



Multidimensional Family Therapy (MDFT)

- Overview
- Approach To Treating Opioid Use
- MDFT with Diverse Populations

www.mdft.org



MDFT is an Intervention & Not a Service Delivery System



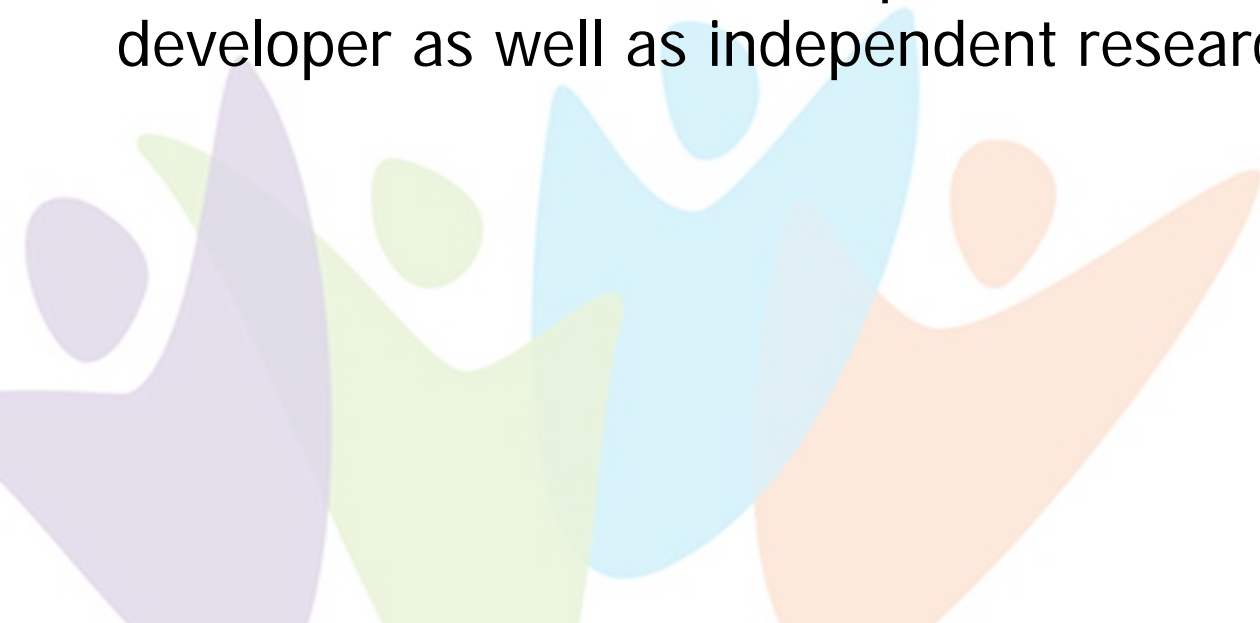
Flexible enough for implementation anywhere

- Outpatient, in-home, outpatient & in-home, intensive outpatient, day treatment, and residential settings
- Substance abuse, mental health, child welfare, juvenile/criminal justice sectors of care



What is MDFT?

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





Who Does it Serve?

All families will be eligible for MDFT unless they have one of the following exclusion criteria:

- Under the age of 9 or over the age of 26
- Having no parent/guardian, or parental figure able to participate in treatment program
- Actively suicidal (ideation and plan) requiring immediate stabilization
- Psychotic disorders or features (unless temporary and due to drug use)

MDFT programs can restrict program eligibility beyond these guidelines.



Does it Work?

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"



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

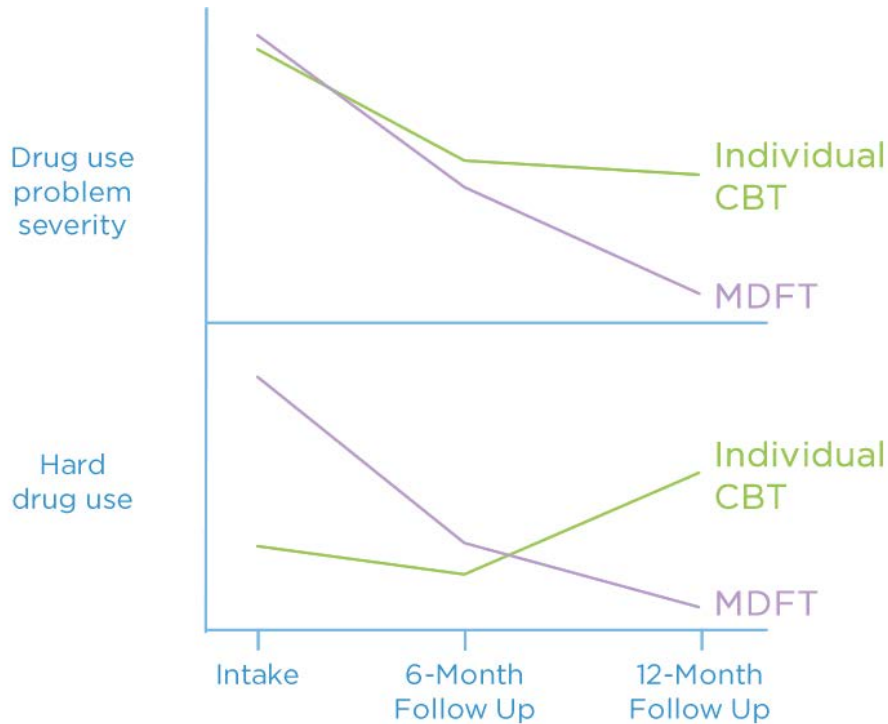


Lists MDFT as a "MODEL" treatment



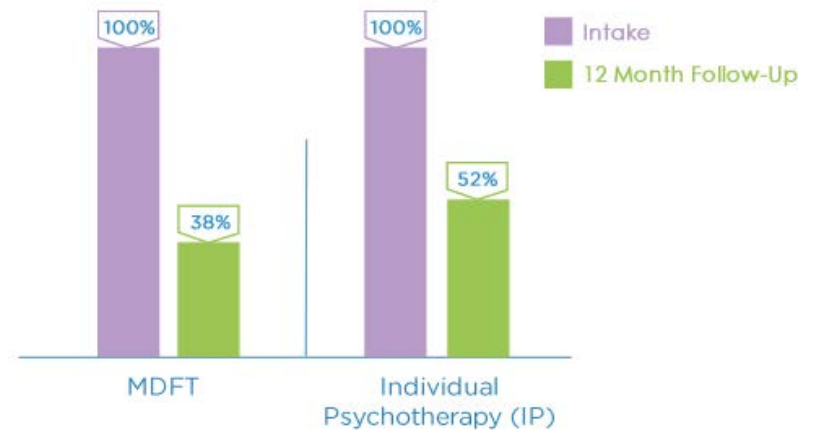
MDFT Outcomes – Substance Abuse

Philadelphia Study

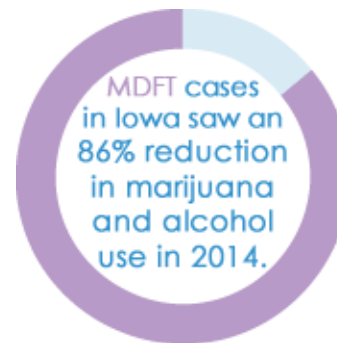


European Study

Cannabis-Dependence Diagnosis Among Teens in 5 European Nations



MDFT in the Community

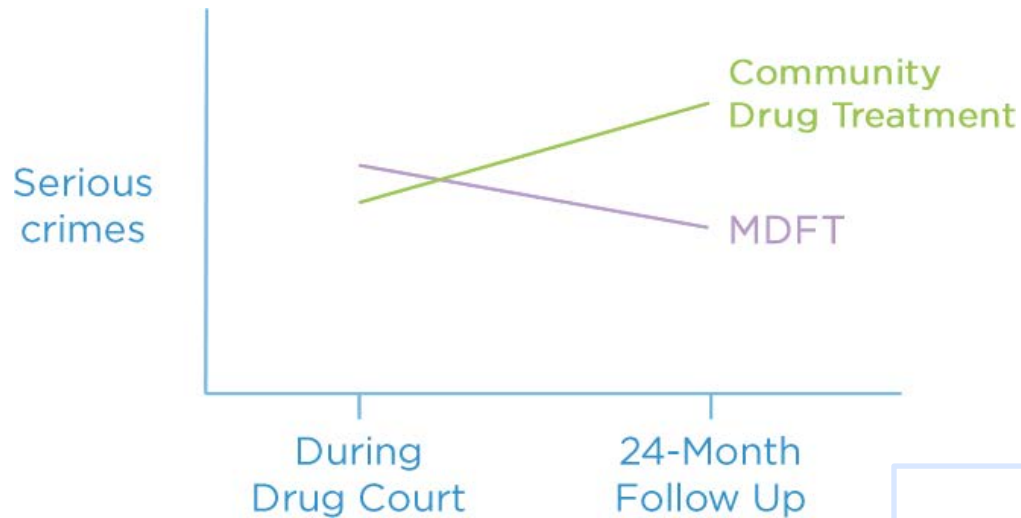


MDFT cases in Pittsburg, CA saw a 69% reduction in hard drug use in 2014.

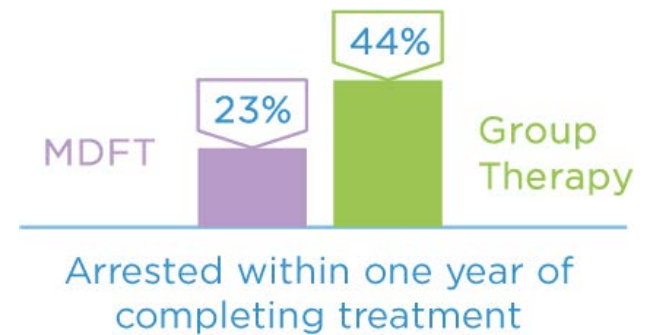


MDFT Outcomes – Arrests and Delinquency

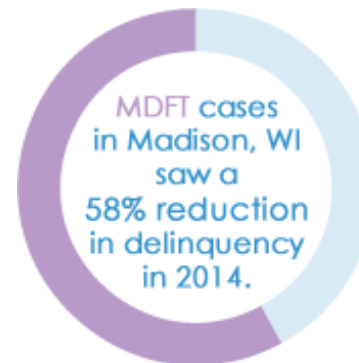
Juvenile Drug Court Study



Young Adolescent Study



MDFT in the Community

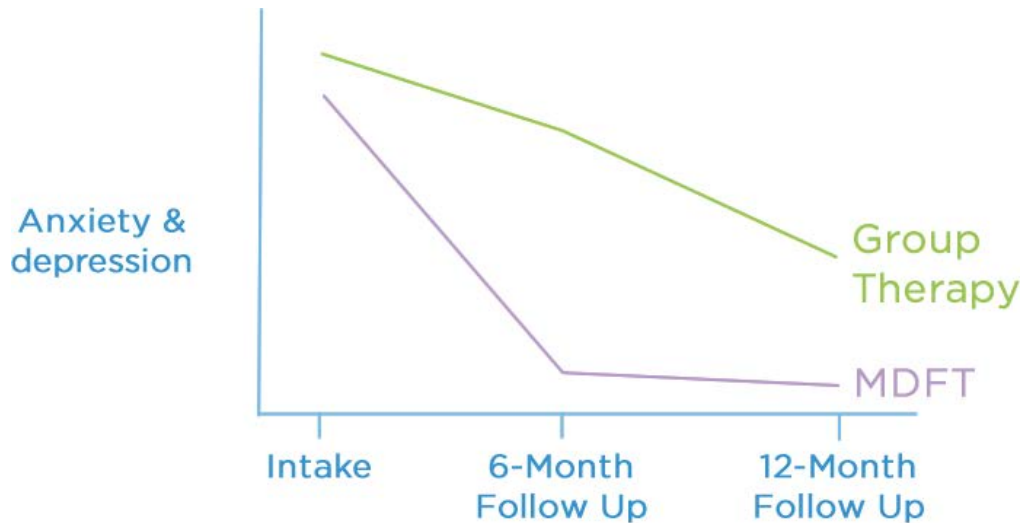


MDFT cases in Miami, FL saw a 73% reduction in youth violence and aggression. At discharge, 100% of cases never or rarely engaged in violent behavior.

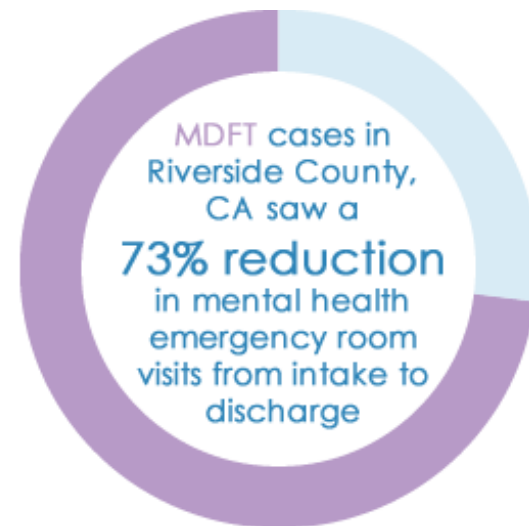


MDFT Outcomes – Mental Health

Young Adolescent Study



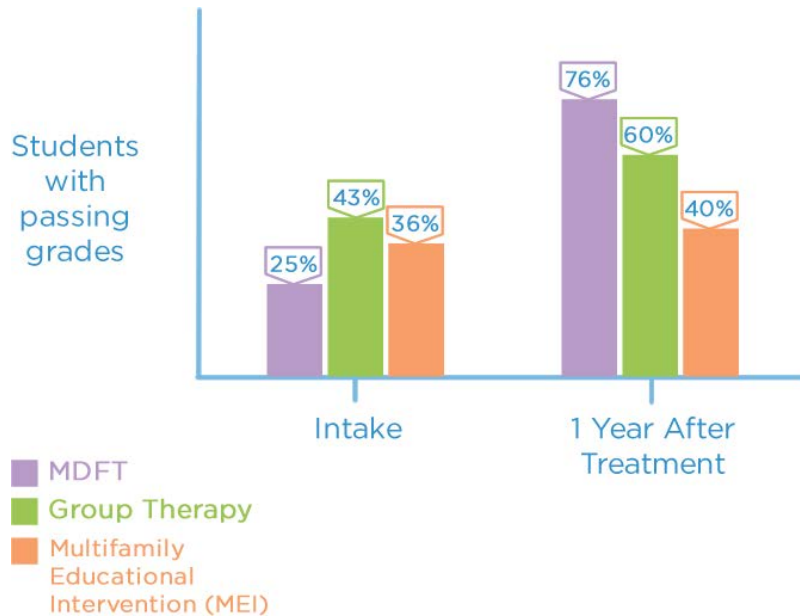
Riverside County, CA Dept. of Mental Health Independent Report



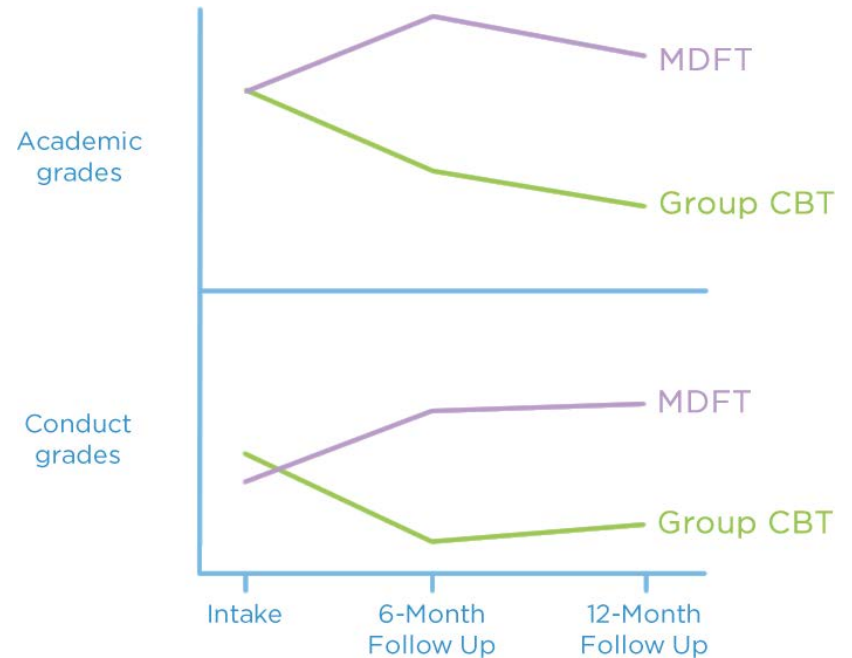


MDFT Outcomes – School Performance

California Study



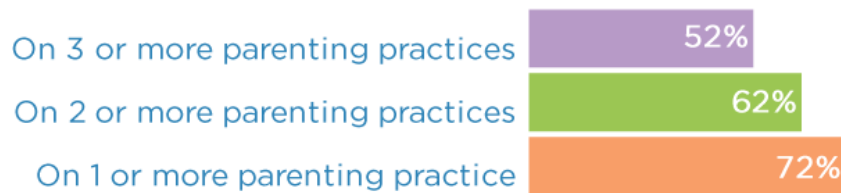
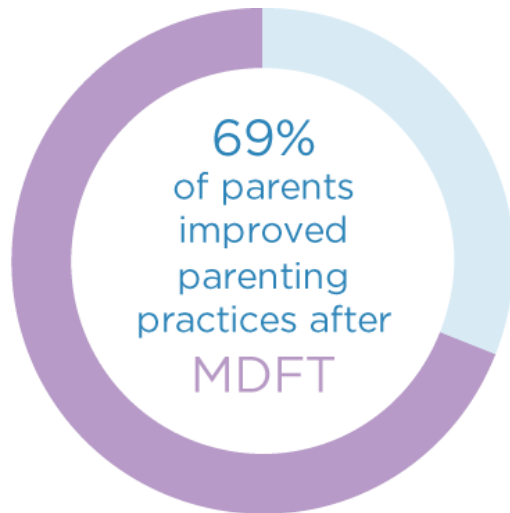
Young Adolescent Study



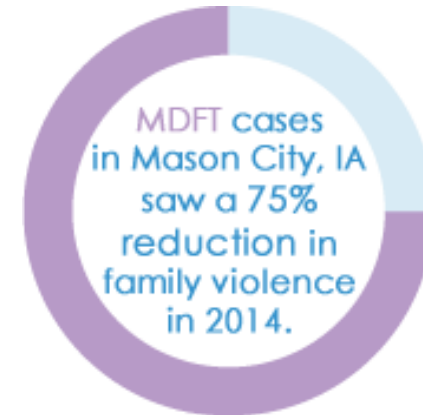


MDFT Outcomes – Family Functioning

California Study



MDFT in the Community

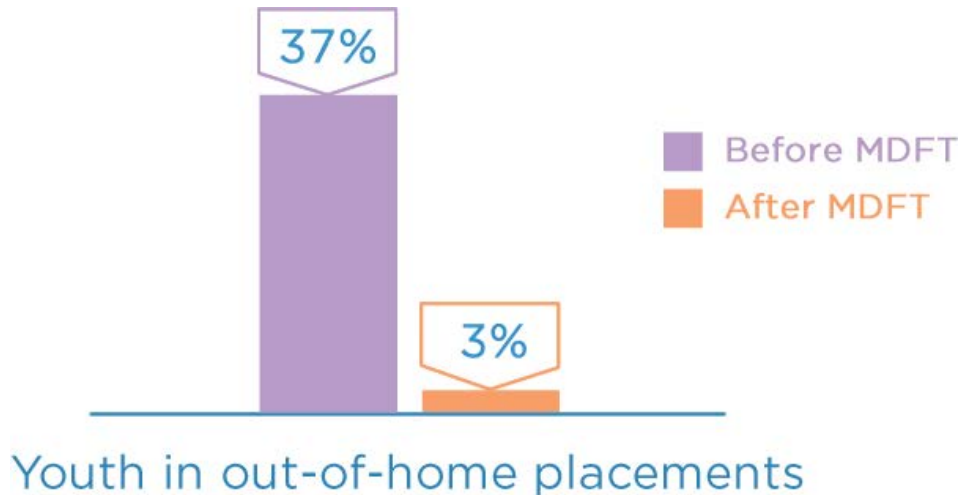


97% of MDFT families
in Queens, NY were
violence-free following
MDFT in 2014.

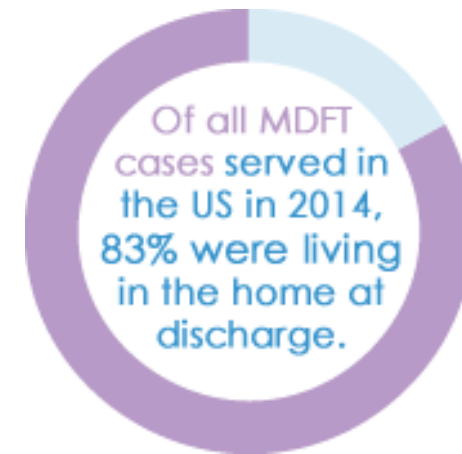


MDFT Outcomes – Home Stability

Day Treatment Implementation Study



MDFT in the Community





How Does it Work?

MDFT has been developed based on knowledge/research in the following areas:

1. Adolescent Development
2. Parenting Practices and Family Functioning
3. Risk and Protective Factors for Adolescent Problems
4. Client-Centered Therapy (Carl Rogers)
5. Family Therapy: Structural (Salvador Minuchin) and Problem Solving (Jay Haley) Therapies



How Does it Work?

Promotes behavioral in youth change through...

- The hearts and minds of *adolescents*





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



SIPRESS

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



How Does it Work?

Promotes behavioral change in youth ...

- In how *parents* attempt influence their teens to change their behavior





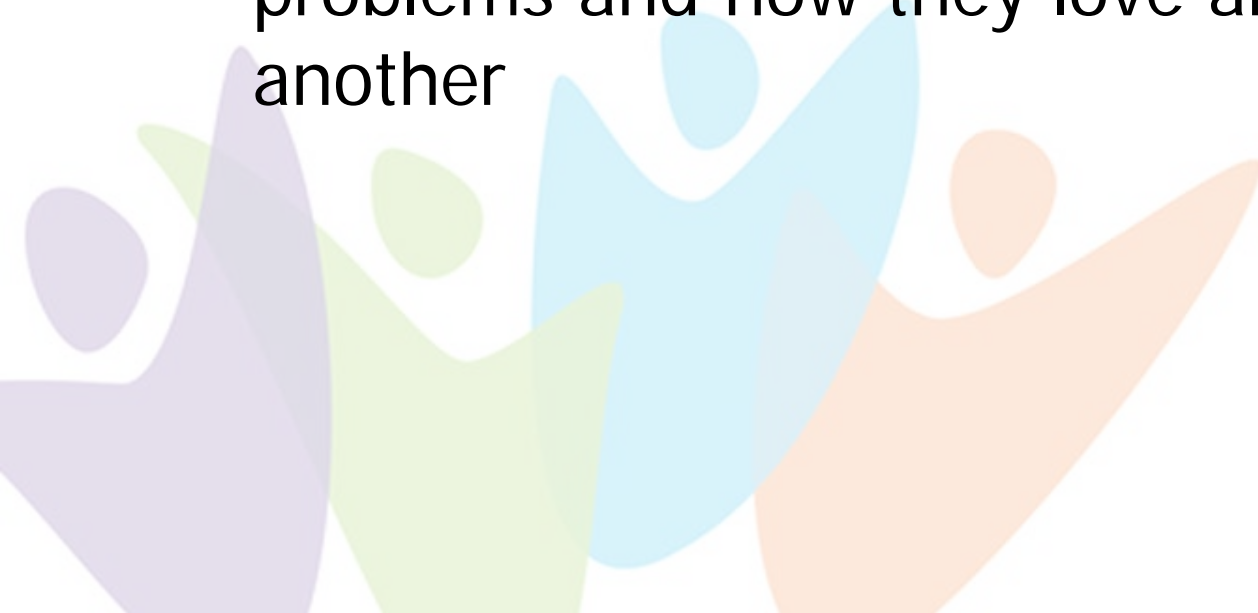
*"Young man, go to your room and stay there
until your cerebral cortex matures."*



How Does it Work?

Promotes behavioral change in youth ...

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





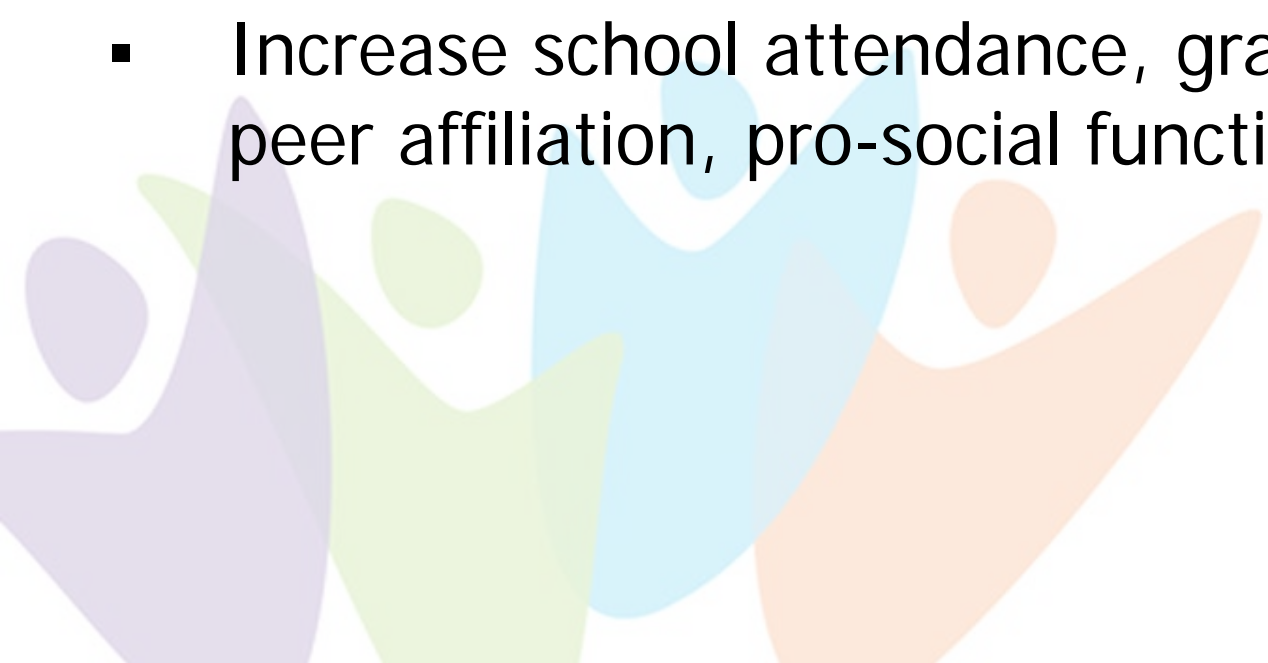
↳IPRESS

"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."



Ultimate Goal: 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





MDFT Goals Across 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



Tell me, I forget. Show me, I remember.
Involve me, I understand—Carl Orff



The Adolescent Domain





Approach Drugs as a Lifestyle Choice and Not a Moralistic Issue

"I am not going to go all moralistic about drugs. I'm not going to tell you that drugs are bad or anything like that. Of course, you know I think it is more healthy to not use drugs but this is not about me. Its about you and what you want. For me and for this program we want to help you figure out how you can be happier with your family, inside yourself, in your life. We view drug use as problematic mainly if it is interfering with your life, with your current happiness, with your goals, with your freedom, with your ability to be available to think clearly and make your own choices. Do you know what I am trying to say here? What do think about it, does it make sense to you?"



Be Extremely Non-Judgmental About Drug Use

- Youth in treatment often tell counselors what they want to hear (e.g., admitting the details about their past & current use, accepting that when they think they can use in moderation that this is the disease speaking, making a commitment to stop using, admitting that drugs will ruin their life).
- A MDFT therapist is non-judgmental and doesn't push a philosophy, doesn't tell a youth what he should think, or how he should live his life.
- This non-judgmental stance coupled with strong support, understanding, and push for the youth to be in charge of his own life, while at the same time recognizing that there are forces both within and outside the youth that push and pull him toward drug use is a key ingredient of MDFT success with youth.



Talk Openly & Directly About Drug Use

Use urine testing as one tool to bring the use out in the open

- Get youth involved in the testing.
- Re-assure youth that you will not break confidentiality without the youth's permission
- At the same time argue for transparency. Urge the youth to be honest with parents about use (in the context of therapy session)



Have Conversations To Facilitate Youth Self-Examination, Development of Personally Meaningful Short-term and Long-term Goals, and Personal Agency

- Who you are now. Who you were before. And who you want to be.
- What will it take to where you want to be?
- Meaningful, youth-driven positive goals, and a plan to achieve them.
- A vision of agency/control and a plan to get there.

Teens and young adults need a reason to change.



Facilitate a Substance Use Life Review To Promote Self-Reflection, Insight & Motivation to Change

- Ask Questions To Help Youth Understand Drug Use: current and past patterns of use, the benefits & costs (pros and cons) for continued use.
- Ask what is used regularly; what has ever been used; frequency of use, dose; when the youth started; story of first few times used; who the youth typically uses with; when the youth uses; how the youth gets the substances, and so on and so forth.
- Ask if youth has ever had periods (and how long) of not using: Why? How was the experience?
- Ask if youth has ever thought about cutting down or stopping; people, places, feelings, objects and times that cause cravings; etc.
- If youth says he wants to stop or cut down, ask why would he want to do that.



Have a Conversation about the Benefits of Drugs Use?

- “I would not do something if I was not going to get something out of it, so I would have to think the same is true for you with your drug use... You get something out of it, right? Let’s talk about that.”
- Ask why he would want to cut down: “I don’t get it. You smoke, obviously you like it or you wouldn’t do it. Right? So why in the world would you want to cut down or stop? It doesn’t make sense to me.”





Facilitate a Conversation About the Bad Things (the Costs) of Use

- Ask specifically if it causes problems at home, with probation, at school
- Don't allow the youth to ignore or minimize costs
- Facilitate a conversation to help the youth weigh the benefits and costs of use, and to really confront whether or not the costs are worth the benefit





Draw Discrepancies Between Continued Use and Other Goals

- Once you get to know and understand youth, offer your opinion of what you think would be in his/her best interest
- Challenge youth to take charge of his/her life, to not just be a piece of driftwood in the ocean dictated by parents, school, friends, circumstances
- Enhance the youth's sense of self-esteem and self-confidence
- Reduce blame and guilt



Tools to Help Youth Change Behavior





Help Youth Become Aware of Common Challenges & Triggers

- Friends and family members who use
- Times associated with use (e.g., before school)
- Places where use
- Feelings of anger and irritability that facilitate use
- Boredom and loneliness
- Sense of being aimless and without purpose
- Withdrawal symptoms



Developing and Using a “Mantra”

A mantra is a phrase to remember and focus on when thinking of using, or when have used and want to get out of it. A mantra is what the youth can use in self-talk

- Could have more than one mantra. Write it on index cards or little notebook to keep in pocket or on smart-phone
- Some common mantras are: “It is not worth it.” “Be a man.” “Don’t let others control you—you are in charge.” “Avoid prison.” “Go to College.” “Susan.” Or a lyric from a song.



Introduce the Simple STOP Tool

- **S** Stop. Don't Act Immediately
- **T** Take a Breath
- **O** Observe What's Happening
- **P** Pull Back. Use Mantra. See the Bigger Picture



Writing, Photography, Drawing, & Music

- Create a poster to remind youth of what there is to gain from not using and what there is to lose from continuing to use
- Do a photo project, taking pictures of everything he/she has to gain from stopping negative behavior and everything he/she has to lose from not stopping.
- Music project. Put together a mix of music representing the new self & music representing the old self
- Keep a journal



Join a 12-Step Meeting/Group

- Have a list of meetings in youth's neighborhood. Pay particular attention to finding youth-centered meetings
- Therapist can use the AA Serenity Prayer to help youth gain control of his life and choices.





Teach Relaxation Techniques

- Therapist can teach deep muscle & progressive relaxation
- Simply breathing exercises
- Meditation



The Parent Domain





Get Parents Involved

- Encourage parents to celebrate each day the youth does not use or engages in negative behaviors
- Encourage parents to take a problem solving approach to helping youth change behaviors
- Monitoring
- MAT: Parents should be involved in administration
- Parents should secure all medications in the home. And might have to remove all alcohol and marijuana.



Address Parental Substance Use

- Ask youth about parental substance use
- Ask parents about their own use
- If parents are using, encourage treatment or 12 Step Meetings
- Facilitate conversations between parents and youth about concerns surrounding parental use (e.g. Youth thinks parent is a hypocrite; Parent wish that youth has a better life; Parent commitment to change own use to help teen)

The Family Domain





Facilitate Conversations Between Teens and Parents

- Facilitate conversations between youth and parent that are open and non-punitive about youth's drug use.
- Facilitate conversations with the youth and parents where together they discuss what each can do to help youth avoid negative behaviors
- Have youth give drug paraphernalia to parents to throw away. Do it together as a ritual



When Youth Feels Like Using or has Used, Reach Out to Parents to Talk About It

- Youth and parents agree that when he/she is thinking of using or has used will reach out to parents.
- Parents have clear plan for responding to youth.
 - Listens without criticizing or otherwise silencing youth
 - Expresses empathy (teach parents active listening, reflection)
 - Compliment youth for reaching out
 - Engages in collaborative problem-solving to figure out what to do next
 - Says "I love you," "I believe in you."



Race & Ethnicity Average Across 8 MDFT Studies

Ethnicity	Percent	Range
African American	39%	72% - 18%
Hispanic	35%	70% - 1%
White, non-Hispanic	21%	49% - 1%
Other	4%	10% - 0

78% of participants in studies of MDFT were NOT White, Non-Hispanic



Huey & Polo (2008)

In a meta-analysis of psychosocial interventions concluded that there were no well-established substance use treatments for racial/ethnic minority youth, and reported only one categorized as probably efficacious, MDFT, and one as possibly efficacious (MST).

Huey, S.N. & Polo, A.J. (2008). Evidence-based psychosocial treatment for ethnic minority youth. Journal of Clinical Child & Adolescent Psychology, 37, 262-301.



Greenbaum, et al. (2015)

Integrative Data Analysis (IDA) methods to examine gender and ethnicity as moderators of MDFT for substance abuse in comparison to a variety of alternative treatments (residential, individual CB, group).

- MDFT showed significant declines in drug use across gender and race/ethnicity
- Comparison treatments showed significant declines only for females and Hispanic participants
- African Americans, White Non-Hispanics, and Males did not decline or showed a non-significant decline in the alternative treatments
- Males, White Non-Hispanic and African American youth who received MDFT decreased drug use involvement significantly more than comparison treatment peers

“Because African Americans and males benefit more from MDFT than comparison treatments, it seems as if African American males would benefit most. The fact that MDFT is achieving these effects is encouraging given African American male youth are disproportionately represented in the juvenile justice system, are underrepresented in treatment, and frequently drop out of treatment early.”

Greenbaum, P.E. et al. (2015). Gender and ethnicity as moderators: Integrative Data Analysis of Multidimensional Family Therapy Randomized Clinical Trials. *Journal of Family Psychology*, 29, 919-930.



Review and meta-analysis of culturally sensitive substance use treatment for racial/ethnic minority youth:

Criteria to be included in the meta-analysis:

- *"...incorporate ethnic/cultural characteristics, experiences, norms, values, behavioral patterns, and beliefs of a target population into the design and delivery of the treatment"*
- *At least one study with 90% ethnic/racial minority sample*



7 treatments that met criteria:

- Adolescent Portable Therapy (APT)
- Brief Strategic Family Therapy (BSFT)
- Cherokee Talking Circle (CTC)
- Culturally Accommodated Cognitive Behavioral Therapy (A-CBT)
- Culturally Informed & Flexible Family-Based Treatment for Adolescents (CIFFTA)
- Multidimensional Family Therapy (MDFT)
- Structural Ecosystems Therapy (SET)



" This review synthesized the current and best available research evidence on the effects of culturally sensitive substance use treatment, and found that these treatments are associated with lower post-treatment substance use among racial/ethnic minority adolescents."

- Three treatments: Cherokee Talking Circle (CTC), Culturally Informed & Flexible Family-Based Treatment for Adolescents (CIFFTA), and Multidimensional Family Therapy (MDFT) produced significantly better outcomes than the comparison treatments.
- Three treatments: Culturally Accommodated Cognitive Behavioral Therapy (A-CBT), Structural Ecosystems Therapy (SET), and Adolescent Portable Therapy (APT) found that the comparison treatments did better than the culturally sensitive treatments.
- One treatment: Brief Strategic Family Therapy (BSFT) did not provide data to the researchers.

Steinka-Fry, K. T., Tanner-Smith, E. E., Henderson C. (submitted) Culturally sensitive substance use treatment for racial/ethnic minority youth: A meta-analytic review. Journal of Family Psychology.



Thank You

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