

Meet Jessie

In 2016, Dr. Howard Liddle, Ed.D., the developer of MDFT and Professor of Public Health Sciences at the University of Miami, was awarded a grant from the Laura and John Arnold Foundation to investigate the efficacy of MDFT for transitional age youth (TAY, ages 18-25). This 2-year pilot study enrolled 22 TAY (average age = 20) who were participants in the Miami-Dade County Criminal Drug Court and their families in a new version of MDFT designed for this underserved population. Researchers at UM assessed each participant at intake and 6 months later on a range of outcomes, including recidivism (95.5% of participants had no re-arrests during this timeframe), violence (91% rarely or never engaged in violence at the end of treatment), as well as illegal activity and substance use (statistically significant reductions were observed in both over the follow-up period). In addition, an impressive 77% of participants in MDFT went on to graduate drug court - higher than the 50-70% standard drug court graduation rates in the U.S. for adults. Given the promising outcomes of this preliminary study, MDFT International is enthusiastic about the potential of MDFT for TAY. We describe the implementation of the model below with a case illustration based on a family seen in the pilot study, particularly highlighting similarities and differences in MDFT with TAY vs. adolescents.

Background about Jess and Jessie: Jessie was 19 years old when she began drug court. She had been arrested for having cocaine in her purse when out with friends and searched by police. Jessie was the only one of her friends who was charged and booked. At the time, she was living with her maternal grandparents. She had a “friendship” with her mother Jess, but her mother had been in and out of her life for most of her childhood. Jess was a teen when she gave birth to Jessie and had suffered from her own substance abuse issues, thus her parents had raised Jessie for the most part. In fact, Jess was a participant in Miami-Dade Drug Court herself with the same judge over a decade earlier. Jessie’s arrest got her mother’s attention and she made a commitment to be by her daughter’s side. She felt that since she had been through the program herself and was able to pass successfully, she could help her. Jess saw this as an opportunity to support Jessie in a way her grandparents could not, and to be the mother she hadn’t been in Jessie’s childhood. Jessie was very open to let her mother step up in this way.

Stage 1 - Young Adult Domain: As we know, Stage 1 is very much about helping the youth see that “there is something in this for you.” This is much the same with TAY, and it is especially important with TAY that they feel the therapy is for them. In fact, we generally begin MDFT for TAY with an individual session and allow them to decide which family members will be involved. With Jessie, she wanted help to comply with all of the demands of the drug court program, and also to reconnect with her mother. The therapist helped Jessie connect

with her deep pain about her mother. Jessie often felt hopeless about having a consistent, supportive mother-daughter relationship because she had already lived through so much without her mother's support. An important theme emerged in early sessions: Jessie felt like her mother had always chosen her intimate partner over her. This would be further explored in Stage 2. In Stage 1, interventions were designed to help Jessie feel empowered to take charge of her life and also to see that her mother was her greatest ally. Emphasizing Jess' own experience with drug court and consistency in attending with Jessie, the therapist helped Jessie see that this program could be a route to getting what she needed in terms of both the court and her mother. Her pain about her relationship with her mother was a huge motivator for her to do the work to change.

Stage 1 Parent Domain: Stage 1 work with parents is also about engagement and motivation. With Jess, we found her ready to commit right away. She was very motivated to help her daughter go down a different path in life than she had walked, and she felt that she had insight into the drug court system that would allow her to help her daughter in ways others could not. Jess' regret and remorse for not being the mother she wanted to be was amplified to motivate her to "do whatever it takes." At the same time, the therapist helped her see that her guilt did not need to paralyze her but could mobilize her to be different for her daughter now. The therapist empowered Jess to build her confidence that she could still guide Jessie. She started to see that it was not too late; if anything, Jessie needed her more than ever as she entered adulthood. This was a theme with other TAY cases as well; parental influence may be more challenging with TAY, but often just as necessary. The parent work in Stage 1 with TAY families is about building hope and helping parents see that parenting doesn't stop when the youth turns 18. While parenting may look different with TAY, emerging adults still need (and often want) considerable guidance and support as they begin to explore and navigate the world.

Stage 1 Family Domain: Both Jessie and Jess immediately saw that family therapy was necessary in order for them to reconnect and have the relationship they both longed for. At first Jessie was apprehensive about sharing openly with her mother and especially her mother's partner, Abby. Abby and Jessie had a history of verbal and physical altercations. Abby tended to be harsher with consequences than Jess, which would lead to tension and aggression with Jessie. As mentioned above, Jessie felt hurt and betrayed by Jess having chosen her partner over her throughout her life. Putting this on the table and being open to helping them work through this family conflict was a part of getting them to sign on. Much like family work with adolescents, here it was about reminding the family of the love they had for one another and that it was not too late to create the changes they wanted from each other and in themselves.

Stage 2 Young Adult Domain: Stage 2 work was incredibly deep and at times complex for this family. The therapist organized the many different streams of work by focusing Jessie on the idea of “launching into adulthood” and used therapy as a “development plan.” Like many of the TAY we saw, Jessie felt constantly stuck between who she had been, who she was now, and who she wanted to be. She was preoccupied by how others saw her. While she would frequently remind her mother that she was an adult and could make her own choices, she often found herself struggling with big decisions and situations. She needed guidance and advice. One of the biggest stressors during this time was her ectopic pregnancy. At the time, Jessie did not have insurance and was not clear about how to navigate this medical concern. Her therapist brought her to doctors’ appointments in which she was informed about what to do, but it proved a big challenge for her to prioritize her health and self-care. Jessie had a magical way of thinking that problems in her life would disappear if she ignored them. Community resources were important, and this crisis was also a turning point for the family as well. Jessie began to see that despite the conflict among them, her mother and Abby were still resources in her life.

The greatest shift in Stage 2 work with Jessie was prompting her to explore what it really meant to be an adult, her actual responsibilities, and the real power she had over her path. With TAY, the development of self is in some way what they are all trying to navigate. Exploring this transition is key. Along with more independence and accountability, we also want them to look to those around them and see that going through things alone is not the answer.

At the same time that Jessie had serious health complications related to her ectopic pregnancy, she also had an accident that demolished her car, she lost her job, and she missed testing dates for her drug court program. Things spiraled out of control, and she came to a breaking point. The crisis was used therapeutically as an opportunity for change. While Jessie wanted to think that things would fix themselves, the therapist highlighted what was actually going on by expressing her own concerns and emphasizing that Jessie needed to step into the driver’s seat in her life. The crisis was also used to mobilize Jess to step in and support Jessie.

Stage 2 Parent Domain: Like many parents of TAY (and adolescents), Jess felt like she had no control or authority over Jessie. This was complicated by the fact that she’d been absent for much of Jessie’s development, and she constantly felt torn between her daughter and her partner, Abby. Jess did not agree with Abby’s harsh approach to parenting Jessie, and they also had issues in their romantic relationship. It was critical to empower Jess to make changes in herself and family. Stage 2 parenting work focused Jess on dealing with her guilt, facing that she was not Jessie’s friend but indeed her mother, and realizing that she could decide the kind of mother she wanted to be without being overridden by her own parents or her partner.

It was also critical for Jess to explore what she was getting from her intimate relationship and what she needed to change for Jessie's sake. It was painful but ultimately important for Jess to realize that she had chosen romantic partners over her daughter many times. The therapist helped her to think about her own history with abusive relationships, her own trauma and drug use, and reaching out for therapeutic help. She also considered how Abby helped her through some of these things but also made them more challenging. The most important work was helping Jess identify what she wanted in her relationship with Jessie and what she was willing to do to achieve this desired relationship - even possibly ending her partnership with Abby.

Stage 2 Family Domain: Helping her parents to consistently show love and concern for Jessie during this tense time was the greatest challenge. Jess was usually able to do this, but Abby increased the pressure with statements like "she is an adult and has to make her own choices." The therapist constantly brought the parents back to their love and concern, even how much Abby cared for Jessie despite their rocky relationship. The greatest shift occurred when the family was able to come together when Jessie's life was in crisis during her pregnancy, car accident, loss of job, and drug court stress. They finally were able to go deeper than the surface level of "what Jessie was doing wrong," and Jess and Abby were able to express their deep worry and even share their own mistakes with her. They held each other as Jessie cried about the fear she felt about her ectopic pregnancy and the panic she felt following her car accident. The relationship between Jess and Jessie healed further when Jess separated from Abby and truly made Jessie her biggest priority over anything else, even her romantic partner.

Stage 3: Stage 2 work had developed a strong momentum that carried Jessie and Jess into Stage 3. As Jessie began to share things more directly with her mother and became increasingly honest with herself about what she wanted and what she deserved, her life began to fall into place. Drug court was going well and she had remained clean for the entirety of the program. She evaluated the friends she was spending time with and slowly began to cut ties with negative peers. She began to take charge of her life and realized that she hadn't failed to launch into adulthood, but she did need to actively forge her own path ahead. She stopped thinking problems would go away if she ignored them and she started to hold herself accountable, relying on resources as needed. She took considerable initiative in staying in touch with her mother during a rocky period in which Jess was going through her own relationship breakup and healing her own emotional turmoil. With the help of the therapist, Jessie was able to map out her "before and after," literally creating a roadmap of the work she had done and how she was on the path to becoming the adult she truly wanted to be and have the life she wanted.

By Stage 3, Jess had also made major changes that profoundly impacted Jessie. Jess made the decision to leave Abby after a fight had become physically aggressive between Abby and Jessie. This allowed Jessie to see that her mother was willing to do whatever it took to keep Jessie safe. This decision also prompted Jessie to move in with Jess and no longer stay at her grandparents' home. With this also came rules and expectations from Jess. Jessie came to understand that while she was an adult, there were still expectations to be followed in the home. Jess conveyed that were not friends; they truly were mother and daughter. Ultimately, Jess also began to seek her own therapy as well. Going through the drug court process again with Jessie allowed Jess to see the necessity of maintaining her own mental health as well.

In the family domain in Stage 3, Jess showed support for Jessie's autonomy while establishing her role as her mother. This was a tough adjustment for Jessie, but after Jess left Abby it was evident that the decisions being made were coming from her mother's love. Jess put Jessie on her insurance and supported her through the physical recovery of her ectopic pregnancy. Jessie and Jess also began GED courses together, using their studies as bonding time. They began to openly communicate, whether things were good, bad or indifferent. The therapist helped them in mapping out the shifts they made together, what they liked best about the changes, and areas they could anticipate and address barriers.

Overall in the community domain, much of the work was similar to our work with adolescents. The therapist advocated at court for Jessie and helped her learn how to navigate the drug court program. Ultimately, Jessie completed drug court successfully and graduated. Jessie and Jess were both taught skills in self-advocacy to connect with resources as needed. Perhaps more than with adolescents, with Jessie and other TAY, much of the work was also focused on her self-care and physical health, maintaining a job, and getting her GED.

Reflecting on our work with Jess and Jessie and the other TAY we served in MDFT brings us great gratitude for the chance to do this important work with families as youth cross the critical developmental threshold into young adulthood. Each developmental period brings its own unique challenges and opportunities to the youth we treat, and parents and families are the common thread for healthy trajectories and outcomes with all youth at every stage.