



**THE MATRIX MODEL FOR
TEENS AND YOUNG ADULTS**

Individual and Family Sessions with MAT

(Medication-Assisted Treatment)

PARTICIPANT WORKBOOK

NAME

Jeanne L. Obert, MSM, LMFT

Michael J. McCann, MA

Jeremy Martinez, MD

Hazelden Publishing
Center City, Minnesota 55012-0176
hazelden.org/bookstore

© 2007, 2017 by Matrix Institute on Addictions
All rights reserved. Published 2007. Revised and expanded edition, 2017.
Printed in the United States of America.

Duplicating these handouts for personal or group use is permissible.

The Matrix Model® is a registered trademark of the Matrix Institute on Addictions.

Readers should be aware that websites listed in this work may have changed or disappeared
between the time this work was written and when it is read.



Individual and Family Sessions with MAT

List of Sessions and Handouts

DATE COMPLETED		
	Session 1: Orientation (Individual and Family)	
_____	Handout 1: Service Agreement and Consent	1
_____	Handout 2: Your Brain and Addiction	3
_____	Handout 3: My Relationship with Alcohol and Other Drugs	5
_____	Handout 4: How Ready Am I to Help?	7
	Session 2: Orientation to Medications (Individual and Family)	
_____	Handout 5: Introduction to Medication-Assisted Treatment	9
_____	Handout 6: Medications for Opioid Use Disorders	11
_____	Handout 7: Medications for Alcohol Use Disorders	15
_____	Handout 8: Medication Awareness Checklist	19
	Session 3: Establishing Boundaries (Family)	
_____	Handout 9: Setting Appropriate Boundaries	21
_____	Handout 10: Healthy Boundaries Check-Up	23
	Session 4: Be Prepared (Individual)	
_____	Handout 11: Escape Plan	25
_____	Handout 12: Feeling Good about Getting Well	27
_____	Handout 13: There is More to Recovery than Medications	29
_____	Handout 14: Medications: Staying the Course	33
	Session 5: Learning to Communicate (Family)	
_____	Handout 15: Effective Communication Skills	35
	Session 6: Resolving Conflicts (Family)	
_____	Handout 16: Family Problem-Solving	37

continued

Individual and Family Sessions with MAT

List of Sessions and Handouts

DATE COMPLETED		
	Session 7: Goals: Where Do You Want to Be? (Individual)	
_____	Handout 17: Post-treatment Evaluation.....	39
_____	Handout 18: Your Medication Plan	41
_____	Handout 19: Other Medications	43
	Session 8: Sharing Goals with Family (Family)	
_____	Handout 17: Post-treatment Evaluation (from previous session)	
_____	Handout 20: Continuing Care Plan	45
_____	Handout 21: Helping Checklist for MAT Family Members	47
	Session 9: Managing Relapse (Optional Session for Family or Individual)	
_____	Handout 22: Relapse Analysis Chart	49
_____	Handout 23: Managing Relapses	51


SERVICE AGREEMENT AND CONSENT

It is important that you understand the kinds of services you will be provided and the terms and conditions under which these services will be offered.

I, _____, am requesting treatment from the staff of _____.
(PATIENT NAME)
(TREATMENT CENTER)
 As a condition of that treatment, I acknowledge the following items and agree to them. I understand the following:

Please initial each item.

- _____ 1. **The Program:** The outpatient treatment program I am agreeing to participate in is based on *The Matrix Model for Teens and Young Adults*. The program staff believe that the treatment strategies employed provide a useful intervention for substance use disorders. No specific outcome can be guaranteed.
- _____ 2. **Rules of Participation:** Treatment participation requires some basic ground rules. These conditions are essential for a successful treatment experience. Violations of these rules can result in treatment termination. I agree to the following (*please circle the letter before each item to show you agree*):
- a. It is necessary to arrive on time for appointments. Upon each visit, I should be prepared to take a urine and/or breath alcohol test.
 - b. Conditions of treatment require ***abstinence from all alcohol and other drug use for the entire treatment program***. If I am unable to make this commitment, I will discuss other treatment options with the program staff.
 - c. I will discuss any alcohol or other drug use with the staff and group while in treatment.
 - d. Treatment consists of individual and group sessions. Twenty-four hours' notice will be given to reschedule individual appointments if necessary. ***Group appointments cannot be rescheduled, and attendance at them is extremely important***. The therapist will be notified of group absences in advance. Telephone notification will be made for last-minute absence or lateness.
 - e. Treatment will be terminated if I attempt to sell drugs or encourage drug use by other patients.
 - f. I understand that graphic stories of alcohol or other drug use will not be allowed.
 - g. I will not become involved romantically or sexually with other patients.

continued 

Service Agreement and Consent (page 2 of 2)

- h. I understand that it is not advisable to be involved in any business transactions with other patients.
- i. All matters discussed in group sessions and the identity of all group members are absolutely confidential and will not be shared with nonmembers.
- j. All treatment is voluntary. When I decide to terminate treatment, I will discuss this decision with the staff.

_____ 3. **The Teaching Facility:** Services are provided by psychologists, licensed marriage and family therapists, master’s-level therapists in training, or other certified addiction staff people. All nonlicensed therapists are supervised by a licensed therapist trained in the treatment of addictions.

_____ 4. **Consent to Video/Audio Recording:** To help ensure the high quality of services and training at the clinic, therapy sessions may be observed, audio-recorded, or video-recorded for training purposes. Observations or recordings will only be done with my consent in advance.

_____ 5. **Confidentiality:** All information disclosed within these sessions is strictly confidential and may not be revealed to anyone outside the clinic staff without written permission from me or my family. The only exceptions are when disclosure is required or permitted by law. Those situations typically involve substantial risk of physical harm to oneself or to others, or suspected abuse of children or the elderly.

_____ 6. **Cooperation:** Accomplishing treatment goals requires the cooperation and active participation of patients and their families. Very rarely, a patient’s lack of cooperation may substantially interfere with the clinic’s ability to effectively render services to the patient or to others. Under such circumstances, the clinic may discontinue services to the patient.

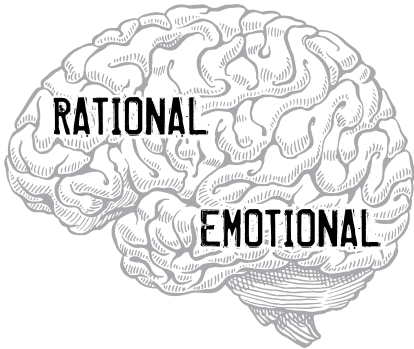
As the patient, I certify that I have read, understood, and accepted this Service Agreement and Consent. This agreement and consent covers the length of time I, the patient, am involved in treatment activities at this facility.

PATIENT’S SIGNATURE DATE

PARENT OR GUARDIAN’S SIGNATURE DATE

MATRIX STAFF PERSON’S SIGNATURE DATE

YOUR BRAIN and ADDICTION



To understand and deal with addiction, think of your brain as having two very powerful yet different parts:

>> 1. **THE HIGHER, RATIONAL BRAIN:**

this is the decision-making part of your brain

>> 2. **THE LOWER, EMOTIONAL PART OF THE BRAIN:**

this is your pleasure center

When you first decide to use alcohol or other drugs, you make that choice in the higher brain. But when you use, the pleasurable feelings occur in the lower brain.

With time, more and more bad things happen as a result of your substance use. Maybe you decide to quit. You use your higher brain to make that decision, **but then you find that you can't stop**—because your lower brain overrides your higher brain at a critical moment.



What happens at that moment?

You feel a craving—a strong urge to use the substance. These lower-brain cravings can overpower the rational decision to stop using.



How does this happen?

When a person has been using regularly for a while, a “triggering” effect starts. **Certain people, places, and things**—situations related to using the substance—can **trigger a craving in the lower brain**. When this happens, the lower brain takes control. Even if the person had decided to quit, at that moment it seems perfectly okay to use “one more time” or “just a little bit.”



Why does that matter?

The triggered reaction in the lower brain can't be directly controlled—it's automatic, like a reflex. **No amount of good intentions, promises, or commitments will reduce the strength of the cravings.** If you're around those triggering people, places, or situations, you will likely use again, even if you sincerely want to stop using.

continued

2

Your Brain and Addiction (page 2 of 2)



The good news is that in recovery you can start using your higher, rational brain to plan your schedule and avoid these high-risk situations. (You can also make backup plans for unexpected high-risk situations. This program will cover that too.) Using your rational brain, you can move from addiction to recovery.

What can you do about this?

In recovery, you can take these steps:

- STEP 1. Change your behavior so you avoid situations that will trigger cravings.
- STEP 2. Start some new, healthy habits and behaviors instead.
- STEP 3. Reassume higher brain control of what you do by scheduling your time and planning your day—every day.

CONTINUING TO USE ALCOHOL OR OTHER DRUGS, even when terrible things happen as a result, is often seen by family, friends, and even the user as “bad,” “crazy,” or “stupid.” But when we understand the brain’s automatic, triggered cravings, it’s easy to see why addiction can’t stop simply as a result of a decision, a promise, or the best intentions. Understanding how addiction affects the brain helps make sense of your past behavior. And it provides the key to your first steps in recovery.



1. Does this two-part view of the brain make sense to you? Why?

2. In the past, have you tried to stop using and failed? What happened?

3. What could you have done differently, in light of what you now know about the brain?

My Relationship with Alcohol and Other Drugs

Whether you are entering treatment because you want to or because someone else wants you to, you may have mixed feelings about your alcohol and other drug use. Answer the questions below to help sort out how you feel about your recent use.



1

What are some of the good things that using alcohol and other drugs has done for you?

2

What are some of the problems that using alcohol and other drugs has caused for you?

3

How important do you think it is for you to stop using alcohol and other drugs while you are in this program? (Circle one number.)

Not At All Important 1 2 3 4 5 6 7 8 9 10 Extremely Important

continued

3

My Relationship with Alcohol and Other Drugs (page 2 of 2)

4

If your answer to question 3 is 6 or less, what would have to happen to make quitting more important to you?

5

How likely is it that you will successfully stop using alcohol and other drugs during this program?

Not At All Likely 1 2 3 4 5 6 7 8 9 10 Extremely Likely

6

If your answer to question 5 is not a 10, what would have to happen for you to become more likely to quit?

7

What three things in your life would you like to change while you are in this program?

- 1. -----
- 2. -----
- 3. -----

8

After thinking about these issues, in what ways would you like this program or your therapist to help you?

HOW READY AM I

TO HELP?

THANK YOU FOR AGREEING TO MEET with the therapist who will be working with your teen. Research has consistently shown that family involvement will greatly improve the chances for a successful treatment episode. Despite this research, many parents and caregivers are not ready, willing, or able to participate in the treatment process. To help determine your readiness, willingness, and ability to work together with us and your teen, please answer the following questions.

Ready

How ready are you to be involved in this program with your teen?

Not At All Ready 1 2 3 4 5 6 7 8 9 10 Completely Ready

If you are not at 10, what would need to happen for you to move up the scale?

Willing

How willing are you to participate in this program as a family member?

Not At All Willing 1 2 3 4 5 6 7 8 9 10 Completely Willing

If you are not at 10, what would need to happen for you to move up the scale?

continued
↑

4

How Ready Am I to Help? (page 2 of 2)

Able

How able are you right now to begin engaging in this program as a family member?

Not At All Able 1 2 3 4 5 6 7 8 9 10 Completely Able

If you are not at 10, what would need to happen for you to move up the scale?



Is there some way this program's staff members can help you become more ready, willing, or able?



Is there anything you think this program's staff members should know before the treatment process begins?

YOUR INVOLVEMENT WILL GREATLY IMPROVE THE CHANCES FOR A SUCCESSFUL TREATMENT EPISODE.

INTRODUCTION TO MEDICATION-ASSISTED TREATMENT

MEDICATIONS HAVE BEEN USED to treat substance use disorders for more than fifty years. The use of medications to assist in the treatment of substance use disorders is often referred to as medication-assisted treatment. Three medications have been approved by the Food and Drug Administration for opioid use disorders, and three for alcohol use disorders.

Alcohol use disorder medications:

- disulfiram (Antabuse)
- acamprosate (Campral)
- naltrexone (ReVia, Depade, Vivitrol)

Opioid use disorder medications:

- methadone
- naltrexone
- buprenorphine (Suboxone, Subutex)

➤ **Does everyone in recovery need to take one of these medications?**

No. Many people are successful in recovery without taking them. Still, everyone with a substance use disorder should be aware of the possible usefulness of these medications.

➤ **Who should be taking medications for a substance use disorder?**

There is no simple answer to that question, but some considerations are these:

1. Are you having trouble abstaining from substances? Yes ____ No ____

➔ *These medications can help establish consistent abstinence.*

2. Are you experiencing withdrawal symptoms that result in relapse? Yes ____ No ____

➔ *Some of these medications ease these symptoms right away.*

3. Have you tried unsuccessfully to abstain from alcohol and other drugs in the past? Yes ____ No ____

➔ *Maybe a different approach, such as these medications, will result in a different outcome.*



5

Introduction to Medication-Assisted Treatment (page 2 of 2)

4. Are you having persistent cravings? Yes ____ No ____

⇒ Many people taking these medications report having fewer cravings.

5. Have you discussed this option with your physician? Yes ____ No ____

⇒ Do you plan to? Do you need help with this?

➤ **If I take medication, am I still in recovery? Does it affect my sobriety status?**

There is a difference between “drugs” and these prescribed medications that assist in treatment. “Drug use” suggests the use of illicit substances or the misuse/abuse of prescription medicines. Taking prescribed medications as directed, under a physician’s supervision, does not affect your sobriety status.



**Taking prescribed medications as directed,
under a physician's supervision,
does not affect your sobriety status.**