At the end of January 2015, MDFT trainers in Europe began training 5 programs in Estonia. This project is under the oversight of the Estonian Ministry of Justice in cooperation with the Social Assurance Bank. MDFT was selected following an investigation of different family-based treatments conducted by the Ministry of Justice. In the end, MDFT and MST remained the final candidates. The Ministry chose MDFT because it seemed less rigid and more flexible. In the spring of 2014, they visited MDFT Academy in the Netherlands and the first negotiations started. At the start of the summer, Angela Pasma, CEO, and Kees Mos, master trainer, did a presentation and workshop about MDFT in Tallinn, the capital of Estonia. The contract was signed and Henno Verdam and Kees Mos did a tour of 4 cities in Estonia to prepare important partners such as probation officers, police, and prosecutors. Henno and Kees are both experienced with juvenile justice populations and were part of the implementation of MDFT in a juvenile prison in the Netherlands.

“This Estonian families are more introverted than Dutch families... but we see that building alliances and enhancing love and commitments are universal core human needs.” This project will be conducted over the next 2 years. The teams will be initiating treatment for juvenile delinquents in Estonia, and one team is working from within a facility where delinquents are detained.

The initial experiences have been positive. MDFT is already gaining momentum due to excellent outcomes with difficult cases, and the Estonian therapists are doing excellent work. It is challenging because MDFT is relatively unknown in the country. All therapists started this training along with beginning a new job. They are getting used to a new organisation, being trained in a new method, and also promoting MDFT. Despite these challenges, they are doing very well. Almost all of them had a caseload of 5 or 6 cases after only two months.

In my mind, there are some differences comparing MDFT in the Netherlands and Estonia. Estonian families are more introverted than Dutch families. This is a good challenge and we see that building alliances and enhancing love and commitments are universal core human needs. Another difference is the severity of the cases. It is not that the severity is higher than in the Netherlands, but that there is really much more poverty in their cases, which can be a barrier to treatment. The poverty in a lot of cases is so high that many families are just trying to survive. But also here it does not seem like something that cannot be overcome; the families are resilient, and we realize it is sometimes more of a barrier for the therapists than for the families themselves.

Kees Mos is an MDFT Trainer with MDFT Europe.
NEW PROGRAMS & TRAINERS

MDFT International warmly welcomes the teams who have joined the MDFT family in the past year:

Allegan County Community Mental Health; Allegan, MI, USA—Started October 2014

Carroll County Juvenile Drug Court; Carrollton, GA, USA—Started December 2014

Child Focus, Inc; Cincinnati, OH, USA Started July 2015

Community Solutions Incorporated; Towson, MD, USA—Started February 2015

Lijn 5 Gelderland; Apeldoorn, Netherlands Started February 2015

Maryhaven, Inc; Marysville, OH, USA Started January 2015

Prison Service Team; Jõhvi, Estonia
Team Ida; Jõhvi, Estonia
Team Lääne; Pärnu, Estonia
Team Louna; Tartu, Estonia
Team Pohja; Tallinn, Estonia Started January 2015

Vincent van Gogh; Venray, Netherlands Started October 2015

And we congratulate those clinicians who earned their MDFT Trainer certification:

Laura Almond; University of Wisconsin AADAIP; Madison, WI

Kelly Collyer; Lincoln Child Center; Pittsburgh, CA

Chrissy Flathers; Youth & Shelter Services; Ames, IA

Jeannie Giordano-Shanks; Prairie Ridge Addiction Treatment Services; Mason City, IA

Erin Kennedy; Youth & Shelter Services; Ames, IA

Dan Messina; Heartland Family Service; Council Bluffs, IA

Zakiya Thomas; Children’s Aid Society; New York, NY

Click here for more information on MDFT training.

JDC MDFT Improves Juvenile Drug Court Outcomes

Results of a randomized clinical trial published in the Journal of Family Psychology found that MDFT enhances juvenile drug court outcomes better than group and individual therapy. In this study, youth accepted into drug court were randomized to either MDFT or an intensive group and individual therapy program. While both treatments produced reductions in arrests, delinquent behaviors, externalizing symptoms, and substance use, those youth who received MDFT showed greater improvement, especially once drug court ended. During drug court, youth who received MDFT had a:

- 76% reduction in substance use
- 74% reduction in arrests

What’s most important is the long-term impact of MDFT. In general, MDFT maintains treatment gains well after the end of treatment. In this study, MDFT youth continued to reduce criminal activities for two years after intake, while the comparison group actually increased delinquency in the same period. MDFT youth also had favorable rearrest rates compared to previous studies on drug court. Of youth who received MDFT:

- 38% were re-arrested (misdemeanor or felony)
- 22% were re-arrested with a felony

The article notes: “These results compare favorably with results from previous studies of JDC. For example, a quasi-experimental multisite study found that drug court participants were significantly less likely than a matched comparison sample to be arrested at 28 months after enrollment into a JDC, with 58% of JDC youth and 75% of comparison youth being arrested in this period (Shaffer, Listwan, Latessa, & Lowenkamp, 2008). Henggeler et al. (2006) reported that youth in JDC and regular juvenile court both had a 62% rearrest rate during the year after drug court enrollment.”
A new study revealed MDFT’s comparative effectiveness with African American and Caucasian males. Paul Greenbaum and his colleagues investigated MDFT’s capacity to reduce substance use across 5 separate randomized clinical studies, looking specifically at differences in gender and ethnicity. While MDFT had been proven more effective than other active treatments in each of the individual studies, this new analysis used a very comprehensive and detailed assessment of substance use and more sophisticated statistical methods.

The study authors also combined all 5 datasets for a total sample of 646 youth, which allowed for a more definitive examination of MDFT in comparison to other commonly used treatments. Comparison treatments included cognitive behavioral therapy (CBT), group therapy, and residential treatment.

“These results support MDFT as an effective drug abuse treatment with adolescents of both genders and varied ethnicity.”

The results were impressive. While comparison treatments were only effective among females and Hispanics, MDFT effectively reduced substance use for all youth regardless of gender or ethnicity. Only MDFT reduced substance use among African American, male, and Caucasian youth. The authors concluded, “These results support MDFT as an effective drug abuse treatment with adolescents of both genders and varied ethnicity,” and also noted that its success with African American and male youth is encouraging “given African American male youth are disproportionately represented in the juvenile justice system, are underrepresented in treatment, and frequently drop out of treatment early.”

From Conference Attendees:
“Having a family present their experience was really helpful in bringing the info presented together in a very meaningful way... Amazing!”
Robyn Anderson, Program Coordinator for all MDFT programs in the state of Connecticut, talks about state-wide implementation.

When you hear the word “MDFT” in the state of Connecticut, the next words that come out of most people’s mouths are, “How can I access these services?”

MDFT implementation in the state began in 2002 with 5 programs, and has seen enormous growth since then. There are now 22 MDFT programs serving over 1,000 youth and families. All MDFT programs in Connecticut work very closely with the Child Welfare and Juvenile Court Systems which, along with Medicaid and insurance, fund MDFT services in our state. We not only have community-based MDFT programs, but also 2 residential programs as well as a special program for youth who are re-entering the community after discharge from a juvenile correctional facility.

The entire Connecticut MDFT Program, with implementation guidance from MDFT International, is run by a network of 6 Trainers, 89 Therapists, 22 Supervisors and 31 Therapists Assistants. It is the largest MDFT network in any state in the U.S.

Beneath these numbers, individual stories illustrate MDFT’s success as well. For example, in a recent issue of Brain Child Magazine, MDFT mom Elizabeth Richardson Rowe tells the story of her son’s harrowing experience with substance abuse. She thought he only smoked marijuana occasionally, but one night he had to be taken out of her home by ambulance after taking drugs that left him hallucinating and violent after she had gone to bed. Their MDFT therapist used this crisis to mobilize the entire family to make changes and they have had great success with MDFT and its involvement of the entire family in the healing process.

Throughout the expansion of MDFT, the program has continued to produce great outcomes. In particular, we have seen strong improvement in family functioning and reduction in substance use. With the 322 families served during the first half of FY 2015, MDFT programs produced a 74% reduction in substance use; 87% of MDFT teens had no new arrests during treatment, 82% are enrolled and attending school, and 86% are living in the home.

Sustainability of our large CT system is a constant focus of our work. One of the ways we keep our large system engaged, dynamic and moving forward is through ongoing training in both MDFT and overall clinical skill development. We have had 2 training opportunities this past spring that illustrate this.

March brought a weeklong training with MDFT developer Dr. Howard Liddle and trainer Juan Carlos Gonzalez for all programs. It was an exciting week filled with many great learning opportunities. Therapists were both challenged and nurtured, and enhanced their clinical skills.

In April, state MDFT trainers conducted a half-day workshop entitled: "Cultural Implications in Working with Families." Part of the training included a Spoken Word Presentation by a teen poet from Hartford, pictured here, as he shared his experiences with skin color and growing up in the city. His words were powerful for all to hear as we think about the struggles of teens with whom we work. Participants gave him rave reviews for his work and we were privileged to share in his gifts.

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**WHAT WE’RE WATCHING & READING**

*Between the World and Me* by Ta-Nehisi Coates (2015)
A bold and personal literary exploration of America’s racial history. [Review](#)

*Teenage* by Jon Savage (2007)
A compelling and meticulous prehistory of adolescence and youth culture. [Review](#)

Film: *Boyhood* (2014)
Epic in technical scale but breathlessly intimate in narrative scope, *Boyhood* is a sprawling investigation of the human condition. [Review](#)