

LINCOLN IN NORTHERN CA

"One Family at a Time"

*By Jennifer Re, MDFT Supervisor and Trainer at
Lincoln in Alameda County*

Since 1883, Lincoln has influenced the lives of children and families through evolving programs to disrupt cycles of poverty and trauma by addressing three core areas: education, family, and well-being. In 2013, Lincoln adopted and launched its first MDFT program in Contra Costa County, funded by County Mental Health and Probation. Within a short time, MDFT proved to be an excellent fit for Lincoln. The MDFT model powerfully aligns with Lincoln's core values of integrity, compassion, respect, excellence, courage, and diversity. In 2016, when another evidence-based practice discontinued in Alameda County, county administrators asked Lincoln what should be put in the old program's place. Without hesitation, our answer was MDFT, and MDFT in Alameda County was born.

Over the last four years, the MDFT program has served nearly 600 youth and their families yearly throughout Alameda and Contra Costa Counties. The most recent data indicate that in Lincoln's MDFT programs, youth who were struggling with both substance-use and men-

tal-health challenges reduced delinquent behaviors by eighty-seven percent (87%). Eighty-two percent (82%) of youth reduced truancy, and seventy-six percent (76%) reduced substance use. Lincoln's MDFT staff goes where our youth are -- providing services in the home, at school, or juvenile hall -- and collaborates with service providers, school personnel, the justice system, and other individuals identified by the family. In addition to individual and family therapy, mental health and behavioral supports, the Lincoln MDFT teams provide a variety of services through its intensive programs, including: facilitation of school and meetings and targeted educational plans, vocational assistance for youth and parents, connections to housing and other community resources, support at court hearings by either providing letters or speaking in court, and collaborating with probation officers and supervisors.

In Northern California, families as well as clinical staff face the challenge of a rapidly changing economic landscape, increased economic disparity and extreme difficulty to afford housing. Lincoln leadership has been devoting energy and resources to addressing the challenge of being competitive as a non-profit in an environment where "tech is king." For two years in a row, MDFT leaders were recognized for their ability to enhance and maintain staff motivation against considera-



L to R: Diatra Simpson, Lombeh Harrison, Evelyn Vides, Jennifer Re (back), Akeem Ajani, Alex Marterre (back), Evelin Palacios, Gianna Rizzo, Jocelyn Hodge, Renee Lesti, Karessa Irvin (back), Shaylyn Gulickson, Cameron Murphey (back), Hazel Zetino

ble challenges from outside forces. We gave a successful training to new managers redefining how we address staff retention and motivation using MDFT change principles and interventions and encouraging our whole agency to see “motivation as malleable.”

The MDFT way of thinking has influenced not only how we work with teens in the MDFT programs but also how the entire agency functions. For example, a key to supporting MDFT staff retention comes from the MDFT concept that when we develop the skills to manage our problems and become increasingly competent, we also become increasingly motivated to develop ourselves. This is why MDFT in both counties have been collaborating with juvenile justice, child welfare, behavioral health and educational institutions to produce monthly trainings that address the unique needs of our clients. For example, trainings address how to work with gang-involved youth, making diagnosis a meaningful and useful concept to clinicians and clients, and promoting readiness skills for our emerging adult clients. In that vein, we also develop small group events for youth, connecting them to others in similar life situations and help them have positive peer experiences while thinking about their futures or creating something of meaning together.

Another principle of MDFT that supports retention is the idea that while we can't always remove the barriers in front of us, we can make rising to the challenge worth it. We devote energy into quarterly events for our staff not only to have fun and build relationships, but to connect to our purpose in this work – our internal motivation. All of these events and trainings are developed from the voices of our MDFT teams.

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Jenny: An Alameda County Success Story

Jenny was referred to MDFT due to chronic illegal activity and substance use. She was notorious in the community for fighting, and because of her volatility and hostility she had received death threats from peers. When treatment started, she was not on speaking terms with her mother and was truant from school. She attempted to manage her trauma and other painful emotions by using hard drugs regularly and heavily. Their MDFT therapist immediately helped Jenny and her family explore the question, “what’s in this for us?” Jenny and her family took a chance on improving their relationships and building hope in each other. Her family consistently worked with the MDFT team and made incredible changes in the family and Jenny’s life. She gained problem solving and coping skills and increased her self-awareness, which resulted in better regulation of her moods and behaviors. She learned how to positively advocate for herself within challenging legal meetings, reduced her reactivity and aggression, and began cooperating with community agencies. Today, she has a loving relationship with her mom, is an active member of a soccer team, and is on track to graduate from high school. She no longer engages in physical altercations and lives a totally substance-free life.

The MDFT evidence-based, family-centered model has changed the course of many lives in a short period of time at Lincoln. The training provided by MDFT trainers has enhanced and strengthened the competency levels of supervisors, therapists and family advocates to better meet the needs of our families. Through the Lincoln MDFT Northern California programs, families are being healed, youths’ lives are being saved, and hope is being restored to our communities, one family at a time.

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Pedro: A Contra Costa County Success Story

Pedro, a regular marijuana user who had struggled since elementary school due to behavioral and academic problems, was on probation from ages 13 to 17 years old. When he was court ordered to MDFT, his grandparents were exhausted, felt hopeless, and were ready to give up. His MDFT therapist quickly mobilized Pedro and his grandparents to see the urgency of his situation and supported them by advocating at school and in the community for the resources they needed. With the support and love of his grandparents, Pedro began to believe in himself, started making positive changes, and faced the emotional pain of having been abandoned by his mother when he was a young child. About halfway through his therapy, he faced his fear of loss again when he had an unexpected incident that caused him to stumble for a short time. With support from his clinical team, who followed the MDFT relapse protocol and encouraged his grandparents to express their

commitment and unconditional acceptance, instead of getting off track, he kept moving in a positive direction. He continued meeting for individual and family sessions, and displayed a level of resiliency, perseverance, and dedication to overcome the opposition he was faced with in his young life. When he returned to court, one of the determining factors of the court's decision to release him from probation was a letter regarding his progress with the MDFT program. During his time in the MDFT program, he was released from ankle monitor, improved his grades and attendance at school, completed his community service hours, and strengthened his relationship with his grandparents significantly. Additionally, he remained 100% abstinent from substance use, and refrained from illegal activity and associating with negative peer influences. Today, he is on track to graduate from high school, works a part-time job, and has a clear plan for his future.

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YEAR IN REVIEW: 2017 MDFT PUBLICATIONS

- Hoogeveen, C. E., Vogelvang, B., Rigter, H. (2017). [Feasibility of inpatient and outpatient Multidimensional Family Therapy for improving behavioral outcomes in adolescents referred to residential youth care](#). *Residential Treatment for Children & Youth*, 34, 61-82.
- Steinka-Fry, K. T., Tanner-Smith, E. E., Dakof, G. A., & Henderson, C. (2017). [Culturally sensitive substance use treatment for racial/ethnic minority youth: A meta-analytic review](#). *Journal of Substance Abuse Treatment*, 75, 22-37.
- Rigter, H. (2017). [Treating cannabis-dependent adolescents with family therapy: The case of Multidimensional Family Therapy](#). In V. R. Preedy (Ed.), *Handbook of cannabis and related pathologies* (pp. 1047-1055). London, UK: Academic Press.
- Rowe, C. L., & Liddle, H. A. (2017). [The anatomy of cognitions in Multidimensional Family Therapy](#). In P. Kendall (Ed.), *Cognitive therapy with children and adolescents* (pp. 144-169). New York, NY: Guilford Press.
- Van der Pol, T. M., Henderson, C. E., Hendriks, V., Schaub, M. P., & Rigter, H. (2017). [Multidimensional Family Therapy reduces self-reported criminality among adolescents with a cannabis use disorder](#). *International Journal of Offender Therapy and Comparative Criminology*. Advance online publication.
- Van der pol, T. M., Machteld, H., Noom, M. J., Stams, G. J. M., Doreleijers, T. A. H., van Domburgh, L., Vermeiren, R. R. J. M. (2017). [Research review: The effectiveness of Multidimensional Family Therapy in treating adolescents with multiple behavior problems – a meta-analysis](#). *Journal of Child Psychology and Psychiatry*, 58(5), 532-545.