



# MDFT (Multidimensional Family Therapy) /Best Practice /NO PUNISH

Authors:

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## **Title: MDFT (Multidimensional Family Therapy)**

**COUNTRY/REGION:** ESTONIA

**ENTITY:** USA, Miami

### **LINK/CONTACT FOR MORE INFORMATION:**

<http://www.sotsiaalkindlustusamet.ee/et/lapsed-ja-pere/lastekaitse/mitmedimensiooniline-pereteraapia-mdft>

### **DESCRIPTION OF THE GOOD PRACTICE:**

**Target group:** Youth between the ages of 11-19

**Objectives:**

1. *Treatment Engagement and Completion* - Treatment dropout remains a challenge for many adolescent treatment programs. MDFT engages young people and their families and motivates them to enter and complete treatment.
2. *Family Functioning* - MDFT enhances family functioning by avoiding fault finding and accessing the natural healing power of families in individual and family sessions at home, in the clinic, community, and at school.
3. *Substance Abuse* - MDFT uses several methods, including adolescent-focused individual sessions and drug testing, to focus on the youth's drug use and dependence. Teen drug abuse treatment is more effective when it is built on strong evidence, is family-oriented, developmentally appropriate, and delivered by qualified healthcare professionals.
4. *School Performance* - Parents and youths are coached about how to re-establish contact with school personnel and have productive meetings at school that focus on de-escalating conflict, action plans, next steps, and getting to positive outcomes in behaviour and academic work. MDFT therapists develop an ongoing relationship with schools to troubleshoot problems and readjust interventions as needed.
5. *Criminal and Delinquent Behaviour* - MDFT promotes prosocial alternatives to delinquent behaviour and works with members of the juvenile justice system to advocate for the teen and coordinate interventions.
6. *Family Stability* - MDFT works to keep adolescents in the home and out of placements by strengthening parent-child relationships and developing new ways of resolving family problems.
7. *Mental Health Symptoms* - MDFT reduces stress, depression, and anxiety by teaching adolescents new skills and helping them see life in a new perspective with a fresh set of eyes.<sup>1</sup>

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<sup>1</sup> Multidimensional Family Therapy 2017, <http://www.mdft.org/MDFT-Program/What-is-MDFT> 19.02.2017



**Intervention structure:** MDFT is a comprehensive, family-centred and developmentally oriented intervention for youth problems and disorders. MDFT prevents out-of-home placement. MDFT focuses on key areas of the adolescent's life and provides an effective and cost-efficient treatment. The adolescents are referred to the therapists.<sup>2</sup>

In Estonia context, the referral can be done by the following specialists: prosecutor, probation officer, police, the juvenile committee or through court. This type of therapy program is used as a last resort to help the child as an alternative to being sent to a boarding school or any other closed institution for children.

The approach includes interventions such as: • Enhancing treatment engagement and motivation of the youth and parent(s)/ guardian(s) • Self-examination and generation of alternatives for youth problem behaviour (through individual sessions and by utilizing family support and structure) • Relapse prevention (relative to substance abuse and other problem behaviours) • Improving communications and relationships between family members • Strengthening parental functioning, and parenting skills • Coordination with other systems (school, work, justice) to facilitate positive outcomes for the youth.<sup>3</sup>

**Methodology:** The therapists has to work with 4 interdependent dimensions: the adolescence, parent, family and the environment outside the family (school, friends, training etc.). The first aim is to create a therapeutic bond between the adolescence and family and once that has been established the MDFT therapist starts focusing on behavioural and reciprocity change. The adolescence is helped to develop independent coping and regulation of emotions, improve problems solving skills, social competence and to find alternative things for drugs and divergent behaviour. With the parents, the focus is on improving parental teamwork and parental practices. Reducing conflict driven by parents, increasing emotional involvement and developing problem-solving skills are the key elements in working with the family. Outside the family environment, the MDFT promotes competence interaction with social systems (justice, education and welfare). In the final stage of MDFT, the changes in relations and behaviours will be maintained and the family has been successfully brought closer, so that the results of the program will have lasting

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<sup>2</sup> Rigster, H, et al (2015). „From Research to Practice: The International Implementation of Multidimensional Family Therapy” [http://www.mdft.org/mdft/media/files/Publications/Rigster-et-al-\(2015\)-From-Research-to-Practice-The-International-Implementation-of-Multidimensional-Family-Therapy-Textbook-of-Addiction-Treatment.pdf](http://www.mdft.org/mdft/media/files/Publications/Rigster-et-al-(2015)-From-Research-to-Practice-The-International-Implementation-of-Multidimensional-Family-Therapy-Textbook-of-Addiction-Treatment.pdf)

<sup>3</sup> Rigster, H, et al (2015). „From Research to Practice: The International Implementation of Multidimensional Family Therapy” [http://www.mdft.org/mdft/media/files/Publications/Rigster-et-al-\(2015\)-From-Research-to-Practice-The-International-Implementation-of-Multidimensional-Family-Therapy-Textbook-of-Addiction-Treatment.pdf](http://www.mdft.org/mdft/media/files/Publications/Rigster-et-al-(2015)-From-Research-to-Practice-The-International-Implementation-of-Multidimensional-Family-Therapy-Textbook-of-Addiction-Treatment.pdf)



changes.<sup>4</sup> The therapy is long term lasting between 4-6 months, the meetings take place every week also in family homes.

**Costs related:** The first costs are related to program implementation, mostly making agreements with the program coordinators (mainly time expenditure). The next step is to find therapists and supervisors for the program, which may be tricky depending on the required qualifications. MDFT having a Master's degree is recommended but the therapist and supervisor have to have the minimum of Bachelor degree, candidates have to have a minimum of 3 years of working experience in working in social or psychological field.<sup>5</sup>

The MDFT team consist of one supervisor and 2-5 therapists (standard is 1+3). Evidence based programs require a license so this means the program needs to be bought from the coordinators. With the MDFT program the organisation license is given out for 3 years after a 2-year training program, the certificate for the therapists is unlimited. In the 3 year, the MDFT Academy in Europe (Leiden, Netherlands) will make a follow-up where they check if the program is implemented according to the rules. After that the licence can be renewed (after every 3 years) and this does not require a separate licence fee, this is already included in the training fees. The trainer would be from the MDFT Academy and in the first year, there will be 3 travels, second year 2 and after that one trip per year from the trainer in Leiden, Netherlands. Although the implementation of the MDFT program is more expensive in the beginning the training cost will go much cheaper comparing with some other (for example MST where the trainers would arrive from the USA). In the year 2013 it was estimated that the costs for training one MDFT therapists in the first year would be 6548 € and in the second year 2167 €.<sup>6</sup>

In the next table costs related to implementing the program are as follows<sup>7</sup>:

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<sup>4</sup> Kriminaalpoliitika.ee 2017, <http://www.kriminaalpoliitika.ee/et/mitmedimensiooniline-pereteraapia-mdft> 19.02.2017

<sup>5</sup> Karton, I., Puolokainen, T. (2014). "Tõsiste käitumisprobleemidega lastele ning nende peredele suunatud tõenduspõhiste programmide võrdlev uuring" [http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste\\_kaitu\\_misprobleemidega\\_laste\\_programmide\\_vordlev\\_uuring.pdf](http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste_kaitu_misprobleemidega_laste_programmide_vordlev_uuring.pdf)

<sup>6</sup> Karton, I., Puolokainen, T. (2014). "Tõsiste käitumisprobleemidega lastele ning nende peredele suunatud tõenduspõhiste programmide võrdlev uuring" [http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste\\_kaitu\\_misprobleemidega\\_laste\\_programmide\\_vordlev\\_uuring.pdf](http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste_kaitu_misprobleemidega_laste_programmide_vordlev_uuring.pdf)

<sup>7</sup> Karton, I., Puolokainen, T. (2014). "Tõsiste käitumisprobleemidega lastele ning nende peredele suunatud tõenduspõhiste programmide võrdlev uuring" [http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste\\_kaitu\\_misprobleemidega\\_laste\\_programmide\\_vordlev\\_uuring.pdf](http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste_kaitu_misprobleemidega_laste_programmide_vordlev_uuring.pdf)



	2014	2015	2016	2017	2018	2019	2020
<b>MDFT</b>							
Training expenses	128 372	55 460	-	-	-	-	-
After-education training	-	-	13 733	14 008	29 226	14 574	14 865
Travelling costs (Amsterdam – Tallinn)	3 000	2 040	1 040	1 061	1 082	1 104	1 126
<b>Total</b>	<b>131 372</b>	<b>57 500</b>	<b>14 774</b>	<b>15 069</b>	<b>30 308</b>	<b>15 678</b>	<b>15 992</b>

The total cost for the program in duration of 7 years is between 2,2-2,7 million euros. This calculations includes training fees, travel costs, salaries for therapists and supervisors (4 teams including 1 supervisor and 2 therapists), study material etc. This does not however include costs that may be needed in case the therapists or supervisor needs to be replaced and new ones have to be train. <sup>8</sup>

**Further information:** the project activities in Estonia are 18.09.2014-31.03.2017 after that the Estonian government will continue funding the MDFT program from state budget.

**Resources available:**

- <http://www.sotsiaalkindlustusamet.ee/et/lapsed-ja-pere/lastekaitse/mitmedimensiooniline-pereteraapia-mdft>
- [http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste\\_kaitumisprobleemidega\\_laste\\_programmide\\_vordlev\\_uuring.pdf](http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste_kaitumisprobleemidega_laste_programmide_vordlev_uuring.pdf)
- <http://www.kriminaalpoliitika.ee/et/mitmedimensiooniline-pereteraapia-mdft>
- [http://www.mdft.org/mdft/media/files/Publications/Rigter-et-al-\(2015\)-From-Research-to-Practice-The-International-Implementation-of-Multidimensional-Family-Therapy-Textbook-of-Addiction-Treatment.pdf](http://www.mdft.org/mdft/media/files/Publications/Rigter-et-al-(2015)-From-Research-to-Practice-The-International-Implementation-of-Multidimensional-Family-Therapy-Textbook-of-Addiction-Treatment.pdf)
- <http://www.mdft.org/>
- [http://www.mdft.org/mdft/media/files/Publications/Schmidt\\_et\\_al\\_1996\\_Changes\\_in\\_parenting\\_practices\\_and\\_adolescent\\_drug\\_abuse.pdf](http://www.mdft.org/mdft/media/files/Publications/Schmidt_et_al_1996_Changes_in_parenting_practices_and_adolescent_drug_abuse.pdf)
- [http://www.mdft.org/mdft/media/files/Publications/Henderson\\_et\\_al\\_2009\\_Parenting\\_practices\\_as\\_mediators\\_of\\_treatment\\_effects\\_in\\_an\\_early-intervention\\_trial\\_of\\_multidimensional\\_family\\_therapy.pdf](http://www.mdft.org/mdft/media/files/Publications/Henderson_et_al_2009_Parenting_practices_as_mediators_of_treatment_effects_in_an_early-intervention_trial_of_multidimensional_family_therapy.pdf)
- <http://www.cebc4cw.org/program/multidimensional-family-therapy/>

## DIMENSIONS:

Please make the cross if the good practice meets the proposed items. Also, try to expand the information in each section.

<sup>8</sup> Karton, I., Puolokainen, T. (2014). "Tõsiste käitumisprobleemidega lastele ning nende perelele suunatud tõenduspõhiste programmide võrdlev uuring [http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste\\_kaitumisprobleemidega\\_laste\\_programmide\\_vordlev\\_uuring.pdf](http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste_kaitumisprobleemidega_laste_programmide_vordlev_uuring.pdf)



## 1. EVIDENCE OF POSITIVE AND/OR PROMISING RESULTS IN ORDER TO ELIMINATE CORPORAL PUNISHMENT

### **Training/Education**

The program increases the use of positive disciplinary methods for parents and educators/teachers:

- Promoting the positive parenting (promoting positive relationships, care and development the child's capacities, offering recognition and guidance to the child, establishing limits that allow the full development of the child).
- Offering alternative educational strategies to corporal punishment, that promotes democratic family educational model.
- The program promotes to caregivers, the knowledge and skills for protect the children.
- The program promotes a positive dynamic and healthy family relationships.

### **Promotes protection**

- The program will focus attention on children to understand their worries and circumstances.
- The program works on emotional education as a protective factor for violent behavior.

### **Empowerment**

- The practice provides skills for children, promote their resilience and resources to deal with situations of violence.
- The practice promotes and improves parental skills such as: behavior of control and emotional self-regulation.

### **Living environment approach**

- The program has references to the real living environment of parents and children (social environment, living environment, etc.).
- The program takes into account, cultural differences in the intervention.

### **Formal networking**

- The program implies networking and cooperation with other Institutions: with comprehensive services for care, recovering, children reintegration, teens at risk or victims of corporal punishment.
- There is a networking/cooperation with other stakeholders in the local and professional environments.



The program is included in the structure of the national/regional system and it depends on several people.

**Please, detail the elements/components that provide a full explanation about evidence of positive results and/or promising results in each section (Training education, promotes protection...etc.)**

**Training/Education:** The program focuses on 4 different dimensions (as mentioned above) but there is still a strong emphasis on working and training with the family. In fact, in order for the child to enter the program there has to be at least on parent who will take actively part of the program and support the child. MDFT reduces family conflict, increases family cohesion, and improves parenting skills to a greater extent than standard alternative treatments. The goals in the family domain are to improve family communication and problem solving skills, strengthen emotional attachments and feeling of love and connection among family members and finally to improve everyday functioning of the family unit.<sup>9</sup>

**Promotes protection:** The MDFT adolescent domain goals are to 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; promote success in school/work; promote pro-social peer relations and activities; reduce substance use, delinquency and problem behaviours; improve and stabilize mental health problems.<sup>10</sup>

**Empowerment:** Although the program does not focus specifically on violence, it is still a part of the therapy in case violent behaviour is the key issue in the family. The counselling work done with the family is done based on needs of the child and family. MDFT addresses a range of youth problem behaviours – substance abuse, delinquency, antisocial and aggressive behaviours, school and family problems, and emotional difficulties. It can be implemented in substance abuse and mental health treatment, child welfare, and juvenile justice systems, including detention centres and juvenile drug courts. In addition to its strong research outcomes, MDFT has high satisfaction ratings from teens and young adults, parents, therapists, and community collaborators.<sup>11</sup>

**Living environment approach:** MDFT has been researched and implemented:

- In drug abuse and mental health treatment settings including outpatient, in-home, intensive outpatient, day treatment, and residential
- Among adolescents in juvenile justice, drug court, and child welfare settings
- As a culturally-responsive and gender-sensitive approach across cultures and countries
- As an early intervention or preventative approach for young adolescents
- In urban and rural settings.<sup>12</sup>

**Formal networking:** As mentioned above the children are referred to the program by prosecutor, probation officer, police, and the juvenile committee or through court. Therefore, there is co-operation with such organisations. The program is run by the Estonian Social Insurance Board (ESIB), so the networking between specialist and government in this program

<sup>9</sup> Multidimensional Family Therapy 2017, <http://www.mdft.org/MDFT-Program/How-it-Works> 20.02.2017

<sup>10</sup> Multidimensional Family Therapy 2017, <http://www.mdft.org/MDFT-Program/How-it-Works> 20.02.2017

<sup>11</sup> Multidimensional Family Therapy 2017, <http://www.mdft.org/MDFT-Program/What-is-MDFT> 20.02.2017

<sup>12</sup> Multidimensional Family Therapy 2017, <http://www.mdft.org/MDFT-Program/What-is-MDFT> 20.02.2017



is formal and in use. After the pilot project ends, the Estonian government will continue funding the program from the state budget and ESIB will continue coordinating the program.

## 2. DATA ON IMPACT OF THE PRACTICE

### Effectiveness of the elimination of corporal punishment

The practice has demonstrated a good impact on:

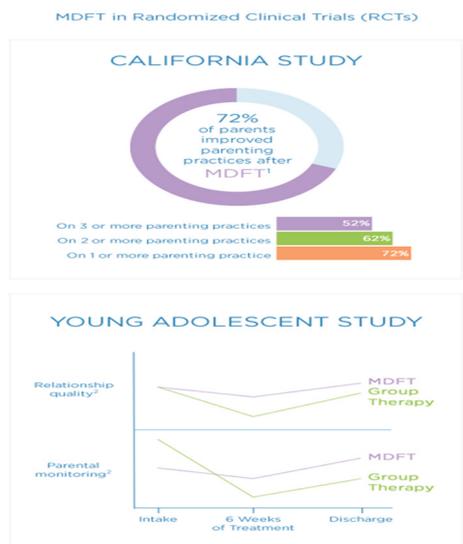
- The decreases of corporal punishment.
- The increase in positive interactions parents / mother / infant caregivers.
- The increase in timeshare.
- The improvement of communication and resolution of conflicts without using corporal punishment.
- A significant increase in knowledge, skills and confidence of parents or caregivers.
- An improvement of the welfare of the participants.

### Sustainability of the impact

- The effects on the target group are sustainable.

**Please, detail the evidence on data or research about the impact of the practice**

The program effectiveness research in Estonia will be finished by the end on March 2017. There have been numerous researches for this project in other countries. Multidimensional Family Therapy (MDFT) reduces family conflict, increases family cohesion, and improves parenting skills to a greater extent than standard alternative treatments. MDFT has the [highest possible rating for scientific support](#) from the California Evidence-Based Clearinghouse for Child Welfare (CEBC), and was [rated an exemplary program](#) by the Strengthening Families Project. California studies show:<sup>13</sup>

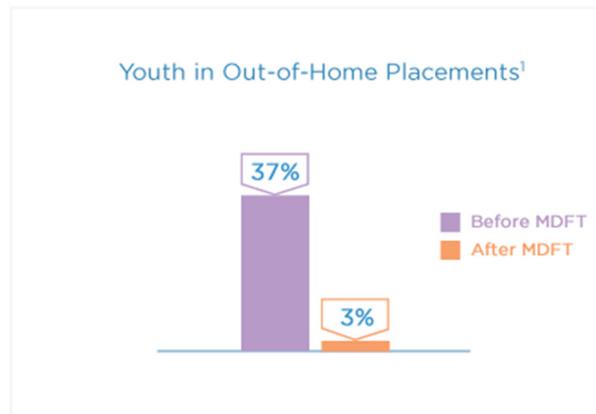


<sup>13</sup>Multidimensional Family Therapy 2017, <http://www.mdft.org/Effectiveness/Family-functioning> 21.02.2017

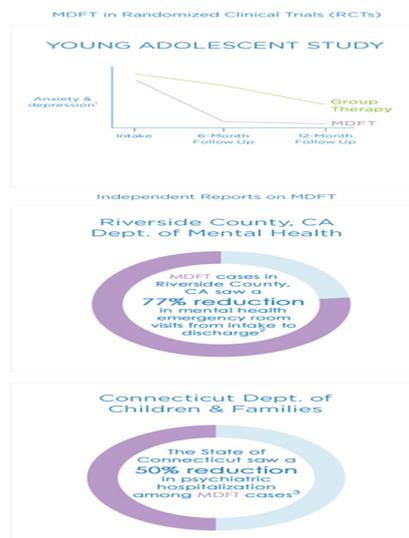


Families and parent-adolescent relationships are vitally important in a child's second decade of life. Multidimensional Family Therapy (MDFT) achieves changes in these family relationships and helps keep adolescents in the home. MDFT was granted the highest possible scientific rating by the [California Evidence-Based Clearinghouse for Child Welfare \(CEBC\)](#), which works to improve the lives of children and families involved in the child welfare system. From the same California studies the results for home stability were as follows:<sup>14</sup>

### DAY TREATMENT IMPLEMENTATION STUDY



MDFT reduces the depression and anxiety symptoms of adolescents, and can be particularly effective with youth showing high severity of drug use and psychiatric comorbidity. The program has been recognized as an [effective mental health treatment](#) by the American Psychological Association, and was also [chosen for a special project for at-risk youth](#) by the Finnish Association for Mental Health. The research from the California studies have found: <sup>15</sup>



<sup>14</sup> Multidimensional Family Therapy 2017, <http://www.mdft.org/Effectiveness/Home-stability> 21.02.2017

<sup>15</sup> Multidimensional Family Therapy 2017, <http://www.mdft.org/Effectiveness/Mental-health> 21.02.2017



### 3. COMPREHENSIVE NATURE

Please, tick the items the practice address to:

#### **Dimension 1: Social and cultural context towards corporal punishment and alternative methods (including MEDIA analysis)**

- The program promotes support and guidance to parents in developing a responsible parenthood that will reduce corporal punishment.
- The program supports teachers and school support staff in improving their skills and management skills of non-violent learning methods.
- It involves parents and tutors through established participatory Organizations (AMPA and others), prevention and elimination of corporal punishment.
- The practice promotes the child-youth movement through the creation and / or consolidation of representative organizations in communities.

#### **Dimension 2: Legal framework conditions and other procedural, judicial frameworks related with the implementation of the law**

- The practice responds to the objectives of education and social reintegration provided by law.
- It is consistent with the existing legal framework for protection of violence against children and teenagers, to ban explicitly corporal punishment.

#### **Dimension 3: Awareness and training efforts concerning corporal punishment and alternative methods:**

- The program raises awareness about the importance in eliminating corporal punishment.
- The practice provides training about corporal punishment elimination methods.

#### **Dimension 4: Resources available on positive parenting techniques and complementary knowledge**

- The practice provides resources available on positive parenting techniques and complementary knowledge.

**Please, detail the elements/components that provide a full explanation about the dimension addressed**

Families and parent-adolescent relationships are vitally important in a child's second decade of life. Multidimensional Family Therapy (MDFT) achieves changes in these family relationships and helps keep adolescents in the home. The program puts a big focus on establishing positive relationships within the family through support and understanding. There will be a public analyse given out about the project to show the project results and raise the awareness of the positive impact the project has had so far.



MDFT is part of a previously fixed project “Development of a Support System for Children and Teenagers at Risk” which is funded by the European Economic Area (EEA) program “Children and Youth at Risk” which is aimed at improving the well-being of children and young people from birth to the age of 26 in Estonia. The program is jointly run by the [Estonian Ministry of Education and Research \(MoER\)](#), [the Estonian Ministry of Justice \(MoJ\)](#), [the Estonian Ministry of Social Affairs \(MoSA\)](#) and by the [Estonian Youth Work Centre \(EYWC\)](#) as a Programme Operator Implementing Agency (POIA).<sup>16</sup> Thus, the program is consistent with the government strategy to promote child wellbeing and with that eliminating corporal punishment.

All available resources of the MDFT program and the benefits of the program are available on the Multidimensional Family Therapy webpage <http://www.mdft.org/Training-Program/Training-Materials>.

## 4. INNOVATION

The program has an innovative character, or implies innovative aspects (e. g. actual knowledge, new ideas or methodology, etc.).

**Please, detail the elements/components that provide a full explanation about the innovation of the program**

Many available best practice guidelines recommend comprehensive, family-involved, and evidence-based treatments for adolescent problems. However, available treatments rarely include these characteristics. A [national study of adolescent treatment](#) found that only 8.6% of programs provide comprehensive services, and only 22.5% involved families. Multidimensional Family Therapy (MDFT) is a proven, evidence-based treatment that offers practical guidance to clinicians and comprehensive services for families. The strengths of MDFT are that it has proven effectiveness; it is rewarding for clinicians; fits into existing clinical settings; it is learnable and sustainable; lowers service costs; fosters autonomy and puts families first.<sup>17</sup>

## 5. COST-EFFICIENCY

The cost-efficiency is adequate.

There are no lower cost alternatives to achieve the same impact.

<sup>16</sup> Ministry of Social Affairs 2017, <https://www.sm.ee/et/euroopa-majanduspiirkonna-toetuste-programmi-riskilapsed-ja-noored-eelnevalt-kindlaksmaratud> 21.02.2017

<sup>17</sup> The Incredible Years, 2017, <http://www.mdft.org/MDFT-Program/Why-choose-MDFT> 20.02.2017



**Please, detail the elements/components that justify the cost-efficiency of the program/practice**

Before implementing the MDFT program, it was compared with other possible programs such as Multi-Systemic Therapy (MST), Functional Family Therapy (FFT) and Change Outcome and Indicator Mapping (COAIM). All these programs are about training therapists do give a special type of therapy for families about how to intervene in the problem and to bring out specific consequences. Due to the fact that there was a limited access to FFT and COAIM program cost-efficiency and there was a time limit put on the program implementation the cost-efficiency was compared between MST and MDFT. The following table will give an overview of the costs related with the program:<sup>18</sup>

	2014	2015	2016	2017	2018	2019	2020	
<b>MDFT</b>								
Training expenses	128 372	55 460	-	-	-	-	-	
After-education training	-	-	13 733	14 008	29 226	14 574	14 865	
Travelling costs (Amsterdam – Tallinn)	3000	2040	1040	1061	1082	1104	1126	
<b>Total</b>	<b>131 372</b>	<b>57 500</b>	<b>14 774</b>	<b>15 069</b>	<b>30 308</b>	<b>15 678</b>	<b>15 992</b>	
<b>MST</b>								
Licence fee	8700	8874	9051	9233	9417	9606	9798	
Travelling costs (Charleston, USA-Tallinn)	min	18 000	8700	8874	9051	9233	9417	9606
	max	29 000	22 000	22 440	22 889	23 347	23 814	24 290
Fees	min	43 500	44 370	45 257	46 163	47 086	48 028	48 988
	max	87 000	88 740	90 515	92 325	94 172	96 055	97 976
<b>Total</b>	min	<b>70 200</b>	<b>61 944</b>	<b>63 183</b>	<b>64 447</b>	<b>65 735</b>	<b>67 050</b>	<b>68 391</b>
	max	<b>124 700</b>	<b>119 614</b>	<b>122 006</b>	<b>124 446</b>	<b>126 935</b>	<b>129 474</b>	<b>132 064</b>

The total expenses for the program were calculated for the years 2014-2020. The costs include training fees, coordination, transportation, training materials etc. The total costs for 7 years for MFDT would be between 2,2-2,7 million euros and for MST program 2,4-3,3 million euros. The following table will give an overview of the costs: <sup>19</sup>

<sup>18</sup> Karton, I., Puolokainen, T. (2014). "Tõsiste käitumisprobleemidega lastele ning nende peredele suunatud tõenduspõhiste programmide võrdlev uuring [http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste\\_kaitu\\_misprobleemidega\\_laste\\_programmide\\_vordlev\\_uuring.pdf](http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste_kaitu_misprobleemidega_laste_programmide_vordlev_uuring.pdf)

<sup>19</sup> Karton, I., Puolokainen, T. (2014). "Tõsiste käitumisprobleemidega lastele ning nende peredele suunatud tõenduspõhiste programmide võrdlev uuring [http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste\\_kaitu\\_misprobleemidega\\_laste\\_programmide\\_vordlev\\_uuring.pdf](http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste_kaitu_misprobleemidega_laste_programmide_vordlev_uuring.pdf)



Total (euros)		2014	2015	2016	2017	2018	2019	2020	Total 2014-2020
<b>MST</b>	min	322 456	321 011	329 245	337 692	346 358	355 250	354 372	<b>2 376 384</b>
	max	441 276	444 738	455 908	467 364	479 111	491 159	503 514	<b>3 283 069</b>
<b>MDFT</b>	min	383 628	316 567	280 835	288 315	310 931	303 878	311 973	<b>2 196 126</b>
	max	447 948	382 624	348 676	357 986	382 484	377 363	387 442	<b>2 684 522</b>
<b>Difference (MST min-MDFT max)</b>		-61 172	4444	48 409	49 377	35 427	51 372	52 400	<b>180 258</b>
<b>Difference (MST max-MDFT max)</b>		-6672	62 114	107 233	109 377	96 627	113 796	116 072	<b>598 547</b>

In the long term, MDFT would be cheaper to use than the MST. This is due to the fact that MDFT does not require annual license and service fees. However, the trainings in MDFT are more expensive and in case the staff (therapists and supervisors) will change often then the program may become very costly.<sup>20</sup>

## 6. TRANSFERABILITY POTENTIAL

- There is access to the methodology and how the program has been implemented (e. g. process description, manual etc.).
  - The program has already been successfully transferred to another region.
- The program can be transferred to other frame conditions in international contexts:
- The program does not rely too much on specific aspects of the national/regional system.
  - The program does not depend too much on one/few specific professional qualifications and/ or profiles.
  - The program can be transferred if the material, program or license are paid.

<sup>20</sup> Kartton, I., Puolokainen, T. (2014). "Tõsiste käitumisprobleemidega lastele ning nende peredele suunatud tõenduspõhiste programmide võrdlev uuring [http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste\\_kaitumisprobleemidega\\_laste\\_programmide\\_vordlev\\_uuring.pdf](http://www.kriminaalpoliitika.ee/sites/krimipoliitika/files/elfinder/dokumendid/tosiste_kaitumisprobleemidega_laste_programmide_vordlev_uuring.pdf)



**Please, detail the elements/components that justify the transferability of the program/practice**

MDFT has been successfully researched and implemented in a wide variety of settings, including outpatient, in-home, intensive outpatient, day treatment, and residential, and has served adolescents in juvenile justice, drug court, mental health and substance abuse treatment, and child welfare systems. Implementing and sustaining the Multidimensional Family Therapy program involves training therapists and supervisors. The goal is to implement MDFT in a manner that promotes clinical excellence and self-sustaining teamwork while at the same time requiring minimal input from MDFT trainers on an ongoing basis. The program has now been transferred in EU countries like Belgium, Finland, Estonia, France, Germany, Netherlands and Switzerland. All training materials and contacts related to trainings have been made available and the Multidimensional Family Therapy website <http://www.mdft.org/Training-Program/Training-Materials> .

