### Multidimensional Family Therapy – Main Outcome Studies

- Multidimensional Family Therapy has been developed and tested in federally-funded research projects since 1985. This research program has provided evidence for the efficacy and effectiveness of MDFT for adolescent substance abuse, and other problem behaviors. The studies have been conducted at sites across the United States, among diverse samples of adolescents (African American, Hispanic/Latino, and White youth between the ages of 11 and 18) in urban, suburban, and rural settings, and youth of various socioeconomic backgrounds. International outcome and transportation/implementation studies of MDFT, including a European multisite trial of MDFT in five countries, are funded and currently underway. In MDFT studies, all research participants met diagnostic criteria for adolescent substance abuse disorder as well as other serious problems (e.g., conduct disorder, internalizing disorders). The following section outlines the major findings from MDFT randomized controlled trials (note: Study 5 uses a quasi-experimental design for the transportation or technology transfer studies).

#### Study 1: MDFT vs. Adolescent Group Therapy (AGT) and Multifamily Education Intervention (MFEI)


#### Study 2: MDFT vs Cognitive Behavioral Therapy (CBT)


#### Study 3: MDFT vs. Group Treatment (early intervention)

**Pretreatment to posttreatment outcomes**


#### Study 4: MET/CBT 5 sessions vs. MET/CBT 12 sessions

**Trial 2: MET/CBT 5 sessions vs. Adolescent Community Reinforcement Approach (ACRA) vs. MDFT**


#### Study 5: Client level outcomes, therapist level outcomes, and system level outcomes (changes in the system as a result of a study to incorporate MDFT into an existing drug treatment facility)

**Multidimensional Family Therapy – Supporting Studies**

- **Studies on Prevention and In-Session Process Level Outcomes: Therapeutic Process and Mechanisms of Change in MDFT.** Studies have specified the within-treatment process of improving family interactions (Diamond & Liddle, 1996; Diamond et al., 1999), demonstrated how therapists successfully build therapeutic relationships with teens and parents (Diamond et al., 1999; Shelef, Diamond G.M., Diamond G.S., & Liddle, 2005), and showed that adolescents are more likely to complete treatment when therapists have stronger relationships with their parents, and that stronger therapeutic relationships with adolescents predict greater decreases in their drug use (Shelef et al., 2005). MDFT process studies have shown that parents' skills are improved during therapy and that these changes are linked to reductions in adolescents' symptoms (Schmidt, Liddle, & Dakof, 1996), and that a connection exists between systematically addressing important cultural themes and increasing teens' participation in treatment (Jackson-Gilfort, Liddle, Tejeda, & Dakof, 2001). The approach is exploring adaptations of MDFT to the needs and issues of adolescent girls (Dakof, 2000). Finally, MDFT interventions that focused on changing the family produced changes in drug use and emotional and behavioral problems (Hogue, Liddle, Dauber, & Samuolis, 2004), and in a related study of mechanisms of action, the quality of the therapeutic alliances between therapist and adolescent and therapist and parent was found to predict treatment completion or dropout (Robbins et al., 2006). ADD THE Robbins family psychology article

- **Prevention Outcomes.** In addition to successfully treating adolescents drug abuse, MDFT has worked effectively as a community-based drug prevention program (Hogue et al., 2002) and has successfully treated younger adolescents who are initiating drug use (Liddle, Rowe et al., 2004; Liddle et al., under review)

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