

## **What customers want to know**

### **What makes *The Matrix Model* different from other programs?**

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 meth and stimulants treatment in the United States. Five clinical areas, including a family component, and urine testing make it comprehensive. In short, *The Matrix Model* is a readymade intensive outpatient program (IOP), including a UA component, that any treatment center can implement.

### **What is the background on this product?**

*The Matrix Model* was funded by a NIDA grant in the mid-1980s. It has over 20 years of research and development. It is the only specific treatment program model endorsed by NIDA as a scientifically based approach in *Principles of Drug Addiction Treatment: A Research-Based Guide*.

*The Matrix Model* was most recently tested in the CSAT Methamphetamine Treatment Project, the largest randomized clinical trial of treatments for methamphetamine dependence to date. Research findings from that trial can be found in this kit. *The Matrix Model* features a CD of journal articles and abstracts of many of the relevant clinical trials.

### **Does *The Matrix Model* work only with meth clients?**

*The Matrix Model* is most recognized for its results with meth clients, but it is not limited to this stimulant. Meth and cocaine were the focus of the original outpatient treatment program. However, clients abusing alcohol and other substances were soon participating. As a result, the philosophy of the original *Matrix Model* program broadened to include treatment protocols for other substances. These protocols address the addictive tendencies that are common among treatment clients regardless of the substance being abused.

Given the crisis level of methamphetamine admissions to treatment and criminal justice facilities, however, Hazelden has published *A Clinician's Guide to Methamphetamine*, which is part of the Hazelden Professional Library.

### **How long are the sessions?**

Suggested session lengths are listed on the sample schedule enclosed in this kit.

### **Why is Twelve Step involvement important?**

Studies have shown that combining a spiritual component such as the Twelve Steps with *The Matrix Model* program improves a client's chance of long-term abstinence. What's more, clinicians have limited time to spend with clients. Twelve Step participation is an effective way to reinforce concepts discussed in treatment.

Clients are not denied access to treatment if they are opposed to going to Twelve Step meetings. However, it is recommended that clients be informed that the most successful clients receive emotional support and nurturing from spiritual groups such as Twelve Step fellowships.

### **Why is family involvement important?**

Family involvement or therapy is important because it typically isn't a part of outpatient adult treatment. This is due to numerous issues: lack of training, the cost of dealing with multiple people, the added length of stay when coverage for primary treatment alone is a challenge, and a lack of emphasis on family dynamics except when treating adolescents. Hence, the family unit is a major point of difference between The Matrix Model and other IOPs.

### **What does manualized mean?**

Information isn't effective unless it's available. "Manualized" means taking the model and writing it down. With the publication of *The Matrix Model*, research becomes practice. For you, that means less training time for staff, better time management, and less bibliotherapy resources to purchase.

### **What is instructional design and why is it a benefit?**

Instructional design refers to how information is organized and presented to meet the reader's learning needs. In short: tell readers what they're about to learn, tell them what they're learning, and tell them what they've just learned. Instructional design includes text divided into clear digestible sections, illustrations, white space for ease of reading, and wide margins.

Instructional design is a key benefit of *The Matrix Model* to be published by Hazelden. Research findings indicate that illustrations help in the comprehension and retention of information among clients with reduced cognitive abilities due to substance abuse.

### **Tell me about the UA component.**

It's not always easy to tell if outpatient clients are staying clean. The urinalysis (UA) component of The Matrix Model functions as a clinical tool that can assist in recovery. It is not intended as a monitoring measure or a statement of mistrust regarding a person's honesty.

Depending on your facility, you can do testing through an outside laboratory or on site. The therapist's manual for *The Matrix Model* provides information on UA issues: procedure, dealing with a positive test, falsified specimens, observed tests, and other concerns. Another useful resource is the Hazelden book *Drug Testing in Treatment Settings: Guidelines for Effective Use*.

### **Can I use The Matrix Model with diverse groups?**

*The Matrix Model* has been used successfully with diverse ethnicities and cultures: Asian populations (predominantly in Thailand), Native Americans (both urban and on reservations), African Americans throughout North America, and many others. The manuals have been translated into Spanish (the translation being funded by CSAT), Thai, Slovak, and Korean.

The nonconfrontational, motivational style of delivery is respectful of cultural differences, and it presents an alternative to treatment programs that may be more prescriptive. Information in *The Matrix Model* can be easily tailored to specific populations. For example,

in Hawaii, practitioners allow group participants to use the Hawaiian tradition of “talk story” to integrate program concepts. (“Talk story” is a conversational method in which people share culture, history, family traditions, and wisdom.)

**What about clients with co-occurring disorders?**

The emphasis on structure makes *The Matrix Model* ideal for treating clients with co-occurring disorders or other mental health issues. The treatment goal is to reduce the use of nonprescribed drugs and alcohol while tracking compliance with taking prescribed medications.

**What specific skills do I need to administer this program?**

A knowledge of motivational interviewing and stages of change is essential in administering *The Matrix Model*. This is especially true if you work with resistant clients in treatment or criminal justice settings. Motivational interviewing and stages of change are effective in helping clients progress from precontemplation to contemplation and beyond. A helpful resource is Hazelden’s *Motivational Interviewing and Stages of Change: Integrating Best Practices for Substance Abuse Professionals*. The authors are Kathyleen M. Tomlin, M.S., L.P.C., C.A.D.C. III, and Helen Richardson.

**Do I need to take training?**

Training conducted by the Matrix Institute is recommended. Fidelity of implementation of *The Matrix Model* is vital to attaining effective outcomes. Matrix has held trainings in Sweden, Thailand, Netherlands, Israel, South Africa, and Korea. For more information, please contact Hazelden Publishing and Educational Services at 1-800-328-9000.