



# **Introduction to Multidimensional Family Therapy (MDFT)**

***An Evidence Based Program***

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## Who Does MDFT Serve?

- Families with at least one child between the ages of 9 – 26
- At least one parent/guardian or parental figure able to participate in the treatment program
- Not requiring immediate hospitalization/stabilization
- No psychotic disorders or features (unless temporary and due to drug use)

*MDFT programs can restrict program eligibility beyond these guidelines.*



# What is MDFT?

An integrated **family**-centered treatment for teen and young adult problems that has demonstrated strong and consistent outcomes in ten randomized controlled trials in the United States and Europe conducted by the model developer as well as independent researchers.



# How Does it Work?

Promotes behavioral change in youth through...

- Changing the hearts and minds of *adolescents*





# How Does it Work?

- By changing how *parents* influence their teens (parenting practices)





# How Does it Work?

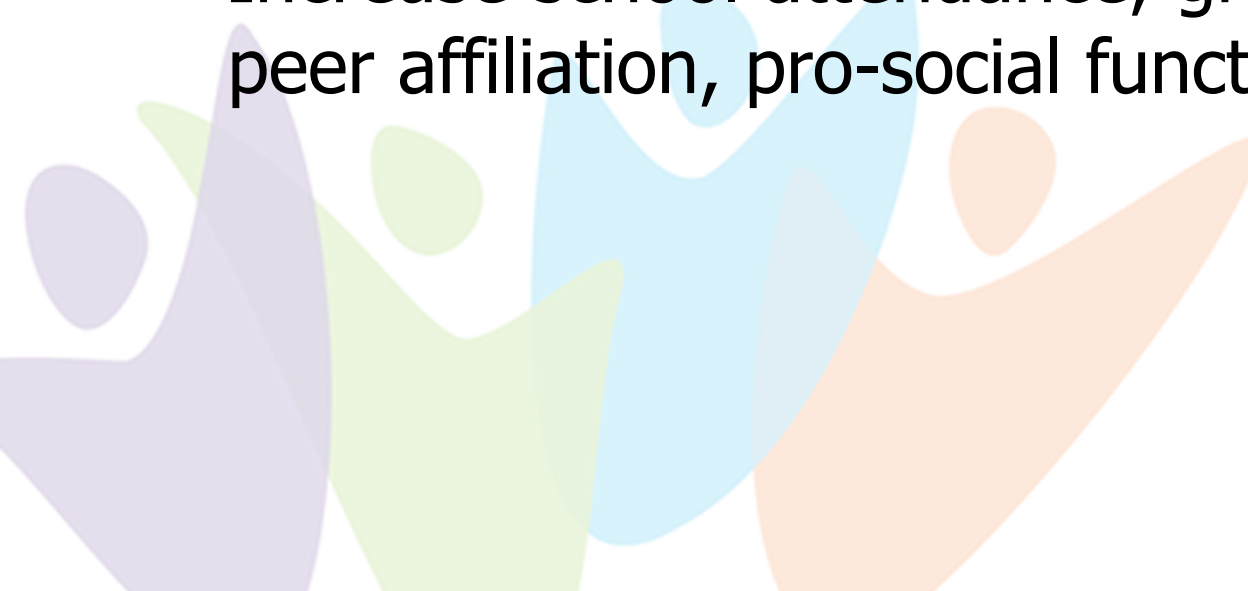
- By changing how the **family**--teens and parents together--talk about conflict and solve problems and how they love and support one another





# Ultimate Goal: To Improve Youth Functioning

- Reduce or eliminate substance use, mental health symptoms, violence, criminal behaviors & sexual health risk
- Increase school attendance, grades, positive peer affiliation, pro-social functioning







# It Works!

## Decreases:

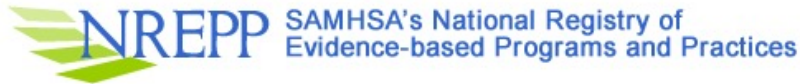
- Substance Use
- Crime & Delinquency
- Violence and Aggression
- Anxiety and Depression
- Out-of-Home Placement
- Sexual Health Risk

## Increases:

- School Attendance
- Academic Grades
- Family Functioning
- Pro-social functioning
- Effective Parenting Practices
- Positive Peer Affiliation



# Best Practice Recognition for MDFT



Rates quality of MDFT research:  
3.8 out of 4 on recovery from  
substance abuse  
3.6 out of 4 on delinquency



Gives MDFT highest rating of "EFFECTIVE" across  
multiple studies



Gave MDFT highest evidence rating  
"WELL-SUPPORTED BY RESEARCH"



European Monitoring Centre  
for Drugs and Drug Addiction



Lists MDFT as the only beneficial treatment  
option for adolescent cannabis users



National Crime  
Prevention Centre  
Centre nationale  
du prévention du crime



Lists MDFT as a "MODEL" treatment



# Best Practice Recognition for MDFT



National Institute  
on Drug Abuse



Features MDFT as an effective treatment in two research-based guides on Substance Abuse Treatment and Treatment for Criminal Justice Populations



Office of Juvenile Justice  
and Delinquency Prevention  
Office of Justice Programs © U.S. Department of Justice



*Strengthening Families* database lists MDFT as 'Exemplary' program



DrugStrategies



Features MDFT in two treatment guides on Adolescent Drug Programs and Juvenile Justice populations



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION



Lists MDFT as an effective child therapy



UNODC

United Nations Office on Drugs and Crime



Lists MDFT in Compilation of Evidence-Based Family Skills Training Programs



# Best Practice Recognition for MDFT



Chose MDFT for a special intervention designed to prevent social marginalization among at-risk adolescents

Nederlands  
**Jeugd**  
instituut



The Dutch Youth Institute rates MDFT 'effective'

**info**  
coordination intervention suisse  
**drog**



Lists MDFT as a 'Successful' treatment for early intervention



Gives MDFT the highest possible Evidence Rating



Ranks MDFT as 'Evidence-based'



# Best Practice Recognition for MDFT



Describes MDFT as “more effective than other treatments at decreasing drug use, delinquency, internalized distress, and affiliation with delinquent peers, increasing academic performance, and improving family functioning.”



Lists MDFT as a ‘Validated Treatment’



Lists MDFT as a ‘Model Program’

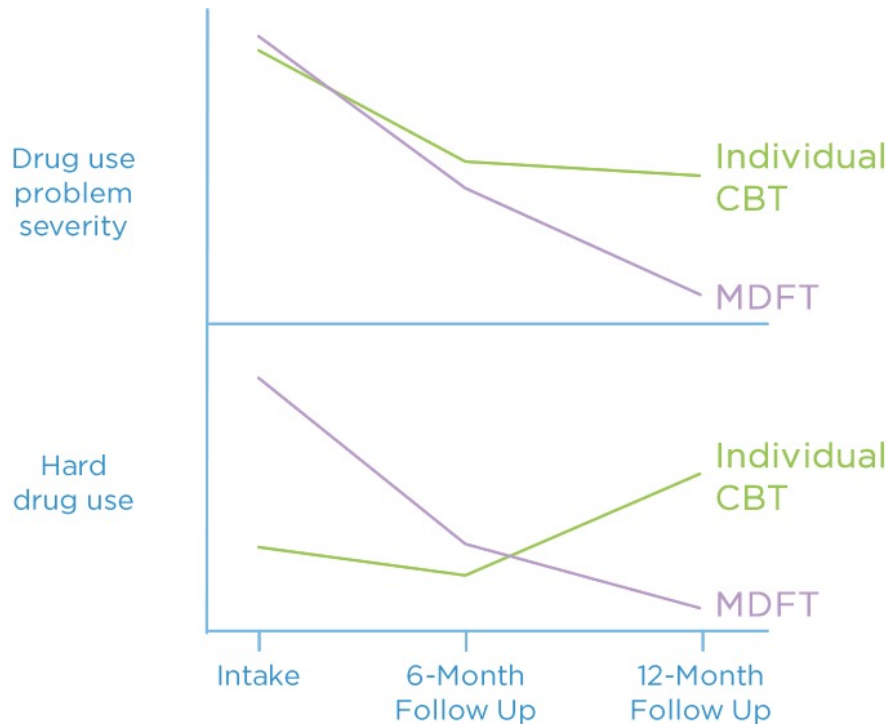


Video: Proven Outcomes Drive Decision to Implement MDFT-Peter Panzarella, SAMHSA Consultant & Coach, Former Director of Substance Abuse Services, Dept of Children & Families, Connecticut



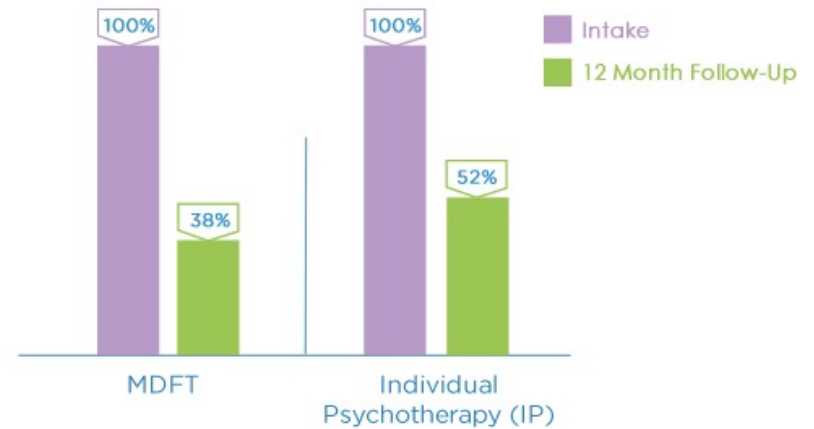
# MDFT Outcomes – Substance Abuse

## Philadelphia Study

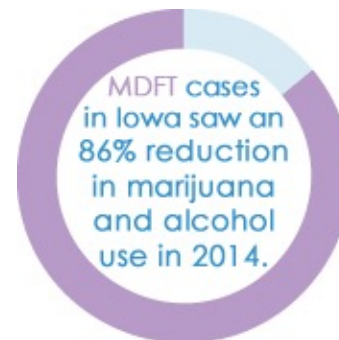


## European Study

Cannabis-Dependence Diagnosis Among Teens in 5 European Nations



## MDFT in the Community

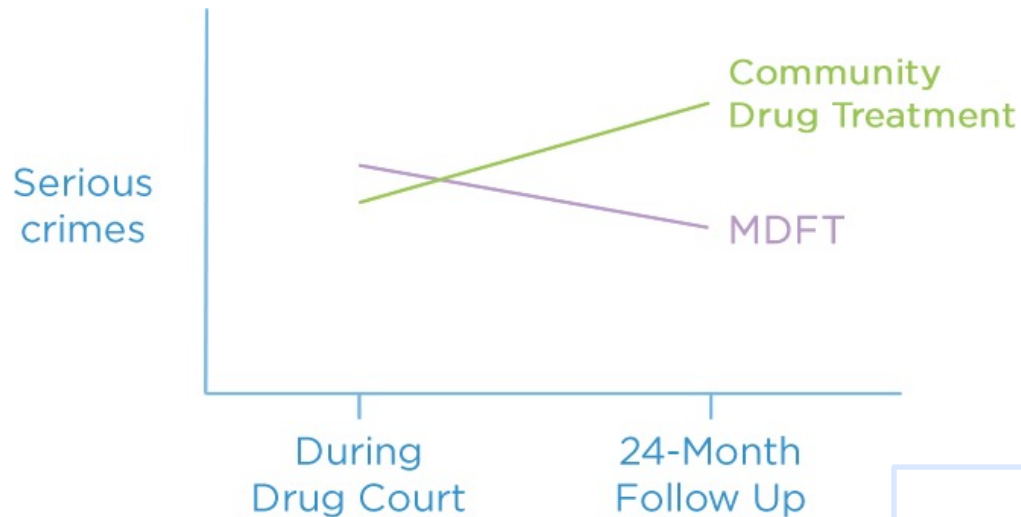


MDFT cases in Pittsburg, CA saw a 69% reduction in hard drug use in 2014.

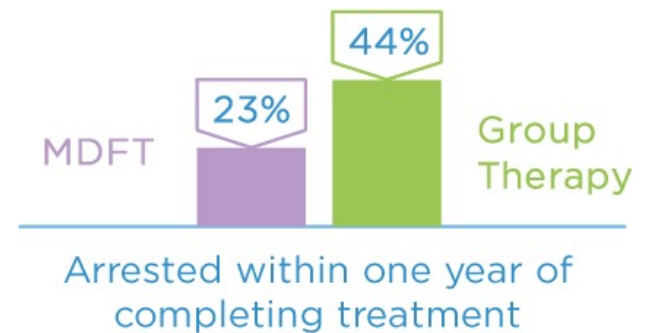


# MDFT Outcomes – Arrests and Delinquency

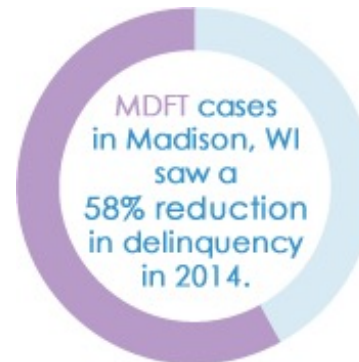
## Juvenile Drug Court Study



## Young Adolescent Study



## MDFT in the Community



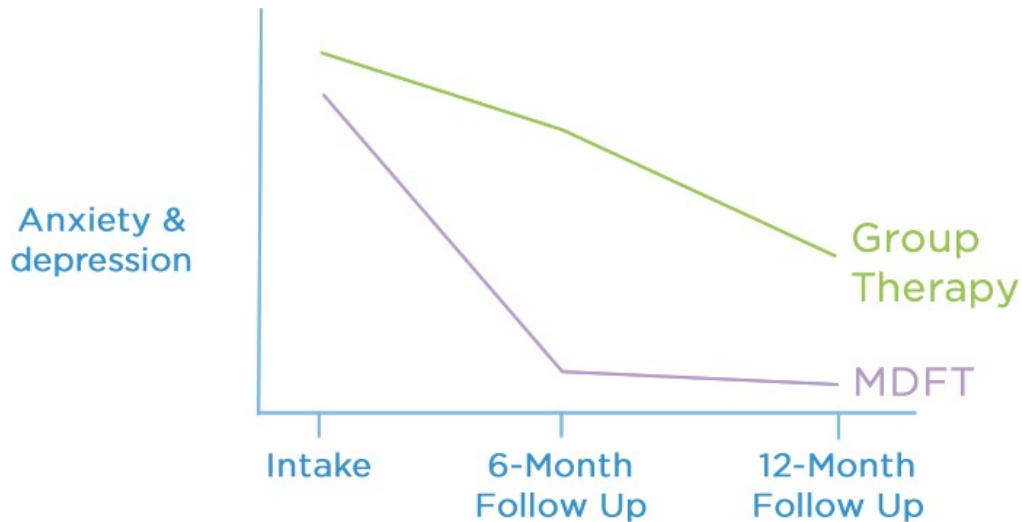
MDFT cases in Miami, FL saw a 73% reduction in youth violence and aggression. At discharge, 100% of cases never or rarely engaged in violent behavior.



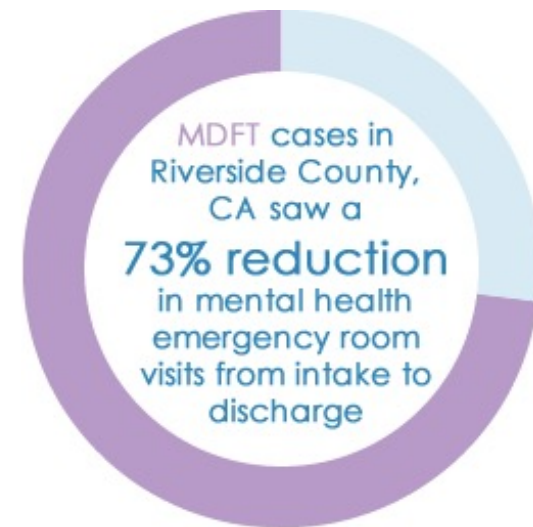


# MDFT Outcomes – Mental Health

## Young Adolescent Study



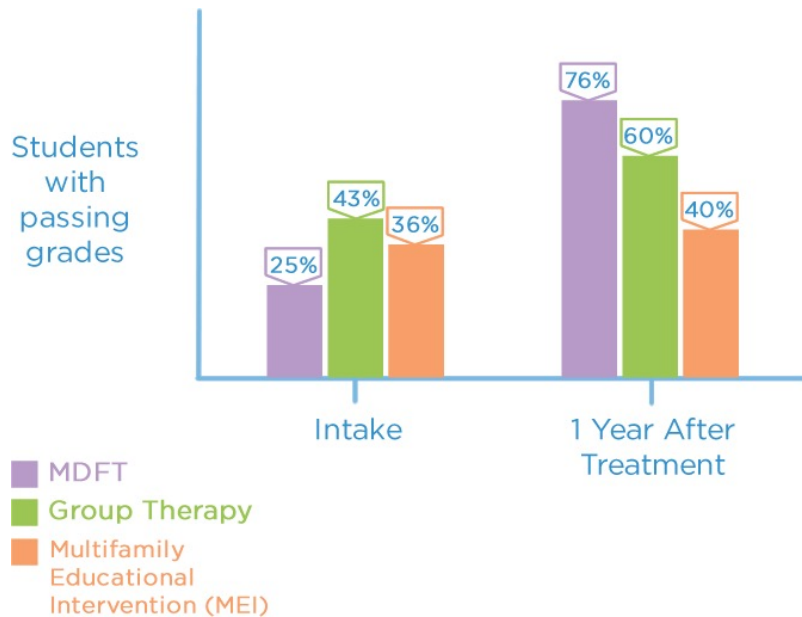
## Riverside County, CA Dept. of Mental Health Independent Report



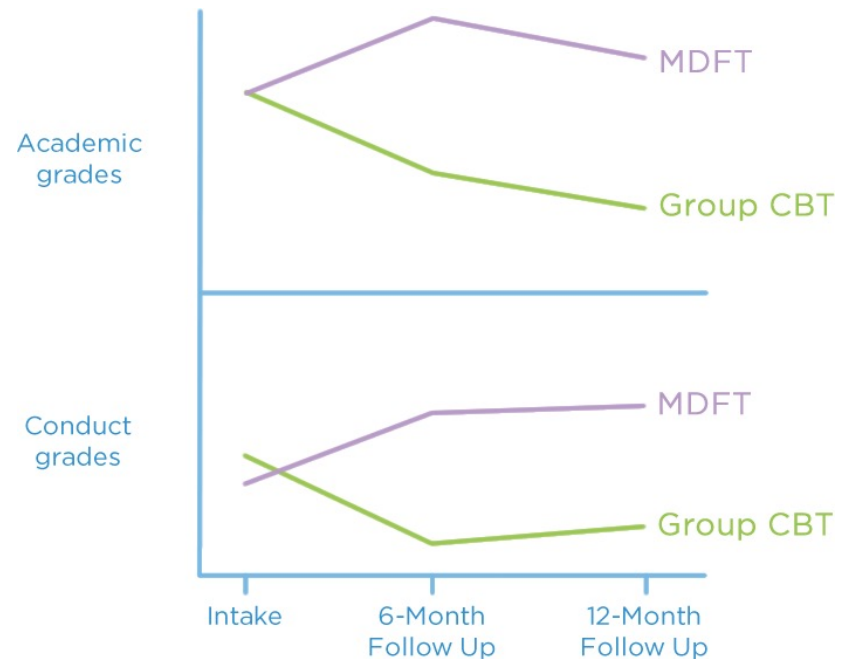


# MDFT Outcomes – School Performance

## California Study



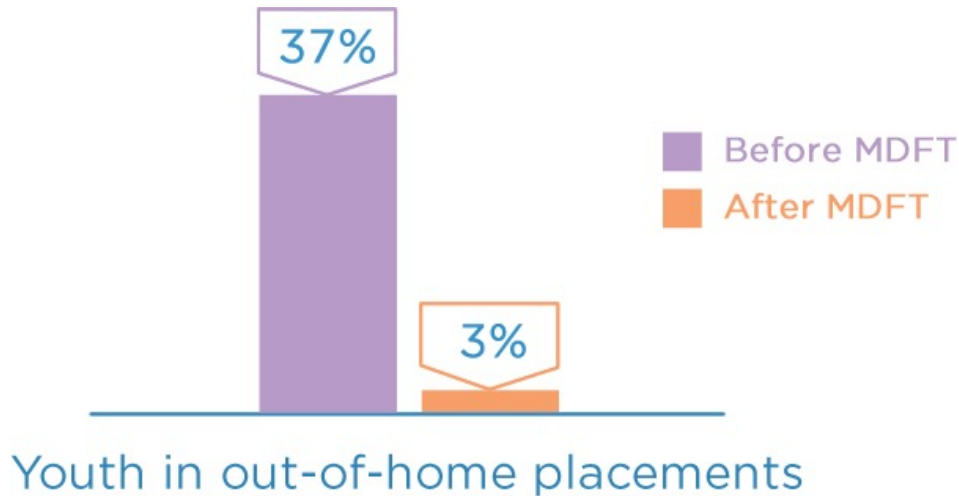
## Young Adolescent Study



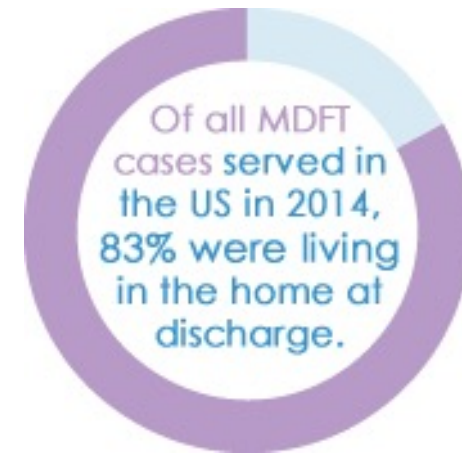


# MDFT Outcomes – Home Stability

## Day Treatment Implementation Study



## MDFT in the Community





# North American MDFT Implementation: Story Began in Connecticut

- 2001 in 5 agencies: All 5 agencies have sustained their MDFT programs; 3 have expanded.
- There are now 21 MDFT programs in Connecticut, including in-home and residential.
- 1 Fulltime MDFT State Coordinator & 5 Trainers



# Over 100 Current MDFT Programs in the United States & Europe

## **8 Countries**

Belgium

Estonia

Finland

France

Germany

Netherlands

Switzerland

United States



Over 100 Current MDFT Programs in the  
United States & Europe

## **United States: 15 States**

California, Connecticut, Florida, Georgia, Iowa,  
Kentucky, Maryland, Michigan, Nevada, New York,  
North Carolina, Ohio, Oregon, Pennsylvania,  
Wisconsin



# Keys to Implementation: Characteristics of Exemplary Providers/Agencies

- Excellent management (funding, structure, organization, staff).
- Culture of excellence (strives to be the best, deliver the best services)
- System of accountability (to assure excellence)
- Fully embraces its mission to help youth and families
- Spends considerable effort in selecting and retaining clinical staff
- Selects excellent staff for its MDFT program
- Procedures in place (or willing to put in place) to support and retain staff



Video: Voices from the Field: Catherine Corto-Mergins,  
MDFT Therapist, Supervisor & Trainer





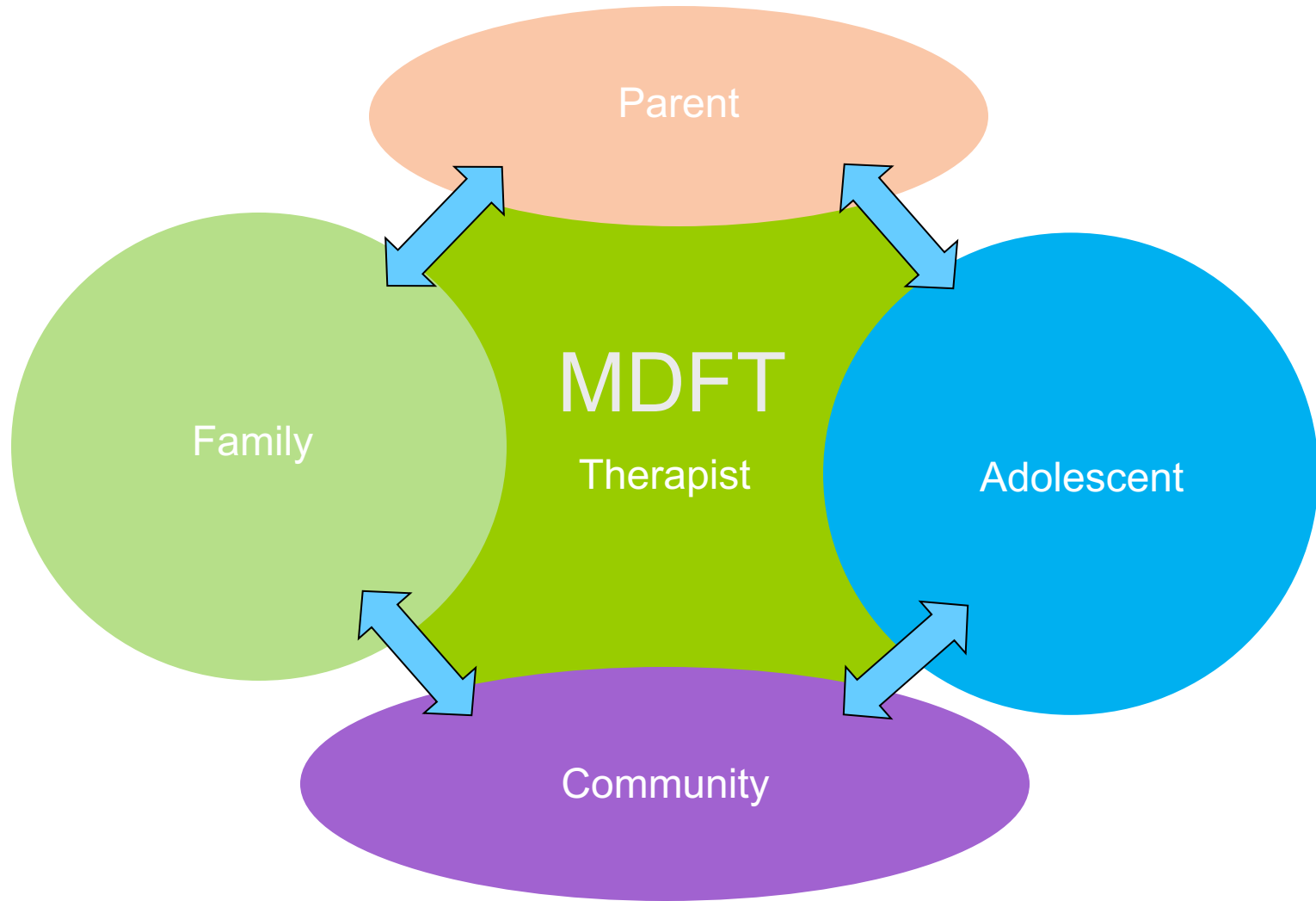
**Four Domains**

**Three Stages**





# Change in 4 Domains





# MDFT Goals Across 4 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

## **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 member capacity to access and actualize needed resources



# Three Stages of Treatment

Stage 1: Build the Foundation/Develop Alliance and Motivation

Stage 2: Work the Themes /Request Change

Stage 3: Reinforce the Changes and Exit



Video: It Covers All the Bases: Dr. Cindy Rowe,  
Professor University of Miami, National MDFT Trainer





**Stage 1: All Domains**

**Alliance & Motivation**





# Stage 1: Alliance & Motivation

What is the single most important goal of the first session?





# Stage 1: Alliance & Motivation

To Have a Second Session







# Therapeutic Alliance

What do we want the teens and parents to be saying to themselves after the first session to make it more likely that there will be a second session?





## What youth and parents should be saying to themselves after the first session

- “I think she understands me.”
- “She is really nice. I felt respected and valued.”
- “I feel accepted and supported.”
- “She seems to think that we are not hopeless.”
- “I am not to blame.”
- “She seemed to really understand and accept my side of things.”
- “She seems to know what she is doing.”
- “I feel a little less pessimistic and anxious.”
- “I’ll try it. Seems okay.”



# Therapeutic Alliances

What are you going to do or say to develop a therapeutic alliance?





# Some ideas to build therapeutic alliances with youth and parents

- Begin where the client is at.
- Encourage a discussion of their view of the problem.
- Listen well and say things that demonstrate that you really understand.
- Show compassion and empathy.
- Demonstrate that you like and value clients by praising, complementing, agreeing.
- Be authentic.
- Offer unwavering support.
- Be Positive
- Identify & amplify strengths



# Some ideas to build therapeutic alliances with youth and parents

- Generously compliment and praise
- Agree
- Be respectful.
- Be collaborative.-You aren't the expert on their lives and family but you have knowledge & experience to help them solve their problems & make life better
- Discourage feelings of shame, guilt and blame.
- Portray confidence in yourself and the treatment program.
- Lend them your optimism.
- Empower



# Therapeutic Alliances

You are going to have a series of conversations with youth and parents alone and together to create opportunities for you to build alliance.





# Therapeutic Alliances

What are you NOT going to do or say to develop a therapeutic alliance?





# What are you NOT going to do and say to reach these goals?

- Be judgmental
- Be a “know it all”
- Be dispassionate
- Ask a lot of questions so it looks more like an interview than a conversation
- Be the parent police
- Take sides
- Lecture
- Think you are better than the clients
- Be distant
- Be a parent
- Be like a teacher, cop, child welfare worker





# Motivation

Strong therapeutic alliance is the first pillar of Stage 1 and **motivation** is the second:

- ✓ Motivation to Participate in Treatment
- ✓ Motivation to Examine Oneself
- ✓ Motivation to be Open to New Ideas
- ✓ Motivation to Change Attitudes and Behaviors



# Motivation

What do you do to create motivation to participate in treatment, examine oneself and be open to change in youth and parents?





# Motivation



Motivation is developed by simultaneously experiencing despair & hope

*MDFT therapist creates an environment whereby parents and youth feel both despair and hope*



# Motivate Parents and Youth: Focus on the Distress, Despair, Dissatisfaction

1. Use current situation (crisis) to create a focus on seriousness of the problem and or situation
2. Paint a picture of current unhappiness
3. Develop a sense of urgency: *The House is on Fire*
4. Distress is an ally – it is used to facilitate motivation



# Create Positive Expectations

*The house is on fire but I have the hose*

- Portray confidence in yourself & the program
- Portray confidence in youth and parent to solve their problems and have a happier life
  - Lend your optimism
  - Paint a picture of a better future
  - Produce an early success in the area that is most accessible (Community Domain)



# **Stage 1: The Adolescent Domain**

**Interventions To Reach Goals To  
Develop Therapeutic Alliance and  
Increase Motivation**





*"You know you've got it right when your parents  
can't look at you without wincing!"*



# Stage 1: Adolescent Domain

**“There is something in this for you”**







Video: Alliance with the Adolescent: Deena Corso,  
Director of Juvenile Services, Dept. of Community  
Justice (DJJ), Multnomah County, Oregon (Portland)



## Stage 1: Parent Domain

### **Enhance and strengthen feelings of love and commitment**

- **Parental Reconnection Interventions (PRI)**
  - Help parents remember when they felt more loving toward their adolescent - when things were better between them. Go back in time to positive, loving moments and help resuscitate those feelings.



## Stage 1: Parent Domain

### **“You Are The Medicine:”**

You have a special influence. If I could do it without you, I would.

### **“No Regrets:”**

You want to look back and know you did everything possible to help your child



**Stage 2 :**

**Adolescent Domain**





SIPRESS

*"How am I supposed to think about consequences before they happen?"*



# Overarching Therapeutic Goals Necessary to Reach Ultimate Behavioral Goals: Adolescent Domain

- Improve self-awareness and enhance self-worth and confidence
- Develop meaningful short term and long term life goals
- Improve emotional regulation, coping, communication and problem solving skills
- Improve communication skills
- Enhance sense of personal agency



## Stage 2: Facilitate Change Adolescent Domain

### **Facilitate Self-Examination/Conduct a Life Review**

- Explore who you were, who you are now, and who you want to be.
- Brainstorm together various life options
- Identify forces, within and outside youth, that drive him/her toward risk, self-destruction
- Explore consequences, both positive & negative, of past, present and future risky behavior
- Explore ambivalence about change/Examine barriers to change



## Stage 2: Facilitate Change Adolescent Domain

### **Help Develop Healthy Short-Term and Long-Term Life Goals: *A Reason to Change***

- Begin with dreams, wishes, imagination of what a life could be. Help youth dream big. Have aspirations
- Do research and possibly field trips with youth to develop dreams, goals, and imagination (Therapist Assistant)
- Show that you believe in youth's dreams & goals
- Encourage youth to share these dreams and goals with parents





## Stage 2: Facilitate Change Adolescent Domain

**Draw Discrepancies Between  
Goals/Dreams & Current Self-Destructive  
Behaviors**





## Stage 2: Facilitate Change Adolescent Domain

### **Help youth believe in themselves: Able to achieve positive goals and dreams**

- Highlight strengths and competencies
- Develop strategies to reduce self-doubt & enhance belief and confidence
- Develop self-confidence and agency by creating positive change now (with parents, with friends, in school)
- Encourage parents to support and facilitate attainment of youth dreams & goals. Show they believe in youth



## Stage 2: Facilitate Change Adolescent Domain

### **Have Collaborative Discussions about How to Get Where they Want to Be/Go**

- Encourage youth to direct their own life—take charge, agency, self-determination (*You can make changes happen in this family now and I want to help you do that.*)
- Collaborate to make concrete plans to promote behavioral change in self, family, with peers, school..
- Take steps to put plans into action
- Teach tools to help youth change behaviors (drugs, truancy, delinquency, depression, anxiety)



## Stage 2: Facilitate Change Adolescent Domain

### **Prepare youth to express concerns, opinions, thoughts, feelings to parents**

- Help adolescent identify key issues and themes to address with parents
- Help adolescent to effectively communicate key issues
- Help youth decide what they want to say to their parents
- Give them lines and rehearse
- Give confidence (advocate, support)



## Stage 2: Facilitate Change Adolescent Domain

### **Improve Emotion Regulation, Coping, Communication, & Interpersonal Problem Solving Skills**

- There is no such thing as an anger problem
- Explore what makes youth angry & upset-show understanding
- Help youth put anger, frustration, upset into words—words that others can hear
- Teach and practice basic emotion regulation, coping and communication skills



## Stage 2: Facilitate Change Adolescent Domain

### **MDFT framework on drugs and alcohol use:**

- NOT a moral issue (good/bad) or disease
- Pattern of choices that over time become a habit (eventually addiction) that is extremely hard to break
- Drugs worry us because they can make teens unavailable to themselves – incapable of thinking about their lives
- Use urine testing



# Stage 2: Facilitate Change Adolescent Domain

## **Guidelines & Protocols For Specific Issues in the Adolescent Domain**

- Substance Use
- Emotion Regulation
- Trauma
- Mistakes, Slips & Relapses
- Depression



**Stage 2 :**

**Parent Domain**







*"Young man, go to your room and stay there  
until your cerebral cortex matures."*



# The Five Basics of Parenting Adolescents

## **Raising Teens: A Synthesis of Research and a Foundation for Action**

A. RAE SIMPSON (Harvard School of Public Health), 2001



The Five Basics  
of Parenting  
Adolescents

RAISING TEENS

1. Love and Connect
2. Monitor and Observe
3. Guide and Limit
4. Model and Consult
5. Provide and Advocate



## Stage 2: Facilitate Change Parent Domain

### **Support Parents as Parents & Human Beings**

- Show compassion for their struggles, effort, experience
- Disabuse them of thoughts of blame, guilt, shame, embarrassment
- Emphasize self-love & self-care
- Validate their past & current parenting efforts



# Stage 2: Facilitate Change Parent Domain

## **Empower Parents**

- Identify what they want for their child & family
- Examine ambivalence about change (I won't, I can't) & other barriers
- Empower parents with knowledge & confidence
- Empower parents with skills & feeling competent
- Enhance individual functioning of parents (self-efficacy, self-care, mental & physical health)



## Stage 2: Facilitate Change Parent Domain

### **Strengthen Parenting Team Work**

- Identify differences & similarities (conflict & agreement) in parenting
- Help parents develop a strategy for working together & resolving their difference (sometimes I win...; when, where talk about the kids)
- In high conflict parental subsystem obtain an agreement to put aside differences & focus on family
- Single parents, step-families, grandparents...



## Stage 2: Facilitate Change Parent Domain

### **Reduce Ineffective Practices: Yelling, Nagging, Name-Calling, Lecturing, Harshness**

- Inquire if these practices work for them. How do they feel inside
- Encourage parents to STOP: Why do something that doesn't work and makes your feel so awful?
- Indicate that STOPPING or reducing practices might get youth's attention and set the foundation for change
- Teach basic skills to STOP ineffective practices
- Suggest next step is for therapist to help parents come up with more effective ways to influence child.



## Stage 2: Facilitate Change Parent Domain

### **Enhance Age Appropriate Parenting Practices**

- Decide on house rules, expectations, demands, incentives & consequences helping parents “choose their battles”
- Develop an action plan to implement new expectations, including monitoring, incentives & consequences
- Educate about parenting and development
- Examine ambivalence and barriers to action plan
- Assist in establishing support that will help them be successful with parenting



## Stage 2: Facilitate Change Parent Domain

### **Help Parents Communicate in a New Way**

- Prepare parent to hear son/daughter voice (complaints, concerns, past and current hurts) *"If you want to have influence on your adolescent you have to know him/her. You may hear some things that are difficult and that you may not like. It is very important that you are able to hear about his/her world."*
- Help parents develop better ways to express themselves to youth (clear, strong, direct, loving & from the heart)





Video: The Cavalry is Coming: Honorable Orlando Prescott, Chief Administrative Judge, Juvenile Division, Miami Florida.



**Stage 2 :**

**Family Domain**





↳IPRESS

*"Here's the deal: we call the shots when you're young, you call the shots when we're old, and everything in between is a non-stop battle for control."*



# Goals of 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



## Stage 2: Facilitate Change Family Domain

### **Enactment: Primary Change Mechanism**

*Experience versus Talking About It*

Facilitate Healthy & Productive Conversations Among Family Members

- Healthy ways of talking to each other
- Healthy experiences of being with each other and relating together
- Healthy ways of thinking about each other



## Stage 2: Facilitate Change Family Domain

### **Facilitate Parent – Youth Discussions**

- a) Expresses opinions, complaints, concerns, desires to each other
- b) Listen and restrain inclination to interrupt, disagree, judge
- c) Parents & youth respond in constructive ways, acknowledging the other's point of view and expressing own thoughts
- d) Facilitate a healthy conversation--talking, listening, thinking, moving on, problem solving



## Stage 2: Facilitate Change Family Domain

### **Common Topics for Family Conversations: Enactment**

- New Expectations, Monitoring, Incentives  
Consequences
- Resentments, hurt feelings, being misunderstood,  
pain of the past, trauma
- What to do about continuing problem behaviors
- Issues of Trust & Mistrust
- This isn't working. This is what has to happen. If you  
can't or won't then we will have to talk about what  
to do next and it won't be business as usual.



## Stage 2: Facilitate Change Family Domain

### **Common Session Goals in Family Sessions**

- New & deeper understanding of each other
- Enhanced communication skills (talking & listening)
- Improved family problem solving skills
- Improved emotion regulation skills
- Feeling more connected, closer and loving
- An action plan for moving forward





## **Stage 2: Community Domain**





# Goals of Community Domain

- Improve family member's functional relationships with important social systems such as school, court, neighborhood.
- Build family member capacity to actively reach out to and access needed resources.
- Obtain necessary services for family
- Reduce Barriers to Participation and Success in Treatment



## Stage 3: Reinforce the Changes

- Identify possible “bumps in the road” that may lie ahead.
- Put in place concrete plans for addressing “bumps in the road”
- Make sure all community issues—school, court, recreational/vocational—are as solid as they can be.



## Stage 3: Reinforce the Changes

- Make all changes overt. Have family acknowledge the progress and changes; have them express to each their appreciation and pride about the changes.
- Assess progress and make a plan to focus on workable goals during the last 4-6 weeks of treatment. Examine what has been accomplished, what is left to accomplish, and set priorities. Accept rough around the edges outcomes.



# Video: A Father and Son's Experience with MDFT



## For More Information

- [gdakof@mdft.org](mailto:gdakof@mdft.org)
- [www.mdft.org](http://www.mdft.org)
- [facebook.com/MDFTintl](https://www.facebook.com/MDFTintl)