MULTIDIMENSIONAL FAMILY RECOVERY (MDFR): AN EFFECTIVE FAMILY-BASED CHILD WELFARE INTERVENTION

It has been consistently and well established that children of parents who misuse substances face daunting challenges. Multidimensional Family Recovery (MDFR) was designed specifically with these vulnerable youth in mind, targeting the very roots of child and adolescent problem behaviors by intervening directly with parents who misuse substances before it is too late. MDFR helps parents involved in the child welfare system achieve and sustain sobriety, provide a safe and healthy family environment for their children, comply with child welfare or court requirements, and prevent further child maltreatment.

In May 2021 the California Evidence-Based Clearinghouse for Child Welfare (CEBC) released its review and evaluation of Multidimensional Family Recovery (MDFR), giving it high ratings in 3 separate topic areas: Family Stabilization Programs, Motivational and Engagement Programs, and Reunification Programs. ***MDFR is the only program reviewed by CEBC to get high ratings in each of these 3 topic areas.*** Independent literature reviews also find MDFR to be highly effective. For example, Euser et al. (2015) carefully reviewed 20 different intervention programs focusing on maltreatment outcomes and only three programs, including MDFR, effectively prevented or reduced child maltreatment. Maltais et al. (2019), in a metanalysis focusing on child welfare families, found that MDFR performed better than other interventions in both engaging parents in services and increasing the likelihood for family reunification.

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CONTENT

Join us online!

Happy Holidays from the MDFT Family

MDFR: An Effective Child Welfare Intervention—Cont.

The Goals of MDFR are:

- Help parents enroll into, remain in, and benefit from substance use or mental health treatments
- Promote emotional attachment and bonding between parents and their children
- Improve basic child safety knowledge and practices (e.g. safe sleeping, safe storage of medications, water safety)
- Improve parenting skills
- Improve parents coping and emotional regulation skills
- Improve parent and family communication, conflict resolution and problem-solving skills
- Increase family emotional and practical assistance to support parent sobriety and parenting
- Facilitate access to developmental, educational, and health care services for the children
- Facilitate parent access to health, family planning, vocational/educational, financial and other needed services
- Help parents comply with child welfare/ court requirements
- Prevent further involvement in the child welfare system

The State of Connecticut began implementing six MDFR programs in 2019 at 5 different provider agencies throughout the State: Wheeler Clinic, CHR, Advanced Behavioral Health, Clifford Beers, and CommuniCare. LUK, a non-profit providing prevention, treatment, and other services to families in North Central Massachusetts will be starting a MDFR program in 2022.

An MDFR Counselor at CHR in Connecticut, Carol Ann Donahue, shares her experience in delivering MDFR:

> *"I've been doing MDFR for about 2 years now, and I've been able to see first-hand how this program works. What is really exceptional about this program is the family piece. I saw a family with 2 young parents. They were in their 20s and both had been in foster care as children. They had a baby who was born substance exposed. The parents did not get along well with the mother's mother (the baby's grandmother). I met alone with the grandmother, and using MDFR interventions, I helped her understand the parents better and how to guide and help them more effectively by offering advice and support without being demeaning and condescending. Then I brought them together to talk about their relationship and their needs. And it really worked! The baby's parents felt more love from the grandmother and as a result were more open to her advice and help. The other component that is really distinctive*

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about this program is the training. I receive regular emails, resources I receive regular emails, resources and training materials. But I also get access to weekly or bi-weekly meetings with the trainer for one-on-one guidance on my cases. It has helped me tremendously in helping the families. It's been amazing."

Additional References:

Euser, S., Alink, L. R., Stoltenborgh, M., Bakermans-Kranenburg, M. J., & Uzendoom, M. H. (2015). A gloomy picture: A meta-analysis of randomized controlled trials reveals disappointing effectiveness of programs aiming at preventing child maltreatment, *BMC Public Health*, 15, 1068.

Maltais, C., Cyr, C., Parent, G., & Pascuzzo, K (2019). Identifying effective interventions for promoting parent engagement and family reunification for children in out-of-home care: A series of meta-analyses. *Child Abuse & Neglect*, 88, 362-375.

For more information about MDFR, visit our website: https://www.mdft.org/mdfr

SAMHSA AWARDED 2 PROGRAMS TO ENHANCE AND EXPAND SERVICES FOR YOUTH AND FAMILIES USING MDFT

The Council on Alcoholism and Drug Abuse (CADA) from Santa Barbara, CA and the New York State Office of Addiction Services and Supports (NYS OASAS) along with Outreach NY were awarded a SAMHSA Youth and Family TREE grant (Enhancement and Expansion of Treatment and Recovery Services). The purpose of this program is to enhance and expand comprehensive treatment, early intervention, and recovery support services for adolescents (ages 12-18) and transitional aged youth (ages 16-25) with substance use disorders and/or co-occurring substance use and mental disorders, and their families.

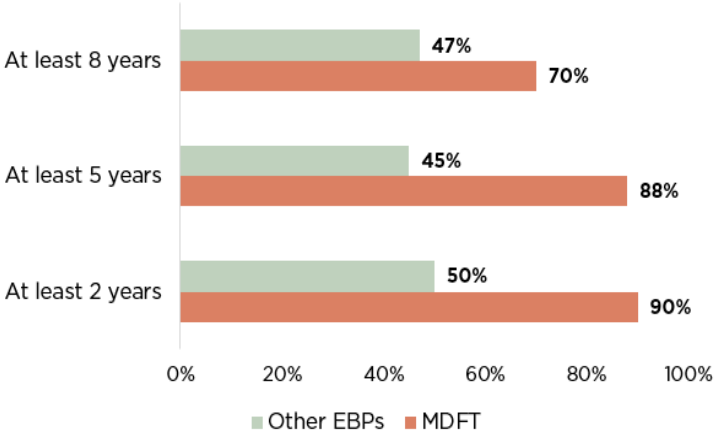
CADA is currently implementing MDFT and this grant will allow them to expand services to reach under-served populations, including females, LGBTQ youth, transitional age youth, and Latino families. They will also offer Medication Assisted Treatment along with MDFT. **OASAS** will partner with **Outreach NY** to serve transitional age youth with a substance use disorder and/or co-occurring substance use and mental health disorders and their families.

MDFT PROGRAMS IN EUROPE AND NORTH AMERICA SHOW HIGH LONG-TERM SUSTAINMENT

While dissemination of evidence-based practices (EBPs) has been the focus of considerable clinical and research attention in the past decade, there are still many unresolved questions about how and why interventions are adopted and sustained. To help expand the knowledge base on EBP dissemination, a non-experimental study was recently conducted to examine the short-term (two year) and longer-term (five year and eight year) sustainment of 137 MDFT programs in North America and Europe delivered at various levels of care. The study examined rates of sustainment for full implementation of MDFT, and also explored factors associated with sustainment and discontinuation.

Results showed that 90% of MDFT programs sustained for two years or more, 88% for 5 years or more, and 70% for 8 years or more. These findings compare very favorably with sustainment rates of other EPBs. Average two-year sustainment of EBPs is approximately 50%, ranging from a low of 25% to a high of 88% depending on the intervention and service delivery context. Although there are relatively few studies in behavioral health examining longer-term sustainment, some notable exceptions provide guidance. The National Implementing Evidence-Based Practices Project studied 49 diverse programs, and found that 79% were sustained for at least four years. Only 47% of the programs were sustained for eight years.

Sustainment of MDFT in Comparison to Sustainment of Other EBPs



Potential differences between sustained and discontinued programs at the three time periods were also examined on several dimensions: (a) location (rural versus urban metropolitan areas), (b) level of care (outpatient, in-home / hybrid, partial hospitalization / residential), (c) being part of a multi-site network of programs, (d) source of funding (time-limited grant funding, ongoing state or county funding, mixed funding consisting of third-party funding, local contracts, foundation grants), and (e) provider opinion of why their MDFT program was discontinued.

There were no significant differences between sustained and discontinued programs at any of the three sustainment time periods for *location* or *level of care*. However, being part of a *multi-site network* with other MDFT programs was associated with longer term sustainment at eight years or more. Programs that were funded from time-limited grants were more likely to discontinue: 37% of programs with time-limited grant funding were discontinued during the five-year period whereas only six percent of those with ongoing funding and 10% of those relying on mixed financing discontinued during this same period.

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High Long-Term Sustainment—Cont.

MDFT programs that discontinued shared perceived reasons for discontinuation. Fifty-three percent of the discontinued programs reported lack of adequate funding as the primary reason for discontinuation, 31% reported that provider internal restructuring issues led to discontinuation, and only 16% reported that their programs closed because of clinician issues.

The findings of this study demonstrate that MDFT has high sustainment rates in comparison to other EBPs that have been studied. Clearly for MDFT, like other EBPs, stable funding and being part of a multi-site provider network – and ostensibly benefiting from the funding and technical support provided by such a network – are key factors of sustainment.

Previous research has indicated that sustainment cannot be explained by stable funding alone, and suggests that the quality of ongoing fidelity monitoring, coaching, and support from trainers or purveyor organizations; intervention features such as cost of training and quality assurance activities; and perceived flexibility and complexity of the intervention may also play important roles in sustainment. Given that funding alone is not sufficient to explain the high MDFT sustainability rates, especially since many programs with less-than-ideal funding situations have sustained for many years, it is important to consider other factors that might be key to MDFT sustainment while at the same time not minimizing the importance of funding.

This study suggests that the quality, structure, and flexibility of MDFT and its associated training and quality assurance methods contributes to its high sustainability rates. MDFT therapists and supervisors routinely report that MDFT training not only gives them the skills to successfully administer MDFT but also helps them to be better therapists generally. MDFT is particularly noted for its flexible application of interventions in the context of a structured training, supervision, and fidelity monitoring program. In a series of interviews with MDFT providers designed to identify training program strengths and weaknesses, one leader of a provider organization emphasized their excellent clinical outcomes and the flexible application of MDFT:

> *"I'm proud to say that we are approaching our 18th year operating MDFT. We have experienced significant success with the families and youth who we have served within this program. I can't say enough about MDFT. It is my favorite, favorite model of all the evidence-based practices we work with, and we work with a lot of them. MDFT is flexible, it's caring, it's supportive and it's with the family and youth. MDFT is the 'go to' model."*

Another provider highlighted the flexible application of MDFT:

> *"One of the misconceptions that a lot of people have about evidence-based models is that they are very cookie-cutter, and they are not flexible. This is not the case for MDFT. MDFT is flexible. For MDFT it is really an individualized approach based on what the family needs at that point and time. I think that is one of the things that makes MDFT as successful as it is with our families."*

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High Long-Term Sustainment—Cont.

For further reading on the sustainment of evidence-based practices:

S. Beidas & P.C. Kendall (Eds.). *Dissemination and Implementation of evidence-based practices in child and adolescent mental health* (pp. 82-97). Oxford University Press.

Bond, G. R., Drake, R. E., McHugo, G. J., Peterson, A. E., Jones, A. M. & Williams, J. (2014). Long-term sustainability of evidence -based practices in community mental health agencies. *Administration and Policy in Mental Health and Mental Health Services Research*, *41*: 228-236.

Chung, B., Mikesell, L., & Miklowitz, D. (2014). Flexibility and structure may enhance implementation of Family-Focused Therapy in community mental health settings. *Community Mental Health Journal, 50:* 787-791. https://doi.org/10.1007/s10597-014-9733-8

Godley, S. H., White, W. H., Diamond, G., Passetti, L., & Titus, J. C. (2001). Therapist reactions to manual-guided therapies for the treatment of adolescent marijuana users. *Clinical Psychology: Science and Practice, 8 (4)*, 405-417. https://doi.org/10.1093/clipsy/8.4.405

Hoagwood, K., Atkins, M., & Ialongo, N. (2013). Unpacking the black box of implementation: The next generation for policy, research and practice. *Administration and Policy in Mental Health and Mental Health Services Research, 40,* 451-455. https://doi.org/10.1007/s10488-013-0512-6

Hunter, S. B., Han, B., Slaughter, M. E., Godley, S. H., & Garner, B. R. (2017). Predicting evidence-based treatment sustainment: Results from a longitudinal study of the Adolescent-Community Reinforcement Approach. *Implementation Science, 12*(75), 1-14. https://doi.org/10.1186/s13012-017-0606-8

Shelton, R. C., Cooper, B. R., & Stirman, S. W. (2018). The sustainability of evidence-based interventions and practices in public health and health care. *Annual Review of Public Health, 39,* 55-76. https://doi.org/10.1146/annurev-publhealth-040617-014731

6 NEW MDFT PROGRAMS IN 2021

We extend a warm welcome to 6 new programs that joined the MDFT family in 2021!

- Adkins Counseling Center, Pocatello, ID
- Community Care of West Virginia, Rock Cave, WV
- Pima County Juvenile Court, Tucson, AZ
- Hope for Youth—NIPP, Amityville, NY
- Hope for Youth—Juvenile Drug Treatment Court, Amityville, NY

We also have great programs joining MDFT in 2022!

VOICES FROM THE COMMUNITY

REFLECTIONS FROM A TRANSITIONAL AGED YOUTH MDFT PARTICIPANT

Orlando began MDFT after being arrested for possession of marijuana and given the option of criminal drug court. He was a senior in high school and had just turned 18. He was in the car with a group of friends and thought that since he was legally an adult, he would save his friends from getting in trouble with their parents if he claimed responsibility for all of the marijuana that was found by the police. After a few weeks of discussing the benefits of involving his parents in his therapy and drug court process, he finally agreed. He began to work hard in the program with his mother and stepfather. Orlando started to participate on his school basketball team, improved academically enough to graduate from high school, and began studying for a real estate license. He saw an improvement in the ways he was able to speak with his parents more openly and directly about what was happening in his life and inner world. Previously he would shut down when upset and smoke marijuana with his friends to deal with the disconnect he felt from his parents. By the time he completed MDFT, he successfully graduated from drug court and significantly improved his relationship with his parents. About 2 years after finishing MDFT and drug court, he shared his reflections with his MDFT therapist via email:

"*My experience in the program was at first a bit of a bother. Going into it I was very negative, asking myself why I had to do these things and why I needed a therapist and why I had to go do drug tests 3 times a week for drug court, and to this day I can still ask myself all those questions except one. My therapist might be the best thing that could've happened to me and my family. After being so negative, I went through with the process and I remember thinking to myself, 'I don't want some lady over here trying to read me and get in my head.' But [my Therapist] was never like that. From the first day she made me feel comfortable. As crazy as it sounds I was in high school with all these friends, a basketball team, teachers, coaches, family, and it was amazing because even with all those people around me for years, [my Therapist] walked into my life and since day one, I was truly myself with her. I never felt judged or ridiculed. She was always helpful and always had my best interest in mind, but I think the best part about it was the way she communicated things to me. It was never a judgmental answer and more towards an answer of encouragement and guidance that I had never really gotten before. She pushed me to get honest with myself and then to start talking to my mom and stepdad about how I*

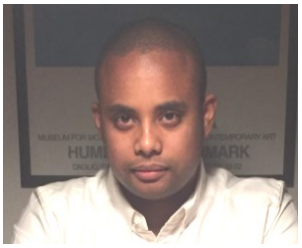
Orlando and his mom
(name changed to protect his identity)

Reflections from a TAY Participant —Cont.

wanted things to be between us. My experience with the drug court program as a whole was dreadful because who would want to go through all that? But if anyone got me through that and made the process 100x easier it was my therapist. That's somebody that I'll never forget and will always look back and think she really might have saved my life. I needed her more than I thought, and she came around and did an amazing job with understanding who I was as a person and guiding me in the right path. Most of all, she helped me deal with my parents and helped them listen to me and work with me better than before. A thank you will never repay her but she will always be in my heart for what she did for us and will always be in my prayers."

MDFT WELCOMES 2 NEW BOARD MEMBERS

JAMES TONEY III, BS



An innovative, creative, marketing and brand strategist with proven technology expertise. He has significant experience setting vision and driving complex initiatives. Toney is currently the Chief Strategy Officer for Maximum Effort. Prior to this role, he was Senior Vice President of IMAX, and also Senior Vice President of Technology and Innovation for 20th Century Fox both in Los Angeles, CA. Mr. Toney was the Co-Founder, Chief Strategist and Head of Business Development of the Los Angeles creative agency, Sew. Sew develops digital and social marketing strategies for brands that includes OWN, Ford, Verizon, AAA, and Gap.

He has a bachelors degree from Pepperdine University in Political Science and Economics. In 2015 Mr. Toney was recognized as Forbes 30 under 30 and in 2017 he received the Bright Pink ChangeMakers Award.

HALEY WEINGER, BA

A strategic problem solver who has built a reputation for operational excellence, innovative strategic thinking, and working with the highest level of integrity and compassion. Haley is currently the Chief of Staff to the CEO & COO and co-founders for Hello Alfred in New York, an end-to-end resident experience and building management platform that is transforming the real estate industry. She has been instrumental in scaling Hello Alfred's existing products and leading the build out of new business lines. Prior to this role, she worked for BlackRock for 8 years in both New York and London, where she held various positions including VP of Talent Strategy & Executive Talent Management, as well as Chief of Staff and Business Manager to the Global Head of Alternative Investments. She currently sits on the board of NYU FACES Young Leadership.

Ms. Weinger holds a BA in Organizational Psychology with concentration in Art and Design from the University of Michigan in Ann Arbor.

MDFT @ LEXINGTON COUNTY COMMUNITY MENTAL HEALTH CENTER, SOUTH CAROLINA

Lexington County Community Mental Health Center (LCCMHC) was established in 1981 at the request of Lexington County residents to meet the growing needs of their suburban community. Last year, LCCMHC served more than 5,000 children and adults across the county.

In August 2019, LCCMHC's MDFT program came to fruition as one of the first MDFT programs in the state of South Carolina. The program was fortunate to participate in the in-person introduction training and on-site visit with full certification established in February 2020. LCCMHC was the first of the 16 South Carolina community mental health centers to have a certified Multidimensional Family Therapy (MDFT) team. However, shortly after the team became certified, the COVID pandemic afflicted the nation and the suburban community of Lexington, South Carolina. Within a few short months of the pandemic, the MDFT therapists were providing virtual/telehealth treatment, forestalling the community based and in-home services that are imperative to the integrity and effectiveness of MDFT.

In response to the rapidly changing landscape with schools closed and more teens at risk during the pandemic, LCCMHC leadership took an active role in ensuring the MDFT program remain a high priority. Therapist recruitment, motivation and retention became evident as the cornerstone to maintaining the MDFT program. Lexington's MDFT supervisor recruited and focused on employing therapists who embody the MDFT way of thinking and are willing to "do whatever it takes" to sustain an intensive community-based program during a pandemic.

The Lexington team (from L to R): Ashley Garrett, Natalie Guenther (supervisor), and Devin Myers.

Despite the uncertainty and instability of the COVID-19 pandemic, Lexington's small MDFT team of 2 therapists have served almost 60 families since its inception. With less than 3% of sessions held in the clinic, MDFT remains a community-based program. Since the launch of Lexington's MDFT program, almost 17-18 months have been during a pandemic. The program has closed 93% of cases successfully, including 91% with no illicit substance use, 89% with stable mental health and 87% remaining in the community. An impressive 100% of families are not resorting to family violence at discharge.

Lexington's MDFT program trials and tribulations have proven how effective and adaptable the MDFT model and MDFT therapists can be to ensure positive clinical outcomes during a critical time. Lexington's program looks forward to continued success and adaptability as we all work to transition back to fully operative in-home community-based MDFT services, with certain challenges as well as new opportunities for our youth and families.