Matrix Model IOP with Opioid Dependent Patients
(Behavioral Treatment with Patients Taking Addiction Medication)

Michael McCann, MA
April 12, 2018

Recent Wisconsin Trainings

• 2017 Methamphetamine webinars
• 2018 Opioid forum
• More states asking for help with methamphetamine and opioid use

Methamphetamine Use Prevalence

Creeping up under the cover of the opioid epidemic
"The sheer number of opioid-related deaths has dominated the national conversation. However, that focus could distract from the larger issues of use and overdose across classes of drugs. The methamphetamine and opioid crises were previously considered distinct and affecting different populations. But in states including Wisconsin and Oregon, new patterns suggest they are beginning to overlap as increasing numbers of people use both drugs."
Today

- Overview of Matrix Model
- Brief description of addiction medications
- Counseling issues related to taking medication

Matrix Institute Experience with MAT

- Matrix is primarily known for the Matrix Model IOP; also extensive experience with opioids.

Matrix Institute Experience with MAT

- Authored “Buprenorphine Treatment of Opioid Addiction: a Counselor’s Guide” (McCann et al., 2004) for SAMHSA & the Danya Learning Center.
- Matrix has participated in 20 medication trials for opioid, alcohol, methamphetamine, and cocaine dependencies.
Medication-assisted Treatment

• Substance use disorders have come to be viewed as multi-faceted, affecting emotions, behavior, thinking, and the brain.
• Medications have been developed for opioid and alcohol use disorders to supplement treatments like the Matrix Model.
• There are important issues that need to be addressed in MAT counseling

Matrix Model

Matrix began in response to the cocaine epidemic of the 1980’s.

9 out of 10 Doctors Recommend...

President Carter’s drug advisor and Special Assistant for Health Issues, Dr. Peter Bourne, stated in 1979 that, “Cocaine... is probably the most benign of illicit drugs currently in widespread use. Short-acting... not physically addicting, and acutely pleasurable, cocaine has found increasing favor at all socioeconomic levels...”
Freud, 1884

“...you are simply normal, and it is soon hard to believe you are under the influence of any drug....Long intensive physical work is performed without any fatigue...Absolutely no craving for the further use of cocaine appears after the first, or even after repeated taking of the drug..."

Benign and Not Addicting?

• Cocaine users began to seek treatment for problems with this “non-addictive” drug.
• What they found when they sought treatment...

Treatment in the early 1980’s

• “Drug treatment” was primarily for heroin users.
• “Treatment” was primarily medication (methadone).

• “Alcohol treatment” was usually 12-Step based and insight-oriented.
• Alcoholics were older with long histories.
• The ubiquitous 28-day program.
Matrix Model

• Instead of trying to fit these new patients into the treatments available,

• with a patient-centered approach,

• the Matrix Model took shape.

The Matrix Model

• Guided by research-based approaches.
• The utility of each session content was evaluated with regard to:
  – Relevance to the patient
  – Clinical outcome

• Over time, shaped into a standard content, delivered in a structured program, to all drug or alcohol users.

Behavior Change is Necessary

• A Key Premise
  – Classical conditioning and craving
  – The brain and addiction
  – Repeating the same mistakes: Denial or Confusion?
Conditioning and the Brain: Message to Patients

- Substance dependence results in powerful conditioned cravings
- Pavlov’s dog drooled in response to the bell
- Drug users’ brains “drool” in responses to triggers (people, places, situations)
- “Drool” = changes in the brain = craving
Conditioning and the Brain: Message to Patients

- Will power, good intentions are not enough
- Behavior needs to change
- Insight will not affect cravings
- Deal with cravings: avoid triggers
- Scheduling

Insight is not enough...

*And then it hit me. I'm salivating over a damn bell.*

Elements of Matrix Model

- Present focused
- Early recovery is like walking in a minefield
- *Look where you are stepping, not how you got there.*
- Treatment focus: defining the areas of risk and strategizing
- Tight structure (detailed schedule) and tethering to treatment (frequent appointments and contacts with calls and texts)
General Elements of Treatment

• Need to engage and retain.
  – They need to be there as a necessary precondition.
  – Minimal delays for initial appointment and treatment initiation
  – Flexible scheduling and accommodating clinic hours
  – Research has shown that the probability of showing up for initial appointment drops by 50% after 24 hours
  – Respond repeatedly to missed appointments (text, call, email)
  – Nonconfrontational and safe

Elements of Treatment

• Medication taking, or medication cessation are not pre-conditions for treatment.
• Not determining if patients are “ready for treatment”
• Rather, treatment needs to be ready for patients

Elements of Treatment

• Introduce and encourage self-help participation
• Use urinalysis to monitor drug use
An Important Message: "It Takes a While"

- Protracted Abstinence: “The Wall”
- Low energy, depression, irritability, craving
- About 2-3 months after last use

The Wall

- Treatment implications
  - Simple communications
  - Redundant messages
  - Frequent visits for an extended period
- Message to patients
  - It takes a while for your brain to heal
  - Don’t make mistakes explaining your feelings (cause may be 90 days ago)
  - Be patient; Don’t give up

Matrix Model/CBT Groups

- Focus on the present and immediate future
- Focus on behavior vs. feelings
- Structured, topics, information, analysis of behavior
- Drug cessation skills and relapse prevention
- Lifestyle change
**Matrix Model Groups**

- Relapse is not a random event; monitor signs of vulnerability to relapse.
- Therapists pursue clients who do not regularly attend.
- Goal is abstinence; relapse is tolerated.

**Relapse Analysis**

- An exercise done when relapse occurs after a period of sobriety.
- Identify the causes of relapse and develop a prevention plan for the future.
- Relapse should be framed as learning experience for client.

**Medications for Opioid Dependence**

- Counselors need to be able to provide informed support
- Important to have valid information
- Many people have an anti-medication bias
Criticisms of Medication

- “Just substituting one drug for another”
- “Patients are still addicted”
- But,
  - Medications are legal
  - Oral vs injected
  - Taken under medical supervision

Criticisms of Medication

- “Patients are getting high”
- But,
  - Long acting, slow onset
  - Matches level of addiction

Methadone Treatment

- Methadone treatment is often portrayed in a negative light.
- Methadone is abusable
- Some facts...
Reduction of Heroin Use by Length of Stay in Methadone Maintenance Treatment
(Ball and Ross, 1991)

N = 617

Longer treatment = better outcomes

Crime among 491 patients before and during MMT at 6 programs

Adapted from Ball & Ross - The Effectiveness of Methadone Maintenance Treatment, 1991

Mortality Rates in Treatment and 12 Months after Discharge
(Zanis and Woody, 1998)
Increasing the dose of a partial agonist does not produce as great an effect as that which results when increasing the dose of a full agonist.

Buprenorphine

- Another option
- Less sedating
- Safer
- Less stigma (it's not methadone)
- Greater availability
- Convenient
Naltrexone

- Naltrexone/Vivitrol/Revia
  - Opioid agonist
  - Non-addictive
  - Non-abusible
  - Completely blocks effects of opioids
  - Prevents re-addiction
  - Must be opioid free 5-7 days**
- Generally more effective with a criminal justice population or professionals (e.g., MDs or nurses)

Counseling Issues with MAT

MAT Philosophy

- Does everyone need addiction medications?
  - No, but everyone should be aware of the options.
- For some people addiction medication is essential to recovery; for some it is helpful; and for some it is not necessary.
Lawsuits Change Clinical Practice

Osheroff vs Chestnut Lodge (1984)
– A lawsuit in which a depressed patient who had been treated unsuccessfully for over a decade with psychotherapy, sued the treatment center where they had not offered him treatment with antidepressant medication.

Lawsuits Change Clinical Practice

Osheroff vs Chestnut Lodge (1984)
• The plaintiff was awarded a large settlement; was a major turning point in widespread acceptance of the use antidepressant medication.
• Refusal to use effective medications to treat depression on “philosophical grounds” was established as grounds for medical malpractice.

“Osheroff” and Opioid Dependence Treatment

• An increasing number of lawsuits have been filed by family members of patients who were discharged from residential care without the benefit of medication – and subsequently overdosed and died.

• Cases have been filed and “settled” with sealed results.
Matrix Model/CBT and MAT

- Includes sessions to introduce medications to all patients.
- Includes sessions for patients who are taking addiction medications.
- Addresses counseling issues related to taking addiction medications.

MAT Philosophy

- Addiction medication is just one of the paths to recovery. These paths include:
  - Behavioral treatment
  - Twelve Step Programs or other self-help groups
  - Addiction medications
  - Some combination or all of the above

MAT Philosophy

- An important message: Medication use does not in any way prelude, diminish, or taint recovery.

- In the past, many assumed a universal treatment goal was to “get off” medications.
Why do Counselors Need to Know about MAT?

- Being on medication can affect recovery
  - Patients, families, and providers can have ambivalence regarding medication.
  - Common belief that “real recovery” can only be achieved when a person is off all medications.
  - Patients who take medications often face criticism from others in recovery.

Purpose of MAT Sessions

- There is no intention to recommend the use of any medication.
- Medication decisions should be made by the patient with his/her physician.
- The purpose of these sessions is to increase awareness of addiction medications; allow patient to make an informed choice.
- The purpose is also to clarify some misunderstandings about addiction medications and provide support.

Purpose of MAT Sessions

- Allow patients and families an opportunity to express their feelings regarding medication use.
- Encourage compliance with the physician's instructions.
- Discuss with patients and families the feelings and reactions of others in recovery toward medication and how that could affect them.
MAT Counseling Sessions

Medication Awareness

- Ask about past experience with addiction meds. Helpful?
- Ask about awareness of available meds.
- Provide an overview and handout of addiction meds if patient is interested.
- Help with referral to a physician if appropriate.

Considerations for MD Referral

- Are you having difficulty establishing/sustaining sobriety?
- Are you experiencing withdrawal?
- Have you had past failed efforts at sobriety?
- Do you have persistent craving?
- Have addiction meds helped you in the past?
- Would you like help with a referral to an MD?
### Family Session, Helping Checklist

- Provide choices for family involvement if mutually agreed upon.
  - Family may remind patient to take meds
  - Family may express fears or concerns about meds
  - Patient may agree to accept input regarding perceived med effects to discuss with physician.

### “Feeling Good about Getting Well”

- Handout introduction:

  "The brain is an organ, just as the heart and liver are organs. Few people question taking medication for a problem with the heart or liver, but there are often mixed feelings and even negative opinions about taking a medication as part of your recovery.

  "You can’t control what others think, but it is important that you have an accurate perspective on addiction medication and that you feel good about your choice to use medication as part of your recovery.”

### “Feeling Good about Getting Well”

- How does the patient feel about taking medication? Guilty about taking “drugs”?
- Fact: taking medication is not the same as “taking drugs.” Medication is taken to get well; drugs are taken to get high.
- Fact: Everyone is different. Some people recover on their own; some go to treatment; some got to self-help; some take medication.
“Feeling Good about Getting Well”

• How does the family feel? Supportive or critical?
• Are others in recovery supportive or critical?
• The message to the patient:
  – Your goal is recovery. Feel good about what you are doing to achieve your goal whether it is counseling, self-help, or medication.

There is more to Recovery than Medication

• Sometimes medication benefits are immediate and powerful (opioid meds particularly).
• The result can be a narrow focus on medication discounting the need for other change.
• “The substances are gone, but everything else is the same. The distance to relapse may be very short…as if the stage is set.”
• Review what the patient is doing and what more could be done in other areas: behavioral (lifestyle), cognitive, emotional, and spiritual.

Staying the Course

• Some people in the recovery community have been slow to accept medications for SUDs.
• Comments are often heard that can create guilt and doubts, and take a person off course.
• “You are not clean and sober until you stop taking everything.”
  – Not true when medication is taken under a physician’s supervision and direction.
  – Medication and sobriety can coexist.
Staying the Course

• “A drug is a drug.”
  – Medication-taking is not drug-taking.
  – Getting well versus getting high.

• “Medication is a crutch.”
  – If you break your ankle, you may need a crutch.
  – If you are diabetic, you may need insulin.
  – If you have an addiction, you may need medication.
  – There is nothing wrong with using available help.

Medication and the 12-Step Program

• Sometimes anti-medication opinions are expressed in Twelve Step meetings.

• This is the official position of AA:

  “No AA member should ‘play doctor’; all medical advice and treatment should come from a qualified physician.” The AA Member: 
  Medication and other Drugs, AA, 1984, 2011.

Medication and the 12-Step Program

• Official position of AA, continued:

  “It becomes clear that just as it is wrong to enable or support any alcoholic to become readdicted to any drug, it’s equally wrong to deprive any alcoholic of medication which can alleviate or control other disabling physical and/or emotional problems.” The AA Member: 
  Medication and other Drugs, AA, 1984, 2011.
NA and Medications

• This is the official position of NA:


“Narcotics Anonymous as a whole has no opinion on outside issues, and this includes health issues.” In *Times of Illness*, NA, 1992, 2010.

Disclose, Lie, or Keep a Secret?

• Despite the official AA/NA stance, comments critical of addiction medications are sometimes made.
• If you are taking a medication, what to do?
• Follow the advice of your physician.
• Talk to your counselor.
• The best option is to find a meeting that is accepting of MAT. Lies and secrets are not in line with recovery.

Medication Plan

• Stress the importance of having a plan with the physician and keeping it.
• Signs of possible relapse:
  – Making one's own medication decisions.
  – Increasing, decreasing, or discontinuing medication without the physician's advice and direction.
  – Being secretive about medication taking.
  – Incorporate into the relapse prevention plan
Other Medications

• Some prescription medications carry the risk of abuse.
  – Stimulants
  – Opioids
  – Sedatives

Misuse of Medication

• The line between appropriate use and misuse can be blurry.
• Misuse occurs when the use of the medication is to experience a psychoactive effect.
• For example, Adderall® can be used appropriately for ADHD, but when the stimulant effect is the purpose, it may be misuse.

Misuse of Medication

• Other examples:
  – Opioids can be used appropriately for pain relief, but when they are used for a euphoric effect, it can be misuse.
  – Sedatives can be use appropriately to relieve anxiety, but when they are used to be sedated, it can be misuse.
Misuse of Medication

• Sometime prescription medication abuse is difficult to identify for both the patient and his or her physician.

• Some indicators:
  – Use of the medication more often or in greater amounts than what the physician has ordered.
  – Use of the medication in the absence of problems for which they are prescribed (e.g., pain, anxiety).
  – Seeing multiple physicians for the same problem to get prescriptions.

Misuse of Medication

• The first line of defense is open and honest communication between the patient, the physician, and the therapist.

• Patients with substance use disorders should not be prohibited from using needed medication, but the risks need to be acknowledged.

A Final Comment

• Many people in our field are advocates or opponents of certain types of treatment.
  – 12-Step programs
  – Methadone or buprenorphine or naltrexone
  – Medication-assisted treatment

• We should all be in favor of options.

• With more choices, more people will be successful in recovery.
Thank you,
Mickey McCann