

THE PRACTICE OF MATRIX INTENSIVE OUTPATIENT PROGRAM IN THE PHILIPPINES

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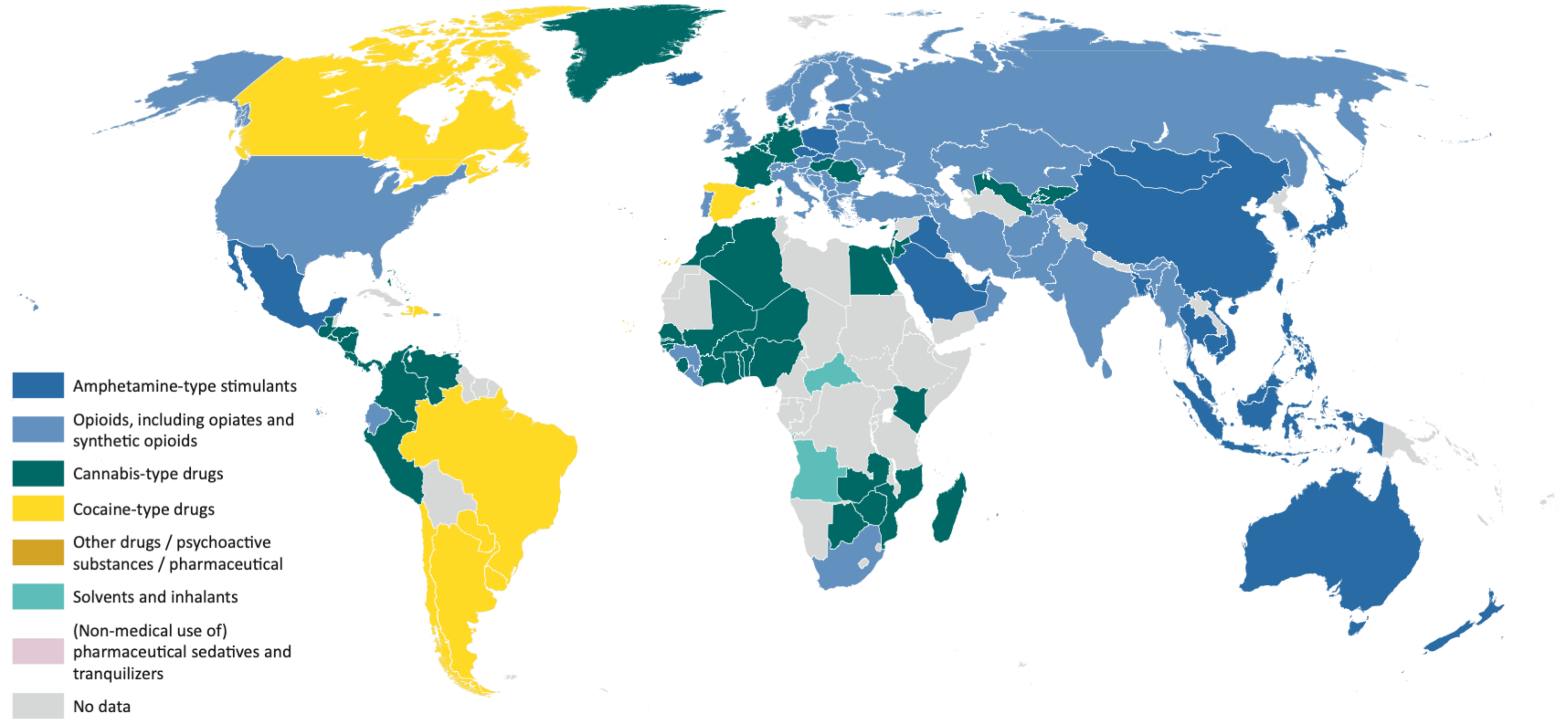


OBJECTIVES

Objectives

- Prevalence of methamphetamine use disorders
- Basic framework of the Matrix Intensive Outpatient Program (MIOP)
- **I**ntensive **t**reatment and **r**ehabilitation **p**rogram for **r**esidential **T**RCs (INTREPRET) - an adaptation of the MIOP in an inpatient setting

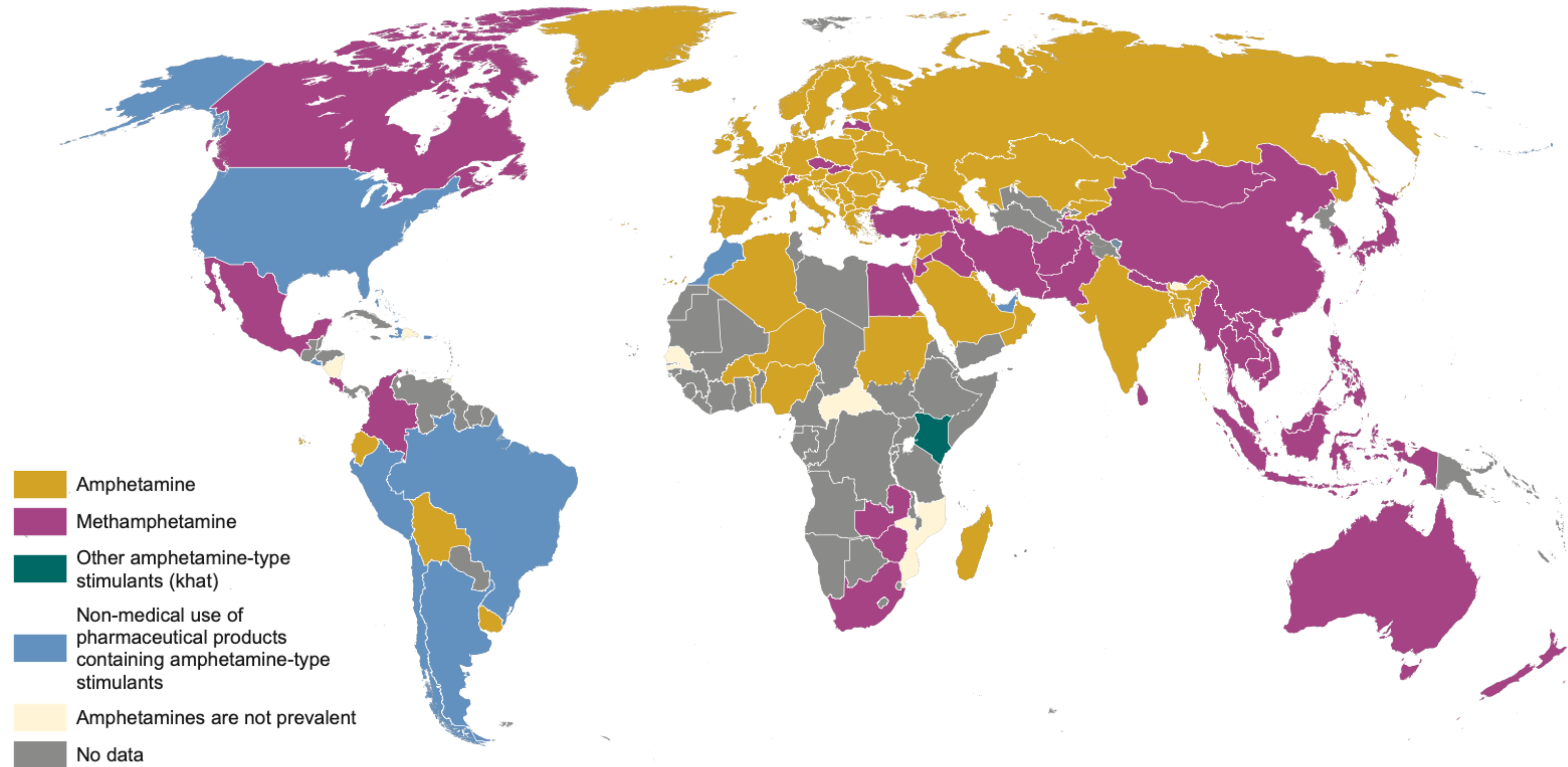
MAP 2 The most frequently reported drug group in drug treatment, 2020 or the most recent year for which data are available



Source: UNODC, responses to the annual report questionnaire.

World Drug Report 2022

MAP 8 Predominance of use of amphetamine and methamphetamine products, by country, 2020
(or the most recent year for which data are available)



Source: UNODC, responses to the annual report questionnaire.

World Drug Report
2022

PROFILE OF DRUG ABUSERS
(Facility-Based) *
CY 2022

- **AGE :** *Mean age of 33 years*
- **SEX :** *Ratio of Male to Female 10:1*
- **CIVIL STATUS :** *Single (52.68%)*
- **STATUS OF EMPLOYMENT :** *Employed (58.40%)*
(Workers/Employees, Businessman and Self-Employed)
- **EDUCATIONAL ATTAINMENT :** *High School Level (26.99%)*
- **ECONOMIC STATUS :** *Average Monthly Family Income Php 13,199.22*
- **PLACE OF RESIDENCE:** *Urban Core (NCR 24.53%)*
- **DURATION OF DRUG - TAKING :** *More than six (6) years*
- **NATURE OF DRUG - TAKING :** *Mono drug use***
- **DRUGS OF ABUSE :**
 - Methamphetamine Hydrochloride (Shabu)*
 - Cannabis (Marijuana)*
 - MDMA (Ecstasy)*

**Residential and Out-Patient Facilities*

***Mono drug use – abuse of one (1) drug only*

Note: Median age of 34 years

DDB 2022

Matrix Intensive Outpatient Program

- Matrix UCLA – ISAP, Developed in the 1980s
- Response to increasing demands for cocaine/methamphetamine abuse
- A multi-element package of therapeutic strategies that complement each other and combine to produce an integrated outpatient treatment experience
- A set of evidence based practices delivered in a clinically coordinated manner as a program
- Responsive to the needs of clients
- Replicable protocol/manualized

The MIOP Model

- Relapse Prevention
- Cognitive Behavioral Therapy
- Psychoeducation
- Family Approaches
- 12 Step Program Support

The MIOP Model

16 Weeks Intensive Phase -Continuing Care to 13-48 weeks

- Individual/Conjoint family sessions (3 sessions)
- Early Recovery Skills group sessions (8 sessions)
- Relapse Prevention group sessions (32 sessions)
- Family Education group sessions (12 sessions)
- Social Support group sessions (36 sessions)

Figure I-1. Sample Matrix IOP Schedule

	Intensive Treatment		Continuing Care
	Weeks 1 through 4*	Weeks 5 through 16†	Weeks 13 through 48
Monday	6:00–6:50 p.m. Early Recovery Skills 7:15–8:45 p.m. Relapse Prevention	7:00–8:30 p.m. Relapse Prevention	
Tuesday	12-Step/mutual-help group meetings		
Wednesday	7:00–8:30 p.m. Family Education	7:00–8:30 p.m. Family Education or 7:00–8:30 p.m. Social Support	7:00–8:30 p.m. Social Support
Thursday	12-Step/mutual-help group meetings		
Friday	6:00–6:50 p.m. Early Recovery Skills 7:15–8:45 p.m. Relapse Prevention	7:00–8:30 p.m. Relapse Prevention	
Saturday and Sunday	12-Step/mutual-help group meetings and other recovery activities		

* 1 Individual/Conjoint session at week 1

† 2 Individual/Conjoint sessions at week 5 or 6 and at week 16

GOP-DOH-JICA Collaboration



The Project for Introducing Evidence-based Relapse Prevention Programs to Drug Dependence Treatment and Rehabilitation Centers in the Philippines
(IntERlaPP)

Box 1: Overall Framework of IntERlaPP.

Project Title:	The Project for Introducing Evidence-based Relapse Prevention Programs to Drug Dependence Treatment and Rehabilitation Centers in the Philippines (IntERlaPP)
Implementing Agency:	Department of Health, Government of the Republic of the Philippines
Target Group:	Patients and service providers at DOH-owned TRCs
Project Period:	Planned: 5 years (December 2017 – December 2022) Actual: 6.5 years (December 2017 – June 2024)

Overall Goal:

- Well-being of drug users discharged from treatment and rehabilitation facilities is improved in the Philippines

Project Purposes:

- GOP's capacity to effectively deliver facility-based drug dependence treatment and rehabilitation services is strengthened.

Outputs:

1. Treatment models for residential facilities (Intensive Treatment and Rehabilitation Program for Residential TRCs; INTREPRET) and outpatient services (Enhanced Treatment Program for Outpatient Services for Drug Users; ENTREPOSE) and a training system are established for its nationwide dissemination.
2. The INTREPRET's effectiveness is demonstrated by scientific research based on strengthened research capacity of GOP.
3. DOH's capacity in supervision of treatment and rehabilitation services for drug dependents is strengthened.

Intensive Treatment and Rehabilitation Program for Residential treatment and Rehabilitation Centers (INTREPRET)

INTREPRET Series

1 Service Provider's Manual
(English)

2 Patient's Workbook for Cognitive Behavioral Therapy Sessions
(English) (Tagalog)

3 Presentation Modules for Psycho-Education Sessions
(English) (Tagalog)

4 Discussion Topics for Social Support Sessions
(English) (Tagalog)

5 Training Kit
(English)

6 Guidelines for Field Evaluation
(English)

Logos: Department of Health, JICA, IntERlaPP

Table 1. Composition of INTREPRET

	Components	# sessions/ week*	Proposed Content
1	Cognitive Behavioral Therapy (CBT)	3	Group CBT sessions based on worksheets designed for each session. CBT sessions are composed of (1) Early Recovery Skill Program (12 sessions), (2) Relapse Prevention Program (36 sessions), and (3) Pre-discharge Program (6 sessions).
2	Cognitive Behavioral Therapy Review (CBT-R)	1	Weekly review of the CBT sessions.
3	Psycho-Education (PE) for Patients and Family Members	1	Interactive lectures to provide patients and their family members with accurate information about addiction, recovery, treatment, and the resulting interpersonal dynamics. PE is based on recurring sessions over 12 topics.
4	Social Support (SS)	2	Discussion group to practice resocialization skills. SS is based on recurring sessions over 40 topics.
5	Self-Help Group Meeting (SHGM)	1	Narcotics Anonymous (NA) group meetings facilitated by recovering personnel or patients.
	Total	8	

* One hour is assumed per session.

Table 2. Sample Timetable with INTREPRET Program Components Incorporated

Time	Mon	Tue	Wed	Thu	Fri
05:00 - 06:00	Rising Time/ Job Function				
06:00 - 06:30	Morning Exercise				
06:30 - 08:15	Wash-up/ Breakfast				
08:15 - 08:30	Pre-morning Meeting				
08:30 - 09:30	Morning Meeting				
09:30 - 09:45	Departmental Meeting				
09:45 - 10:00	Follow-up				
10:00 - 11:00	CBT (1)	Athletics	CBT (2)	Athletics	CBT (3)
11:00 - 12:00	Lunch				
12:00 - 13:00	Personal Time				
13:00 - 14:00	Job Functions				
14:00 - 15:00	Recreation/ Vocational	SS (1)	Spiritual	SS (2)	Recreation/ Vocational
15:00 - 16:00	Encounter Group	PE	Static Group	SHGM	CBT-R
16:00 - 16:30	Spiritual Enhancement Activity				
16:30 - 19:00	Personal Time/ Wash-up				
19:00 - 20:00	Evening Meeting				
20:00 - 21:00	Journal Writing/Responsible Interaction				
21:00	"Off the Floor"				

CBT = Cognitive Behavioral Therapy, PE = Psycho-Education, SHGM = Self-Help Group Meeting, SS = Social Support.

Table 3. CBT Programs by Recovery Stages of Patients

Recovery Stages	Standard Duration	CBT Programs
1. Induction Stage	4 weeks	Program Orientation: single session conducted at the end of Induction Stage
2. Early Recovery Stage	4 weeks	Early Recovery Skill Program: 12 group sessions (3 times per week x 4 weeks)
3. Relapse Prevention Stage	12+ weeks	Relapse Prevention Program: 36 group sessions (3 times per week x 12 weeks)
4. Pre-discharge Stage	2 weeks	Pre-discharge Program: 6 group sessions (3 times per week x 2 weeks)

Total = 26 weeks (6 months)

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Training Kit



Table 11. INTREPRET Training Program and Target Personnel.

Schedule	Module	Participants		
		TRC Administrators	DOH CHD Representatives	Facilitators
Day 1	Module 1: Administration of INTREPRET at TRCs	X	X	X
Day 2	Module 2: Basic Counselling Skills			X
Day 3	Module 3: Motivating Clients for Treatment and Addressing Resistance			X
Day 4	Module 4: Cognitive Behavioral and Relapse Prevention Strategies			X
Day 5	Module 5: Application of Facilitation Skills to INTREPRET Sessions			X

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Training Kit



Facilitation Standards Established

- CBT Sessions
- CBT-R Sessions
- Psycho-education Sessions
- Social Support Sessions

A. Standard Operating Procedure

B. Quality Standards

1. Content

2. Motivational Interviewing Facilitation Style

3. Management of Group Discussion

4. Elements of the Session

5. Time Allocation

GUIDELINES FOR FIELD EVALUATION

INTENSIVE TREATMENT AND REHABILITATION PROGRAM FOR RESIDENTIAL TREATMENT AND REHABILITATION CENTERS FOR DRUG DEPENDENTS (INTREPRET)

NOVEMBER 2020

1ST EDITION

Forms	Purposes
<i>For Administrative Aspects:</i>	
A-I. INTREPRET Administration [Facilitator's Activities]	To identify the factual information about the INTREPRET sessions conducted at the TRC during the past one week.
A-II. INTREPRET Administration [Organization and Management]	To evaluate the TRC's adherence to the administrative standards of INTREPRET.
<i>For Clinical Aspects:</i>	
B-I. Session Facilitation [CBT Session]	To evaluate facilitator's adherence to the standard operating procedures (SOP) and the quality standards of the Cognitive Behavioral Therapy (CBT) Session.
B-II. Session Facilitation [CBT-R Session]	To evaluate facilitator's adherence to the standard operating procedures (SOP) and the quality standards of the CBT-Review (CBT-R) Session.
B-III. Session Facilitation [PE Session]	To evaluate facilitator's adherence to the standard operating procedures (SOP) and the quality standards of the Psycho-Education (PE) Session.
B-IV. Session Facilitation [SS Session]	To evaluate facilitator's adherence to the standard operating procedures (SOP) and the quality standards of the Social Support (SS) Session.

Evaluation Scheme	Timing	Focuses	Evaluators	Evaluation Forms
1. Post-training Evaluation	3 months after the INTREPRET training	<ul style="list-style-type: none"> - INTREPRET Administration - Facilitation of CBT Sessions - Facilitation of CBT-R, PE and SS Sessions (less priority) 	External experts including training lecturers	A-I, A-II, B-I B-II, B-III, B-IV
2. Peer-evaluation	Biannually	<ul style="list-style-type: none"> - Facilitation of CBT Sessions - Facilitation of CBT-R, PE and SS Sessions (optional) 	At least two peer facilitators at the TRC	B-I B-II, B-III, B-IV
3. Routine Supportive Supervision	Once in two years	<ul style="list-style-type: none"> - INTREPRET Administration - Facilitation of CBT Sessions (based on the peer-evaluation results during the last three months) 	Representatives of the DOH's Central Regional Offices	A-I, A-II

A Qualitative Research to Evaluate the Applicability of INTREPRET

Research Questions

- How did the introduction of INTREPRET change the residential services provided at TRCs?
- How did the introduction of INTREPRET change patients' and facilitators' attitudes and behaviors at TRCs?
- What are the challenges in implementing INTREPRET?

Included 7 Government Run Treatment and Rehabilitation Centers

Methodology

The study participants (Patients and Facilitators) were purposefully selected based on predetermined inclusion criteria for patients and INTREPRET facilitators. Face to face interviews were conducted using a semi-structured interview guide. All interviews were recorded and transcribed verbatim with the texts imported into MAXQDA Software for thematic analysis. The transcripts were coded to categorize the narrative data into themes. During this coding process, the participants' identities were masked to the research members. An ethical approval was obtained prior to the commencement of the study.

A Qualitative Research to Evaluate the Applicability of INTREPRET

Results:

Twenty-nine patients and 35 facilitators from seven TRCs were interviewed. The characteristics of the study participants included in the analysis are summarized in Table 16

Table 16: Characteristics of the Study Participants Included in the Qualitative Study.

	Number	%
<i>Patients (n=29)</i>		
Age		
20-24	4	13.8
25-29	5	17.2
30-34	5	17.2
35-39	2	6.9
40-44	6	20.7
45-49	6	20.7
50-54	0	0.0
55-59	0	0.0
60-64	1	3.4
Education		
Did not complete elementary	1	3.4
Elementary graduate	0	0.0
Did not complete high school	2	6.9
High school graduate	18	62.1
Diploma course graduate	1	3.4
College graduate or higher	7	24.1
Number of admissions to TRCs (including the current admission)		
2 times	20	69.0
3 times	3	10.3
4 times	2	6.9
5 times	2	6.9
6 times	1	3.4
7 times	1	3.4
Route of admission		
Voluntary (came to TRC of your own free will)	6	20.7
Voluntary (brought by a family member)	16	55.2
Positive result of drug test conducted at workplace/school/community	1	3.4
Positive drug test result during treatment or aftercare program	2	6.9
Transferred from prison	4	13.8

<i>Facilitators (n=35)</i>		
Sex		
Male	11	31.4
Female	24	68.6
Age		
20-24	1	2.9
25-29	11	31.4
30-34	9	25.7
35-39	5	14.3
40-44	3	8.6
45-49	4	11.4
50-54	0	0.0
55-59	2	5.7
Professional title		
Psychologist	6	17.1
Psychometrician	12	34.3
Social worker	10	28.6
Nurse	6	17.1
Others	1	2.9

A Qualitative Research to Evaluate the Applicability of INTREPRET

Table 17: Key Themes Identified by Patients and Facilitators About Changes Brought on by the Introduction of INTREPRET.

Domains	Key themes
Attitude and behavior of patients	<ul style="list-style-type: none"> - Patients helping other <u>patients</u> - Patients sharing their thoughts and feelings more during <u>sessions</u> - Patients violating cardinal rules <u>less</u> - Patients not getting angry or violent easily
Attitude and competency of facilitators	<ul style="list-style-type: none"> - Patients treated with <u>respect</u> - Better facilitation of group sessions - Applying the motivational interview to individual <u>counseling</u>
Relationship between facilitators and patients	<ul style="list-style-type: none"> - Facilitators more approachable by patients - Facilitators knowing more about <u>patients</u> - Patients sharing concerns with facilitators
Treatment planning and reviewing process	<ul style="list-style-type: none"> - Patient's concerns shared during sessions relayed to case <u>managers</u> - Common terminologies used in the treatment planning
Efficient and standardized treatment services	<ul style="list-style-type: none"> - Guidance available for facilitators to prepare <u>sessions</u> - Standard Operating Procedures (SOPs) enabling the delivery of structured and standardized sessions
Monitoring mechanisms of patient's recovery process	<ul style="list-style-type: none"> - The patient's attendance logbook enabling better tracking of <u>activities</u> - Feedback from INTREPRET sessions discussed at monthly case conferences

A Qualitative Research to Evaluate the Applicability of INTREPRET

Challenges in INTREPRET Implementation

- Engaging family members in Psycho-education sessions
- Lack of facilitators
- Securing a conducive place for conducting sessions
- Reproducing Patient's Workbook for CBT Sessions

A Qualitative Research to Evaluate the Applicability of INTREPRET

Key Implications

- improvement in personal and interpersonal aspects involving patients and facilitators
- better management of treatment services
- corresponds to UNODC key quality standards for drug treatment services
 - patients are treated with respect
 - interventions are evidence-based/underpinned by established protocols
 - service has a patient record system that facilitates treatment and care

A Quantitative Research to Evaluate the Effectiveness of INTREPRET

The project conducted research to quantitatively evaluate the effectiveness of INTREPRET at 3 Treatment and Rehab Centers (TRC) through a randomized controlled trial. The data collection was started in February 2020 after a dry-run period. However, due to the outbreak of COVID-19, it was suspended between March 2020 and April 2022. The data collection was restarted when the INTREPRET implementation resumed at the three pilot sites in May 2022 and continued until February 2024. **As of the time this report is being written, the data collection is still being conducted.**

**Thank you very much for your
kind attention !!**