Recovery Oriented Systems of Care & Multi-Dimensional Family Therapy

University of Wisconsin Hospital and Clinics-Adolescent Alcohol and Drug Assessment Intervention Program
To provide high-quality, comprehensive alcohol and other drug and behavioral health services to adolescents and their families.
We achieve our mission through:

- A commitment to delivering family-centered, culturally-competent, and developmentally appropriate care

- A holistic approach that seeks to understand and ultimately strengthen other systems in the adolescent’s life in order to influence and facilitate positive behavior change

- An appreciation, understanding, and ability to implement evidence-based and best practices in order to maximize outcomes for our clients
Adolescent Alcohol Drug Assessment and Intervention Program (AADAIP)

- UW-Health program that provides screening, comprehensive assessment, brief intervention, and treatment for adolescents with issues related to mental health, behavioral and substance use disorders.

- Typically serve teens that are under Dane County Human Services supervision.

- Assessment services identify proper treatment avenues, and AADAIP either provides outpatient treatment in-house, or refers clients to other services when appropriate.
Overview

• Provide introduction to the Recovery Oriented System of Care (ROSC) Model

• Explain the use of Multidimensional Family Therapy (MDFT) for adolescent substance abuse treatment

• Facilitate understanding about how MDFT promotes the ROSC Model
• Networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders.

• The *system* involves a network of organizations that improve the chances of recovery through the delivery of relevant services
  - Social services
  - Community organizations
  - Workforce development
  - Primary care facilities
  - Treatment clinics
Why do we need ROSC for Adolescents?

- Post-treatment relapse rates for adolescents range from 60 to 70 percent
  - One-third within 30 days of treatment discharge
- 74 percent of youth identified with substance abuse disorder had at least one other co-occurring condition
- Risk of relapse even higher when youths suffer from substance abuse and mental health disorders
- Typical symptom-focused models insufficient
  - Do not address other life domains and co-occurring disorders
  - Adolescents require age-specific services and treatment
  - Family environment influences adolescent recovery
  - Recovery is specialized, nonlinear
  - Social-connectedness important to recovery
The Additive Model

Traditional Treatment
Important ROSC Components

- Promotes community integration and mobilizes the community as a resource for healing
- Facilitates family inclusion
- Facilitates a culture of peer support and leadership
- Values partnership and transparency
- Provides holistic, individualized, person directed treatment which supports multiple pathways to recovery
- Creates mechanisms for sustained support
- Is informed by data and the experiences of parents and families
- Promotes hope
- Provides services in a strengths-based manner
Values and Principles of Adolescent ROSC

- Being Family Focused
- Employing a broad definition of family
- Being age appropriate
- Reflecting the developmental stages of youth
- Acknowledging the non-linear nature of recovery
- Strengths based
Ensuring ongoing family involvement
Providing linkages
Assuring that the range of services and supports address the multiple domains of a young person's life
Including services that foster connectedness
Providing Therapeutic/clinical interventions
An evaluation of 126 systems of care nationwide found that youth in systems of care achieved positive outcomes in a number of domains (SAMHSA, 2009)

- Youth Grades
- School Attendance
- Decreased Involvement with Juvenile Justice
- Decreased Level of Behavioral/Emotional Problems (depression, anxiety, suicidal symptoms)

This research also suggests that improvement in these areas happens at a quicker rate than in traditional acute treatment models.
Multidimensional Family Therapy

http://www.mdft.org
WHY MDFT

- Evidence-Based
- Adaptive and flexible
- Alternative to residential treatment
- Culturally responsive and gender specific
- Family based
- Effective with juvenile justice involved youth
- Effective with co-occurring mental health and substance abuse
Overview of Multidimensional Family Therapy (MDFT): A Best Practice Model for Adolescent Drug Abuse and Delinquency
Overview

- Developed by Dr. Howard Liddle at the University of Miami.
- An Evidence-Based outpatient family treatment derived from developmental psychology and psychopathology, the ecological perspective and family therapy.
- Primary objective of MDFT: to replace teens dysfunctional lifestyle with more pro-social relationships and behaviors.
- This involves re-establishing a normative developmental trajectory.
What is Multidimensional Family Therapy?
MDFT Promotes ROSCs for Teens

- Provides age-appropriate treatment addressing challenges pronounced in adolescent populations
- Considers and deals with influences of family, community, and other extradimensional factors
- Relies on strong connections to referral and community resources:
  - Schools
  - Criminal Justice
  - Primary Care
  - Other Psychiatric Service Providers
- Strong focus on identifying strengths and building positive relationships
  - Jobs
  - Housing
  - Support Groups
  - Community Services
MDFT has been developed based on theory/research in the following areas:

- Adolescent Development
- Parenting Practices and Family Functioning
- Risk and Protective Factors for Adolescent Problems
- Ecological Perspective (Bronfenbrenner)
- Family Therapy: Structural (Minuchin) and Problem Solving (Haley) Therapies
Summary of Treatment Outcomes

- Substance use reductions (41 to 66% reduction from intake to discharge)
- Individual psychological functioning - internalizing and externalizing symptoms
- School and job functioning
- Parenting practices and psychological functioning
- Family environment - family interaction
- No or fewer arrests
- Decreased involvement with drug abusing/delinquent peers
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
Adolescents need to develop a positive, supportive relationship with parents

Symptom reduction and enhancement of prosocial and normative developmental functions occurs by:

- Targeting the family
- Facilitating curative processes across life domains (teen, parent, family, extrafamilial)
• Problem behavior can desist when meaningful, concrete alternatives are created, accepted, attempted and adopted

• If it has been multiple risk factors and a network of influences that have created and maintained adolescents’ problems, then the same complex of interrelated influences must be systematically targeted for change
- Adolescent drug abuse is a multidimensional phenomenon
- Problem situations provide information and opportunity
- Change is multidimensional and multifaceted
- Motivation is malleable
- Working relationships are critical
- Interventions are individualized
- Planning and flexibility must be used concurrently
- Treatment is phasic
- Emphasis on therapist responsibility
- The therapist’s attitude and behaviors are fundamental components of success
Components of an MDFT Team

- 2-3 full-time therapists (master’s level)
- 1 Therapist Assistant (high school/bachelor’s level)
- On-site administrative supervision
- Preferable for therapists to have experience with:
  - substance abusing adolescents
  - family therapy
  - home/based and community work
  - ...and interest in treatment innovation!!
Key Interventions Actions in MDFT (across domains and stages)

• Develop and Maintain Multiple Therapeutic Alliances (Youth, Parent, Community)

• Enhance Motivation To Change: Create Positive Expectations/Develop Sense of Crisis and Urgency with Parents

• Develop Collaborative Respectful Relationships with Youth and Parents
Key Interventions Actions (cont.)

- Multiple Change Targets (Youth, Parents, Family Relationships, Social Systems)
- Identify and Enlarge upon Strengths and Competencies; we are Not “Psychopathological Sleuths.”
- Celebrate Small Successes and Amplify Small Steps Towards Change
Key Interventions Actions (cont.)

• Facilitate Meaningful Discussions Between Youth and Parents: Heart-to-Heart, Emotional, Serious, Real, Enhance Mutual Understanding and Conflict Resolution

• Find Workable Answers To Current Problems: Parenting Practices, House Rules, Conflict Resolution, School, Court...

• Failure and Crises are Intervention Opportunities
1. Distress, Despair, Dissatisfaction, Discrepancy

2. Using what’s present - Create a focus on seriousness (gravity, consequences, trajectory, outside forces) of the problem and or situation

3. Distress is an ally – it’s used to facilitate motivation

4. Use current crisis or circumstances to focus and mobilize parents and youth
Create Positive Expectations

• Portray confidence in the program and in the ability of the youth and parent to solve their problems and have a better life

• Lend your optimism and portrait of the future

• Produce an early success in the area that is most accessible
Empirically based predictor of success

- 3 kinds of alliances: Parent, teen, and extrafamilial (persons of influence)

- Complement, agree, empower, listen and respect

- Encourage a collaborative process
  - “Let’s work together to figure out how to make this better for all of you”
Working all angles: Think and act multisystemically from the start

• Expand the therapeutic system
  ➢ Assess and begin working with influential social systems from the first day of treatment

• Different views of reality and different pathways to change
  ➢ Conduct family, parent, and adolescent sessions
  ➢ Shuttle diplomacy – Work one part vis a vis the others (teen, parent, and family sessions)

• Therapeutic leadership
  ➢ Introductions to key school and court personnel

• What’s therapeutic?
  ➢ Assess needs and create an early success – show them that there can be something in this for them!
## MDFT Goals by Domain

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<th>Domain</th>
<th>Goals</th>
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| **ADOLESCENT**  | - Decrease/eliminate substance abuse  
|                 | - Improve the teen's communication, emotional regulation, coping, and problem solving skills  
|                 | - Improve school performance and reduce/eliminate criminal behavior  |
| **PARENT**      | - Improve parenting skills & parental teamwork  
| **DOMAIN**      | - Rebuild emotional connection with youth  
|                 | - Enhance parents' individual functioning  |
| **FAMILY**      | - Improve family communication and problem solving skills  
| **DOMAIN**      | - Improve family interactions about day-to-day and big picture issues  
|                 | - Enhance feelings of love and connection among family members  |
| **COMMUNITY**   | - Improve family members' relationships with school, court, legal system, workplace, and neighborhood  
| **DOMAIN**      | - Build family members' capacity to access and obtain needed resources  |
Four Corners of MDFT

- Parent(s)
- Family
- Extrafamilial

MDFT

- Self
- Family
- Peers

Therapist - Adolescent
Four Corners of MDFT

- **Therapist - Parent**
  - Self
    - Overall functioning
    - Stress and burden
  - Parent
    - Love and commitment
    - Guidance and limit setting

- **Family**
- **Adolescent**
- **Extrafamilial**

MDFT
Four Corners of MDFT

- Transactional patterns

**MDFT**

- Therapist - Family
- Parent(s)
- Adolescent
- Extrafamilial
Four Corners of MDFT

MDFT

- Parent(s)
- Family
- Adolescent

- School
- Neighborhood
- Legal (Juvenile Justice)
- Social
- Medical
Three Stages of Treatment

1) Build the Foundation: Develop Alliance and Motivation

2) Work the Themes and Request Change

3) Seal the Changes and Exit
Stage 1: Building the Foundation

- Establish a developmental perspective on teens and families
- Motivate families to participate in therapy and change
- Develop multiple therapeutic alliances
- Identify strengths and create positive expectations
- Encourage familial collaboration, and understand everyday life
- Reconnect families and teens within the process of change, and instill hope that efforts will pay off
- Focus on parental importance to teen recovery. “You are the Medicine”
- Identify problems in the extrafamilial domain, with a focus on school, criminal justice, peer influence, minimizing treatment barriers and vocational needs
Stage 2: Facilitate Change

- Guide self examination by exploring ambivalence and barriers to change
- Collaborate with clients about how to get where they want to be, and make plans
- Prepare clients to follow plan, and also to identify key issues so that they can guide solutions when outcomes are not desirable
- Emphasize self-care and empower clients with information and confidence to overcome recovery barriers
- Continued focus on strengthening teamwork and communication
- Bring conflict out in the open, and help mediate family problem solving and negotiation
- Continue building extrafamilial support by offering new opportunities and troubleshooting any problems
Stage 3: Seal the Changes

• Make all changes overt

• Assess progress and make a plan to focus on workable foals during the last 6 weeks of treatment

• Explore family’s thoughts and feelings about ending treatment

• Discuss potential issues that may lie ahead

• Make sure all extrafamilial issues have been dealt with
Many MDFT components support ROSCs

- Motivating teens out of ambivalence
- Teaching self-care
- Age-appropriate services
- Fostering healthy familial communication and support
- Developing new extrafamilial alliances and ensuring that teens are receiving proper support from schools, the criminal justice system, and social services
For more information:

Designing a Recovery-Oriented Care Model for Adolescents and Transition Age Youth with Substance Use or Co-Occurring Mental Health Disorders, Substance Abuse and Mental Health Services Administration, 2009.
http://gucchdtacenter.georgetown.edu/resources/Recovery_Report_Adolescents%20-%20FINAL.pdf

Multidimensional Family Therapy Website
http://www.mdft.org/
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