



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

MDFT programs can restrict program eligibility beyond these guidelines.




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What is MDFT?

An integrated **family**-centered treatment for teen and young adults 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.



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Theoretical, Clinical, Empirical Roots:

1. Adolescent Development
2. Parenting Practices and Family Functioning
3. Risk and Protective Factors for Adolescent Problems
4. Ecological Perspective
5. Client Centered Therapy
6. Family Therapy: Structural Family Therapy and Problem Solving Therapy




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 How Does it Work?

Promotes behavioral change in youth through...

- Changing the hearts and minds of *adolescents*




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 How Does it Work?

Promotes behavioral change in youth...

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




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 How Does it Work?

Promotes behavioral change in youth...


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




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 **It Works!**

Decreases:	Increases:
<ul style="list-style-type: none">• Substance Use• Crime & Delinquency• Violence and Aggression• Anxiety and Depression• Out-of-Home Placement• Sexual Health Risk	<ul style="list-style-type: none">• School Attendance• Academic Grades• Family Functioning• Pro-social functioning• Effective Parenting Practices• Positive Peer Affiliation




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 **Evaluations of MDFT:
NIDA Notes 2011**






“MDFT treatment outcomes are among the best there are for adolescents. Not only does it work, but it joins the category of behavioral interventions whose effects seem to endure after treatment ends.”

*Lisa Onken, PhD, Chief of the Behavioral and Integrative Branch,
National Institute on Drug Abuse*




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 **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 <small>Office of Justice Programs, U.S. Department of Justice</small>	→	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 <small>United Nations Office on Drugs and Crime</small>	→	Lists MDFT in Compilation of Evidence-Based Family Skills Training Programs


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Best Practice Recognition for MDFT

- 

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

The Dutch Youth Institute rates MDFT 'effective'
- 


Lists MDFT as a 'Successful' treatment for early intervention
- 


Gives MDFT the highest possible Evidence Rating
- 


Ranks MDFT as 'Evidence-based'

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Best Practice Recognition for MDFT

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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."
- 

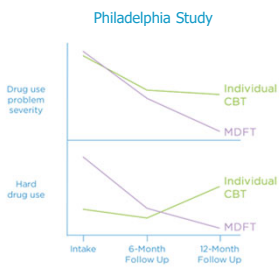
Lists MDFT as a 'Validated Treatment'
- 

Lists MDFT as a 'Model Program'

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MDFT Outcomes – Substance Abuse

Philadelphia Study



Drug use problem severity

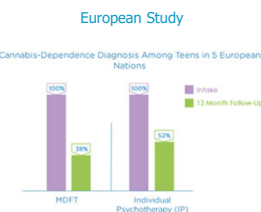
Hard drug use

Intake 6-Month Follow Up 12-Month Follow Up

Individual CBT MDFT

European Study

Cannabis-Dependence Diagnosis Among Teens in 5 European Nations

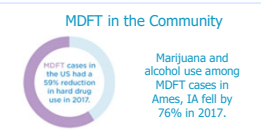


100% 38% 100% 52%

MDFT Individual Psychotherapy (IP)

Intake 12 Month Follow-Up

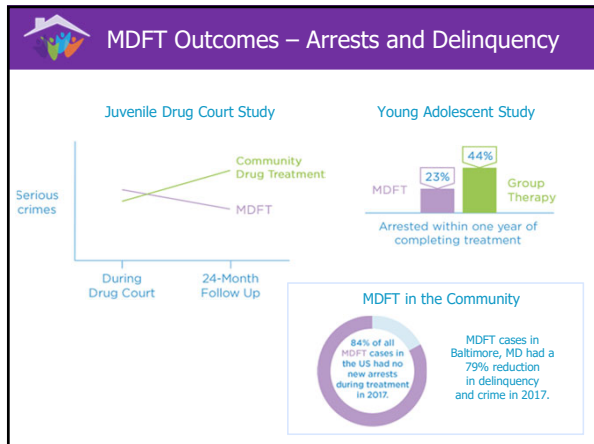
MDFT in the Community



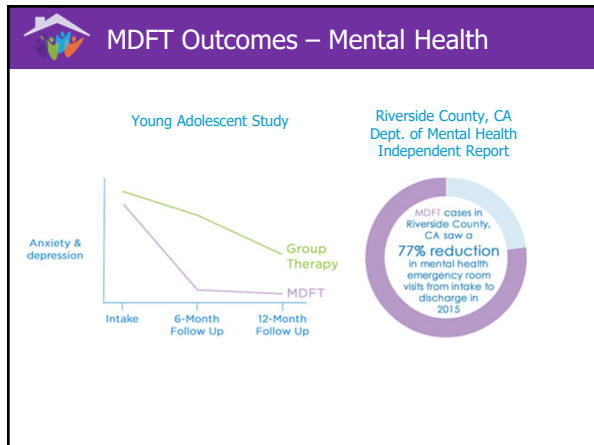
MDFT cases in the US had a 59% reduction in hard drug use in 2017.

Marijuana and alcohol use among MDFT cases in Ames, IA fell by 76% in 2017.

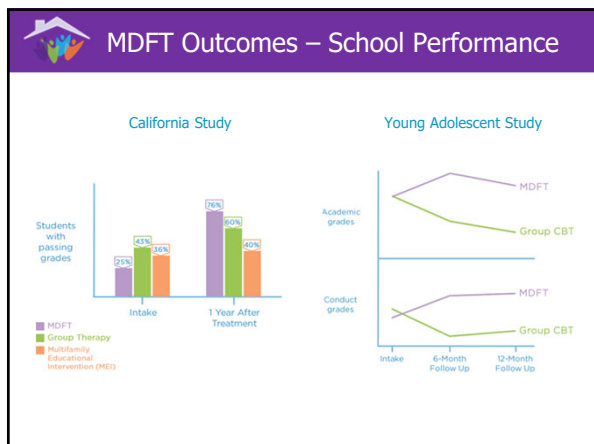
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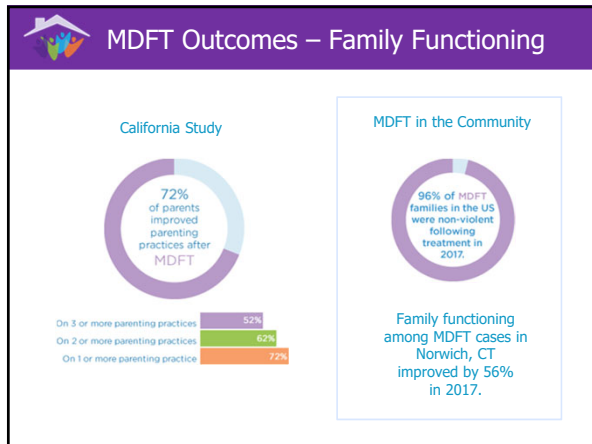
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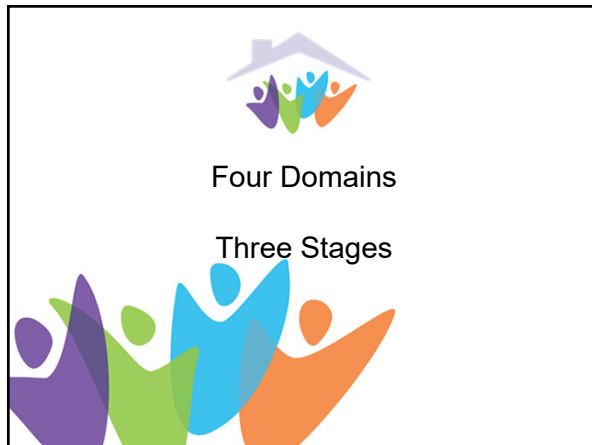
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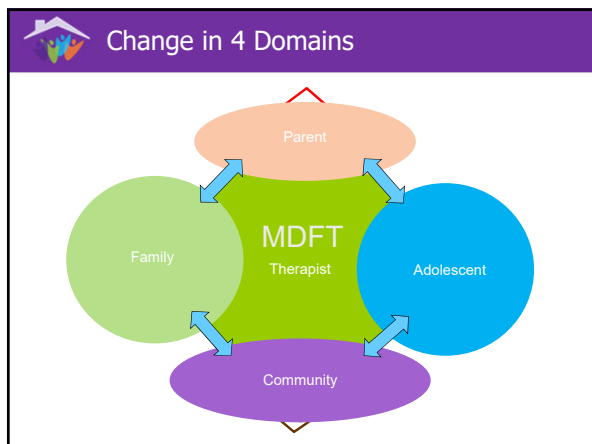
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 **MDFT Goals Across Domains**

ADOLESCENT DOMAIN	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Strengthen parental teamwork• Improve parenting skills & practices• Rebuild parent-teen emotional bonds• Enhance parents' individual functioning
FAMILY DOMAIN	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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


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 **Three Stages of Treatment**


Stage 1: Build the Foundation - Develop Alliance and Motivation

Stage 2: Work the Themes - Request Change

Stage 3: Seal the Changes and Exit




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Core Interventions



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 Adolescent Domain: Core Interventions

Facilitate Self-Examination/Conduct a Life Review

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

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

Improve emotion regulation, coping, communication, & interpersonal problem solving skills



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 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 youth unavailable to themselves – incapable of thinking about their lives
- Use urine testing



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 Parent Domain: Core Interventions

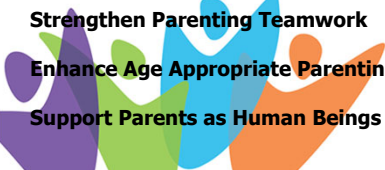
"You Are The Medicine": Parents Have the Greatest Degree of Influence

Enhance and Strengthen Feelings of Love & Commitment


Strengthen Parenting Teamwork

Enhance Age Appropriate Parenting Skills


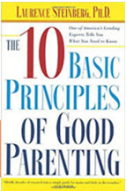
Support Parents as Human Beings




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 Parenting Practices

10 Basic Principles of Good Parenting
Laurence Steinberg PhD (2004).




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 Family Domain - Core Interventions


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




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 Family Domain - Core Interventions

Healthy & productive conversations that may be different from what typically happens result in:

- Family members feeling more loving and closer
- Better understanding of self and each other
- Improved family communication and problem solving skills
- Desire to want to talk like this more often



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 **Extrafamilial Domain: Core Interventions**


Connect family to MDFT Therapist Assistants (Case Managers)

Assess For and Reduce Barriers (teen & family members); *make appropriate referrals (for health care, social services, etc.)*

Identify stakeholders at school, in youth justice system, other professionals & form collaborative relationships

Connect teen with positive prosocial friends/activities


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Case Examples:
Case Conceptualization - Practice:
Think like an MDFT therapist.




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 **Case #1**

Claire is a 14 year old, white female living with her biological mom and two brothers. Claire does not have contact with her biological father, as he had been suspected of sexually abusing Claire, although unsubstantiated. Claire has two older brothers that also live in the home, both smoke marijuana regularly. Claire has been diagnosed with PTSD, Cannabis Use Disorder - Moderate, and anxiety. She was referred by the county social worker due to skipping school and abusing marijuana and other substances (cough syrups & benzos).

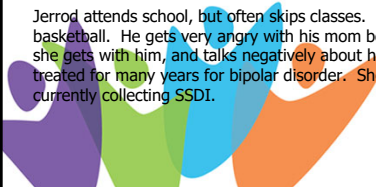
Claire feels her mom prioritizes seeing men over her. She is angry with her mom for spending so much time out at the bar. Claire skips school often to stay home (anxious) or to go smoke with friends. She used to have goals for herself (to become a pediatric nurse) but feels school is a waste right now. She is on a court order for truancy and getting caught stealing.

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 Case #2

Jerrod is a 17 year old African American Male, living with his biological mom. He sees his dad randomly -- once per month. Jerrod and his mom moved here to try and get away from street life in Chicago. Jerrod is affiliated with a gang which he was jumped-into when he was 12 years old. Jerrod smokes and sells marijuana. Jerrod is on a court order for burglary.


Jerrod attends school, but often skips classes. He likes to play basketball. He gets very angry with his mom because of how angry she gets with him, and talks negatively about him. His mom has been treated for many years for bipolar disorder. She doesn't work and is currently collecting SSDI.



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 Stage 3 - Video

The Hug/Matrix Video




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Implementation & Training




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 North American MDFT Implementation:
Story Began in Connecticut

- 2001 with 5 programs
- There are now 21 MDFT programs in CT, including 18 in-home and 3 residential.




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 Over 125 Current MDFT Programs in the
United States & Europe

8 Countries

- Belgium
- Estonia
- Finland
- France
- Germany
- Netherlands
- Switzerland
- United States

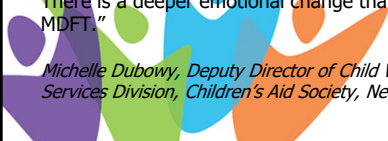


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 Voices from the Field

"I think MDFT produces the optimal comprehensive outcomes. It has a multipronged approach: the flexibility to work with people in the family as individuals, as a family unit, and in dyads. Some other programs are a lot more rigid than MDFT. A lot of other models don't have a focus on substance abuse as does MDFT. There is a broader range of outcomes that we get more consistently in MDFT. There is a deeper emotional change that we get from MDFT."

Michelle Dubowy, Deputy Director of Child Welfare & Family Services Division, Children's Aid Society, New York City.




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 **Voices from the Field**

"It makes our programs for adolescents and families better. It strengthens the services for adolescents."

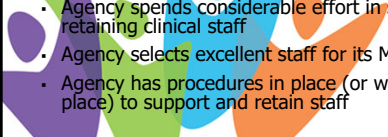
Catherine Corto-Mergins, Director of Training, The Village for Children and Families, Hartford CT.



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 **Keys to Implementation**

- Excellent agency management (funding, structure, organization, staff).
- Agency has a culture of excellence (strives to be the best, deliver the best services)
- Agency has a system of accountability (to assure excellence)
- Agency fully embraces its mission to help youth and families
- Agency spends considerable effort in selecting and retaining clinical staff
- Agency selects excellent staff for its MDFT program
- Agency has procedures in place (or willing to put in place) to support and retain staff




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 **Why MDFT?**

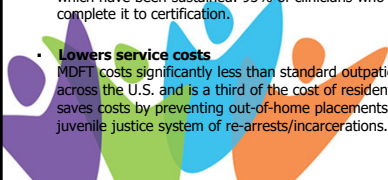
- **Easy to learn** —95% who start training successfully complete it
- **Fits into existing clinical settings** —in-home, outpatient, day treatment, residential, detention centers, drug courts, diversion programs, child welfare
- **Clinicians like it** —in a survey, 85% of clinicians report MDFT training made them a better therapist



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 **Why Choose MDFT?**

- Proven effectiveness**
 MDFT has over 25 years of research in U.S.-based and international studies presenting significant and consistent clinical outcomes across 10 separate studies.
- Learnable and sustainable**
 Since 2001, MDFT has been implemented in over 150 programs, 85% of which have been sustained. 95% of clinicians who start MDFT training complete it to certification.
- Lowers service costs**
 MDFT costs significantly less than standard outpatient treatment delivered across the U.S. and is a third of the cost of residential treatment. It also saves costs by preventing out-of-home placements and the costs to the juvenile justice system of re-arrests/incarcerations.




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 **Why Choose MDFT?**

- Fosters agency autonomy**
 MDFT International, Inc. trains trainers in order to lower program costs, increase sustainability, and foster agency autonomy.
- Puts families first**
 MDFT International, Inc.--the organization that promotes, trains, and certifies clinicians in MDFT treatment--is a 501(c)(3) public charity. Providing the best possible treatment for youth and families is our only priority.

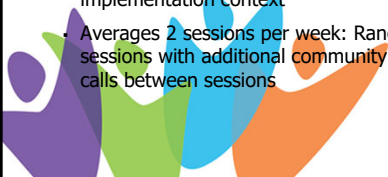


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 **MDFT Case Characteristics**

MDFT Cases

- Therapist Caseload: Varies with implementation context (from 6 – 15)
- Treatment Duration: 3 to 6 months, depending on implementation context
- Averages 2 sessions per week: Range from 1 to 3 sessions with additional community work and phone calls between sessions



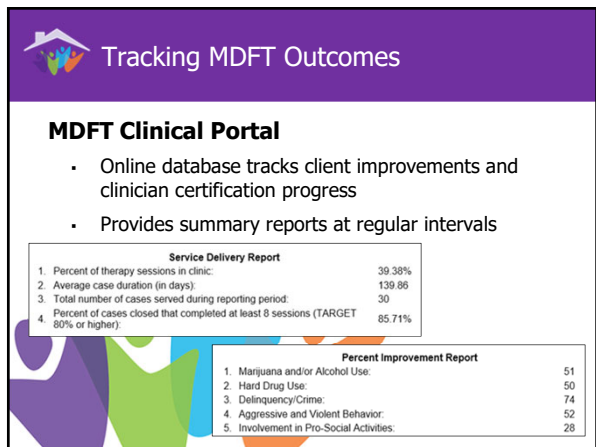
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MDFT Training Process

- Approximately 5-7 months for therapist certification and 4 – 5 additional months for supervisor certification
- Intro training: 3 days (didactics, case examples)
- Therapists select a training case
- 12 – 15 Case consultation calls to follow training case
- 2 on-site intensives: recorded session review and live supervision
- Midterm and final written exercises to assess learning
- Supervision training begin at 2nd Onsite Intensive

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Tracking MDFT Outcomes

MDFT Clinical Portal

- Online database tracks client improvements and clinician certification progress
- Provides summary reports at regular intervals

Service Delivery Report	
1. Percent of therapy sessions in clinic:	39.38%
2. Average case duration (in days):	139.86
3. Total number of cases served during reporting period:	30
4. Percent of cases closed that completed at least 8 sessions (TARGET 80% or higher):	85.71%

Percent Improvement Report	
1. Marijuana and/or Alcohol Use:	51
2. Hard Drug Use:	50
3. Delinquency/Crime:	74
4. Aggressive and Violent Behavior:	52
5. Involvement in Pro-Social Activities:	28

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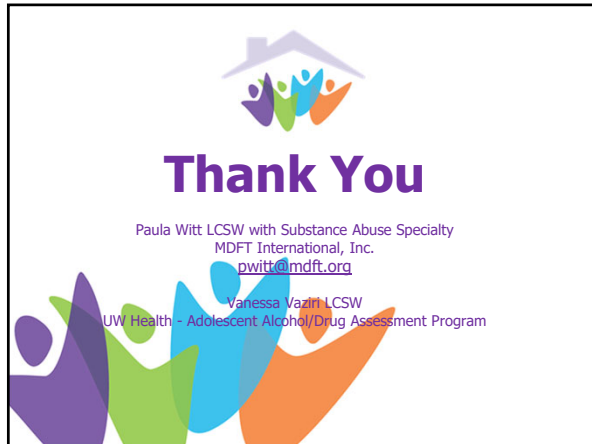


Interested in Learning More?

Gayle Dakof, Ph.D.
MDFT International, Inc.
University of Miami Miller School of Medicine

gdakof@mdft.org
www.mdft.org
facebook.com/MDFTintl

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