A recent study conducted in the Netherlands and Switzerland compared the effectiveness of Multidimensional Family Therapy (MDFT) with Individual Psychotherapy (IP), primarily Cognitive Behavior Therapy (CBT), in reducing criminal behavior among 169 young substance abusers. In addition to all participants having a substance use disorder when referred to treatment, 57% of the sample had committed one or more criminal offenses in the 90 days before the start of treatment (the offenders group), and 43% committed no criminal offense during this same time period (the non-offenders group). Separate analyses were conducted on the offenders and non-offenders groups.

Among the non-offenders group:
- Up to 12 months after the start of treatment, youth who received MDFT engaged in delinquent or criminal activity at lower rates than youth who received Individual Psychotherapy (IP).

These results suggest that MDFT prevents first time offenses in high-risk groups.

Among the offenders group:
- Criminal offenses, including both violent and property crimes, decreased by 70% in the MDFT group in comparison to 46% in Individual Psychotherapy.
- Significantly fewer youth in MDFT committed a violent offense in the year following treatment intake than in Individual Psychotherapy.

These findings suggest that MDFT slows or halts the progression of serious criminal behavior even among those who have a history of delinquency.

The authors conclude that, “MDFT and IP are both effective in reducing self-reported criminal offenses, but MDFT outperforms IP in violent/versatile offenders, who might have been more severely impaired than the offenders committing property crimes... MDFT may not only lower recidivism rates, but also may help to prevent first-time offenses.”

The results of this study are consistent with other randomized clinical trials that demonstrate MDFT’s effectiveness and superiority in reducing externalizing symptoms, criminal behaviors, and recidivism (Dakof et al., 2015; Schaub et al., 2014; Liddle et al., 2009).

2016 OUTCOMES (U.S. Only)

Over 2,100 cases served
275 therapists
94 supervisors
3 juvenile drug court programs
3 residential treatment programs
90% of programs that have ever completed MDFT training still active in 2015

Train-the-Trainers Program: 76% of active sites have a local or agency-based trainer

92% of youth were using no hard drugs at discharge
83% of youth had no new arrests during treatment
84% of youth were living in the home at discharge
86% of youth had stable mental health functioning at discharge
78% of youth were in school or working at discharge

Find more MDFT program outcomes, case demographics, and research updates in our 2016 Annual Report

META-ANALYSIS EXAMINES ALL MDFT RCTs

Researchers consistently conclude: “MDFT has a surplus value for the most severely impaired youth.”

While many individual randomized trials have supported the effectiveness of MDFT in the past 30 years, there have been recommendations from researchers, policy makers and providers to synthesize and summarize the results of these studies conducted with diverse demographic and clinical populations. Responding to this call, a recent meta-analysis focusing on the effectiveness of MDFT across 8 trials compared the model to individual cognitive behavior therapy, group therapy, or combined individual and group therapy.

The study concluded that MDFT is much more effective than individual, group, and combined individual-group therapy on a broad range of youth problems, including substance abuse, delinquency, mental health disorders, and family problems. The superiority of MDFT is especially pronounced among youth with the most severe substance abuse and disruptive behavior disorders, a finding highlighted in several previous studies (Henderson et al., 2010; Hendriks et al., 2011; Dakof et al., 2015). The authors also noted the effectiveness of MDFT across a range of populations, noting that it “appeared to be similarly effective for boys and girls and for adolescents with different ages, SES, and ethnic background.”


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We are thrilled to announce that MDFT is expanding in Wisconsin and Connecticut with new federal funding—and both states will target transitional age youth, a vulnerable and underserved population.

The Wisconsin Department of Health Services (DHS) and the Connecticut Department of Children and Families (DCF) each were awarded 4-year grants from the SAMHSA State Youth Treatment Implementation (SYT-I) initiative to bring more MDFT to their states. Both projects were funded for 4 years starting September 30, 2017.

The Wisconsin DHS will use its funds to create the Wisconsin Youth Treatment Initiative, which will focus on transitional aged youth (ages 16-25). In the first year of the grant, the Wisconsin Youth Treatment Initiative will collaborate with MDFT International, Inc. to establish four new MDFT programs at four clinical centers throughout the state. Beginning in year 2, MDFT International will train 4 trainers (one at each of the new MDFT programs), allowing these individuals to continue to train more therapists in subsequent years and enhance sustainability. Learn more about the MDFT Trainers Program on our website.

The Connecticut DCF will use the funds to establish “Project ASSERT,” designed to treat opioid use problems among youth ages 16 to 21. ASSERT integrates MDFT with Medication Assisted Treatment (MAT) and up to two years of aftercare employing Recovery Management Coaches (RMC). The State of Connecticut already has nearly two dozen MDFT programs, but this will be the first to integrate MDFT with MAT and an evidence-based aftercare program. Trainers from MDFT International will train the participating programs in the MDFT Opioid Specialty Treatment. Sustainability will be enhanced through the training of 4 new agency-based trainers.

Read more about the grants here.

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**FEDERAL GRANTS EXPAND MDFT IN 2 STATES**

**NEW TRAINING SERVICES**

MDFT International has a new training service available for those who want training in an evidence-based practice but are not ready or do not want to commit to full certification. Our **Level 1 MDFT Intensive Training** includes a 2.5-day Introductory Training as well as 2 follow-up consultation calls on casework. Learning objectives of the training include:

- Understand the MDFT perspective, main features, and evidence base
- Learn key MDFT interventions with the adolescent, parents, family and community.
- Gain knowledge about how to integrate MDFT principles and interventions into clinicians’ current work with cases
- Obtain information on MDFT implementation practices and procedures
- Be prepared to continue toward full MDFT certification (if desired)

Read more about Level 1 Training on our website.

**RESOURCE SPOTLIGHT**

**MDFT International’s Guide to Starting an MDFT Program**

Interested in starting an MDFT program, but not sure where to begin? Our **Getting Started Guide** will tell you everything you need to know about MDFT training and implementation—basics of the MDFT model, site and staff requirements, stages and time commitments of training, and more.

Read more about Level 1 Training on our website.

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Outside-In School of Experiential Education is a private non-profit agency that provides educational, prevention and treatment services to individuals of all ages. Since its beginning in 1990, Outside-In has worked tirelessly to both expand and improve the quality of the services it provides to youth and adults living in southwestern Pennsylvania.

During the mid 2000s, The Commonwealth of Pennsylvania leadership made evidenced-based practices for adolescents involved in the juvenile justice system a priority. In response to this shift in thinking, and with the support of several key stakeholders, we began to carefully investigate evidence-based practices. After a thorough investigation, we realized that MDFT would be an excellent fit with our agency goals and vision. In 2009, Outside-In staff began training in MDFT to serve youth and families in Westmoreland County more effectively. We still have the original MDFT program and have since expanded to 2 other counties. We participate in the MDFT Train-the-Trainers program, and as a trainer I not only train clinicians working at Outside-In but also provide training and supervision services to a small MDFT program in far Western Pennsylvania, the Community Counseling Center of Mercer County.

During the initial training period, it became evident that therapists who were committed to professional development, to making an impact with teenagers and families, and to thinking outside of the box flourished in MDFT. Prior to MDFT implementation, when providing adolescent substance abuse treatment, we had known that families needed to be included. We knew that community-based treatment could work, but it wasn’t until we implemented MDFT that we found a method to put those elements to work within an effective and focused framework. It felt as if we had some of the pieces of the puzzle, but MDFT gave us what we needed in order to put those pieces together to better serve the youth and families that were seeking our help.

The clinical staff at Outside In and the Community Counseling Center report that the operating principles of MDFT are consistent with how they want to work with clients. Over the years, some of the faces involved with the programs have changed, but the core values and principles of MDFT remain the same.

Continued on next page
“Why MDFT?”

In Southwestern Pennsylvania we are fortunate to have many different services for children, adolescents and families, including other evidence-based treatments. As we continue to expand the reach of MDFT in the region, we are often asked, “Why MDFT?” The fact that the program is evidence-based but not rigid or overly prescriptive is essentially the answer. Fantastic things happen for adolescents, for parents and for families. They get back to really knowing one another and understanding where one another are coming from. In MDFT, we help families understand where they were, where they are and where they want to be. Families come together to help the adolescent and have ALL share in this transformative experience. Each family member is helped to facilitate an aspect of the change in the system. Another important reason MDFT works is that we do not place blame or unnecessary labels on clients or families.

Our success stories include numerous youth who were able to eliminate substance use. When they are asked to talk about how those changes were made, they consistently cite a different experience with their therapist, or focus on the fact that no one judged me for my drug use - they wanted to hear my side of the situation.

MDFT works. It fits everywhere – to the biggest city to the smallest town, to drug treatment programs to drug courts, and everything in between – because it’s about families and that never changes.

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Interview With MDFT Trainer & Supervisor Jenn Miller

What is your experience with MDFT?

When my agency, Outside-In, was so fortunate to discover MDFT, I didn't anticipate all of the amazing changes that would take place for me as a clinician, for the team that was working there, and for the agency as a whole. We were doing parts of things: we were doing community-based work and we were working with adolescents and we were trying to do substance abuse treatment and include families – but we weren’t doing it in the way that MDFT does. We were out there just flying around – like maybe this and maybe that – but it wasn’t systematic. It was more like we were trying to hit a moving target. MDFT was able to bring this clarity, precision and context. It put all of the puzzle pieces together and it was incredible. (Continued on next page)
In the training and implementation of MDFT you can’t even put a price on it. You can’t put a value on it. It’s amazing. You go to graduate school and you generally think you’re done and maybe you get some licensing supervision, but there’s no live supervision. Nobody is watching your work. Nobody is really breaking it down to the essential parts and saying, “right here, right now, what were you trying to have happen?” “What’s happening for this kid today?” “What’s happening for this family today?” “What’s right in front of you to do?” “What can you work with?” Also, “what’s getting in the way?” “What’s blocking that good process between the adolescent and parents?” “What’s not making that happen?” In training for MDFT, it comes down to really making progress and making meaningful change – not just checking off boxes, or saying, “okay here’s the program, follow the steps and finish it.” Instead, the training is all about meaningful exchanges.

What did you notice after implementing MDFT in your agency?

What happened with our agency as a whole is that the climate changed. The degree to which we involve parents across all of our programs has changed. We've gotten more involved with having families come to our residential program – involving families in the weekend services we offer. Even in the cases we see that aren’t MDFT, there is more of a family focus because we see beyond a doubt that that’s what you need. That’s where the change happens. That message that “the family is the medicine” has carried from the MDFT programs through in the agency as a whole, and the outcomes are better across the board.

Can you talk a little bit about implementing MDFT in a rural setting?

From what I’ve seen, MDFT works well in a rural area because we get to know the kids and families on a very personal and deep level. MDFT is not a cookie cutter treatment at all. It really is about taking a family and looking at them through multiple lenses and breaking down the strengths, their concerns, their burdens. Whether it’s urban or rural, when you understand what the family’s strengths are, what they have on the positive side and what they struggle with, you’re able to create a meaningful plan that leads to sustainable change.

How has MDFT shaped you personally and professionally?

MDFT has shaped me as a person and as a therapist in tremendous ways – ways I never imagined. When we started MDFT, I had been with my agency for 8 years. I was practicing for 10 or maybe 12 years, and I thought, “I got this. I’m good. I’m solid. I’m young and full of energy and I got it.” MDFT encouraged me to reexamine that – to build my skill set and examine myself as a therapist and supervisor and come away with different ideas, more confidence, and more clarity about what it means to really help people.

What about the outcomes?

From the minute we implemented MDFT in our agency 8 years ago, the outcomes and client retention has improved across the board. Each year it has gotten better. We don't have as many no shows in MDFT as we do in our traditional programs. We don't have as many people drop out, and we get good word of mouth. We get people who call and say, “we heard you helped this person or we heard about the work you did with that person.” It has really built itself.

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