

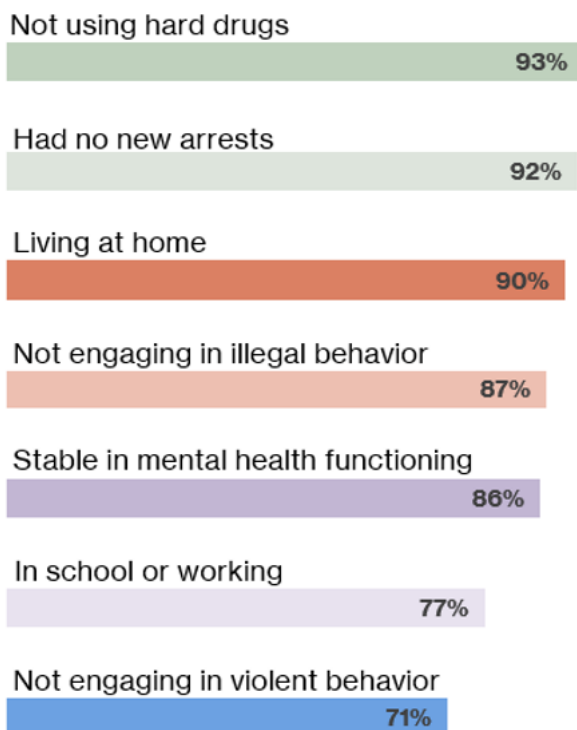
MDFT PROVIDERS CONTINUE TO EXCEL IN HELPING YOUTH AND FAMILIES

During 2022, MDFT providers helped thousands of adolescents and their families transform their lives, demonstrating the effectiveness of MDFT model.

Seventy-three (73) programs implemented MDFT in 16 states across the U.S., including new programs in rural areas of Montana and Kentucky. It has been well documented that families in rural areas experience significant health inequities in accessing mental health services and substance misuse treatment. MDFT effectiveness in helping youth and families in rural settings is highlighted in the Adkins Counseling article of this Newsletter.

Over 1,200 youth were served across all MDFT programs in 2022. They were referred primarily by schools, juvenile justice systems, and child welfare for substance misuse and other behaviors placing them at high-risk for poor developmental outcomes. Intake data show that youth presented with mental

At Discharge, MDFT Youth Were...



CONTENT

- MDFT Providers Continue to Excel in Helping Youth and Families..... 1
- SAMHSA Highlights MDFT in its TIP Series on Substance Use Treatment 2
- MDFT Publications in 2022..... 2
- Implementing MDFT in Rural Idaho: Adkins Counseling Center..... 3
- New MDFT Research Project!..... 4
- MDFT in Estonia: A Wonderful Experience for a Therapist..... 5

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health disorders (87%), substance use (62%), aggression (60%), illegal activities (53%), problems in school (53%), and violence in their homes (43%).

MDFT outcomes were excellent. Youth who received MDFT completed treatment at home with their families (90%), avoiding placement at residential treatment and juvenile justice institutions. Most youth (93%) were not using hard drugs (e.g., opioids, cocaine) by the end of treatment. Criminal activity was reduced by 57%. Youth mental health, a national public health concern, improved by 33% from intake to discharge; at the end of MDFT 86% of youth had stable mental health functioning. Families also experienced positive outcomes: 95% were reporting no family violence by the end of the program. These results continue to demonstrate the significant impact MDFT has on youth and families, many of whom come to MDFT as a last resort or at high risk for being sent to a facility outside the home. Visit the MDFT website for the full [MDFT in the United States: 2022 Year in Review](#).



SAMHSA HIGHLIGHTS MDFT IN ITS TIP SERIES ON SUBSTANCE USE TREATMENT



The Substance Abuse and Mental Health Services Administration (SAMHSA) released an updated version of their Treatment Improvement Protocol (TIP) series on **Substance Use Disorder Treatment and Family Therapy**. It provides guidance on the latest science-informed, family-based interventions and approaches for substance use disorders (SUDs).

In this TIP, SAMHSA highlights **Multidimensional Family Therapy (MDFT)** as one of the four main models of effective family-based counseling for SUDs. Other influential theories include the chronic disease model, family systems theory, and cognitive-behavioral theory. SAMHSA emphasizes that MDFT is unique in simultaneously targeting interrelated factors in the domains of cognition, affect, behavior, and environment. MDFT reflects the principles of systems theory, is flexible, and targets interpersonal factors and intrapersonal processes that increase risk for SUD among adolescents.

MDFT has good empirical support for reducing SUDs, especially among adolescents. It addresses individual behaviors and family processes. It has improved functioning among adolescents, parents, families as a whole, and families' relationships within their communities.

SAMHSA (2020)

Source: Substance Abuse and Mental Health Services Administration. [Substance Use Disorder Treatment and Family Therapy](#). Treatment Improvement Protocol (TIP) Series, No. 39. SAMHSA Publication No. PEP20-02-02-012. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.

MDFT Publications in 2022

Dakof, G. A., Ricardo, M. M., Rowe, C., Henderson, C., Rigter, H., & Liddle, H. A. (2022). [Sustainment rates and factors for Multidimensional Family Therapy in Europe and North America](#). *Global Implementation Research and Applications*, 2, 132-140.

Blanckstein, A. M. M. M., Van der Rijken, R. E. A., Broekhoven, J. L., Lange, A. M. C., Van Domburgh, L., Van Santvoort, F., & Scholte, R. H. J. (2022). [Residential youth care combined with systemic interventions: Exploring relationships between family centered care and outcomes](#). *Residential Treatment for Children & Youth*, 39(1), 34-56.

Nielsen, P., Rigter, H., Weber, N., Favez, N., & Liddle, H. A. (2022). [In-session gaming as a tool in treating adolescent problematic gaming](#). *Family Process*, 00, 1-16.

Robert, A., Phan, O., Royer, T., Bille, M., Chaballier, G., & Doly, A. (2022). [MDFT, Multidimensional Family Therapy: A model of systemic care](#). *The Dynamic Notebooks*, 79, 146-154.

IMPLEMENTING MDFT IN RURAL IDAHO: ADKINS COUNSELING CENTER

Adkins Counseling Services was established in 2021 with the mission to provide a higher level of care to families in southeast Idaho. Our founders, Josie and Josh Adkins, a married couple of professional counselors, have lived in rural Idaho for the past two decades. Their professional experiences and passion for helping youth kept them seeking how to achieve better outcomes for adolescents and their families.

Adolescents and families in the small city of Pocatello had access to some traditional behavioral health services but lacked a program directed at helping adolescents with serious and complex needs. These youth were often involved in the juvenile justice and child welfare systems, and at risk for out-of-home placement. After extensively researching evidence-based approaches, we determined that MDFT “covered all the bases for our adolescents and gave them another choice for treatment.”



MDFT Therapists Elisheva Soto, Josie Adkins (supervisor), and Joshua Adkins.

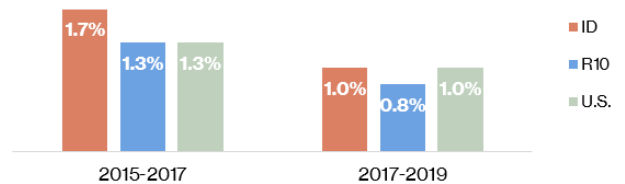
In 2022 we all became certified as MDFT therapists, and Josie became a certified MDFT supervisor. We have continued to build our clinical skills as well as establish our new agency

within the local network of service providers and system partners. Judges, probation officers, school officials, and child welfare workers have enthusiastically received MDFT services for our youth and families.

Our first annual MDFT Fidelity and Outcomes report shows that we are implementing the program with fidelity and met most outcome benchmarks, which means that we are making a difference in the lives of the families we serve. For example, at the end of MDFT,

all 26 youth we served (cases closed) were in school or working, were not using hard drugs, and their families were not engaging in violent behavior. Knowing that after MDFT completion 80% had no new arrests and 85% were not engaging in major illegal activity is extremely rewarding for us due to the risk level of these teens. Another area of main concern in our state and the country is youth mental health; we were very happy to see that 96% of the youth had stable mental health functioning when they completed MDFT.

Changes in Past-Year Opioid Use Disorder among Young Adults Aged 18-25 in Idaho, Region 10, and the United States (Annual Averages, 2015-2017 and 2017-2019)

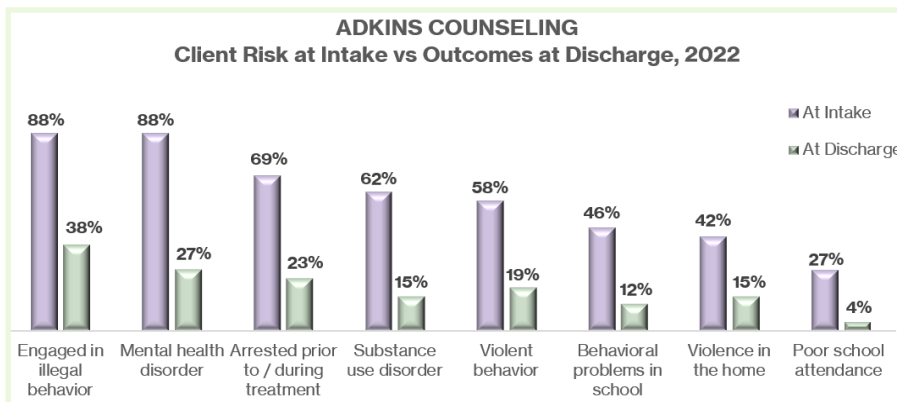


R10 = Region 10 (Alaska, Idaho, Oregon, and Washington)

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015-2019

One challenge as an agency was finding therapists who were the right fit for MDFT, a common problem for programs just starting and consistent with workforce issues across the nation. In fall of 2022, Josie partnered with Idaho State University’s Department of Counseling to recruit clinicians for MDFT. They welcomed MDFT as a well-established evidence-based program and agreed to an Affiliation Agreement to host interns from their program. Interns will provide general psychotherapy and partner with MDFT therapists to offer therapist assistance (TA), a service needed to the families in our program who have complex community systems to navigate. Hopefully when both interns get licensed, they will continue with us.

Even though we are a new agency, are relatively new to MDFT, and have had challenges recruiting therapists, we have successfully implemented the program in 2022 with strong fidelity and in turn have had very positive effects on the youth and families we serve in Idaho.



Therapist Assistants ShaRonda Stevenson and Emma Nelson

NEW MDFT RESEARCH PROJECT!

The Connecticut Department of Children and Families (CT DCF) received a Regional Partnership Grant from the Department of Health and Human Services, Administration for Children and Families, Children's Bureau to increase well-being, improve permanency, and enhance the safety of children who are in, or at risk for, out-of-home placement as a result of parental substance misuse. CT DCF has partnered with MDFT International and Chestnut Health Systems to conduct a randomized clinical trial with over 200 families to test the effectiveness of a new therapeutic approach, Multidimensional Family Therapy & Recovery (MDFT) to achieve the long-term goal of preventing or reducing child maltreatment and out-of-home placement. MDFT combines two powerful evidence-based interventions, [Multidimensional Family Therapy](#) and [Multidimensional Family Recovery](#). This integrative family-based program treats parental substance misuse and co-occurring mental health disorders and aims to improve parenting practices and family functioning. The new MDFT trial targets adult parents (age 18 and older) with a child under age 6 who is at risk for or in an out-of-home placement due to parental substance misuse. MDFT represents one of the first attempts to bridge family therapy research to adult substance use disorder treatment and study the efficacy with families who are involved/at-risk for involvement with child welfare due to parental substance use and co-occurring mental health problems.



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.

VOICES FROM THE COMMUNITY

MDFT IN ESTONIA: A WONDERFUL EXPERIENCE FOR A THERAPIST



REPUBLIC OF ESTONIA
SOCIAL INSURANCE BOARD

By: Triin Hermann

I remember the excitement that overwhelmed me when I heard about MDFT for the first time in 2016, and at the same time immediately realizing how great are the opportunities that MDFT can offer. If anything has changed in that time, excitement has turned into gratitude and admiration. And fun – working with MDFT families and team members is a great experience and it can be fun as well.

For me, the uniqueness and charm of MDFT lies in the fact that it is universally applicable, but at the same time always has a personal approach to every family and to each member of it.

In 2022, we had a great opportunity to work twice with Dr. Gayle Dakof and Dr. Cindy Rowe. Some of the key points I would like to emphasize from those inspiring Master Classes are:

- As a therapist – being creative, genuine and authentic are essential qualities.
- We start the therapy from where we are, who we have to work with, and see what can be done; by giving our best, we will see where the journey will take us.
- If it's not broken – don't fix it!
- Use language - verbal and non-verbal cues - to evoke emotional experience and expression, and to stir up the healing process.
- Celebrative sessions should be used more frequently as it will promote more rapid change.
- Sharp, precise session goals are the map which will help therapists during the session (and for the course of treatment)!

It was a heart-warming realisation that MDFT really has managed to create an international unified community. We share a similar mindset, language and attitude. This is the equivalent of belonging – being one, among others, different but not really. Thank you MDFT International, thank you Gayle and Cindy!



Triin Herman is an MDFT Supervisor in the Department of Prevention and Victim Support of the Estonian Social Insurance Board-Team North. Beginning in 2014, SJI in the Netherlands began training 6 MDFT programs in Estonia. Team North was certified in MDFT in 2016.



From L-R: Märt Ojamaa, Asta Vaks, Marju Kirt and Triin Hermann. Missing in the picture is MDFT therapist Keity-Johanna Õis.