

MATRIX INSTITUTE

“Leaders in Research-Based Treatment”

Fall, 2001

TREATMENT OUTCOMES SHOW SUCCESS

By Leana Gadbois-Sills and Michael McCann

Outcomes monitoring in the addiction field is becoming a standard among accreditation and state governing organizations. Matrix Institute designed its first Outcomes Management System (OMS) in 1995 and has successfully utilized these outcomes to monitor clinical, treatment, and operational efficacy and efficiency. Michael McCann, Associate Director of Matrix Institute, decided that in order to measure the quality of Matrix treatment system wide, the OMS would need to include data on treatment, attendance, and patient satisfaction. The goal for this system is to ensure that participants receive the highest quality of care at minimal expense and complexity.

The *sources of data* are for the most part brief satisfaction questionnaires, weekly patient attendance reports and forms normally used by the counselors such as discharge summaries.

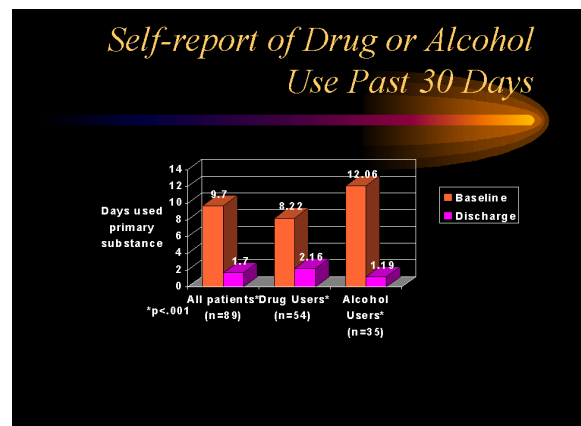
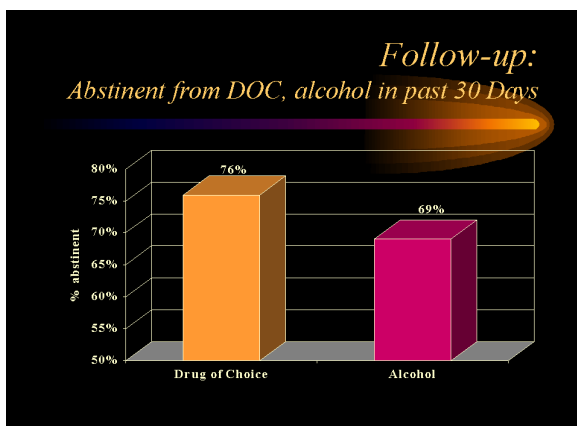
Treatment effectiveness results from the April, 2001 OMS report:

- 65% of patients remain abstinent from their drug of choice during the last 30 days of treatment (verified by urine and breath alcohol tests).
- 75% of patients' final urinalyses were negative.
- 93% of patients' final breath alcohol tests were negative.

Treatment efficiency data explores satisfaction with operational and clinical elements from the moment a person calls the office until they leave treatment.

- 95% of the participants rated promptness of the first appointment and ease of scheduling appointments at "somewhat good" or "very good."
- 68% of all scheduled groups were attended.
- 97% of the responses rated Matrix clinicians as "very good" or "excellent" in promptness, knowledge of drugs and alcohol, empathy, and ability.

So, what does Matrix do with these outcomes? We recently expanded the waiting area in our West Los Angeles office due to participants' survey responses. Compliance rates give directors valuable information as to their clinicians' clinical skills, knowledge of the Matrix treatment model, and ability to bond with their patients. Operationally, we can tell whether or not people are feeling comfortable with our staff and with the initial phone call. Outcomes help us stay in touch with what the persons we serve think and feel. They help us monitor the successes and the failures of our services. They allow us to make changes to our services so we can become more effective and efficient at providing treatment.



EASY ACCESS TO RESEARCH FINDINGS

By Leana Gadbois-Sills

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Due to the increase in support for research to practice (or as we prefer, practice to research) the Addiction Technology Transfer Center (ATTC) National Office, which is funded by the Center for Substance Abuse Treatment (CSAT), has implemented “Addiction Science Made Easy” on their website for easy access to current alcoholism and alcohol abuse research findings. Every month new articles written by Sherry Wasilow-Mueller in an easy to understand format will be transcribed from the journal *Alcoholism: Clinical and Experimental Research* and distributed via www.nattc.org and EurekAlert!. From the ATTC home page the articles are as easy to access as they are easy-to-read. This page allows you to view current (the past four months) and archived articles. The summaries include a variety of diverse alcoholism and alcohol abuse studies written with great care and understanding effectively demystifying research for the general public.

June and July articles give information on building stronger bones, determining when someone is too drunk to drive, alcoholics and stress hormones, sobriety and spirituality, genetic contributions to alcohol susceptibility, and more. August looks at the interaction between alcohol and nicotine, prenatal exposure, and risk factors for alcohol use. September publications address the correlation between age and first drink, alcohol, women and pregnancy, and liver cirrhosis no longer being the “black” disease.

The age of technology is a great thing when organizations such as CSAT, through the ATTC, help disseminate such useful and important information. The most current alcohol research findings are now at our fingertips – an available tool assisting in the connection between practice and research.



Training Across America

By Mike McCauley

Training Matrix patients to defend themselves against addiction is not the only challenge for several clinicians on staff. Clinic Directors and counselors travel across the country conducting trainings on Methamphetamine Addiction and Treatment. Matrix Institute is quickly becoming known nationally and internationally for this type of training. States, counties and facilities are learning the Matrix Model in order to integrate their current method of treatment with the cognitive behavioral methodologies that Matrix has proven to be effective. Locally, Matrix clinicians have become associate members of Alliant University’s (CSPP) faculty allowing them to teach postgraduate level courses to industry professionals. These courses meet the requirements for drug and alcohol instruction and provide the participants continuing education credits.

Jeanne Obert, Matrix Institute Executive Director, leads numerous trainings throughout the year. As co-founder of the Matrix Model and a certified Motivational Interviewing presenter, Jeanne’s expertise keeps her traveling coast to coast. She trains in a variety of settings from national conferences to private facilities such as the Betty Ford Clinic. Each stop piques more interest in Matrix and, so... off she goes!

Attending a training would give one not only increased knowledge on substance abuse and treatment, but an opportunity to experience the enthusiasm and dedication these Matrix employees have for their work.



Matrix: the Beginning

By Michael McCann

Over the past few years the Matrix Institute has received increasing national and international attention. Matrix Institute clinicians have done trainings in 20 states and in Thailand, Mexico, Israel and Palestine. The Matrix Model has been evaluated as part of a multi-site CSAT project and Matrix is part of NIDA’s Clinical Trials Network. The five Matrix clinics host a number of projects conducted by UCLA ISAP researchers, and Matrix has received a CSAT grant to expand services at the Los Angeles narcotic treatment program.

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All of this evolved out of humble beginnings. In early 1984, Richard Rawson, Ph.D., sat on his porch in Sierra Madre and mused over the increasing number of cocaine dependent patients seeking treatment and the treatment available at that time. Inpatient programs were oriented towards alcoholics who were generally older and with drinking histories of 15 years or more. Outpatient programs were designed to help heroin users and were medically oriented (generally methadone treatment programs). There was a massive epidemic of cocaine use that was resulting in thousands of treatment-seeking people who were not finding appropriate and relevant help. So Rick Rawson began seeing cocaine patients and listened to what they said. Without preconceptions he attempted to define this disorder based on the collective experiences reported by these patients. Rather than forcing them into a treatment that may have been a poor fit, he attempted to determine the shape of the “peg” before making the “hole.” The “hole” that fit was the embryonic Matrix Model. The core elements were relapse prevention, education on classically-conditioned craving, a non-confrontational approach, family involvement, and emphasis on behavioral structure. In one office he and Jeanne Obert began seeing patients and offering ideas for help. I joined them in the fall of 1984. Useful ideas were written down and became handouts. “Keepers” were stacked on shelves and eventually put in binders. Many of the current Matrix Model topics originated in these counseling sessions in 1984 and 1985. It is somewhat astounding to the founders that some of these topics are now presented to patients in clinics in Montana, Hawaii, Texas, and Thailand.

Over the following decade Matrix would open additional clinics, institute an internship program, collaborate with hospital-based programs, publish articles, work with researchers, and begin county-funded programs. The model was refined and evaluated through NIDA and CSAT-funded grants. In 1990, Walter Ling, M.D., Matrix Medical Director at that time, began bringing research projects to Matrix, which were the beginnings of our research-to-practice history, long before this was a catch phrase.

It is a source of continuing satisfaction that this treatment approach continues to help people who might have more difficulty finding a way through recovery without it. The past has been a rewarding, unfolding experience. Our goal was not to develop treatment model or achieve notoriety, rather to simply seek the most effective methods for treating the people who came to us for help.

This is still our goal. We hope we and the very talented people who work for Matrix can continue this achievement and that greater numbers of people will benefit from our work.



A Patient's Thanks

This letter of thanks was given to the Matrix San Fernando Valley office for the hard work of the primary therapist, Janette Knox, and the entire staff. The framed original hangs on their waiting room wall beside beautiful, color filled photographs. Words in black and white hold as much beauty. To all our Matrix patients, we are sending you back our thanks.

To Whom It May Concern:

I am a former client of Matrix. I choose to remain anonymous for the obvious reason of confidentiality. I am eternally grateful for the grace of a loving, caring and merciful God. It has also been a privilege and an honor of which I am truly proud. The care and patience I received, as a result of walking through the doors of the Matrix Institute have been a new experience on my way to recovery.

If you will allow me, I would like to begin by sharing with you a brief story of my recovery history.

I began on the road to recovery in 1991. As a result I was able to maintain sobriety for five years. In 1996 I resumed old behavioral patterns. Shortly thereafter I returned to drugs and alcohol and all the unacceptable behaviors that go hand in hand with alcohol and drug abuse.

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Since then, I had become a constant relapser. As a result, I had been in various treatment facilities, probably the best this side of the hemisphere. It was not until I came to Matrix that I found a new meaning to my life and the disease of addiction. In my treatment I have come to a realization. The relationship I had with alcohol and drugs was only but a symptom of me seeking to have a healthy and loving relationship with God, the world about and myself. Well, it began here at Matrix. I believe recovery is a twofold process, (1) the desire to stop using drugs and alcohol and (2) someone with the desire to help and provide the tools. The care, nurturing, and safe atmosphere has been unsurpassed by any treatment program I have ever been in. Matrix has been unyielding in its desire and commitment to helping me achieve my true self. I thank you Matrix for what you have done for me and, apparently, many others. I must say I have truly had a psychic change for the better. I am eternally grateful to have been a client at Matrix.

To whom it may concern: are you having trouble in your life as a result of abusing drugs and alcohol? Witness the Matrix and win your life back.

Ma-trix 1. A mold for casting typefaces 2. Something that constitutes the place or point from which something else originates.

My friend, that something else is sobriety.



COMMUNITY PARTNERING

Bereavement: We are All Touched by Sadness and Grief

Allan J. Comeau, Ph.D.

It is so hard to know what to say to someone who has lost a loved one, be it through sickness or through tragedy.

A word that we often use to describe such losses is "bereavement," which at its root suggests a sense of being plundered and "robbed" by death. I was taken back by that internal meaning of the word. How often do we speak of loss of life as though a theft had taken place? I know that when I have had to face losses in my own life, the deaths of close friends and family, I feel that a part of me has been taken along with the life of my loved one.

Some people ask me, of themselves and others, if their distress or pain, sleepless nights or endless preoccupation with their beloved one has gone too far, a sign that they've gone "over the edge?" When I believe it is appropriate to do so, I try to reassure them by way of relating that most people deal with such losses in stages, such as shock, anger, surrender and finally acceptance. I also remind them that such reconciliation may take time and be subject to frequent recurrences of grief, as each of us tries to live through annual reminders and return to the shared places of our previous relationships. People sometimes find comfort in knowing that, as bad as it is, what they are going through is fundamentally normal, and in a sense, healthy, even if it's tragic and disabling to them at the time.

How much grief is too much? When should a grieving person consider getting help or treatment?

I recommend that help be offered when grieving is prolonged or when a person is unable to resume major areas of personal functioning, such as work, leisure, family or social relationships. Help is also warranted when symptoms of severe depression take over. These include profound sadness, difficulty concentrating, poor sleep, loss of appetite, weight loss, or hopelessness. These people may need help to cope with their losses. Another person's death is suffered by a loved one as a loss of a part of one's self. This loss can be a serious wound and needs to heal in it's own right.

The purpose of mourning and bereavement is not one of forgetting or moving on. Rather, it is one of deciding the very ways that we will remember and hold our loved ones close to us in our hearts. Sometimes we may choose to keep an object of shared significance. Some of us have the means and see the value of remembering a loved one through a donation to a charity or a favorite institution. Through these kinds of gestures and over time, we gradually come to accept

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that our loved ones have gone away, though they will be forever missed. Soon it will be time for us to go on again, to continue with our lives, mindful of the value of those whom we love.

Allan J. Comeau, Ph.D., is a clinical psychologist in private practice in West Los Angeles. He is on the clinical faculty at UCLA and is a former president of the Inland Psychological Association. Copyright (c) 2001 Allan J. Comeau, Ph.D.



Congratulations to Matrix Rancho Cucamonga Drug Court

In the past six months, the Los Angeles Times Inland Valley edition has featured two articles on the Matrix Drug Court program and its patients. The articles highlight the treatment process and patients' experiences. The two year old program has graduated more than 70 patients. Not all of the patients wanted treatment or to stop using. Many have relapsed or slipped while in the drug court program and were sentenced to jail time. One patient, a mother of two, relapsed three times, refused to attend 12-Step meetings, and continued to test positive. The presiding judge sent her to jail initially for five days and then later for four months. The last jail term integrated an inpatient rehabilitation program, Inroads, followed by outpatient treatment, which seemed to work. She has been attending the Matrix Drug Court program since her release and is doing well. "When it first started I thought they were all stupid, lame," she says of the Matrix program. She continues with, "Now that I'm doing it because I want to...it's all working." The patients learn that treatment has to become their priority and that sacrifices will be made in order to stay on the road to recovery. One patient recalls being afraid of loneliness since he had to choose between treatment and his drug-using friends. Through the program and outside support groups this patient has made an entirely new set of friends. In time patients see the positive benefits of a sober life.

MATRIX NEWS

- Matrix Web site is getting an overhaul. We are sorry for the delay in getting our web site up to the Matrix and UCLA-ISAP standards, however, we are in the process of designing a new look as well as providing up-to-date information and help lines. We are making every effort to ensure that the new site will enable us to assist the communities we serve with drug and alcohol treatment information.
- We wish everyone a very happy, safe and sober holiday season!

EXECUTIVE DIRECTOR'S CORNER by Jeanne L. Obert, Executive Director

Significant life-changing events tend to divide our lives into "pre" and "post" event segments, i.e., pre-marriage/post-marriage, pre-sobriety/post-sobriety, pre-children/post-children. Life before the event is significantly different from life after the event. The September 11 tragedy was such an event in the life of our country. The pre-September 11 country was a safe harbor, a secure refuge. Our national innocence ended with the reality of terrorism exploding in front of our eyes and henceforth hanging ever-present, ever-threatening. On that day and during the post-September 11 days, there are fewer places that feel safe and comforting. To people who are newly recovering, the sense of insecurity is magnified and can feel overwhelming. Thanks to the selflessness and dedication of the members of our clinical teams in each of the clinics on September 11 and during the days since, the Matrix clinics are open for business as usual and continue to provide that much-needed sense of security and continuity for our patients and their families. Thank you very much to each and every one of you at Matrix who continue each day to make the needs of your clientele a priority and who make our clinics the havens that they are for families in early recovery.