HYPE Recovery

Helping Youth and Parents Enter (HYPE) Recovery

January 14, 2025

Presentation to Connecticut Opioid Settlement Advisory Committee

by

Gayle Dakof, Ph.D.

MDFT International, Inc.

Lora Passetti, MS Chestnut Health Systems

Presentation Objective

HYPE Recovery integrates two evidence-based practices to provide comprehensive treatment and recovery support:

- Participants learn about Multidimensional Family Therapy for Opioid Use Disorders
- Participants learn about Recovery Monitoring and Support



MultiDimensional Family Therapy

TREATING OPIOID USE AND OPIOID USE DISORDER (OUD)

Gayle A. Dakof, Ph.D.

MDFT International, Inc. www.mdft.org facebook.com/MDFTintl



"The U.S. overdose crisis is affecting Americans at younger ageseven as adolescent substance use is decreasing. In response, parents, physicians, and educators must equip adolescents with the knowledge and tools they need to keep themselves safe, and adolescents must be supported with **stronger mental health and addiction services**."

Friedman & Hadland, 2024, The New England Journal of Medicine.



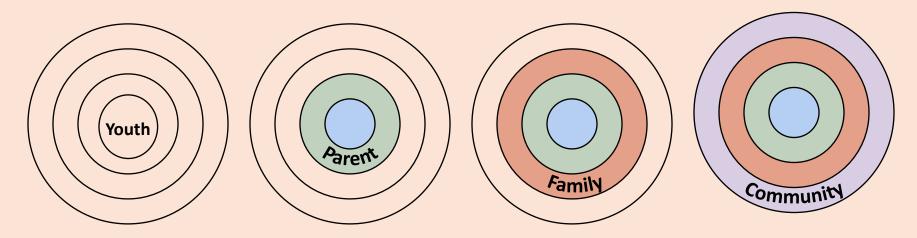
Multidimensional Family Therapy (MDFT) is a comprehensive and wholistic treatment that has demonstrated significant and meaningful reductions in adolescent substance use 10 randomized clinical trials in both the United States and Europe.

It has been implemented successfully in the community for over 20 years.

And, thus, is one of the "stronger mental health and addiction services," advocated for to address the overdose crisis in the United States.



MDFT Therapists Work In 4 Domains







Stage 1: **The Beginning**Build the Foundation/Develop

Alliance and Motivation



Stage 2: **The Middle**Work the Themes/Request Change



Stage 3: **The End**Reinforce the Changes and Set
the foundation for ongoing
healthy functioning

How Does MDFT Work?

Promotes Individual Change in Youth By Changing:

- How parents influence their children (parenting practices)
- We How family -youth and parents together- talk about conflict and solve problems, and how they support and love one another
- How youth and parents interact with their community and social institutions

MDFT: Overarching Goals Across Domains

ADOLESCENT DOMAIN	 Improve self-awareness and enhance self-worth and confidence Develop meaningful short-term and long-term life goals Improve emotional regulation, coping, and problem-solving skills Improve communication skills Reduce substance use and behavioral problems
PARENT DOMAIN	 Strengthen parental teamwork Improve parenting skills & practices Rebuild parent-teen emotional bonds Enhance parents' individual functioning
FAMILY DOMAIN	 Improve family communication and problem-solving skills Strengthen emotional attachments and feelings of love and connection among family members Improve everyday functioning of the family unit
COMMUNITY DOMAIN	 Improve family members' relationships with social systems such as school, court, legal, workplace, and neighborhood Build family members' capacity to access and actualize needed resources and services

Pilot study in Connecticut on MDFT for Opioid Use and Opioid Use Disorder (OUD)



MDFT for Opioid Use and OUD:
Connecticut
Demonstration
Project

At intake:

⊘All diagnosed with OUD

Youth were using an average of 3.7 substances (opioids plus benzodiazepines, cannabis, alcohol, cocaine, methamphetamine)

Ages: 15 – 19, 51% 17 -19





MDFT for Opioid Use and OUD: Connecticut Demonstration Project

Outcomes from Intake to Discharge:

- 63% abstinent from opioids and other hard drugs (e.g., cocaine, benzodiazepines)
- 62% show a reduction in violent behaviors
- 57% improved their educational/vocational functioning



MDFT for Opioid Use and OUD: Key Adaptations

- ▼ Treatment episode of 6 8 months.
- 2-3 sessions per week
- Frequent drug testing
- Daily phone check-ins with youth and family between sessions until stable sobriety has been achieved.
- Referral for MOUD Evaluation and, if indicated, a concentrated focus on medication compliance and collaboration with the prescriber.
- Implementation of the MDFT Family Overdose Prevention Plan
- Facilitation of youth participation in 12 Step meetings or other peer support.
- Make sure family has unexpired NARCAN kits and know how to use them.
- Active engagement in less intensive treatment (e.g., output) or aftercare activities (e.g., RMS) upon discharge.
- Availability of MDFT booster sessions after completion of MDFT



Family Overdose Prevention Plan

"Since many adolescents may use fentanyl unknowingly, widespread implementation of up-to-date overdose prevention education is essential... Messaging should include the recommendation to never use drugs alone, so that someone is available to intervene in the event of an overdose; information about where to find and how to use the overdose reversal agent naloxone, ... and guidance on emergency services in the event of an overdose, including reassurance that doing so won't result in criminal penalties in states that have Good Samaritan laws."

Friedman & Hadland, 2024, The New England Journal of Medicine---Centers for Disease Control and Prevention



Typical Goals for Family Overdose Prevention Sessions

- Youth and parents will be more informed about risks of opioid overdose and poisoning and actions to prevent it.
- Youth and parents will be committed to a clear overdose/poisoning prevention plan.
- Parents and youth will understand each other better.
- Parents and youth will feel more love and connection toward each other.
- Parents and youth will be more optimistic about each other and the treatment.
- Therapeutic alliance between youth/parents and therapists will be enhance.

Hear From Ryan

"For years I was dependent on drugs, and basically a zombie. I have no memory for 2 years of my life. MDFT was different. The counselors gave me respect and showed me that they actually cared. As I became more comfortable, I opened up more and discussed more of my problems. I stopped blaming my family for everything. I was finally feeling good about myself. I did not have to use drugs. I was getting good grades, going to school, going to work every day. I didn't need drugs to block out my emotions. For once I was content in life."

Ryan, Received MDFT at Connecticut Junior Republic, Waterbury CT



There is an extremely urgent need to identify opioid use and OUD accurately and swiftly in adolescents.

These young people need to be enrolled and retained in effective evidence-based treatment before it is too late.

MDFT International, Inc.

MDFT.org
facebook.com/MDFTintl



Recovery Monitoring and Support (RMS)

Lora Passetti, MS

Evidence-Based Practice Center Program Director

Chestnut Health Systems

lpassetti@chestnut.org





Treatment works

•Ongoing support needed to maintain progress when treatment ends, particularly with opioid addiction

• RMS is derived from multiple randomized clinical trials that show, compared to usual continuing care, we can help people:

- Stay abstinent 66% longer after treatment
- Increase rates of abstinence by 35%
- Decrease rates of substance use by 64% for opioids
- Reduce by 37% how many days it takes to get back into services when there are problems, hopefully avoiding lengthy use of more expensive services over time (such as residential care and incarceration)
- Studies included people with opioid use disorder
- Results hold across various demographics, such as gender and race/ethnicity



Recovery Monitoring and Support (RMS)

Up to 6 months after MDFT, regardless of whether or not treatment was completed

MDFT Therapist Assistants (who function as case managers/health educators) are cross-trained to deliver RMS



Meet at times and places convenient for clients, including at home or via telehealth

Frequency depends on client/family needs

Recovery Monitoring and Support

