## 2020 YEAR IN REVIEW: MDFT OUTCOMES IN AN EXTRAORDINARY YEAR

Undoubtedly, 2020 was a challenging year for most people in almost every aspect of our lives. Many of us transitioned to working from home, limiting social contacts, worrying about friends and family members, and cancelling travel, among other changes. Some have experienced much greater adversity, including the loss of loved ones, unemployment, financial hardship, isolation, and health and mental health challenges. **We honor the resilience of our youth and families in MDFT and the dedication of all MDFT clinicians.**

MDFT supervisors and clinicians have maximized the use of technology to continue our mission to serve youth and families by doing "whatever it takes." The challenges and limitations to recruit, engage and retain families
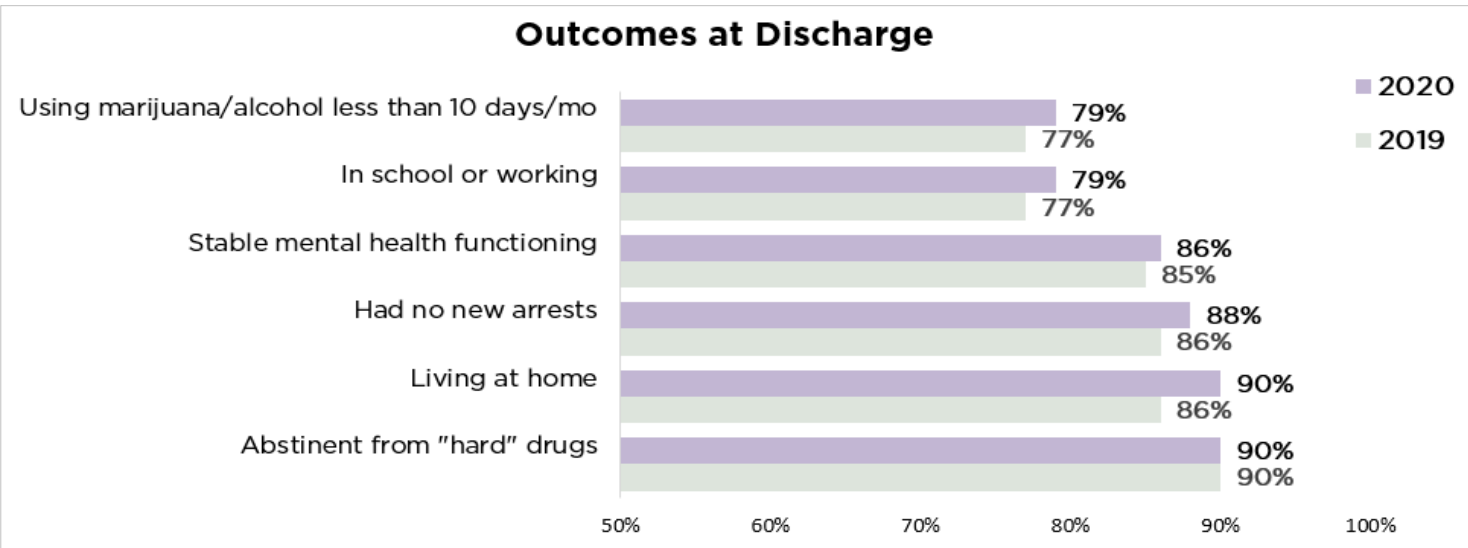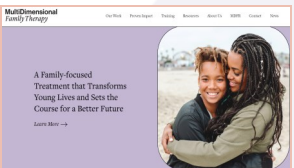
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through phone and virtual sessions were undeniable. Nevertheless, MDFT teams continued to provide exceptional services and maintained strong fidelity to the model.

In 2020, 73 programs implemented MDFT in 14 states in the United States, including 18 new programs in California, Connecticut, Michigan, South Carolina and Wisconsin.

**Outcomes at Discharge**

| | 2020 | 2019 |
|---|---|---|
| Using marijuana/alcohol less than 10 days/mo | 79% | 77% |
| In school or working | 79% | 77% |
| Stable mental health functioning | 86% | 85% |
| Had no new arrests | 88% | 86% |
| Living at home | 90% | 86% |
| Abstinent from "hard" drugs | 90% | 90% |

## MDFT HAS A WHOLE NEW LOOK!
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Outcomes of cases discharged in 2020 were excellent. MDFT successfully kept youth with their families in their homes and communities (90%), avoiding costly placements (see Figure 1). At treatment discharge, 90% of youth were abstinent from hard drugs (e.g., opioids, cocaine, benzodiazepine) and 79% were abstinent from marijuana and alcohol or rarely using. 86% of youth had stable mental health functioning, 96% of families were not resorting to violence, 79% of youth were in school or working, and 88% had no new arrests. These results continue to demonstrate that MDFT significantly impacts the lives of youth and their families, many of whom come to MDFT as a last resort or at high risk of being sent to a facility outside the home. The excellent outcomes in 2020 are especially remarkable given recent research indicating how the COVID-19 pandemic has exacerbated mental health problems, substance use, and violence in the home for many families.

Visit the MDFT website for the full MDFT in the U.S.: Year in Review 2020.



Figure 2: Risk At Intake
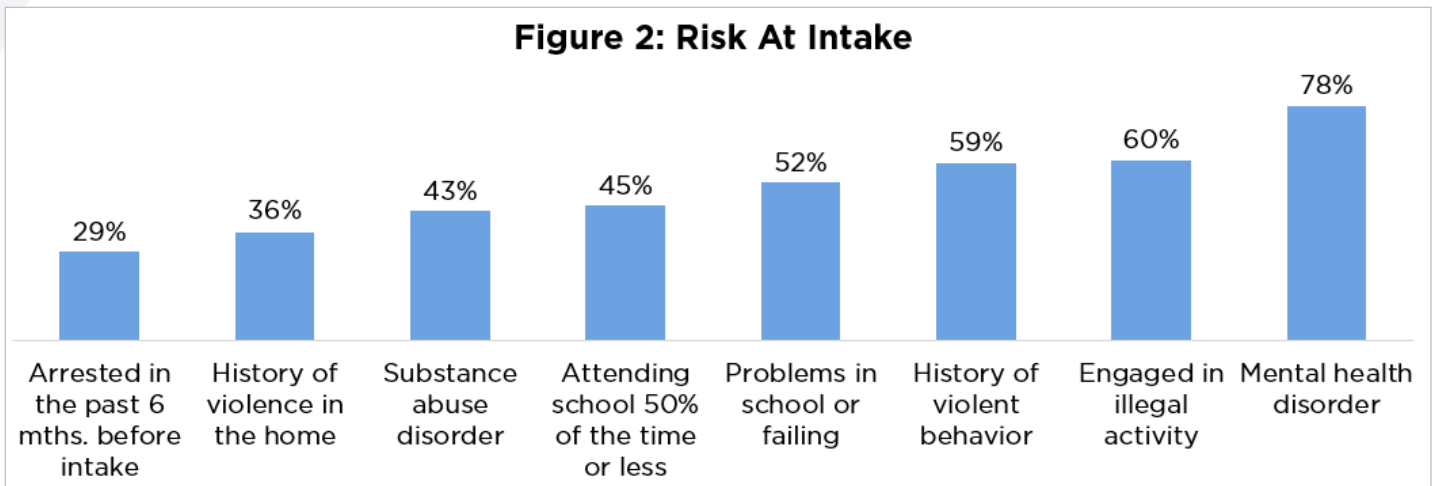
## CONSIDERING MDFT FOR YOUR AGENCY?

MDFT certification training is available for teams of two or more clinicians. Teams are required to dedicate one or more clinicians to becoming MDFT supervisors, generally within the year of beginning training. All MDFT training is done on-site at your agency and/or through video and phone conferencing.



Not ready to commit yet? The MDFT Introductory Workshop is a great way to learn the basics of MDFT. With a workshop, an MDFT trainer visits your agency for a 2-day training. The Training can be tailored to your particular interests and agency needs. Continuing education credits are available from the National Association of Social Workers and the National Association for Addiction Professionals.

# MDFT OUTPERFORMS FAMILY THERAPY AS USUAL IN TREATING PROBLEMATIC ONLINE GAMING IN ADOLESCENTS

For many adolescents, playing online games is a harmless way to release stress, pass time, hone certain skills, and even develop social networks. For others, gaming becomes very problematic. Some youth become fixated on online gaming, playing for many hours at a time. In extreme cases, youth cannot stop thinking about or playing online games. Gaming takes tops priority and replaces many or all of the relationships and activities the youth previously enjoyed. In the process, sleep and hygiene may be severely neglected, and youth lose touch with school, friends, and families. Due to the increased reporting of such cases, the WHO acknowledged the existence of gaming disorder / addiction to gaming in 2019. The 5th edition of the DSM followed suit by provisionally entering "Internet Gaming Disorder" (IGD) in its classification system of psychological disorders.

When a teen has gaming disorder, tensions in the family may run high. Parents are often at a loss for how to deal with excessive gaming. They may search for ways to intervene and try to institute rules to coerce their child to reduce gaming. Researchers from the University of Geneva have shown that there are no easy solutions for parents to help these youth. Yet as with other adolescent problems, change must come in part from within the family system.

Until recently, there has been no treatment with lasting effects for youth with gaming disorder. Driven to help these youth and families, a research team from Geneva hypothesized that MDFT, an effective family-based treatment for other adolescent problem behaviors, held significant potential to help youth reduce problematic gaming, with parents being instrumental in the change process. They conducted a research study to prove it.

In the research trial, 42 teens aged 12 to 19 and their parents participated. All adolescents had gaming disorder. Youth and their parents were randomly assigned to either MDFT or family therapy as usual (FTAU). When MDFT treatment was completed, after 6 months, all youth were free of gaming disorder. This was still the case after 12 months.

Before treatment started, adolescents and their parents had different ideas about the severity of the youths' gaming issues. The problems were small according to the adolescents, whereas the parents thought the problems were significant. After treatment, the adolescent' and parents' ratings converged in much lower problem severity.
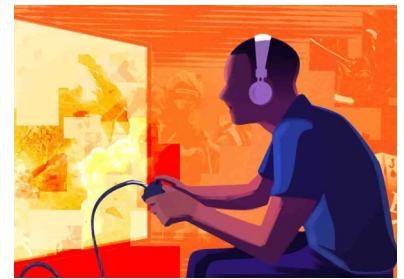


MDFT outperformed FTAU in terms of retaining youth and families in treatment, as well as the number of IGD criteria youth met at follow-up time points. Adolescents also benefited from MDFT in other ways. Anxiety, depressed mood and anger decreased. Family therapy increased quality of life for adolescents and their parents, and MDFT was superior to FTAU.

Nielsen, P., Christensen, M., Henderson, C., Liddle, H.A., Croquette-Krokar, M., Favez, N., & Rigter, H. (2021). Multidimensional Family Therapy reduces problematic gaming in adolescents: A randomised controlled trial. *Journal of Behavioral Addictions*. doi: 10.1556/2006.2021.00022

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## 2020 YEAR IN REVIEW: REPORT FROM OUR EUROPEAN PARTNERS

As in the U.S., MDFT continues to grow overseas. In spite of monumental challenges faced in Europe due to the COVID-19 pandemic, our European partners came through 2020 with new trainers, teams, and certified clinicians, as well as a completely updated training program leveraging online technology tools. More details follow about MDFT in Europe. Click here for a short video about our European partners: What is SJI?

In 2020, the MDFT Community in Europe expanded to include 38 newly certified therapists and 8 new supervisors in the Netherlands, as well as two new MDFT trainers. In other European countries, 11 new therapists and 3 new supervisors were certified, including a brand new team in Finland. Lithuania has also joined the MDFT family, preparing for new teams to begin MDFT training in 2021. The first team in Lithuania has started training this May, 2021. Thank you to our MDFT partners for your tireless work across Europe!

### Enhanced MDFT Training Program

SJI, the organization that oversees MDFT training and implementation in Europe, took advantage of the lessons learned in 2020 about remote learning to enhance the MDFT training program. The training program is now completely integrated with the best possible online and in-person features to maximize training success. On their brand new MDFT Portal, MDFT trainees engage in state-of-the-art online learning modules to understand the theoretical background and basics of MDFT

with corresponding assignments and comprehension checks. This thorough foundational online learning at the beginning of training has significant benefits:

* Scaffolding: Trainees must understand the MDFT theory and intervention basics in order to move on.

* Community: The platform includes an online forum for mutual help. Trainees can raise questions, request help with challenges in their daily work, and network with clinicians from other organizations.

* Study: Trainees can watch (and re-watch) exemplary videos, from which they learn and ask questions.

* Consultation: With a built-in chat function, the Portal allows trainees to easily chat with their trainers.

Complementary experiential learning still takes place face-to-face (on-site and using video conferencing as needed). As clinics are reopening following COVID-19, trainees will receive the full training model. In-person training hones skills such as enactment and building multiple alliances, enabling trainees to master core MDFT interventions and be most effective with families. Trainers are pleased with the enhanced program, because there is more regular contact and interaction with trainees. Trainers watch them work online and are better able to help them master the model in virtual and in-person trainings. The trainees evaluated the new program with an average "A" rating, and with feedback from the evaluations, the team continues to revise the learning system. For a short video explaining the enhanced, integrated MDFT training program, click here.

In the Netherlands, the reassessment of MDFT for the national Effective Interventions database has been submitted. This database includes 233 effective youth programs that have been assessed by an independent accreditation committee. Five years ago, MDFT was recognized in the Netherlands with the highest rating (strong indications of effectiveness) in youth treatment of addiction, especially cannabis. With this reassessment, which is conducted every five years, we also applied for recognition of evidence for substance use, prevention of custodial placement, and combating criminal behavior.

## Report from Finland: 2 Years of Successful MDFT Implementation

In Finland, MDFT training began in 2018 and has been successfully implemented by a Metropolitan team with 2 supervisors and 4 therapists. Between 2018 and 2020, 50 families have received MDFT. Key outcomes include:

* **Improvements in school behaviors and academic performance**
* Decreases in **adolescent substance use**, and increases in parents' understanding of addictions
* Reductions in youths' **behavioral problems**
* Decreases in youths' **need for other services** following MDFT
* Improved **family interaction and problem solving solution skills:** Family relationships have significantly improved. Families have discussed interpersonal interactions, conflicts, past hurts, and behaviors toward each other. In resolving these issues, it has been possible to forge new relationships.
* Prevention of **placement in child protection services:** In most families, the need for custody has been prevented and the living situation has remained stable since the end MDFT. The team prevented urgent placement or loss of parental custody for **45 families!**
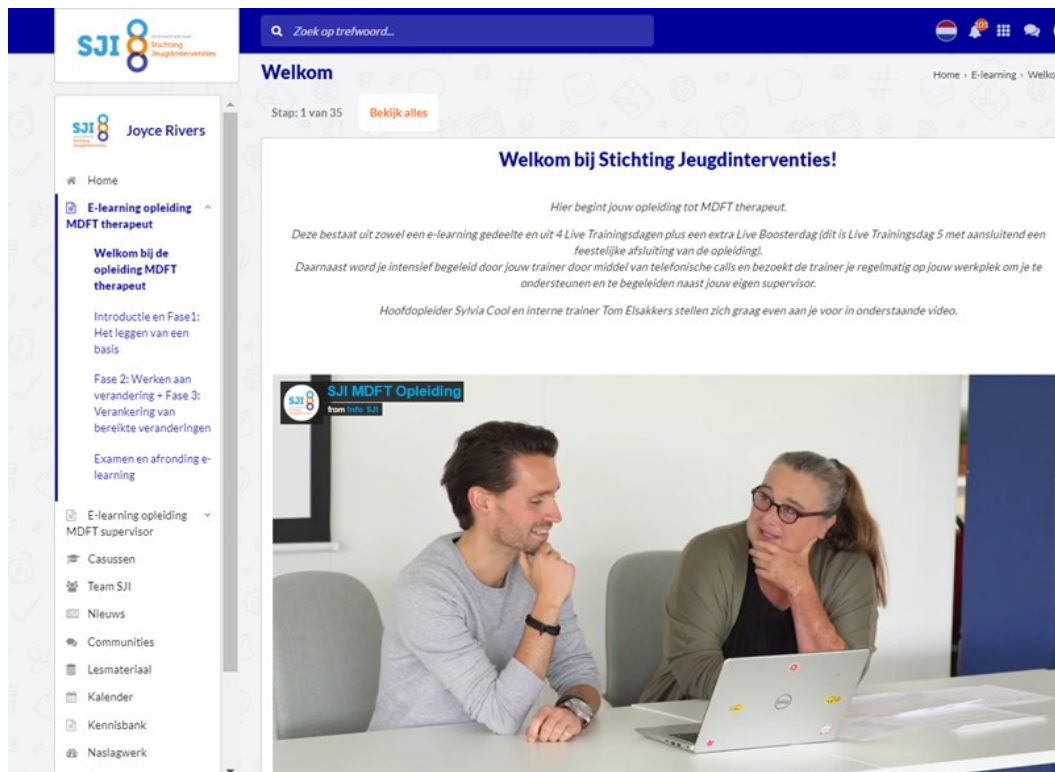


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# NEWS ABOUT MDFT

## MDFR INCLUDED IN THE CEBC CLEARINGHOUSE

Multidimensional Family Recovery (MDFR) was recently reviewed, rated and included in the California Evidence-Based Clearinghouse for Child Welfare (CEBC). MDFR was rated as "Promising Research Evidence" in the scientific rating. It was the only program to receive a "High" relevance in all the child welfare areas: Family stabilization programs, Motivation and engagement programs, and Reunification programs. MDFR was designed to help parents involved in the child welfare system achieve and sustain sobriety, provide a safe and healthy family environment, comply with child welfare or court requirements, and prevent further child welfare involvement.

## NEW MDFT DOCUMENTS RELEASED

In the past few months, we have released 4 reports and fact sheets about MDFT. Check them out and share with colleagues.

1. 5 Reasons to Implement MDFT—describes the model's effectiveness and main reasons to select it for youth and families.

2. MDFT for Young Adults—effectiveness of MDFT for 284 young adults in community settings and results of the transitional age youth pilot study in Florida.

3. MDFT for Diverse Populations—describes various publications supporting the use of MDFT for ethnic minorities in the U.S. Includes outcomes for non-White youth and families in RCTs and in the community.

## MDFT INCLUDED IN THE TITLE IV PREVENTION CLEARINGHOUSE

Multidimensional Family Therapy (MDFT) was reviewed, rated and included in the Title IV-E Prevention Services Clearinghouse. The clearinghouse was established by the U.S. Department of Health and Human Services to conduct an objective review of research on programs and services intended to provide support to children and families, and prevent foster care placement. The Clearinghouse was developed in accordance with the Family First Prevention Services Act (FFPSA).

## THE CONNECTICUT EXPERIENCE

In February, MDFT International hosted a webinar to inform the community and policy makers about our success implementing MDFT and MDFR in Connecticut. Former youth participants and parents, community agency leaders, and clinicians shared their experiences. Implementation outcomes were also presented. Watch the webinar in its entirety.

Currently we have 22 MDFT and 6 MDFR programs in the state, the majority funded by the state Department of Children and Families.

## 18 NEW MDFT PROGRAMS IN 2020

11 mental health clinics in South Carolina (part of the state Department of Mental Health); 2 in Wisconsin; 2 in California, 2 in Connecticut, and 1 in Michigan. See details of all our current programs in our website.