

M D F T

MDFT for Diverse Populations



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MDFT has been deemed one of the only empirically established interventions for diverse youth populations (Huey & Polo, 2008). The treatment manual and protocols offer guidance to incorporate a culturally specific, family-based treatment engagement and intervention strategy for assisting with engagement of African American and Hispanic youth.

Research shows that MDFT is effective to reduce substance use among ethnically diverse youth

- ✓ A study shows that low levels of engagement in therapy among African American youth can be reduced by engaging in systematic discussions of culturally salient themes during therapy sessions (e.g., anger/rage, alienation, rites of passage in the journey to adulthood) ([Jackson-Gilfort et al., 2001](#)).
- ✓ A research study with an ethnically diverse population (42% Hispanic, 38% African American, 11% Haitian or Jamaican, 3% non-Hispanic White, and 4% Other) showed that MDFT led to more rapid decreases in drug use than group-based cognitive behavioral therapy ([Liddle et al., 2004](#)).
- ✓ In a review of the research on evidence-based psychosocial treatments, MDFT was ranked the most effective treatment for substance use among African American and Hispanic youth ([Huey & Polo, 2008](#)).
- ✓ A meta-analysis examining culturally sensitive substance use treatments for people of color indicated that participation in MDFT was associated with significantly greater reductions in substance use. ([Steinka-Fry, et al., 2017](#)).
- ✓ An integrated data analysis (IDA) of five randomized clinical trials of MDFT (N = 646 adolescents ages 11 to 17; 51% African American, 35% Hispanics, 14% European American) found that MDFT was more effective than the comparison treatment for every group studied. Moreover, MDFT was the only effective treatment for African-American young men ([Greenbaum et al., 2015](#)).

What People are Saying

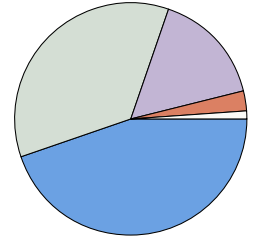
“Providers delivering MDFT were trained to accommodate to the culture of the family with respect to ethnicity, race, community, personalities, and history based on the assumption that child rearing and family life is embedded in culture. MDFT training materials also included information on working with Hispanic families, and treatment sessions were conducted in Spanish when appropriate.”

— Steinka-Fry et al., 2017

1,196 youth – 83% people of color – have participated in 9 randomized clinical trials of MDFT in the United States. These studies strongly and consistently demonstrate the superior effectiveness of MDFT in comparison to alternative interventions.

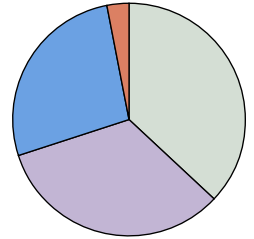
Race/Ethnicity of MDFT RCT Participants in the U.S.

- 48% Black / AA
- 30% Hispanic
- 17% White Non-Hispanic
- 3% Other
- 1% Asian/PI



Over a 5-year period, MDFT programs in the U.S. served over 6,600 youth and their families. The diversity reflects the communities being served.

- 37% Hispanic or Latino
- 33% White
- 27% Black / AA
- 3% Other



Treatment Outcomes

Outcomes at the end of treatment show positive effects. The table below shows that Hispanic, African-American, White Non-Hispanic and other youth and families achieved comparable results across outcomes. At the end of treatment:

	Hispanic (n=2,436)	African American (n=1,764)	Non-Hispanic White (n=2,190)	Other (n=215)	Overall (n=6,605)
Living in the community	86%	82%	86%	85%	83%
Stable mental health	88%	88%	83%	88%	86%
Abstinent from “hard” drugs	92%	96%	88%	88%	92%
No arrests	84%	79%	86%	82%	83%
In school or working	75%	78%	81%	73%	78%
Used marijuana or alcohol fewer than 10 days per month	78%	77%	76%	73%	77%
Families were not violent	95%	95%	96%	93%	95%
Stable family functioning	84%	80%	81%	78%	82%