



# Multidimensional Family Therapy



**Multidimensional Family Therapy ([MDFT] Liddle, 2002a)** has been developed and refined over the past 20 years as an outpatient family-based treatment system for adolescent substance abuse and related problems (see <http://med.miami.edu/ctrada> ). It has been recognized in numerous scholarly reviews and independent sources including international and United States government funding agencies, private foundations, and media outlets as among the best approaches for treating adolescent substance abuse.

- Multidimensional Family Therapy certified as a Substance Abuse and Mental Health Services Administration [SAMHSA] Model Program, Center for Substance Abuse Prevention (2005)  
<http://www.modelprograms.samhsa.gov/>
- Communities That Care (2004) “Prevention Strategies Guide”  
<http://www.channing-bete.com/positiveyouth/pages/CTC/CTC.html>
- Multidimensional Family Therapy certified as an Effective Program by the National Center for the Advancement of Prevention for inclusion in the National Registry of Effective Prevention Programs (NREPP), Center for Substance Abuse Prevention (2004)  
<http://www.modelprograms.samhsa.gov/>
- University of Miami Medical School’s Scrip [DECEMBER, 2003] “UM Pioneers Teen Drug Abuse Therapy: \$3.5 Million Grant Recognizes Collaboration with Juvenile Justice System”  
<http://www.miami.edu/scrip/december2003/story05.html>
- Drug Strategies (2003) “Treating Teens: A Guide to Adolescent Drug Programs”  
<http://www.drugstrategies.org/teen>; and  
[http://www.npr.org/programs/atc/features/2003/mar/treating\\_teens/miami\\_treatment\\_program.pdf](http://www.npr.org/programs/atc/features/2003/mar/treating_teens/miami_treatment_program.pdf) also see Press Release pertaining to Drug Strategies Report “Treating Teens: A Guide to Adolescent Drug Programs”  
[http://www.miami.edu/CTRADA/MDFT\\_JAK1.pdf](http://www.miami.edu/CTRADA/MDFT_JAK1.pdf)
- National Public Radio (2003) Story on Adolescent Substance Abuse Profiles MDFT “Treating Substance Abuse in Teens: Series Examines the Challenges of Getting Effective Help”  
[http://www.npr.org/programs/atc/features/2003/mar/treating\\_teens/index.html](http://www.npr.org/programs/atc/features/2003/mar/treating_teens/index.html)
- United States Department of Health and Human Services (2002) “Best Practices Initiative” for Adolescent Drug Abuse  
[http://phs.os.dhhs.gov/ophs/BestPractice/mdft\\_miami.htm](http://phs.os.dhhs.gov/ophs/BestPractice/mdft_miami.htm)
- Center for Substance Abuse Treatment (CSAT publishes MDFT Manual used in the Cannabis Youth Treatment Multisite Study; order at  
<http://store.health.org/catalog/productDetails.aspx?ProductID=15872>;  
download at [http://www.chestnut.org/LI/cyt/products/MDFT\\_CYT\\_v5.pdf](http://www.chestnut.org/LI/cyt/products/MDFT_CYT_v5.pdf)
- MDFT featured by Annie E. Casey Foundation magazine. See Mendel, D, A Family Affair, AdvoCasey, 4(1): 12-19, Spring  
<http://www.aecf.org/publications/advocasey/spring2002/familyaffair.htm>

- MDFT included in University of Maryland based Best Practices Project – Maryland Blueprints (manual of science-based drug and crime prevention programs)
- National Institute on Drug Abuse (2001) “Effective Drug Abuse Treatment Approach”  
<http://www.nida.nih.gov/BTDP/Effective/Liddle.html>
- National Institute on Drug Abuse, NIDA Notes story on MDFT (2001) “Family-Based Treatment Programs Can Reduce Adolescent Drug Abuse”  
[http://www.nida.nih.gov/NIDA\\_notes/NNVol17N4/Family.html](http://www.nida.nih.gov/NIDA_notes/NNVol17N4/Family.html)
- National Institute on Drug Abuse Principles of Drug Addiction Treatment: A Research Based Guide  
<http://165.112.78.61/PODAT/PODAT10.html>
- Center for Substance Abuse Prevention and the Office of Juvenile Justice and Delinquency Prevention (1999) “Strengthening America’s Families: Effective Family Programs for Prevention of Delinquency”  
[http://www.strengtheningfamilies.org/html/programs\\_1999/10\\_MDFT.html](http://www.strengtheningfamilies.org/html/programs_1999/10_MDFT.html)
- Center for Substance Abuse Treatment (1998) “Treatment Improvement Protocol Series (TIPS)”  
<http://store.health.org/catalog/productDetails.aspx?ProductID=15371>

### **Multidimensional Family Therapy is an Effective and Flexible Clinical Approach**

- Superior outcomes in comparison to several state-of-the-art, widely used treatments
- Engages teens and families in treatment and motivates them to complete the program
- Lower cost than standard outpatient or residential treatment
- Demonstrated success in treating a range of teens and families (e.g., different ethnicities, genders, ages, severity of problems)
- Extensive empirically based knowledge about how MDFT works
- Flexibly adapts to existing program factors and providers’ resources and needs
- Success in improving client, therapist, and program outcomes in community-based “transportation” studies

### **Treatment Engagement and Retention**

- MDFT clients stay in treatment longer than clients in outpatient and residential comparison treatments (Dakof et al., 2003):
  - 95% of clients in intensive outpatient MDFT stayed in treatment for 90 days as compared to 59% in residential
  - 88% of clients in intensive outpatient MDFT completed treatment (180 days) as compared to 24% in residential
  - 96% of young teens in MDFT completed treatment (120 days), as compared to 78% of youth in group therapy
  - Recent U.S. national figures indicate that 58% of adolescent drug abusers stay in standard residential for 90 days and 27% stay in standard outpatient for 90 days (Hser, Haikang, Chou, Messer, & Anglin, 2001)

### **Impressive Clinical Outcomes in Controlled Studies**

- MDFT has demonstrated more favorable outcomes than several other state-of-the-art treatments, including family group therapy, peer group treatment, individual cognitive-behavioral therapy (CBT), and comprehensive residential treatment (Liddle et al. 2001; Liddle, 2002b; Liddle & Dakof, 2002; Liddle, Rowe, Dakof, Ungaro & Henderson, 2004; Rowe, Liddle, Dakof & Henderson, 2004).

- MDFT studies have included samples of teens with serious drug abuse and delinquency -- typically heavy marijuana users, with alcohol, cocaine, and other drug use; mainly referred from juvenile or drug court.
- In addition to successfully treating adolescents who are heavy drug users, MDFT has worked effectively as a community-based prevention program (Hogue, Liddle, Becker, & Jackson-Leckrone, 2002) and has successfully treated younger adolescents who are initiating drug use (Liddle et al. 2004; Rowe, et al. 2004a).
- Substance use is significantly reduced in MDFT to a greater extent than all comparison treatments investigated in 5 controlled clinical trials (between 41% and 82% reduction from intake to discharge) (Liddle et al. 2001; Liddle, 2002b; Liddle et al. 2004a; Liddle et al., 2004b; Rowe et al., 2004a; Rowe, Liddle, Dakof, Henderson, Gonzalez, & Mills, 2004).
- Substance related problems are significantly reduced in MDFT to a greater extent than comparison treatments (Liddle, 2002b; Rowe et al., 2004a).
- Treatment gains are enhanced in MDFT after treatment discharge; MDFT clients continue to decrease substance use after discharge up to 12 month follow-up (58% reduction of marijuana use at 12 months; 56% abstinent of all substances and 64% abstinent or using only once per month; Liddle, 2002b; Liddle & Dakof, 2002; Rowe et al., 2004).
- Youth receiving MDFT often abstain from drug use; MDFT studies (Liddle, 2002b; Rowe et al., 2004a) have indicated high proportions of youth receiving MDFT report abstinence from all illegal substances at 12 months post intake (64% and 93% respectively). Participants receiving comparison treatments report lower abstinence rates (44% for CBT and 67% for peer group treatment).
- Psychiatric symptoms show greater reductions during treatment in MDFT (range of 35% to 80% within treatment reduction) than comparison treatments – MDFT clients also continue to improve following discharge while teens in CBT show relapse of emotional and behavioral problems after treatment (Liddle et al. 2001; Liddle, 2002b; Rowe et al., 2004a; Rowe et al., 2004b)
- School functioning improves more dramatically in MDFT than comparison treatments – For instance, MDFT clients return to school and receive passing grades at higher rates (43% in MDFT vs. 17% in family group therapy and 7% in peer group therapy). (Liddle et al. 2001; Rowe et al., 2004a)
- Family functioning improves to a greater extent in MDFT than family group therapy or peer group therapy using observational measures and these improvements are maintained up to 12 month follow-up (Liddle et al., 2001; Liddle et al. 2004a)
- Delinquent behavior and association with delinquent peers decreases to a greater extent in MDFT than peer group treatment; these changes are maintained through a 12-month follow-up. MDFT transportation studies have also shown that association with delinquent peers decreases more rapidly after therapists have received training in MDFT (Liddle et al., 2004a; Rowe et al., 2004a; Rowe et al., 2004b)
- Arrests, convictions, and probation placements are less likely to occur during 12 month follow-up for youth receiving MDFT than youth receiving peer group treatment (Rowe et al., 2004a)
- Out of home placements occur less frequently in MDFT transportation studies after therapists have received training in MDFT (Rowe et al., 2004b)

### **Cost Savings of Multidimensional Family Therapy**

- Average weekly costs of treatment are significantly less for MDFT (\$164) than community-based outpatient treatment (\$365) (French et al. 2003).

- An intensive version of MDFT designed as an alternative to residential treatment provides superior clinical outcomes at 1/3 the cost (average weekly costs of \$384 vs. \$1,068) (Liddle & Dakof, 2002).

### **Diverse Client Populations Targeted**

- Inner-city minority (African-American and Hispanic) youth and families with few resources and serious and pervasive problems
- Urban and rural Caucasian drug abusing teens and families
- Young adolescents at high risk for drug abuse problems
- Adolescent drug abusers with co-morbid psychiatric disorders
- Adolescent drug abusing and delinquent females

### **Research Developed Knowledge about Mechanisms of Change in Multidimensional Family Therapy. MDFT studies**

- Have specified the within-treatment process of improving family interactions (Diamond & Liddle 1996; Diamond, Liddle et al. 1999)
- Have demonstrated how therapists successfully build therapeutic relationships with teens and parents (Diamond, Liddle et al. 1999; Shelef, Diamond, Diamond, & Liddle, in press).
- Have demonstrated that adolescents are more likely to complete treatment when therapists have stronger relationships with their parents and that stronger therapeutic relationships with adolescents are related to greater decreases in their drug use (Shelef et al., in press).
- Have shown that parents' skills and practices are improved during therapy and that these changes are linked to reductions in adolescents' symptoms (Schmidt, Liddle, & Dakof, 1996)
- Have demonstrated a connection between systematically addressing important cultural themes and increasing teens' participation in treatment (Jackson-Gilfort, Liddle, Tejada, & Dakof, 2001).
- Have adapted the model to the needs and issues of adolescent girls (Dakof, 2000)
- Have shown that MDFT produces superior outcomes than individual therapy for more seriously impaired youth (Henderson et al., 2004)
- Have shown that in MDFT treatment therapist interventions focused on changing the family produced changes in drug use, emotional, and behavioral problems (Hogue, Liddle, Dauber, & Samuolis, 2004).

### **Flexibility in Adapting to Program and Provider Needs**

- MDFT is a "treatment system" rather than a "one size fits all" approach. Different versions of MDFT have been developed and tested according to study aims, client needs, and treatment setting characteristics.
- MDFT developers see "transportation" as a collaborative adaptation process in which MDFT experts and program staff and administrators develop a multifaceted strategy that can address the needs of each stakeholder and barriers to implementation
- MDFT developers are experienced at working with complex organizations and systems to assess providers' resources and needs, train providers with different levels of expertise, adapt and adjust the model for use within existing programs, and field-test and correct the approach as necessary
- MDFT training materials and manuals are well developed and have been used extensively in training community-based therapists – including specific protocols for procedures and techniques

- The MDFT treatment system is amenable to a variety of treatment settings (e.g., intensive outpatient, outpatient, day treatment, prevention) and can be adapted to accommodate the complexities of these agencies
- MDFT is being adapted and implemented for new studies in juvenile drug court and juvenile detention settings, and a brief therapy version of MDFT is being tested at present as well

### **Success in Improving Client and Provider Outcomes in “Transporting” Studies**

- MDFT researchers successfully transported MDFT into a representative hospital-based day treatment program for adolescent drug abusers (Liddle, Rowe, et al. 2002)
- Clients’ outcomes were significantly better after staff were trained in MDFT – clients showed a 25% decrease in drug use during treatment prior to MDFT training, compared to an average 50% improvement in reduction following the MDFT training and similar improvements in behavioral problems, placement in controlled environments, and affiliation with delinquent peers (Liddle, Rowe, et al. 2002; Rowe et al., 2004b)
- Treatment gains were sustained; following withdrawal of all MDFT clinical and research staff, clients improved at similar rates to those achieved while therapists were closely monitored by MDFT trainers (Rowe et al., 2004b)
- Therapists successfully delivered the MDFT according to protocol following training, with a 36% increase in the number of weekly individual therapy sessions, a 150% increase in the number of weekly family sessions, a 390% increase in contact with juvenile probation officers, and a 1,400% increase in school contacts following training (Liddle, Rowe, et al. 2002; Rowe et al., 2004b)
- Therapists broadened their treatment focus, addressing more MDFT content themes and focusing more on the adolescents’ thoughts and feelings about themselves and important extrafamilial systems (Rowe et al., 2004b)
- In an MDFT transportation study, after training in MDFT and withdrawal of all MDFT clinical and research staff, therapists continued to deliver MDFT according to protocol. For example, the number of weekly individual therapy sessions increased an additional 12%, and the number of school contacts increased an additional 34% (Rowe et al., 2004b)
- Program factors improved dramatically following the transportation of MDFT into the program, including adolescents’ perceptions of increased program organization and clarity in program expectations. These changes remained following withdrawal of MDFT clinical and research staff.
- Both improvements in client and program factors were linked to providers’ adherence in delivering MDFT

### **New International Research Initiatives to Implement and Test MDFT**

- MDFT is recognized internationally as among the most effective treatments for adolescent substance misuse (e.g., Brannigan, Schackman, Falco, & Millman, 2004; DrugScope/ Drug and Alcohol Findings, 2002; Rigter et al, 2004)
- Research funding received from NIDA, and generated in the U.K. and Europe to implement and test MDFT
  - 5-country randomized clinical trial of MDFT effectiveness in Europe (France, Belgium, Germany, the Netherlands, and Switzerland)
  - 2-site implementation study in Glasgow, Scotland with funding from NIDA and the Scottish Executive

## **Awards**

Dr. Howard Liddle, developer of MDFT, is Professor in the departments of Epidemiology & Public Health, Psychology, and Counseling Psychology, and Director, Center for Treatment Research on Adolescent Drug Abuse at the University of Miami School of Medicine. Dr. Liddle has been recognized with achievement awards from the American Association for Marriage and Family Therapy, the American Family Therapy Academy, the American Psychological Association, the Florida Association for Marriage and Family Therapy, and most recently by the Hazelden Foundation in Minnesota for the 2003 Dan Anderson Research Award ([http://www.hazelden.org/servlet/hazelden/cms/ptt/hazl\\_7030\\_shade.html?sf=t&sh=t&page\\_id=27468](http://www.hazelden.org/servlet/hazelden/cms/ptt/hazl_7030_shade.html?sf=t&sh=t&page_id=27468))

## **For more information about Multidimensional Family Therapy**

- Center for Treatment Research on Adolescent Drug Abuse (CTRADA) University of Miami School of Medicine; P.O. Box 019132 Miami, FL 33101
- Direct general inquiries, including publication requests to Ms. Francoise Marvel 305-243-5343 or [fmarvel@med.miami.edu](mailto:fmarvel@med.miami.edu)
- Direct MDFT training inquiries to Dr. Gayle Dakof 305-243-3656 or [gdakof@med.miami.edu](mailto:gdakof@med.miami.edu)

## **For background on the MDFT research program and MDFT studies**

- Download this MDFT Fact Sheet from our Center for Treatment Research on Adolescent Drug Abuse (CTRADA) website for easy navigation to the links provided <http://www.miami.edu/ctrada>
- Download the Multidimensional Family Therapy Manual (used in the Cannabis Youth Treatment Multisite Study) [http://www.chestnut.org/LI/cyt/products/MDFT\\_CYT\\_v5.pdf](http://www.chestnut.org/LI/cyt/products/MDFT_CYT_v5.pdf)

## **References:**

- Brannigan, R., Schackman, B. R., Falco, M., & Millman, R. B. (2004). The quality of highly regarded adolescent substance abuse treatment programs: Results of an in-depth national survey. *Archives of Pediatrics & Adolescent Medicine*, 158, 904-909.
- Dakof, G. A. (2000). Understanding gender differences in adolescent drug abuse: Issues of comorbidity and family functioning. *Journal of Psychoactive Drugs*, 32, 25-32.
- Dakof, G. A., Rowe, C. L., Liddle, H. A., & Henderson, C. (2003, March). *Engaging and retaining drug abusing youth in home-based Multidimensional Family Therapy*. Poster presented at the NIMH/NIDA/NIAAA Conference, "Beyond the Clinic Walls: Expanding Mental Health, Drug and Alcohol Services Research Outside the Specialty Care System." Washington, D.C.
- Diamond, G. S. & Liddle, H. A. (1996). Resolving a therapeutic impasse between parents and adolescents in Multidimensional Family Therapy. *Journal of Consulting and Clinical Psychology*, 64, 481-488.
- Diamond, G. M., Liddle, H. A., Hogue, A., & Dakof, G. A. (1999). Alliance-building interventions with adolescents in family therapy: A process study. *Psychotherapy: Theory, Research, Practice, & Training*, 36(4), 355-368.
- DrugScope/Drug and Alcohol Findings. (2002, Spring). *Linking practice to research/research to practice: What works, what doesn't, what could be done better*, 7, 13.
- French, M. T., Roebuck, M. C., Dennis, M., Godley, S., Liddle, H. A., & Tims, F. (2003). Outpatient marijuana treatment for adolescents: Economic evaluation of a multisite field experiment. *Evaluation Review*, 27, 421-459.
- Henderson, C. E., Greenbaum, P., Dakof, G. A., Rowe, C. L., & Liddle, H. A. (2004, May). Latent growth mixture modeling with intervention trials: An example from a randomized controlled trial of adolescent substance abuse treatment. In D. Feaster (Chair), *Advanced*

- applications of general growth mixture modeling*. Symposium conducted at the annual conference of the Society for Prevention Research, Quebec City, Canada.
- Hogue, A., Liddle, H. A., Becker, D., & Johnson-Leckrone, J. (2002). Family-based prevention counseling for high-risk young adolescents: Immediate outcomes. *Journal of Community Psychology, 30*(1), 1-22.
- Hogue, A., Liddle, H. A., Dauber, S., & Samuolis, J. (2004). Linking session focus to treatment outcome in evidence-based treatments for adolescent substance abuse, *Psychotherapy: Theory, Research, Practice, Training, 41*, 83-96.
- Hser, Y. I., Haikang, S., Chou, C. P., Messer, S. C., & Anglin, M. D. (2001). Analytic approaches for assessing long-term treatment effects: Examples of empirical applications and findings. *Evaluation Review, 25*, 233-262.
- Jackson-Gilfort, A., Liddle, H. A., Tejada, M.J., & Dakof, G. A. (2001). Facilitating engagement of African-American male adolescents in family therapy: A cultural theme process study. *Journal of Black Psychology, 27*(3), 321-340.
- Liddle, H. A. (2002a). *Multidimensional Family Therapy for Adolescent Cannabis Users, Cannabis Youth Treatment (CYT) Series, Volume 5*. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.
- Liddle, H. A. (2002b). Advances in family-based therapy for adolescent substance abuse: Findings from the Multidimensional family therapy research program. In L. S. Harris (Ed.), *Problems of drug dependence 2001: Proceedings of the 63<sup>rd</sup> annual scientific meeting* (NIDA Research Monograph No. 182, pp. 113-115). Bethesda, MD: National Institute on Drug Abuse.
- Liddle, H. A. & Dakof, G.A. (2002). A randomized controlled trial of intensive outpatient, family based therapy vs. residential drug treatment for co-morbid adolescent drug abusers. *Drug and Alcohol Dependence, 66*, S2-S202(#385), S103.
- Liddle, H. A., Dakof, G. A., Parker, K., Diamond, G. S., Barrett, K., & Tejada, M. (2001). Multidimensional Family Therapy for adolescent substance abuse: Results of a randomized clinical trial. *American Journal of Drug & Alcohol Abuse, 27*, 651-687.
- Liddle, H. A., Rowe, C. L., Dakof, G. A., Ungaro, R. A., & Henderson, C. (2004a). Early intervention for adolescent substance abuse: Pretreatment to posttreatment outcomes of a randomized controlled trial comparing multidimensional family therapy and peer group treatment. *Journal of Psychoactive Drugs*.
- Liddle, H. A., Dakof, G. A., Rowe, C., Henderson, C., Colon, L., Kanzki, E., Marchena, J., Alberga, L., & Gonzalez, J. C. (2004b, August). Is an in-home alternative to residential treatment viable? In H. Liddle (Chair), *Family-based treatment for adolescent drug abuse: New findings*. Symposium conducted at the annual conference of the American Psychological Association, Honolulu, Hawaii.
- Liddle H. A., Rowe, C. L., Quille, T. J., Dakof, G. A., Mills, D. S., Sakran, E., & Biaggi, H. (2002). Transporting a research-based adolescent drug treatment into practice. *Journal of Substance Abuse Treatment, 22*(4), 231-243.
- Rigter, H., Van Gageldonk, A., & Ketelaars, T. (in press). *Treatment and other interventions targeting drug use and addiction: State of the art 2004*. Utrecht: National Drug Monitor (of the Netherlands).
- Rowe, C. L., Liddle, H. A., Dakof, G. A., & Henderson, C. E. (2004a, June). Early intervention for teen substance abuse: A randomized controlled trial of Multidimensional Family Therapy with young adolescents referred for drug treatment. In M. White & M. Yucell (Chairs), *Risky business among adolescents: Prevention and treatment*. Symposium conducted at the annual conference of the College on Problems of Drug Dependence, San Juan, Puerto Rico.
- Rowe, C. L., Liddle, H. A., Dakof, G. A., Henderson, C., Gonzalez, A., & Mills, D. S. (2004b, August). Adapting and implementing MDFT in practice: Impact and sustainability. In H. Liddle (Chair), *Family-based treatment for adolescent drug abuse: New findings*. Symposium conducted at the annual conference of the American Psychological Association, Honolulu, Hawaii.
- Schmidt, S. E., Liddle, H. A., & Dakof, G. A. (1996). Changes in parenting practices and adolescent drug abuse during multidimensional family therapy. *Journal of Family Psychology, 10*, 12-27.
- Shelef, K., Diamond, G. M., Diamond, G. S., & Liddle, H. A. (in press). Adolescent and parent

alliance and treatment outcome in Multidimensional Family Therapy. *Journal of Consulting and Clinical Psychology*.