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Follow us online!**MDFT IS EFFECTIVE WITH
TRANSITIONAL AGE YOUTH AND THEIR
FAMILIES**

Our most recent MDFT publication highlights impressive results of a recent study in which we delivered the model to transitional age youth (TAY) and their families. TAY are defined as young adults or “emerging adults” between the ages of 18 and 25. This developmental period is distinct from both adolescence and later adulthood, thus there are unique clinical considerations for TAY. In the study, MDFT was adapted to meet the needs of the TAY population and their families.

MDFT clinical adaptations included different parameters as well as content of sessions. For instance, MDFT TAY sessions can be conducted with the young adult and their intimate partners and others in addition to their parents, siblings, and extended family. In comparison to the adolescent version of MDFT, there are more individual sessions alone with the young adult. The content of all sessions, as befits the developmental level of the TAY and family, highlight issues of job and career, parenting, intimate relationships, and sexuality. Parents of young adults frequently need help to transition from parenting a teenager to a young adult, including how to hold expectations in an atmosphere of mutual respect. As in MDFT with adolescents, family sessions focus on enhancing communication, understanding, family problem

solving, deepening the emotional connection among family members, and helping young adults and parents renegotiate their relationships.

The recently completed MDFT TAY study was implemented in the State of Florida 11th Judicial Circuit Criminal Court in Miami Dade County. Twenty-five participants were approached for study enrollment, and only three refused to participate. The sample included 73% of youth between the ages of 18–20 and 27% between 21–25. The sample was 71% male and 29% female. Self-reported ethnicity of the sample was: Hispanic (71%), African American (27%), and other (5%). All TAY had at least one open felony charge and a substance use disorder diagnosis. Notably, all TAY enrolled in the study had at least one of their parents or caregivers agree to participate in MDFT at intake.

From baseline to 6 months following baseline, both self-report and criminal justice record data were

*Continues...*

MDFT Helps TAY and their Families—Cont.

analyzed. As hypothesized, young adults who received MDFT showed significant reductions in substance use and offending, and significant improvement in vocational functioning. Examination of criminal justice records indicated that only one participant was arrested during this period. Consistent with criminal record data, the Addiction Severity Index (ASI) Composite Legal Scale showed a statistically significant decrease with a large effect size in legal risk. Finally, with respect to vocational functioning, the Work subscale of the Status Questionnaire (SQ) Developmental Competence Scale showed a statistically significant increase in positive vocational functioning. The ASI Composite Employment subscale did not show significant improvement from baseline to 6-month follow-up. However, the data indicated significant improvement in employment status: 45% were unemployed at baseline versus 18% unemployed 6 months later. Additionally, 68% of TAY were employed full time 6 months after baseline, which is a 73% increase in full-time employment from intake to 6 months later.

At seven to eighteen months after baseline, only criminal justice record data were available for this

time frame. Twenty participants (91%) graduated from drug court. In total, three young adults (14%) were arrested from baseline through 18 months after baseline; 86% of TAY who received MDFT had no rearrests during the 18-month study period. These arrest rates compare favorably to extant evaluation and research findings on criminal drug court participants. Recall that 100% of the sample had been arrested prior to drug court.

These results provide strong support for the use of family-based models and MDFT in particular to address the needs of TAY and their families. The promise of MDFT in treating TAY offers new options to help them transition through the highly vulnerable developmental period of young adulthood.



Liddle, H.A., Dakof, G., Rowe, C. et al. (2023). Multidimensional Family Therapy for justice-involved young adults with substance use disorders. *Journal of Behavioral Services & Research*. doi: [10.1007/s11414-023-09852-5](https://doi.org/10.1007/s11414-023-09852-5).

CONSIDERING MDFT FOR YOUR AGENCY?

MDFT certification training is available for teams of three or more clinicians. Teams are required to dedicate one or more clinicians to becoming MDFT supervisors, generally within the year of beginning training. All MDFT training is done on-site at your agency and/or through virtual meetings.

GUIDE TO
GETTING
STARTED

We offer Continuing Education hours from the National Association of Social Workers for the Introductory Training and refresher sessions throughout the year. Visit our [website](#) to find more information and feel free to contact us if you would like to discuss how MDFT could benefit the population you serve. Contact info@mdft.org for more information.

Happy Thanksgiving!



We at MDFT International want to share a sincere “thank you” to the entire network of providers who serve MDFT youth and families. We wish you and your loved ones a joyous and gratitude-filled holiday!

VOICES FROM THE COMMUNITY

An essential aspect of the MDFT Quality Assurance system that helps teams meet and maintain model fidelity is the Portal annual report. Portal reports indicate when teams need to address clinical and supervision gaps, and when they are excelling. But the data don't tell the whole story. This article highlights two examples of exceptional outcomes from strong MDFT teams. These stories provide an inside look at what MDFT means for our youth, their families, and their lives, and what it takes to achieve outstanding MDFT outcomes.

A SURPRISE VISIT FROM AN MDFT CLIENT 17 YEARS LATER

During an annual booster visit to Riverside University Health System this August, Dr. Cindy Rowe witnessed a very special moment when one of the supervisors was surprised by the visit of a former client. Actually, it was her MDFT training case from 17 years ago! He is now in his early 30s and is a Peer Specialist for the County. He found out that supervisor Soulafa Massoud was coming to his site for the day and wanted to express his gratitude after all these years. He read a letter out loud that brought teary eyes to all attendees. The letter is included below.

We asked Ms. Massoud what she remembered about the youth and his family, and this is what she told us...

"I remember from 17 years ago that this 16-year-old Hispanic male was referred to us by probation due to substance use, relational problems with Mom, academic problems, loss and grief for his father, regularly running away, and dealing with his mother's addiction. While in MDFT, he continued having difficulties with his mother due to her own problems, but she realized that she was the medicine for her son as we amplified her worries and concerns about him. At the end of MDFT, they were able to make a lot of progress, especially when his mother was diagnosed with cancer. He was afraid to lose her. He worked very hard on the relationship with his mother and to achieve all his goals, in case he were to lose her. She is still alive today."

When he introduced himself to me at our booster training in August, he was wondering if I still remembered him. I told him 'of course!' I said 'we don't forget our clients,' and he smiled. I looked at him, and he looked nothing like the youth I was working with 17 years ago. I saw in front of me an adult who was mature, responsible, and who weighed every word he said. When he read the letter to me, I was a little confused about what was going on around me and felt strong emotions. I held my tears in and maintained composure so that I could really listen to him as he

read to us. I was surprised by his words because at that time, as a beginner, I did not know how much impact I had in his life. But when he finished reading the letter, I was able to hug him as assurance that I am so proud of him and of the man he has become. To meet a youth and family you worked with after 17 years, and to hear about he is a Peer Specialist in the County, helping other kids and parents, was very humbling and rewarding. It is true that 'our exit is their beginning.'"

Hello Soulafa,

I hope this letter finds you well...I wanted to share how much you impacted my life. You are one of few people that showed me you cared and you have always been in my thoughts. When you came into my life I was a lost, broken and troubled kid. At the time I felt that the world was against me and I had no future. I was really struggling with the loss of my father and dealing with my mother and her addiction.

A few months ago, I was speaking with a CT from RUHS and I thanked her for not being so "uptight". I later shared some difficult times I went through as a teen and told her about you and how you stood with me. I know at times you might have thought I wasn't listening or paying attention...but I was. I shared with her that I wasn't sure if the lady who helped me when I was younger knew how much my life was impacted since progress from therapy doesn't always become apparent right away. It's only when we know how to apply it to our day-to-day life and I used myself as an example.

That CT then told me that she knew you and that you still worked for the county and my heart hit the floor. I assumed I would never have the opportunity to tell you. That's why I would share your name when I told parts of my story.

You were consistent when I wasn't. You showed me you cared when I showed anger. You gave me the power to bring light to life from darkness. I can't tell you how grateful I am for you...you showed up day in and day out without seeing any reward.

As I get older, I continuously shed pain that I have carried. I still struggle with my mom. But remember where I have come from and the words you spoke into my heart. You empowered me to take control of my own future and to break a terrible cycle that my family is still living in.

Today, I am happily married and have four amazing children who will never have to experience what I did, because of you. I am still working daily on healing and using the tools you gave me for not only myself but to also pay it forward with the children I encounter.

I am struggling to find the right words or the best words...the truth is...no words exist to be able to express my gratitude.

Thank you for all you've done and continue to do in my life.

VOICES FROM THE COMMUNITY-Cont.

COMMUNITY MENTAL HEALTH AFFILIATES (CMHA) BILINGUAL TEAM: An Exceptional MDFT Program

The CMHA Bilingual MDFT team in New Britain, CT has consistently achieved excellent fidelity and outcomes for the past four years. Through the pandemic they have remained stable, with little turnover on the team, and have weathered other common challenges very well. We asked supervisor Edielynn Cardona to tell us the secret of her team's success. Here is what she told us...



Q: How is it that you and your team do such an amazing job implementing MDFT year after year? What does it take?

EC: Our clinicians and therapist assistants are extremely dedicated to providing quality care. They do not think of their clients as another case; they consider the care they would like to see as if this were one of their family members. Our team is encouraged to think outside of the box, and they deliver. We tell families to reach for the stars when creating goals, because we too want the best for them and wish to see the family succeed. Our team makes the impossible - possible by pulling on resources or finding alternatives that will satisfy the family's unique needs. We also like to focus on how the adolescent can not only improve their life, but also make their family and community proud. The extraordinary efforts of every one of our team members are seen as invaluable contributions to the overall success of our teens and families.

Q: What does MDFT International do to support you and your team's work? Is there anything in particular that makes a difference?

EC: MDFT International has always been our foundation and support system. They have supported our clinicians' growth by providing regular refresher trainings that add to their

clinical skills. The yearly boosters help remind clinicians of why the work is so important, and how their presence in the home can immensely impact the family and their reconnection. We could not do what we do, as well as we do it, without this level of support from MDFT International.

Q: What would you recommend to other supervisors and MDFT teams to achieve results like your team has achieved?

EC: I believe in investing in my team; this means I make it a point as supervisor to go above and beyond to learn about them as individuals, their families, and offer assistance in any way that I can. As a family therapy program, it is important to acknowledge what it means and what it takes to be a part of a family. This means providing an atmosphere that is very supportive, authentic, and open. This culture has always helped to keep our team together and has had direct positive outcomes with our retention - and most importantly the care of our clients.

Q: What does MDFT mean to you and the families you serve?

EC: Family is the most important thing in my life, so this program is very special to me. Every child deserves a home that is nurturing and loving, and I am proud to be part of an evidence-based model that promotes this value. There is magic and healing that happens in MDFT. The treatment is incredibly powerful, and it is always very rewarding to see families reconnect, find hope, and be resilient.



THE GLOBAL MDFT COMMUNITY

CELEBRATING 10 YEARS OF MDFT IN FINLAND

This year the MDFT team in Lappeenranta, Finland celebrates 10 years of delivering MDFT.

The team at EKHVA (formerly Eksote) started the MDFT training program in 2013 with 2 supervisors and 4 therapists. At the outset, a thorough implementation plan was developed and executed so that MDFT would be embraced and barriers could be addressed throughout the organisation.

About EKHVA

The aim of EKHVA's services for children, adolescents and families is to support the internal resources of families and the coping of parents, which ensures that children have a safe environment in which to grow and develop. The services promote the wellbeing of families and provide effective interventions to youth who are facing problems so that they may receive help as early as possible.



EKHVA (South Karelia wellbeing services county) is a joint municipal authority of the South Karelia region, covering nine municipalities: Imatra, Lappeenranta, Lemi, Luumäki, Parikkala, Rautjärvi, Ruokolahti, Savitaipale, and Taipalsaari.

Strengths of the Team

The MDFT team at South Karelia has been stable since the beginning. During the past 10 years, they have added two additional therapists. Only one therapist has left the team to pursue an entrepreneurial career. The team consists of clinicians with different personalities who truly complement each other. The greatest strength of the team is that they work in a multidimensional way, bringing their different therapeutic styles, skills, backgrounds and professional development. Each team member works hard to uncover the unique stories of each youth and family, and they are not afraid to work with emotions.

Team Building

How has the team been sustained and grown for 10 years? Building relationships within the team makes the clinicians work so well together. Each team member wants to learn from the others. They really focus on listening to each other, and they have been working like this from day one.

According to MDFT trainer Rinske Lycklama à Nijeholt: *"The power of the team is their courage: they support and challenge each other to bring the best every day for their families."*

Sylvia Cool, Senior MDFT Trainer, adds: *"The youth care system in Finland faced lots of challenges and changes these past years. We are so glad that this team is still going strong and we appreciate being able to support their work for the benefit of youth and families in Finland."*



Supervisors Jarkko Karhunen (1st from the left) and Tanja Pilli (4th from the left); MDFT therapists Tommi Penttilä, Minna Saira, Hanna Weiland, Tiia Smolander, and Outi Makkonen.