

# Recovery Oriented Systems of Care & Multi-Dimensional Family Therapy

University of Wisconsin Hospital  
and Clinics-Adolescent Alcohol and  
Drug Assessment Intervention  
Program





# UWHC-AADAIP MISSION

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



# What are ROSC?

- 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



# Traditional Treatment

## The Additive Model

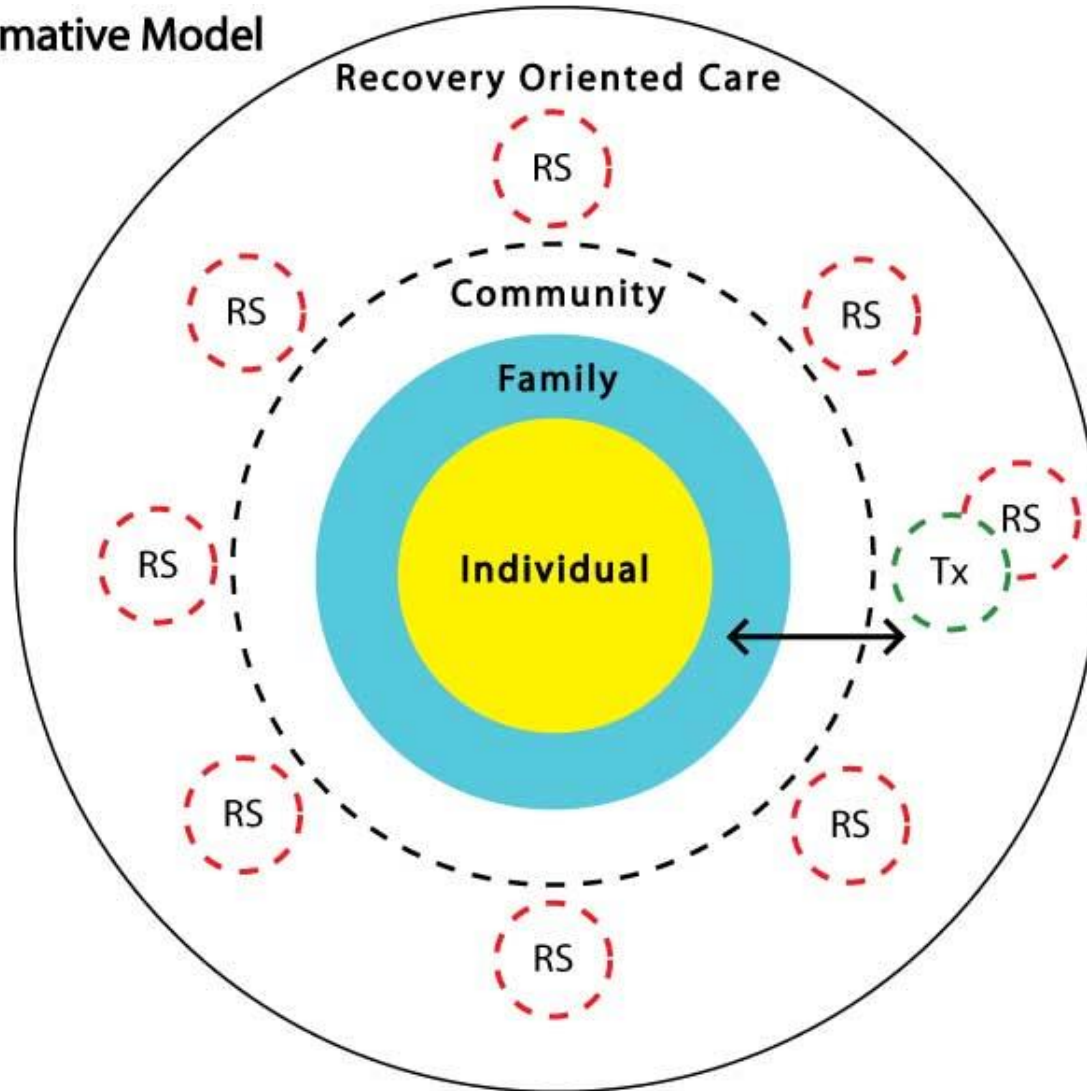






# Potential ROSC Structure

## The Transformative Model





# 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



# ROSC Services and Supports

- Ensuring ongoing family involvement
- Providing linkages
- Assuring that the range of services and supports address the multiple domains of a young persons life
- Including services that foster connectedness
- Providing Therapeutic/clinical interventions



## Do ROSC Work?

- 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.





# 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



# Theoretical, Clinical, and Empirical Roots of MDFT

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



# MDFT Theory of Change

- 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)



## MDFT Theory of Change (cont.)

- 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





# Operating Principals

- 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



# MDFT Clinical Team Characteristics

- 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



# Motivate Parents and Youth: Focus on the “Four D’s”

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



# Alliance Building: Youth and Parent

- 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!

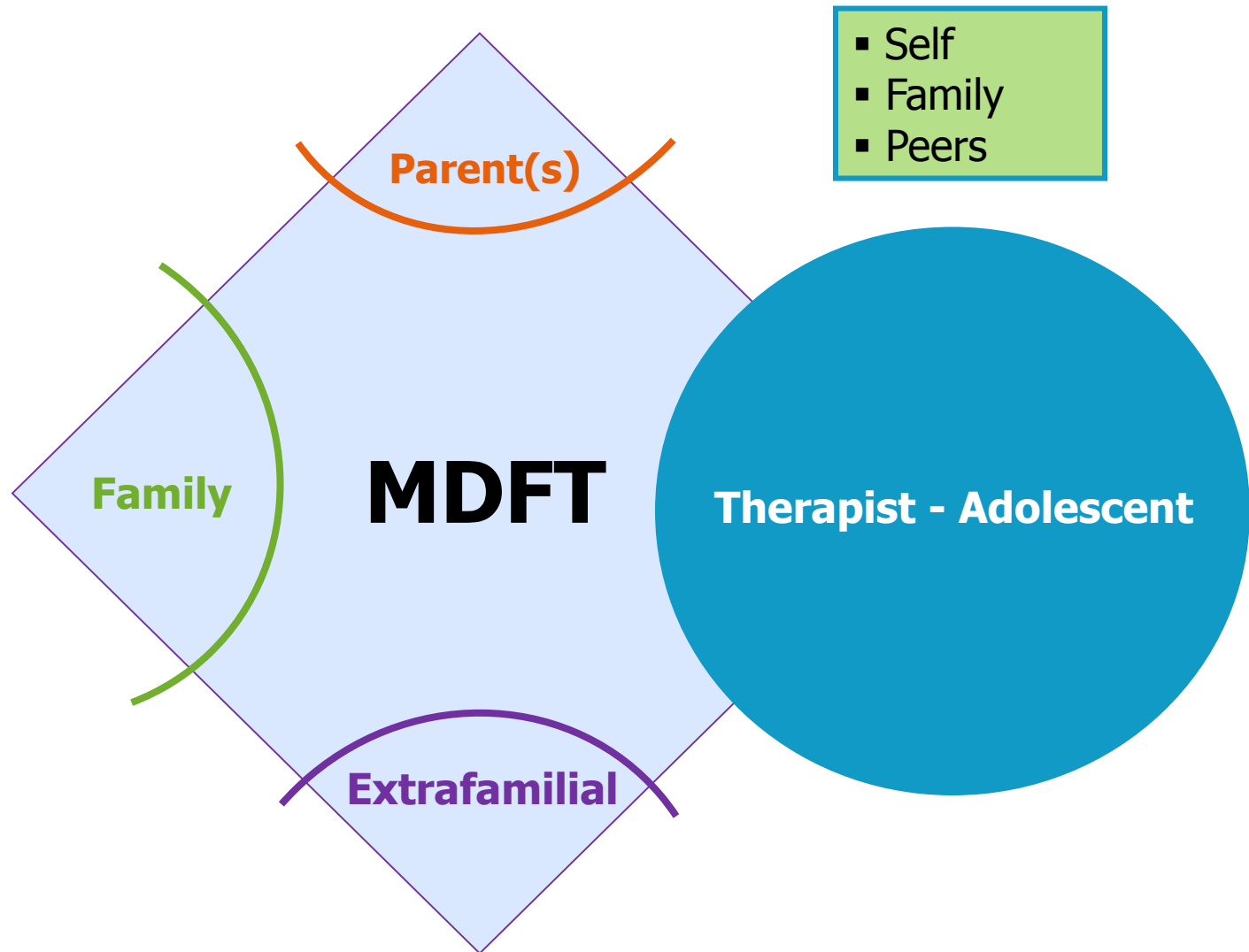


# MDFT Goals by Domain

<b>ADOLESCENT DOMAIN</b>	<ul style="list-style-type: none"><li>• Decrease/eliminate substance abuse</li><li>• Improve the teen's communication, emotional regulation, coping, and problem solving skills</li><li>• Improve school performance and reduce/eliminate criminal behavior</li></ul>
<b>PARENT DOMAIN</b>	<ul style="list-style-type: none"><li>• Improve parenting skills &amp; parental teamwork</li><li>• Rebuild emotional connection with youth</li><li>• Enhance parents' individual functioning</li></ul>
<b>FAMILY DOMAIN</b>	<ul style="list-style-type: none"><li>• Improve family communication and problem solving skills</li><li>• Improve family interactions about day-to-day and big picture issues</li><li>• Enhance feelings of love and connection among family members</li></ul>
<b>COMMUNITY DOMAIN</b>	<ul style="list-style-type: none"><li>• Improve family members' relationships with school, court, legal system, workplace, and neighborhood</li><li>• Build family members' capacity to access and obtain needed resources</li></ul>

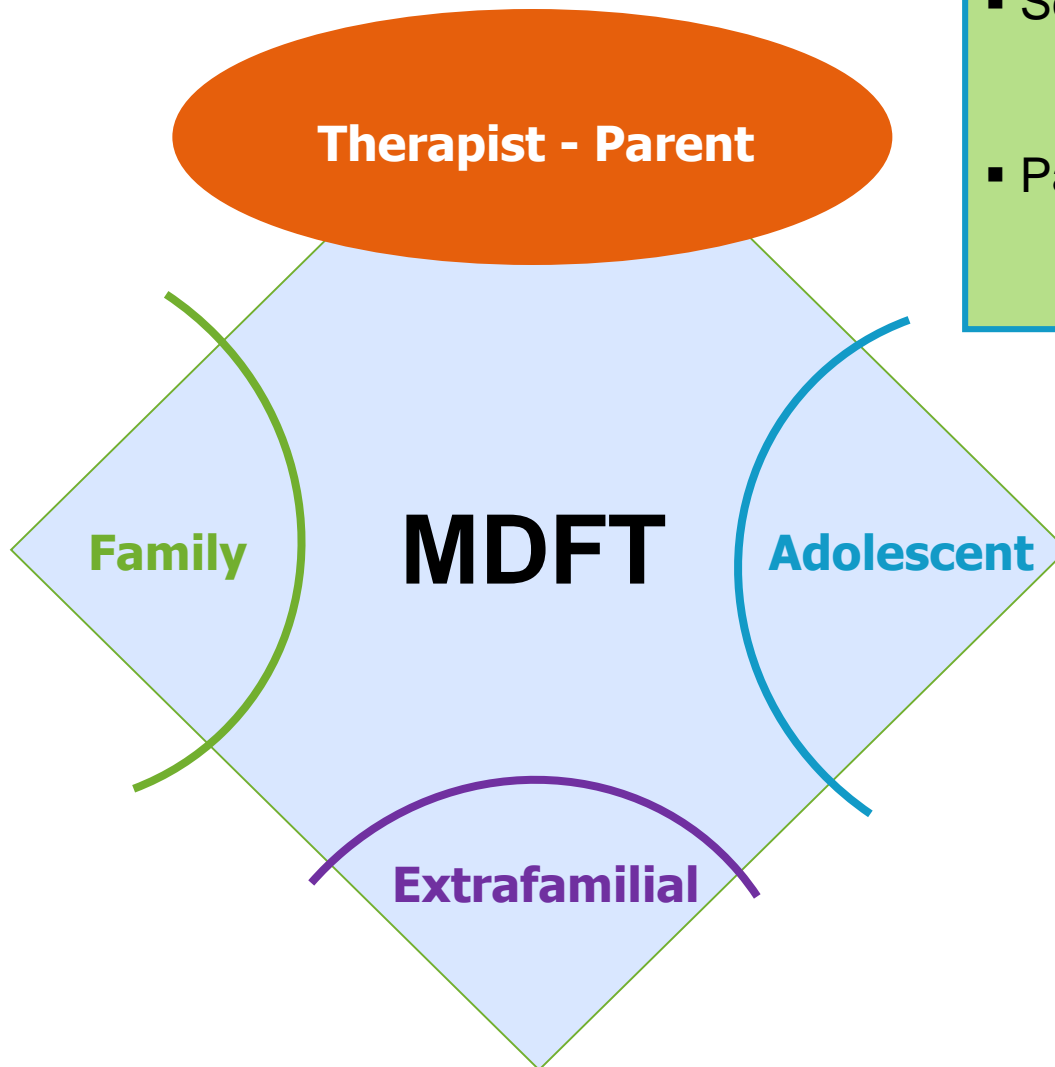


# Four Corners of MDFT





# Four Corners of MDFT

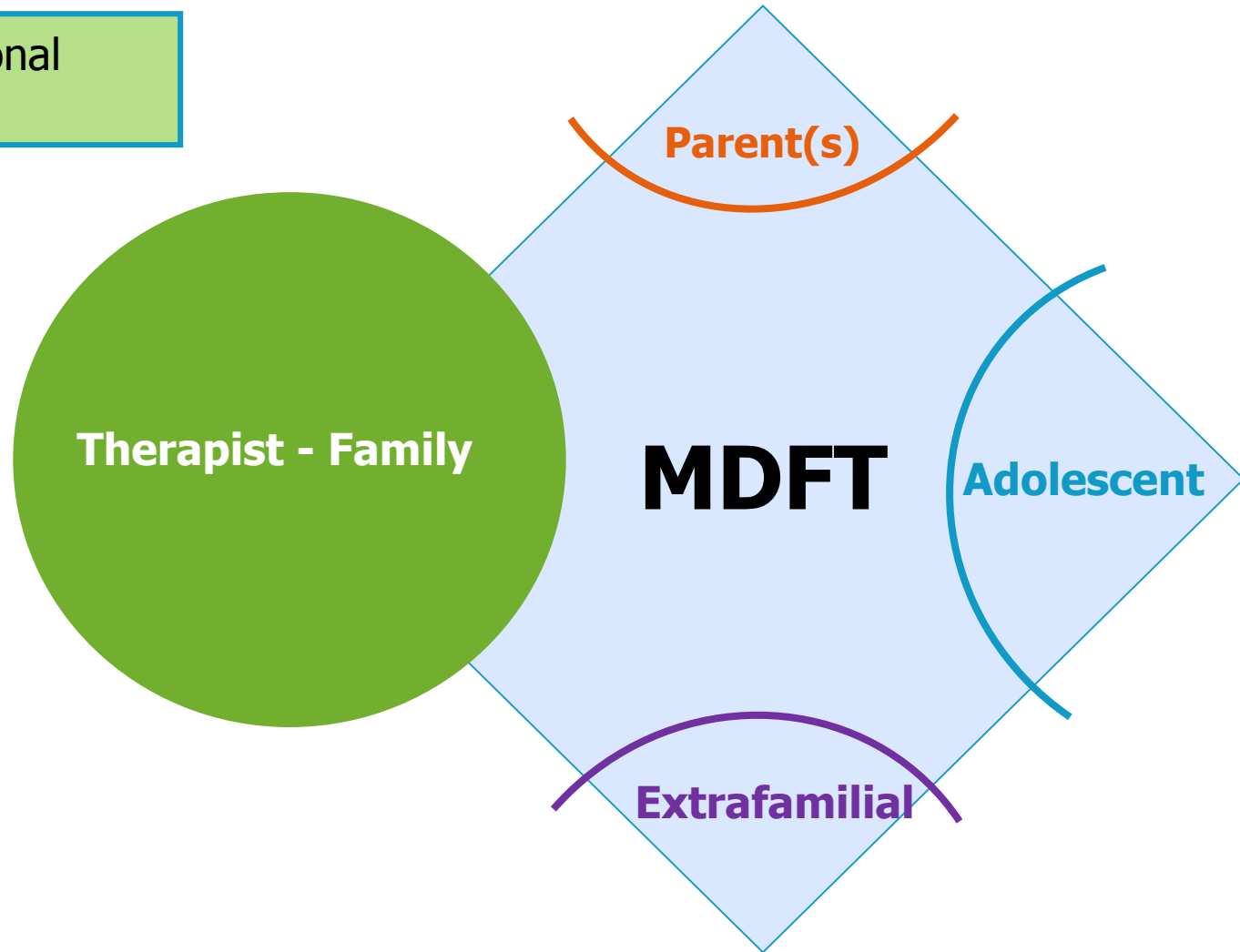


- Self
  - Overall functioning
  - Stress and burden
- Parent
  - Love and commitment
  - Guidance and limit setting



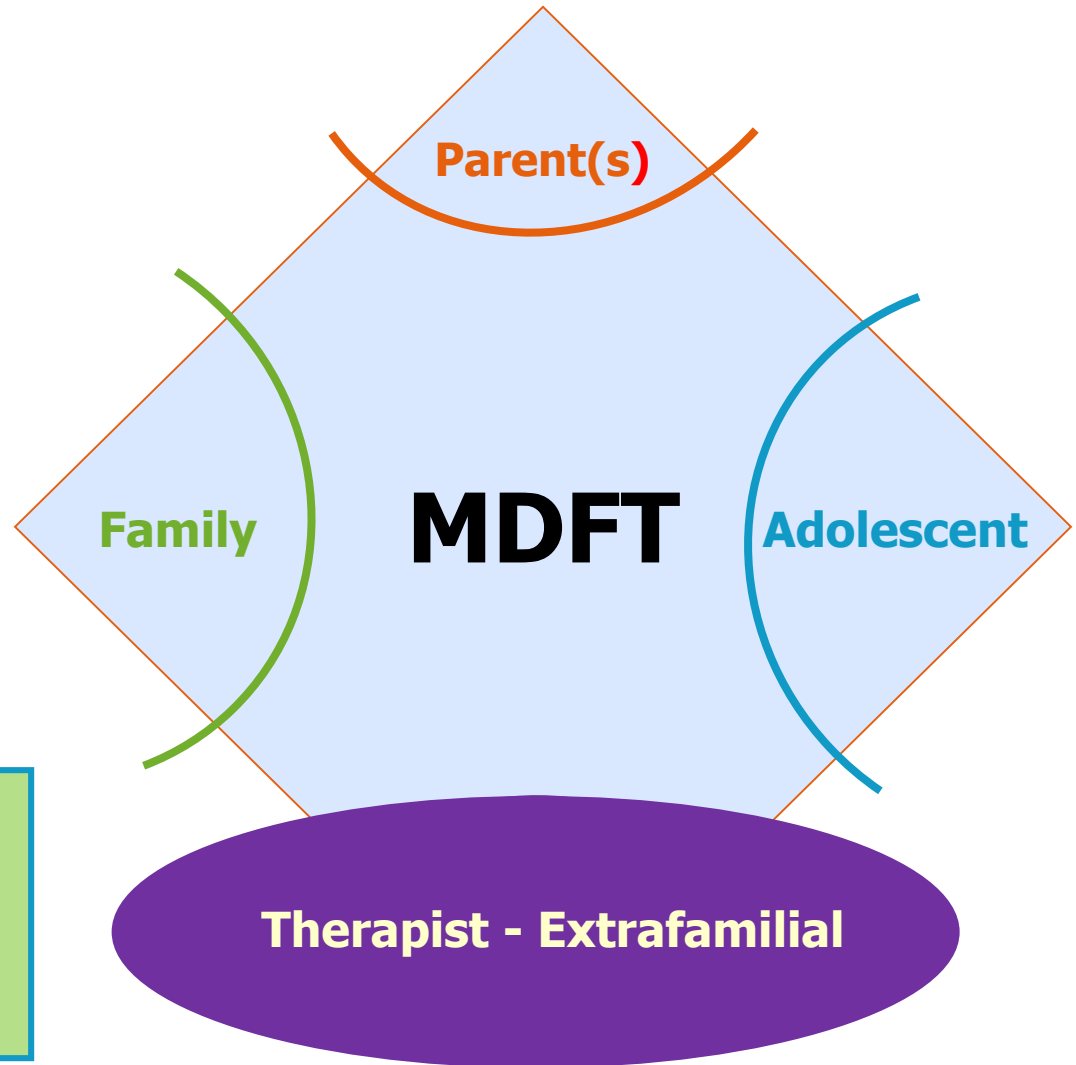
# Four Corners of MDFT

- Transactional patterns





# Four Corners of MDFT





# 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



## MDFT - ROSC

- 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](http://gucchdtacenter.georgetown.edu/resources/Recovery_Report_Adolescents%20-%20FINAL.pdf)

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