

Treatment Retention

MDFT is remarkably effective in engaging and retaining youth and their families in treatment, particularly when one considers that nationally representative treatment programs engage only one out of every three adolescents who are referred for drug abuse treatment.

Recognized by:

- ✓ [California Evidence-Based Clearinghouse for Child Welfare](#)
- ✓ [National Institute of Justice](#)
- ✓ [PEW-MacArthur Results First Clearinghouse](#)

What People are Saying

“With respect to MDFT, research has demonstrated the particular superiority of MDFT over usual community-based treatment in terms of treatment retention and completion rates.”

— Robbins et al 2006

“MDFT focuses on the entire family system. The flexibility of dealing with whoever is there for the session at the time. If Mom is there but the youth is not present for the session, we can intervene with the parent. If the youth needs to have the focus that day, we intervene with the youth. The model is so flexible in that regard and really focuses on the entire family system and their issues. Unlike some other family-based programs, with MDFT we don’t need everybody there in order to have a session.”

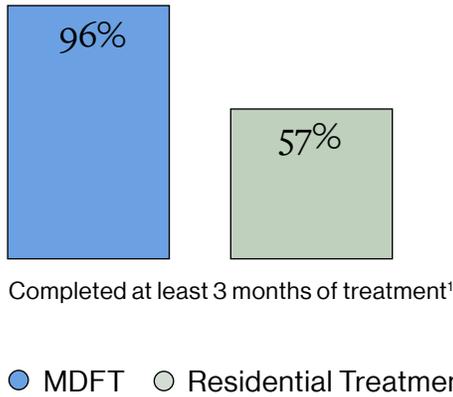
— Kathy Schiessl, Sr. VP Child & Families Services

“Another result of the review is that MDFT appears to be more acceptable to clients than other treatments, as the adolescents tend to remain in treatment until its completion. Moreover, several studies have shown that treatment engagement and successful outcomes can be more difficult to achieve in adolescents who have co-occurring substance use and problem behavior. The advantages of MDFT are its capacity to reduce substance abuse problems, the low drop-out rate and the long duration of its effects.”

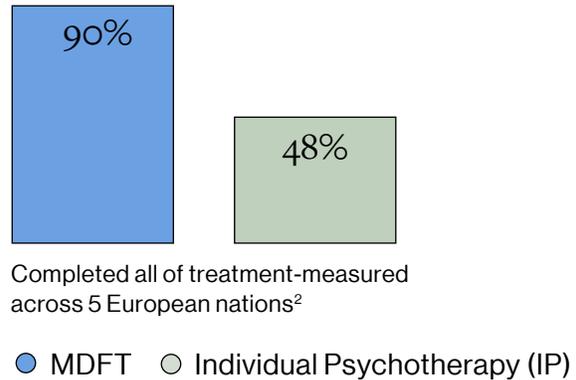
— European Monitoring Centre for Drugs and Drug Addiction, 2014

MDFT in Randomized Clinical Trials

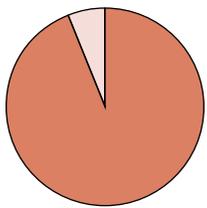
Alternative to Residential Study



European Study



MDFT in the Community



94%
of youth and families
who start MDFT complete
treatment

Sources

1. Liddle, H. A., Dakof, G. A., Rowe, C. L., Henderson, C., Greenbaum, P., Wang, W., Alberga, L. (2018). Multidimensional Family Therapy as a community-based alternative to residential treatment for adolescents with substance use and co-occurring mental health disorders. *Journal of Substance Abuse Treatment*, 90, 47-56. doi: 10.1016/j.jsat.2018.04.011
2. Rowe, C. L., Rigter, H., Gantner, A., Mos, K., Nielsen, P., Phan, O., & Henderson, C. (2013). Implementation fidelity of Multidimensional Family Therapy in an international trial. *Journal of Substance Abuse Treatment*, 44(4), 391-9. doi: 10.1016/j.jsat.2012.08.225