

Multidimensional Family Therapy in Connecticut

**Collaborative, Sustainable and Innovative
Implementation and Fidelity**



MDFT

CT Multidimensional Family Therapy



WHAT IS MDFT?

Multidimensional Family Therapy (MDFT) is a family-based intensive outpatient treatment developed for high-risk and drug-using adolescents that has been validated for use as a prevention model, an early intervention approach, outpatient substance abuse treatment, partial hospitalizations/day treatment model and intensive alternative to residential.

Overview of MDFT and it's Expansion in CT

WHY MDFT?

- ❑ MDFT - a treatment for teen substance abuse and juvenile delinquency that has shown efficacy in 12 randomized clinical trials.
 - ❑ MDFT has been developed and refined in over two decades of NIDA and other federally funded research
 - ❑ While MDFT addresses substance use in a holistic manner and does not isolate substance use from other aspects of the teens life, it's approach to drugs use has distinctive elements.
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WHY MDFT?

- The distinctive elements primarily focus on how MDFT therapists talk to teens, talk to parents, and how we help teens and parents talk together about drugs and alcohol.
- MDFT obtains outcomes in terms of significant symptom reduction across the board, as well as in increases in the behaviors that promote positive development in individuals and families. Many of these gains are sustained post treatment

Roots of MDFT

MDFT has been developed based on theory/research in the following areas:

1. Adolescent Development
2. Risk and Protective Factors for Adolescent Problems
3. Parenting Practices and Family Functioning
4. Ecological Perspective (Bronfenbrenner)
5. Family Therapy: Structural (Minuchin) and Problem Solving (Haley) Therapies

Development of MDFT

MDFT has been developed and refined in over two decades of NIDA and other federally funded research.

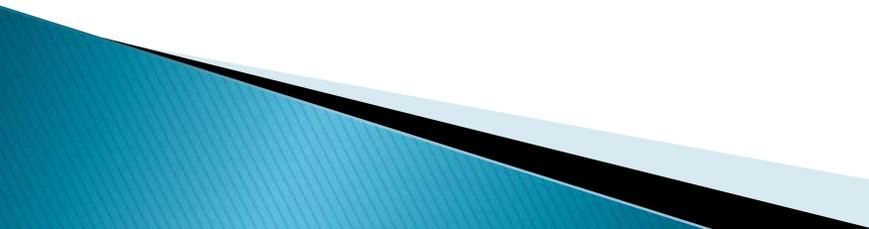
Four kinds of MDFT studies:

- ❑ **Outcome** – 5 completed controlled trials show MDFT to be superior to a variety of state of the art treatments (individual CBT, peer group treatment, multifamily education groups)
- ❑ **Process** – Several studies have examined specific interventions within the model: alliance building, cultural theme development, resolving in-session conflict, and improving parenting practices
- ❑ **Cost Studies** – MDFT is less expensive than standard outpatient treatment delivered around the U.S. and is approximately 1/3 the cost of residential treatment
- ❑ **Dissemination/transportation** – New studies examine the process and outcomes of adapting/implementing MDFT in community drug, mental health, and juvenile justice settings

Research on MDFT has shown success in multiple outcomes

- ❑ Substance use reductions, frequently to abstinence
 - ❑ Reductions in depression and anxiety symptoms
 - ❑ Reductions in aggression and violent behaviors
 - ❑ Improvement in school functioning
 - ❑ Improvement in parenting practices
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Research on MDFT has shown success in multiple outcomes

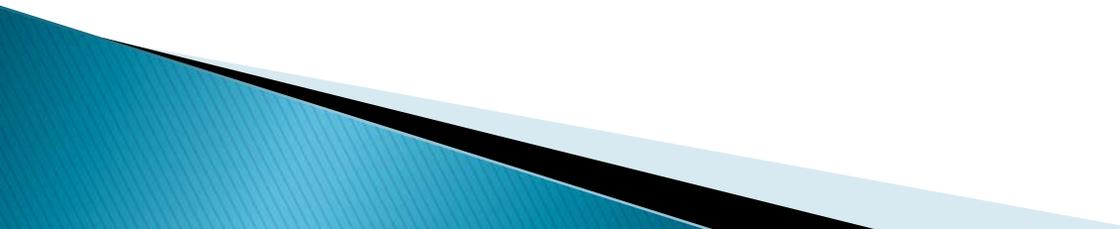
- ❑ Improvement in family functioning (less conflict & violence)
 - ❑ Reduced delinquency and arrests, especially felony arrests and the more violent crimes
 - ❑ Decreased involvement with delinquent peers
 - ❑ MDFT clients engage at higher rates and stay in treatment longer than those in residential or outpatient alternative treatments.
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MDFT Research Program

Diverse Client Populations

- ❑ Inner-city minority (African-American and Hispanic) youth and families with few resources and serious and pervasive problems
- ❑ Urban and rural Caucasian drug abusing teens and families
- ❑ Adolescent drug abusers with co-morbid psychiatric disorders
- ❑ Young adolescents at high risk for drug abuse problems
- ❑ Adolescent drug abusing and delinquent females
- ❑ Juvenile justice involved teens
- ❑ Parents with mental health, criminal justice, or substance abuse problems

MDFT TARGET POPULATION

- ❑ 9 to 18 years old
 - ❑ Living at home with or return to a primary caregiver
 - ❑ Substance-abusing or at risk for substance abuse (co-occurring acting-out behaviors)
 - ❑ Other comorbidity psychiatric issues can be present
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Multi Dimensional Family Therapy: Inclusionary Criteria

Inclusion: Must Meet Criteria A and B

A: Between ages 9-18

B: At least one or at risk of the following as the Primary Diagnosis

- Cannabis Abuse
- Cannabis Dependence
- Alcohol Abuse
- Alcohol Dependence
- Other Substance Abuse
- ODD
- CD
- Does not meet criteria for any of the 7 disorders listed above, but is sub-threshold for at least one of them (e.g., school problems: poor attendance, poor grades, discipline problems, fighting, suspensions; problems at home: disobedient, violating curfew, withdrawn from family, extremely disrespectful toward parents, out of control; peers: hangs out with kids who get in trouble, use drugs, commits delinquent acts; drugs & alcohol: uses but not enough to meet diagnostic criteria.

Multi Dimensional Family Therapy: EXCLUSIONARY CRITERIA

Exclusion: If youth has any of the following they are not appropriate for MDFT:

- ❑ Under age 9 or over age 18
- ❑ No Functional family able to participate in treatment program
- ❑ Cocaine/crack dependence
- ❑ Active Heroin use
- ❑ Active inhalant use
- ❑ Fire setting
- ❑ Active Suicidal (ideation and plan)
- ❑ Psychotic disorders or features
- ❑ IQ below 65
- ❑ Significant violence in the home (i.e. Unsafe for youth or other family members to reside in the home)

HOW IT ALL BEGAN IN CT

- 2000 DCF Kid Care initiative was launched
 - Kid Care initiative – To develop and implement a comprehensive behavioral health system for Connecticut
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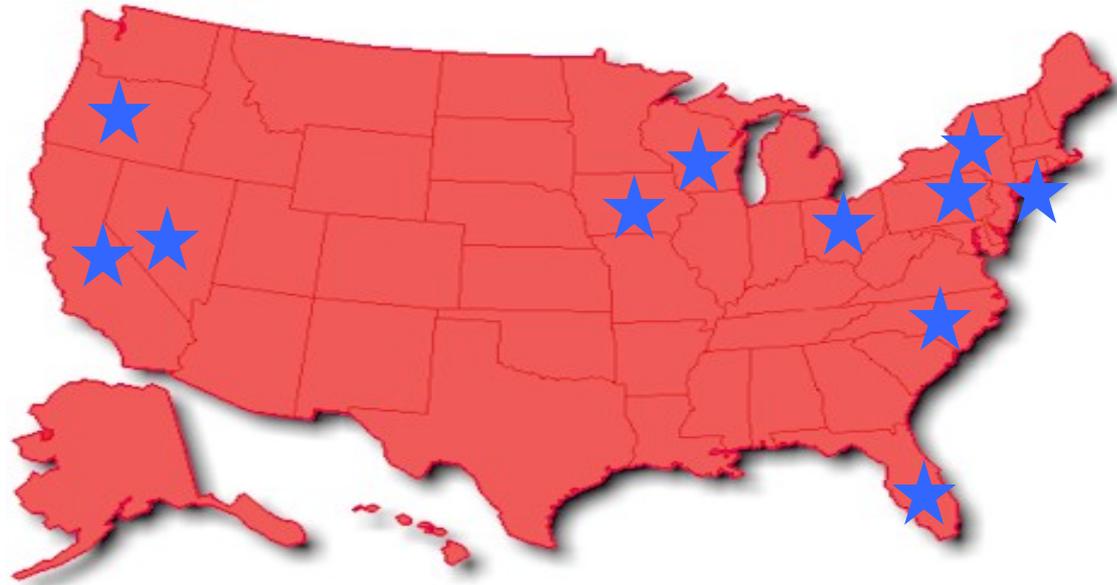
HOW IT ALL BEGAN IN CT

- 2002 – CSAT SCY Grant – Hartford Youth Project
 - HYP PURPOSE: Develop a System of Care utilizing Evidence-Based Models that would increase family involvement, build collaborations with community based programs, and provide culturally informed services for adolescents and their families.
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HOW IT ALL BEGAN IN CT

- 2003 – DCF begins the implementation with 5 teams
 - Howard Liddle, MDFT Model Developer and Gayle Dakof, President/CEO of MDFT International from the University of Miami, arrange an initial five-day training
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MDFT United States Sites



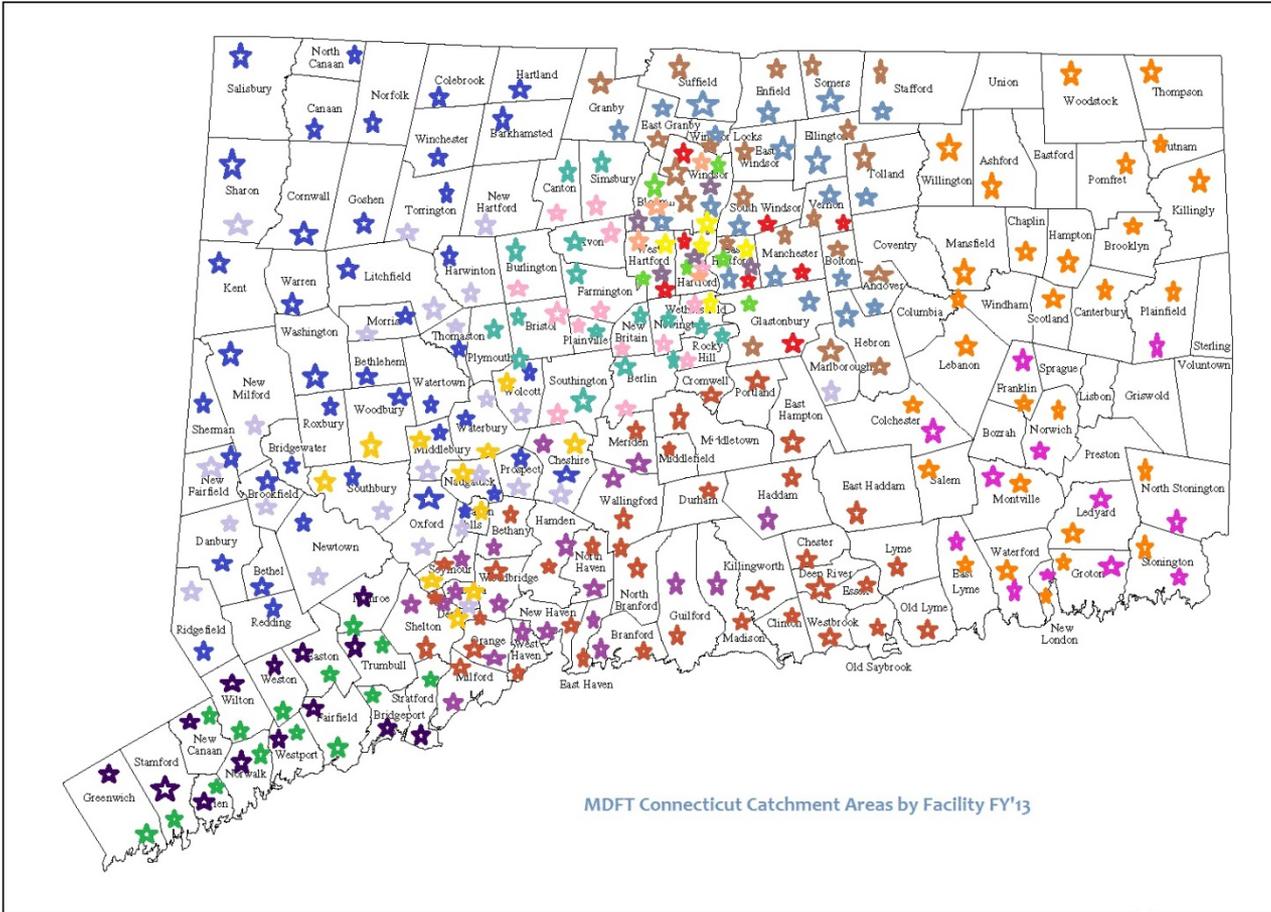
MDFT International Sites



MDFT in Connecticut

- ▶ From its early beginnings with 5 teams in CT, MDFT has now grown 31.5 in home teams and 2 residential programs throughout the State of Connecticut
- ▶ We have had various factions of MDFT
 - MDFT Care
 - FSAT
 - DTC

MDFT is Statewide in Connecticut



MDFT IN CT

MDFT

- ❑ Child Guidance, Connecticut Junior Republic (CJR), Connecticut Renaissance, Hartford Behavioral Health, The Village, Wheeler Clinic – Hartford, New Haven, New Britain, Waterbury, Plainville, Boys & Girls Village, Catholic Charities, Child & Family Agency of Southeastern CT, Community Health Resources, Family & Children's Aid, United Community & Family Services and Yale Child Study

MDFT Residential

- ❑ CJR – Litchfield, NAFI – Litchfield

MDFT RAFT

- ❑ Wheeler Clinic

MDFT CSSD Teams

- ❑ CJR Rockville, NAFI Willimantic, Wheeler Waterford

HOW DOES MDFT WORK?

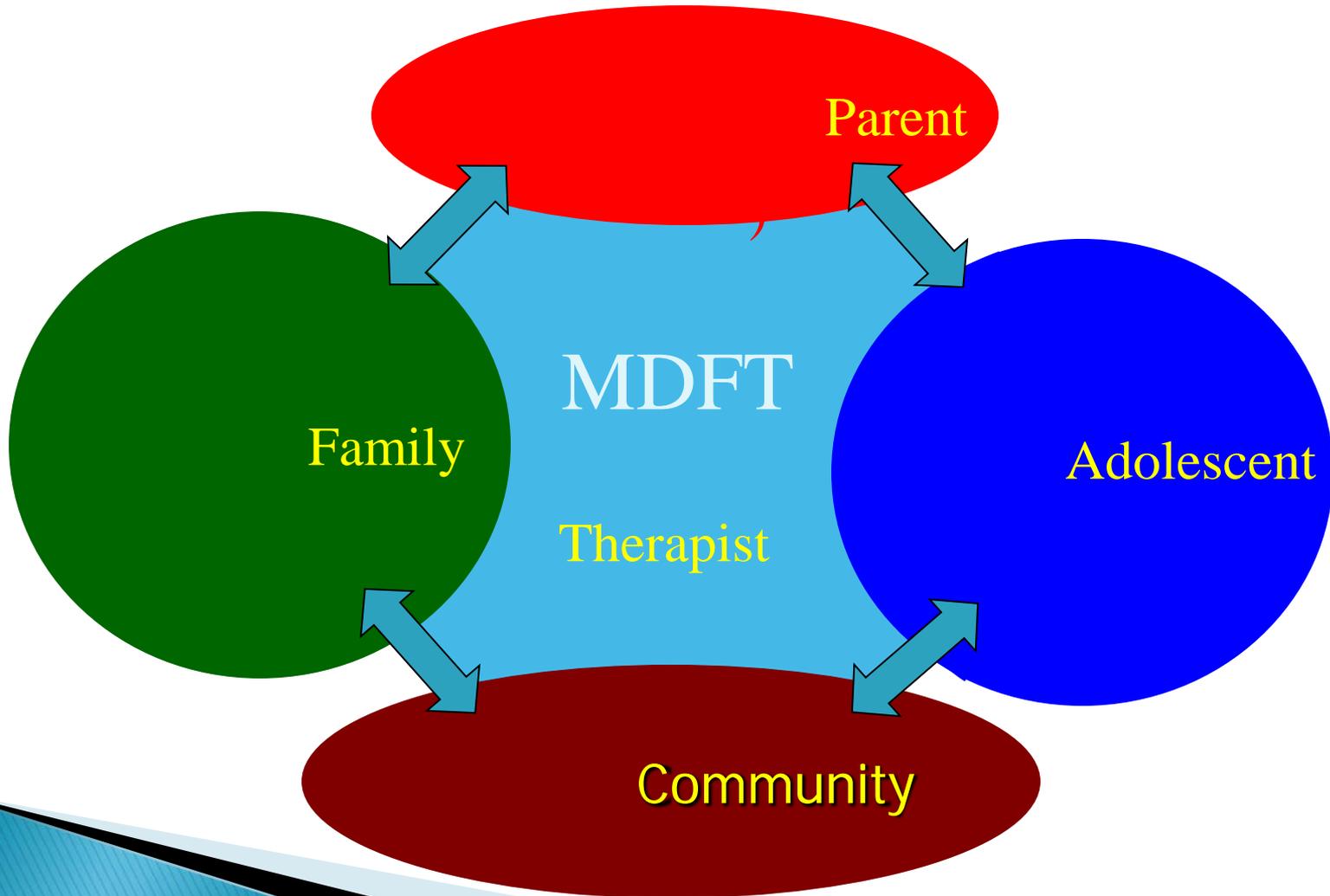
Treatment is mainly in-home,
2 – 3 times per week for 3 – 6 months

- ❑ Interventions are multidimensional and target:
 1. Adolescent
 2. Parent
 3. Family
 4. Systems external to the family (education, juvenile justice, peers, social services, etc.)

- ❑ Therapy itself is based on tenets of structural and strategic family therapy

Multidimensional Family Therapy

Change in 4 Domains



MDFT Theory of Adolescent Problem Behavior

- ❑ Adolescent substance abuse is multi-faceted
- ❑ Risk factors are mutually influencing; protective factors buffer against deviance
- ❑ Adolescent problems are defined in context
- ❑ Adolescent substance abuse and co-occurring disorders are a systemic problem that derails development
- ❑ The family is the primary context of healthy development
- ❑ Peers and other influences operate in relation to the buffering effects of families

Family Perspective

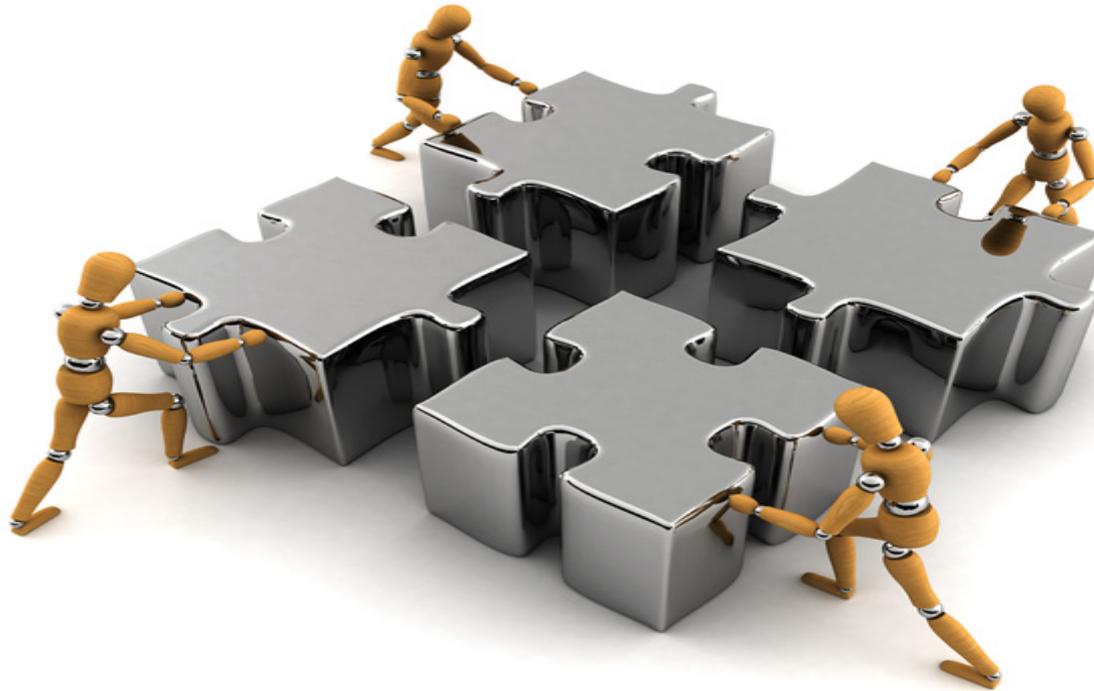
- ❑ Family factors are among the strongest predictors of adolescent substance abuse
- ❑ Both relationship factors and parenting styles predict teen substance abuse
- ❑ Parenting factors mediate role of peers
- ❑ Positive changes in parenting practices and family factors predict reductions in use
- ❑ Parenting/family factors robust predictors of developmental outcomes across domains and into adulthood

MDFT Theory of Change

MDFT targets adolescent functioning in six health-related domains:

- ❑ Drug use
- ❑ Adolescent identity development and autonomy
- ❑ Peers and peer influence
- ❑ Bonding to prosocial institutions
- ❑ Racial and cultural issues
- ❑ Health and sexuality

MDFT IN ACTION



THE ADOLESCENT

Part I:

The MDFT Way of Talking to Teens



*“You know you’ve got it right when your parents
can’t look at you without wincing!”*

An MDFT therapist is extremely non-judgmental, respectful, and collaborative

We don't tell teens how to think, feel, or behave

Instead, in a supportive and non-judgmental context:

- ❑ We help teens deeply look at themselves and their lives,
 - ❑ We pose options and dilemmas,
 - ❑ We brainstorm and consider,
 - ❑ We challenge and impel
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MDFT with the Adolescent

- ❑ Broaden the discussion to the youth's whole life rather than just to his/her drug-taking behavior. Substance use is seen as one aspect of the youth's life and not the defining feature.
- ❑ Draw discrepancies between dreams and goals and current self-destructive behavior to help youth discover that he can have a healthy and productive life or an unhealthy and destructive life. Help him choose health.
- ❑ Develop skills and strategies within youth to help him pull away from risk (drugs & alcohol) and lean toward health (school bonding & participation, family involvement, future goals)

MDFT with the Adolescent

- ❑ Approach drugs as a lifestyle and not a moralistic issue
- ❑ Put the topic of substance use on the table (in the open so it can be talked about)
- ❑ Talk about the past, present, future relationship with drugs in a non-judgmental and respectful way
- ❑ Urinalysis used as a therapeutic tool



The Parent & Family



*“Your mother and I are feeling overwhelmed,
so you’ll have to bring yourselves up.”*

MDFT with the Parents

- ❑ Empower parents through compassion and emotional support and knowledge (emphasize their competence, impart knowledge about adolescent development and drugs). Total understanding and support.
 - ❑ Increase parental teamwork
 - ❑ Help parents stop using ineffective, counterproductive and unduly harsh parenting practices
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MDFT with the Parents

- ❑ Help parents decide on house rules, structure, demands, incentives and consequences that will work for them and their teen
 - ❑ Enhance implementation of effective parenting practices
 - ❑ Enhance individual functioning of parent (self-efficacy, mental and physical health)
 - ❑ Encourage a strong parental no drug stance
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**LOVE IS THE
BEST MEDICINE**



MDFT With The Family

- ❑ Improve Communication between all family members
 - ❑ Strengthen emotional connection between members
 - ❑ Move to a level of love, commitment, relationship and compassion
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MDFT and the Extrafamilial

ASSESS:

- ❑ Barriers to participation
- ❑ Parents' skill in advocating for youth/accessing services
- ❑ Needs in all social service domains:
 - Financial assistance (DCF)
 - Immigration
 - Housing
 - Food
 - Health Care
 - Mental Health Care (psychiatric or more intensive services for any family member)
 - Disability
 - Social support for family

Training and Consultation

TRAINING AND CONSULTATION

MDFT Initial Five Day Intensive Training

Provide an overview and introduction to Multidimensional Family Therapy treatment

- Development
- Research
- Population served
- MDFT International and in CT
- MDFT Manual, DVD with training materials

TRAINING AND CONSULTATION

Agency Requirements

Staff

- Master level clinicians
- One bachelor level therapist assistant (case manager) per team

Infrastructure

- Ability to do home visits and provide transportation for clients
- Capacity to videotape therapy sessions (cameras and DVDs)
 - Rooms equipped to conduct live supervision (one way mirror, phones)
- Capacity to carry out drug tests
- Cellular phones for each team member
- HIV-STDs prevention material (MDFT/HIV-STD Prevention Manual)
- Engaging Parents Module

TRAINING AND CONSULTATION

Structure of the Model

Multidimensional approach

- Adolescent
- Parent
- Family
- Extra familial systems such as school, juvenile justice etc.

Stages of treatment, areas of focus and core interventions within each stage

- Stage 1: Build the Foundation: Develop Alliance and Motivation
- Stage Two: Work the Themes/Request Change
- Stage Three: Seal the Changes and Exit

TRAINING AND CONSULTATION

MDFT trainers, supervisors, therapists and therapist assistants collaborative approach

MDFT certification: MDFT Consultants provide weekly case consultation, monthly DVD consultation as well as consultation with the following benchmarks towards certification:

- ❑ **Midterm** written exam 6 weeks after initial training.
- ❑ **First Intensive Site Visit** 8 weeks after initial training which is a DVD review followed by a live consultation of a therapist's clinical work.
- ❑ **Mid-term Therapist Evaluation** 8 weeks after initial training to look at areas of development and continuing development towards certification.
- ❑ **Second Intensive Site Visit** 5 months after initial training. Again, DVD review followed by a live consultation of therapist's clinical work.

TRAINING AND CONSULTATION

- ❑ **Final** written exam and a DVD of a family session 5 months after initial training along with a final Therapist Evaluation Form.
- ❑ Once all requirements have been met, including a passing score on the final DVD and a 4.5 or higher on the Therapist Evaluation Form, the therapist is a Certified MDFT Clinician.

- ❑ **Recertification** submission of a family therapy DVD once a year, usually about 2 months prior to last certification date.

MDFT nature of supervision and rationale

- ❑ Case review
- ❑ DVD review
- ❑ Live supervision
- ❑ **Documentation** as a teaching tool and maintaining fidelity to the model.
Weeklies' and case conceptualization

TRAINING AND CONSULTATION

Initial Site Visits

Initial site visit to acquire a sense of agency culture and support launching the program

- Supervisor
- Agency administrators
- Monthly meetings with Supervisors, DCF Contract Manager and Director of Training QA and Regional Staff
- Quarterly Meetings facilitated by the DCF Contract Manager

Initial site visit with the team

- Introduce an overview of Evidenced Based Program
- Helping them become familiar with the weeklies and setting up initial supervision and training work plan

TRAINING AND CONSULTATION

SUPERVISORS TRAINING

Provided by CT Based MDFT Trainers and Consultants in Collaboration with MDFT International

- ❑ Introductory training (one day)
- ❑ Intensive training. Supervisors present a video or live demonstration of their supervision of case review, DVD review and live supervision
- ❑ Supervisors will be provided with immediate feedback to help their professional growth.

SUSTAINABILITY

What are the key ingredients required to sustain MDFT?

- ❑ Commitment to excellence
 - ❑ Funding source
 - ❑ Intellectual stimulation
 - ❑ Supportive and Challenging supervision
 - ❑ Continued opportunities for training and growth
 - ❑ Infrastructure and agency culture that “gets it” and “wants to keep it going” for the long haul
 - ❑ Community “buy in”
 - ❑ Esprit de corps among the team
 - ❑ Passion that comes from being witness to change both internally and externally
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Video Clip

- ▶ https://www.youtube.com/watch?v=Hwk2t_uulo

Questions and Answers

For Further Information Contact:

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Thank You

Danke Schoen

Merçi! Gracías!

THANKS

謝謝

Tak!

اركش

ありがとう

спасибо

GRAZIE

Merçi!

salamat

Thanks

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謝謝

Gracías