

## The "MATRIX" Explained

The "MATRIX" is based on the following scientifically defensible principles:

- SAMHSA's CSAP SIX
- Institute of Medicine (IOM) Prevention Categories
- SAMHSA's CSAP Prevention Domains

In addition to the three core areas above, there are two more categories:

- Evaluation
- Collaboration Resource Sharing

In order to accurately understand how the "MATRIX" works we need to have a very thorough understanding of all its components.

### **SAMHSA's CSAP Six:**

CSAP has identified six prevention strategies that, in combination, can be used to develop programs focusing on risk and protective factors for substance use (CSAP, 1993a): *information dissemination, prevention education, alternative drug-free activities, problem identification and referral, community-based process, and environmental approaches* (CSAP, 1993b). These prevention strategies were not selected to represent the diversity of intervention efforts currently being undertaken in the substance use prevention field but rather were seen as basic to those efforts. The importance of these six strategies as an organizational tool has increased recently, as CSAP's emphasis on funding prevention efforts has changed in focus from directly sponsoring innovative demonstration efforts to supporting State-directed prevention programming. Here, funding is dependent on a State's adopting or developing programs employing one or more of these prevention strategies. A specific intervention might employ one or more of these strategies in attempting to increase resilience to substance use among the targeted population.

#### **1. Dissemination of Information**

This strategy provides information about the nature of drug use, abuse, addiction and the effects on individuals, families and communities. It also provides information of available prevention programs and services. The dissemination of information is characterized by one-way communication from the source to the

audience, with limited contact between the two. Examples of methods used for this strategy include the following:

- Clearinghouse and other information resource centers.
- Resource Directories.
- Media Campaigns.
- Brochures.
- Radio and Television Public Service Announcements.
- Speaking Engagements.
- Health Fairs.

## **2. Prevention Education**

This strategy involves two-way communication and is distinguished from merely disseminating information by the fact that it's based on an interaction between the educator and the participants. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills and critical analysis (e.g. of media messages). Examples of methods used for this strategy include the following:

- Classroom and Small Group Sessions.
- Parenting and Family Management Classes.
- Peer Leader and Peer Helper Programs.
- Education Programs for Youth Groups.
- Groups for Children of Substance Abusers.

## **3. Alternative Activities**

This strategy provides for the participation of the target populations in activities that exclude drug use. The assumption is that because constructive and healthy activities offset the attraction to drugs, or otherwise meet the needs usually filled by drugs, then the population would avoid using drugs. Examples of methods used for this strategy include the following:

- Drug-free Social and Recreational Activities.
- Drug-free Dances and Parties.
- Youth and Adult Leadership Activities.
- Community Drop-in Centers.
- Community Service Activities.
- Mentoring Programs.

## **4. Community-Based Processes**

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for drug abuse disorders. Activities in this strategy include organizing, planning, enhancing the efficiency and effectiveness of service implementation,

building coalitions and networking. Examples of methods used for this strategy include the following:

- Community and Volunteer Training (e.g. neighborhood action training, training of key people in the system)
- Systematic Planning.
- Multi-Agency Coordination and Collaboration.
- Accessing Service and Funding.
- Community Team-Building.

## **5. Environmental Approaches**

This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the incidence and prevalence of drug abuse in the general population. Examples of methods used for this strategy include the following:

- The Establishment and Review of Drug Policies in Schools.
- Technical assistance to communities to maximize local enforcement procedures governing the availability and distribution of drugs.
- The Review and Modification of Alcohol and Tobacco Advertising Practices.
- Product Pricing Strategies.

## **6. Problem Identification and Referral**

This strategy aims to identify those who have indulged in the illegal use of drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if an individual is in need of treatment. Examples of methods used for this strategy include the following:

- Driving-while-intoxicated Education Programs
- Employee Assistance Programs
- Student Assistance Programs

## **Institute of Medicine (IOM) Prevention Categories**

The IOM system classifies prevention interventions according to the population they affect. **Universal** interventions target general population groups without reference to those at particular risk. All members of a community benefit from a universal prevention effort, not just specific individuals or groups within a community.

**Selective** interventions target those who are at greater-than-average risk for substance use. Targeted individuals are identified on the basis of the nature and number of risk factors for substance use to which

they may be exposed. **Indicated** interventions are aimed at individuals who may already display signs of substance use or abuse and are designed to prevent the onset of regular or heavy substance use.

### **SAMHSA's CSAP Prevention Domains**

Substance abuse is a complex problem that develops in response to multiple influences. Spheres of activity within the community—typically called domains—include the *individual, family, peer, school, community, and society/environment*. Each domain presents an opportunity for preventive action. Research indicates that as individuals develop their interactions within and across domains of activity change over time.

#### **Individual Domain**

- Build social and personal skills.
- Design culturally sensitive interventions.
- Cite immediate consequences.
- Combine information dissemination and media campaigns with other interventions.
- Provide positive alternatives to help youth in high-risk environments.
- Develop personal and social skills in a natural and effective way.

#### **Family Domain**

- Target the entire family.
- Help develop bonds among parents in programs; provide meals, transportation, and small gifts; sponsor family outings; and ensure cultural sensitivity.
- Help minority families respond to cultural and racial issues.
- Develop parenting skills.
- Emphasize family bonding.
- Offer sessions where parents and youth learn and practice skills.
- Train parents to both listen and interact.

#### **Peer Domain**

- Structure alternative activities and supervise alternative events.
- Incorporate social and personal skills-building opportunities.
- Design intensive alternative programs that include a variety of approaches and a substantial time commitment.
- Communicate peer norms against use of alcohol and illicit drugs.
- Involve youth in the development of alternative programs.
- Involve youth in peer-led interventions or interventions with

- peer-led components.
- Counter the effects of deviant norms and behaviors by creating an environment for youth with behavior problems to interact with other non-problematic youth.

### **School Domain**

- Avoid relying solely on knowledge-oriented interventions designed to supply information about negative consequences.
- Correct misconceptions about the prevalence of use in conjunction with other educational approaches.
- Involve youth in peer-led interventions or interventions with peer-led components.
- Give students opportunities to practice newly acquired skills through interactive approaches.
- Help youth retain skills through booster sessions.
- Involve parents in school-based approaches.

### **Community Domain**

- Develop integrated, comprehensive prevention strategies rather than one-time community-based events.
- Control the environment around schools and other areas where youth gather.
- Provide structured time with adults through mentoring.
- Increase positive attitudes through community service.
- Achieve greater results with highly involved mentors.
- Emphasize the costs to employers of workers' substance use and abuse.
- Communicate a clear company policy on substance abuse.
- Include representatives from every organization that plays a role in fulfilling coalition objectives.
- Retain active coalition members by providing meaningful rewards.
- Define specific goals and assign specific responsibility for their achievement to subcommittees and task forces.
- Ensure planning and clear understanding for coalition effectiveness.
- Set outcome-based objectives.
- Support a large number of prevention activities.

### **Society/Environmental Domain**

- Develop community awareness and media efforts.
- Use mass media appropriately.
- Set objectives for each media message delivered.
- Avoid the use of authority figures.

- Broadcast messages frequently over an extended period of time.
- Broadcast messages through multiple channels when the target audience is likely to be viewing or listening.
- Disseminate information about the hazards of a product or industry that promotes it.
- Promote placement of more conspicuous labels.
- Promote restrictions on tobacco use in public places and private workplaces.
- Support clean indoor air laws.
- Combine beverage server training with law enforcement.
- Increase beverage servers' legal liability.

## **EVALUATION**

Evaluation helps organizations recognize what they have done well and what areas need improvement. The process of evaluation involves measuring the impact of programs and practices to understand their effectiveness and any need for change. Evaluation efforts therefore greatly influence the future planning of a program. It can also impact sustainability, because evaluation can show sponsors that resources are being used wisely.

### **Five questions that create an evaluation plan**

**Question One: Who cares?** Evaluators traditionally use *audience* to answer this question. At first, it might sound a bit rude, but asking "who cares?" prompts us to identify key stakeholders. They may be internal, such as staff, leaders and volunteers, or external, such as funders, partners or the general community. In the end, these people must understand and use information generated through evaluation. By asking "Who cares?" coalitions can begin with the end in mind. This question starts the evaluation plan with the very consumers who will use the results.

**Question Two: What do they care about?** The term for this category is *questions*. For each audience, you should identify what they care about—knowing what the program does, how the program has improved or what contribution the program makes to targeted outcomes. Note that many stakeholders share questions. Volunteers may need to meet with stakeholders to better understand their real interests and questions. External stakeholders most often care about the relationship between the program/coalition's efforts and the organization's work or role in the community. For example, a

program/coalition might enjoy funding and support from the city council. While all council members likely are interested in the impact the program/coalition has on drug outcomes, individual council members also may care about coalition activities in their council district. Key stakeholders' concerns about program/coalition work should be the guideposts for any evaluation plan. The remainder of the evaluation plan spells out the answers to Questions One and Two.

**Question Three: Where is the information?** This question identifies *data*—specific findings that provide a convincing answer to the questions posed by key stakeholders. This usually relates to one of the following: process, community change or outcomes. Some groups and individuals want information about coalition process—membership, meetings, structure, key planning documents and participant satisfaction. Data can come from the opinions of coalition members about the quality of the process, from a tracking system that counts “community changes” produced by the program/coalition and from sources in the community that describes how conditions and behaviors are improving.

**Question Four: How will we get it?** The term for this question is *method*—where traditional scientific language comes into play. Surveys, archival data collection, reliability, validity, sample sizes and statistics are just some of the tools and ideas that must be wrestled with to answer how information will be gathered. Many staff and volunteers feel intimidated or unsure of how to proceed at this point, but this question challenges the evaluation team to consider by what credible means information will be collected so that results can be trusted. Staff and volunteers are better positioned than paid evaluators to identify key stakeholders, to discover stakeholder questions and even to consider what information might provide a convincing answer. In contrast, professional evaluators are better positioned than most volunteers for designing how data will be collected.

**Question Five: How will we share it?** In the end, an evaluation process is only as good as the decisions key stakeholders can make on the basis of the information they receive. Some program/coalition evaluations are designed and implemented by professional evaluators who write a report to coalition leadership. If the five questions are not answered first, the report is unlikely to address questions important to key stakeholders in a language they can understand. Not surprisingly, many evaluation reports are essentially “dead on arrival.”

Program/coalition staff may attempt to “resuscitate” the report by translating the language, but the report and data rarely are used outside of a few limited internal audiences. In fact, some groups complete the process in this fashion just so that a checkmark can be placed next to the grant requirement “Evaluation.”

### **Collaboration Resource Sharing**

When looking at policy or program implementation, it is important to understand that often the success of a policy or program is dependent upon interagency or intergovernmental collaboration and cooperation. Key to collaboration and cooperation is the ability of agencies to share resources. The essence of collaboration is resource sharing since organizational priorities and institutional pride are based in resource allocation and utilization. Resource sharing represents commitment to something larger than the single focused organizational goals and objectives and a shift to enter into relationships with other agencies to achieve shared goals, visions and responses to mutual interest and obligations. Resource sharing requires development and enhancement of relationships and commitment to achieve something through that relationship, which may not otherwise be achievable by an individual agency or organization.

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We hope this information is useful in not only understanding and implementing the “MATRIX” but additionally, would expand our collective knowledge and understanding of evidence-based substance abuse and alcohol prevention.

For more information contact Frank G. Magourilos, SR. Certified Prevention Specialist at [preventionworks@msn.com](mailto:preventionworks@msn.com) or go to [www.NMPreventionNetwork.org](http://www.NMPreventionNetwork.org)