve the following:

- Providing staff time for training
- Working directly with [list types of staff, e.g., administrators or other personnel] in order to smoothly implement *The Matrix Model for Teens and Young Adults* curriculum
- Continuing to educate appropriate individuals or departments on how to implement *The Matrix Model for Teens and Young Adults*
- Coordinating schedules and supplies for implementation of *The Matrix Model for Teens and Young Adults*
- Coordinating data collection for the evaluation study in a timely way
- Helping to establish partnerships with community members to support [Insert the name of your organization]'s implementation of *The Matrix Model for Teens and Young Adults* curriculum

I have reviewed the components of *The Matrix Model for Teens and Young Adults*, and I am aware that it is a program that requires a high level of communication, collaboration, and involvement on the part of those involved.

Rest assured, that **[Insert the name of your organization]** has my ongoing support and gratitude for implementing this proven approach to intensive outpatient treatment and relapse prevention that will benefit **[Insert the name of your organization]** as well as the entire community.

Since we lack the financial resources to fund *The Matrix Model for Teens and Young Adults* internally, we must rely on support from **[Insert name of potential funder]** to fund this remarkable program. I hope you choose to invest in **[Insert the name of your organization]**'s treatment and prevention efforts.

Thank you for your thoughtful consideration.

Sincerely,
[Insert your name and title]

Sample Grant Application Transmittal Letter

[This letter will accompany your grant request. Print your letter on your organization's letterhead and have it signed by the appropriate person.]

[Insert date]

[Insert contact person's complete name, title, and mailing address]

Re: Grant application of **[Insert the name of your organization]**
to implement *The Matrix Model for Teens and Young Adults*
at **[Insert the name of your organization]**

Dear **[Contact person's name]**,

As you are no doubt aware, there continues to be a drug use and addiction problem in the United States. In 2015, an estimated 21.7 million people age 12 or older needed substance use treatment, which means that about 1 in 12 people (8.1 percent) needed substance use treatment. About 1.3 million adolescents age 12 to 17 in 2015 needed treatment for a substance use problem in the past year, representing 5.1 percent of adolescents. About 5.4 million young adults age 18 to 25 in 2015 needed treatment for a substance use problem in the past year, representing 15.5 percent of young adults. Stated another way, about 1 in 6 young adults needed addiction treatment.*

Alcohol and other drug use and addiction can have tragic and lasting consequences on an individual and societal basis. The problem is also expensive. According to the National Institute on Drug Abuse (NIDA), abuse of tobacco, alcohol, and illicit drugs costs the United States \$700 billion annually in expenses related to crime, lost work productivity, and healthcare.**

[If available, insert summarized data or brief anecdotes about the alcohol and other drug use among clients served by your organization, in your community, or state]

NIDA defines addiction as “a chronic and relapsing disease that is characterized by compulsive drug seeking and use despite any harmful consequences.” Addiction not only takes an immense toll on the individual addicted to alcohol or drugs, it affects all those close to the alcoholic or drug addict—which is why it is called a “family disease.” It makes sense that, to be truly effective, an alcohol and drug treatment program must include a family component. In this way, commitment to the recovery process is also a commitment to the overall well being of the entire family.

* *Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health*, Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016. [https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf](https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf).

** National Institute on Drug Abuse (NIDA) <http://www.drugabuse.gov/related-topics/trends-statistics#costs>

The Matrix Model Intensive Outpatient Alcohol and Drug Treatment is a comprehensive, evidence-based, sixteen-week individualized program with more than thirty years of research and development by the Matrix Institute on Addictions of Los Angeles, California.

It is a set of clinical outpatient protocols that have been positively evaluated by the National Institute on Drug Abuse (NIDA), the Center for Substance Abuse Treatment (CSAT), and the National Institute on Alcoholism and Alcohol Abuse (NIAAA), and others. Although most intensive outpatient treatment programs are only behavioral, *The Matrix Model for Teens and Young Adults* is also educational, integrating Twelve Step recovery, motivational interviewing, and contingency management efforts into its cognitive-behavioral approach, with additional and thorough information on alcohol and other drugs for the patient and the entire family.

Because **[Insert the name of your organization]**'s limited resources prevent the self-funding of *The Matrix Model for Teens and Young Adults* curriculum, we submit the attached grant application for your consideration.

I have included letters of commitment and support from our organization **[or agency]** and others who will share responsibility for the implementation of *The Matrix Model for Teens and Young Adults*. I ask that you review our application carefully, consider the deep level of our commitment to this program, and award us the resources we need to address the problems detailed in the grant application and supporting documents.

Thank you for your attention to this important matter.

Sincerely,

[Insert appropriate person's name, title, and address here]

Accompanying documents:

1. **[Insert the name of your organization]**'s grant application for **[Insert name of potential funder]**
2. Letters of commitment from the following people:
[List the people and their job titles]
3. Budget
4. **[Include any other attachments you intend to submit.]**