Residential treatment has been the “go-to” intervention for serving youth with the most severe co-occurring substance use and mental health disorders, especially those who have not responded to less restrictive treatments, require stabilization, present a danger to themselves or their families, or demonstrate a public safety risk. Residential treatment has historically been the conventional treatment for this population even though it costs more than maintaining youth in their homes and communities, and research suggests that residential treatment shows diminishing effects following discharge. Questions about the efficacy and cost-effectiveness of residential treatment and concerns about the disruption to adolescents when they are placed out of the home have fueled the search for more effective alternative treatments that empower families and keep youth connected within their homes and communities.

Youth who had been referred for residential treatment and deemed in need of these services by the Department of Children and Families and the courts were randomly assigned to receive either RT or MDFT in the homes and community. One important finding was that a sufficient number of youth and parents agreed to participate in the study and all partners involved accepted randomization to RT or MDFT. A total of 113 adolescents participated in this study; they were primarily male (75%), Latino (68%), and an average age of 15.4 years. They were primarily from low income homes (median family income = $18,771). At intake, all youth met criteria for cannabis use disorder; 77% for conduct disorder, 71% for alcohol use disorder, and 33% for stimulant or opioid use disorder. Youth had an average of 3.83 DSM diagnoses at intake.

Multidimensional Family Therapy (MDFT), a family- and community-based treatment, is among the most effective interventions for adolescent substance use, delinquency, and mental health disorders. Given MDFT’s effectiveness in the treatment of adolescent substance use, mental health disorders, delinquency and other problems, researchers at the University of Miami Miller School of Medicine conducted a groundbreaking randomized clinical trial (RCT) to answer the question of whether a non-residential treatment (MDFT) is equally or more effective than residential treatment (RT) for youth with serious co-occurring substance use and mental

**MDFT costs 64% less per week than residential treatment**
Ninety percent of youth began using substances prior to the age of 15. Seventy-one percent had at least one previous residential treatment placement when enrolled in this study.

Treatment in both conditions was designed to last approximately 6 months. The analyses were conducted based on two distinct phases. Phase 1 was the early treatment phase (intake - 2 months after intake). Phase 2 was the later treatment phase and follow-up period (3 – 18 months after intake). It was hypothesized that in the early phase of treatment, youth randomly assigned to residential treatment (being in a controlled environment) would show superior outcomes to youth in MDFT (being in the community). Contrary to this hypothesis, the results indicate that at 2 months after intake into treatment: a) Youth in both programs had significant and clinically meaningful reductions in substance use, delinquent behaviors and mental health symptoms; and b) Youth who received MDFT showed a significantly greater decrease in internalizing symptoms than youth who received RT.

It was hypothesized that from 3-18 months from intake (Phase 2), youth receiving MDFT would sustain treatment gains significantly more than youth who received residential treatment. As hypothesized, youth receiving MDFT maintained their treatment gains more significantly over time than youth in RT:

- Youth receiving MDFT maintained their reductions in substance use over time, while youth in RT reported an increase in substance use up to 18 months. MDFT youth, on average, reported a 71% decrease in substance use from intake to 18 months after intake.
- Youth in MDFT maintained their reduction in delinquent behaviors over time, while youth in RT showed an increase in delinquent behaviors. MDFT youth, on average, showed a 42% reduction in delinquent behaviors from intake to 18 month after intake.
- There were no differences between the two treatments on mental health symptoms over time. Both treatments maintained initial gains through 18 month after intake.

The results of this study clearly indicate that residential treatment outcomes were not superior to Multidimensional Family Therapy. In fact, in no instance did residential treatment produce better outcomes than MDFT, whereas MDFT produced significantly better outcomes than RT in early phase reduction in internalizing symptoms, and longer term maintenance of reduction in substance use and delinquency. In an earlier cost-analysis of this clinical trial, MDFT was shown to have 64% lower weekly costs than residential treatment. In the current study, MDFT produced outcomes that were equal to or better than residential treatment in both the short- and long-term, suggesting that Multidimensional
MDFT as Alternative to Residential — Cont.

Family Therapy is an effective alternative that can be delivered at lower cost than RT for youth with serious co-occurring substance use and mental health disorders.

Based on these and other strong empirical findings, MDFT is being utilized as an alternative to residential treatment and other out-of-home placements in several communities in both the United State and Europe. Keeping youth on a positive developmental trajectory within their homes and communities is a central part of the mission of MDFT International.

REFERENCES


We wish you and your loved ones a wonderful Holiday Season and a happy New Year

The MDFT Family
In Finland, two new MDFT teams started their training in October 2018. The Metropolitan team consists of therapists from the three biggest cities in Finland: Espoo, Vantaa, and Helsinki, along with the Hospital district of Uusimaa. The second team is situated in the city of Savonlinna, a region with fewer inhabitants but covering a wider geographical area. These two teams were established in cooperation with the Youth Interventions Foundation (YIF) in the Netherlands and the Early Intervention Project between Mieli ry and Itla. One of the Project’s main goals has been helping and supporting MDFT implementation in Finland, together with YIF, and building nationwide structure for strengthening MDFT’s position as one of the highest rated and evidence-based methods in use in Finland. Early Intervention Project has been part of the social and mental health services’ reform in Finland, funded by the Social and Health Ministry.

The background spirit of the social and mental health services reform has been to integrate those two services closer to each other. MDFT as a team-structure-mode with a systemic attitude was seen as a good possibility to build teams that consist of professionals in different service areas. MDFT could be a solution to integrate and boost cooperation as well as share knowledge.

The Metropolitan team has chosen two supervisors, one from the child protection services arena and the other from an adolescent psychiatric clinic. The four therapists are all experienced workers from the child protection field and eager to challenge themselves with the MDFT method. The team’s vision is to offer the best for the most challenging families and decrease the number of custodies.

The team of Savonlinna is special in Finland as it integrates staff joining from four different service areas. The supervisor is from adolescent psychiatry, two therapists are from child protection services, one is from the field of school nursing, and one is a specialist in youth work. The Savonlinna team envisioned MDFT as a low-threshold service that adolescents and families could easily access. As the first team in Finland, Savonlinna is eager to offer MDFT, not only for teenagers, but also for young adults (18-24 years).

Both teams aim to staff and train the best possible therapists to serve the youth and families in their communities: people who are deeply committed to help families with complex needs and issues. The workers on both teams demonstrate the attitude and heart to do as much as needed. This has been a success already. Therapists and families share the experience that “there is always hope!”

MDFT is currently being implemented in the Netherlands, Belgium, France, Estonia, Germany and now Finland. Visit the MDFT website for all MDFT locations.
MDFT has contracted with South Carolina Department of Mental Health (SCDMH) Children and Family Services (CAF) to train up to 120 mental health professionals who serve youth and families at the State’s Community Mental Health Centers. MDFT will implement the service in the State’s Community Mental Health Centers and provide quality assurance.

Training already began with the Coastal Empire Community Mental Health Center in Beaufort, Spartanburg Area Community Mental Health Center, Lexington County Community Mental Health Center, Santee-Wateree Community Mental Health Center in Sumter, and Catawba Community Mental Health Center. The trained mental health professionals will then deliver therapeutic interventions to youth and their families in their homes and other community settings.

The SCDMH’s mission is to support the recovery of people with mental illnesses, giving priority to adults with serious and persistent mental illness and children and adolescents with serious emotional disturbances. The agency serves around 100,000 people with mental illnesses each year, 30,000 of whom are children and adolescents. As South Carolina’s public mental health system, it provides outpatient mental health services through a network of 16 community mental health centers and associated clinics, with locations in all 46 counties, and psychiatric hospital services via three state hospitals, including one for substance use treatment.

CONSIDERING MDFT FOR YOUR AGENCY?

MDFT certification training is available for teams of two 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 over the phone.

GUIDE TO GETTING STARTED

Not ready to commit yet? The MDFT Introductory Workshop is a great way to learn the basics of MDFT. With a workshop, an MDFT trainer visits your agency for a 2-day training. The Training can be tailored to your particular interests and agency needs. Continuing education credits are available from the National Association of Social Workers.