Multidimensional Family Therapy (MDFT)

Research and state of implementation in Europe

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Multiple problem behaviour in adolescents

Adolescents needing treatment often have multiple problems, such as:

- Delinquency, and/or
- Substance abuse (alcohol, drugs), and/or
- Truancy, and/or
- Mental/ behavioural co-morbidity

Therefore ...

The treatment needs to be multifaceted:

- It is not sufficient for the treatment to focus on just delinquency, or just substance abuse, etc.
- The programme should target all major problem behaviour.

Also ...

The treatment needs to be both individual and family-based, targeting 4 domains in the life of an adolescent:

- The adolescent him- or herself
- The parent(s) or parent figures
- The family (kid, parents, siblings)
- Systems outside the family (peers, school, work, leisure time, authorities)

A treatment programme meeting these specifications is:

Multidimensional Family Therapy (MDFT)

MDFT

- MDFT is a systems therapy targeting adolescents both individually and as part of their families and wider systems.
- Developed by H. Liddle (University of Miami)
- 14 randomized controlled trials (RCTs)
- Evidence based according to authorities/ reviews/registries/clinical guidelines

Target group in MDFT

- Adolescents, 12 – 19^{+} years of age
- Showing single or multiple problem behaviour
- With 1 or 2 Parents willing to participate in the treatment

MDFT in a nutshell: Duration

- As an outpatient treatment programme: 6 months (4 – 7)
- As a combined inpatient – outpatient programme: from 6 to xx months
- As a school-based MDFT-derived intervention programme: 2 to 3 months

MDFT in a nutshell: 3 Stages

- Stage 1: Motivation & Engagement

  1 month

- Stage 2: Working the treatment goals and themes

  3 – 4 months

- Stage 3: Sealing-off; aftercare

  1 month

MDFT Stage 1
Motivation & Engagement

- Motivating kid and parents to accept the treatment programme (motivational interventions)
- Therapeutic alliances (with youth/parents/others)
- Case assessment
- Treatment plan

MDFT Stage 2:
Working the treatment goals and themes

- Give information: psycho-education
- Help the adolescent with his personal treatment goals
- Idem, help the parents with their goals
- Address overarching themes
- Get family functioning improved
- Gain support from outside systems

MDFT Stage 3
Sealing-off; aftercare

- Relapse prevention plan
- Arrange for some aftercare/booster sessions if needed
- Monitor treatment outcomes

MDFT: 4 Types of sessions

- With the youth alone (1/3 of sessions)
- With the parents alone (1/3)
- With the family (1/3)
- With persons from outside the family present

Functions of sessions: individual work and preparing for joint sessions

Adolescents receiving MDFT are

A heterogeneous population as evidenced by widely varying referral sources

Heterogeneous: that's good. It reflects the real-life world.

Referral sources

- Self-referral, or school
- Other health care and youth care professionals
- Youth probation, public prosecutor, court

Where is MDFT being offered?

Outpatient and residential (inpatient)

- Youth addiction care
- Youth mental health care
- Youth care
- Youth forensic care

This fragmentation is undesirable.

Three MDFT functions

- MDFT therapist
- MDFT supervisor
- MDFT trainer

Therapist requirements for MDFT practice (1)

- The therapist is the key figure for the family for all problems (spider in the web).
- The therapist works in a team (3 – 6 therapists, one being the team's supervisor).
- Caseload at any given time: 8 families per therapist.

Therapist requirements for MDFT practice (2)

- Therapists (social workers, nurses, psychologists, psychiatrists) with experience in treating youth/families
- Prepared to leave the office (e.g., for sessions at the family's home), and to be contacted outside office hours
- Interested in combining treatment and outreaching case management

MDFT therapist and supervisor training takes 2 years

- Year 1: training towards level Basic Level certification
- Year 2: training towards Master Level certification.
- From Year 3 onwards: support for licensed team.

Most of the training is integrated in daily clinical work.

Who is doing the training?

- All MDFT training in Europe is carried out or supported by MDFT Academy (Leiden, the Netherlands)
- MDFT Academy was established in 2008, as spin-off of joint European MDFT research.
- MDFT Academy is part of the Youth Interventions Foundation.

Certification and licencing

- MDFT Miami (H Liddle) has granted MDFT Academy a licence for MDFT training in Europe.
- MDFT Academy certifies all European therapists who are meeting the MDFT certification standards.
- Treatment institutes with a MDFT team get a free licence to practice MDFT, renewable every 3 years.

Elements of training

- MDFT Manual and other course materials
- 8 Days of plenary training, spaced apart
- Telephone consultations, site visits, exams, rating of session tapes (adherence, competence, supervision), supervisor reports

MDFT: Manual and degrees of freedom

- Manual in Dutch, English, French and German
- MDFT is flexible:
  - It is protocol-based (Manual), but not fully: therapists have their own responsibility.
  - MDFT is not fixed on one particular behavioural problem or treatment setting.
  - MDFT can be adapted; a variety of modules have been developed.
  - MDFT is not solitary. Easy to fit into institutional intervention programmes.

Certification requirements

- Treatment adherence tests of 4 family session videotapes per therapist (and 4 supervision sessions per supervisor)
- Treatment competence test: 2 – 4 tapes
- Session planning forms, treatment contact logs, supervisor reports
- Written exams
- Booster training for teams and supervisors

European trainers

- Recruited from the pool of certified MDFT supervisors
- Trained and certified by MDFT Miami/MDFT Academy
- Presently, 9 Dutch trainers, 2 Belgian, 3 German, 1 French, 1 Swiss

Some outcomes of research studies

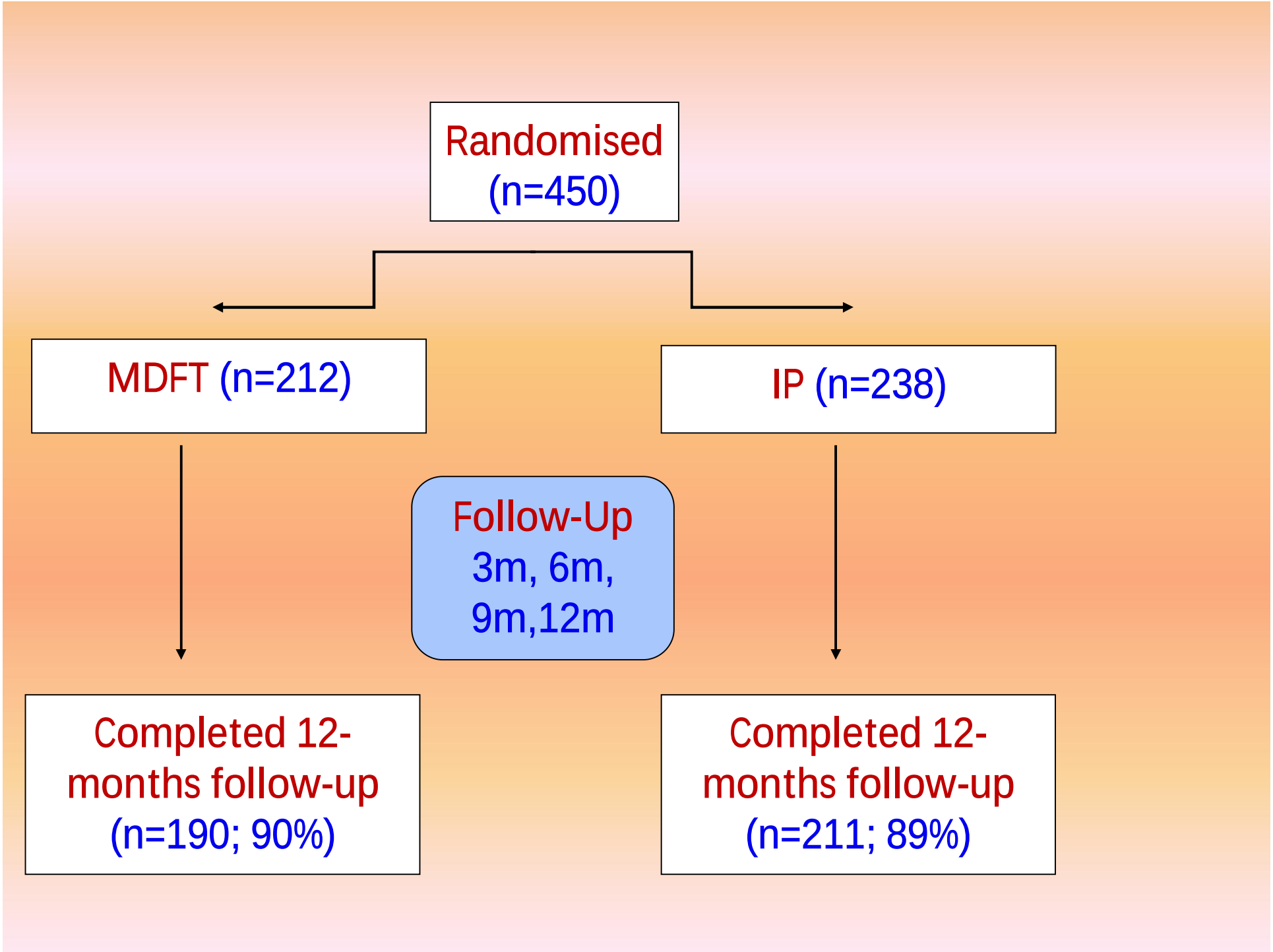
- MDFT reduces substance abuse
- MDFT decreases criminal recidivism
- MDFT improves school attendance and performance
- MDFT improves family functioning
- MDFT reduces symptoms of externalizing mental disorders.

MDFT is no panacea

- Other treatments, like cognitive-behavioural therapy, are also effective. However, in direct confrontations between MDFT and other active treatments, MDFT usually wins.
- MDFT has broad effects because the risk and protective factors associated with the various problem behaviours are similar.
- MDFT is treatment of choice in ‘hard cases’.

European research = INCANT

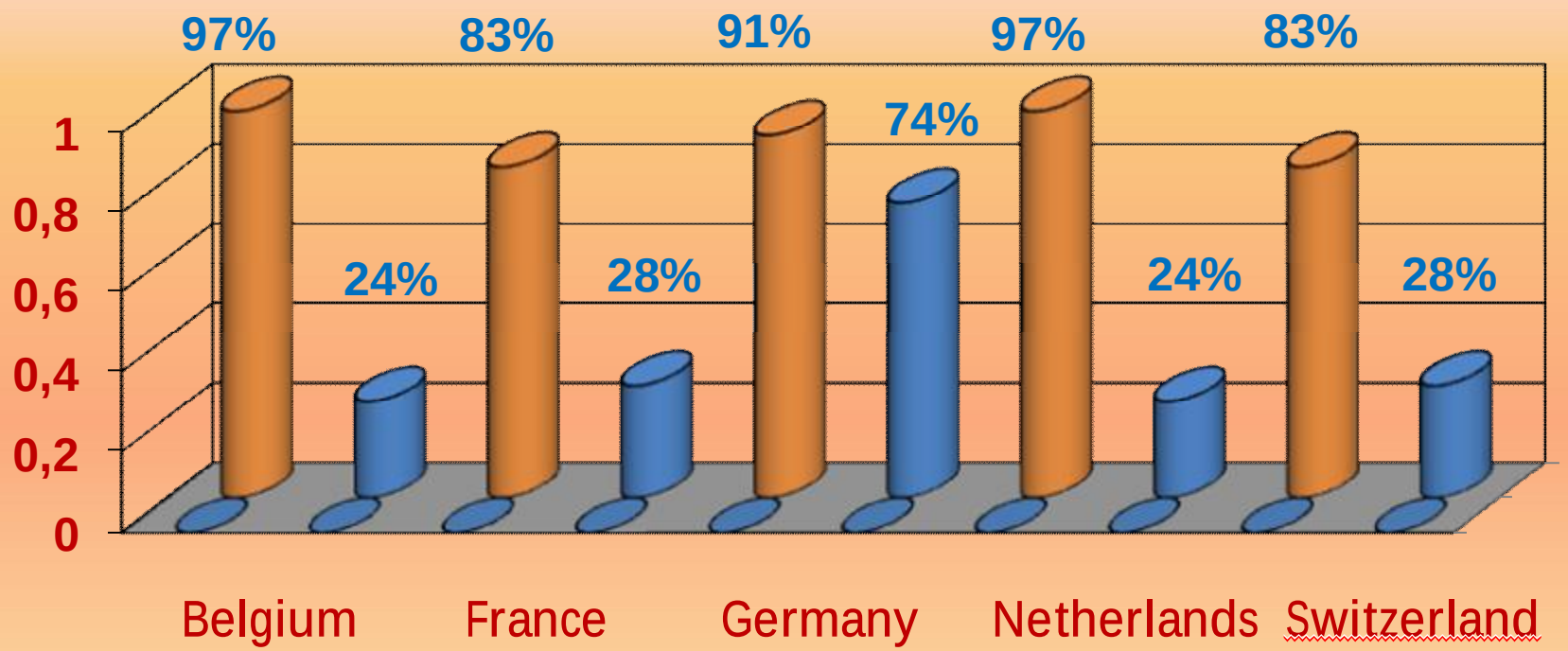
- Randomized controlled trial with sites in Belgium, France, Germany, the Netherlands, and Switzerland
- Two treatment conditions: MDFT and Individual Psychotherapy – IP
- INCANT was about cannabis use disorder, but the study collected data on other problem behaviour as well.


Randomised
(n=450)
MDFT (n=212)
IP (n=238)
Follow-Up
3m, 6m,
9m,12m
Completed 12-
months follow-up
(n=190; 90%)
Completed 12-
months follow-up
(n=211; 89%)

INCANT outcome measures

- Therapist performance (adherence, competence). Outcome: positive.
- Treatment retention = percentage of cases [adolescents, parents] accepting and completing the treatment.
- Primary outcomes [= cannabis related]
- Secondary outcomes
- Treatment satisfaction

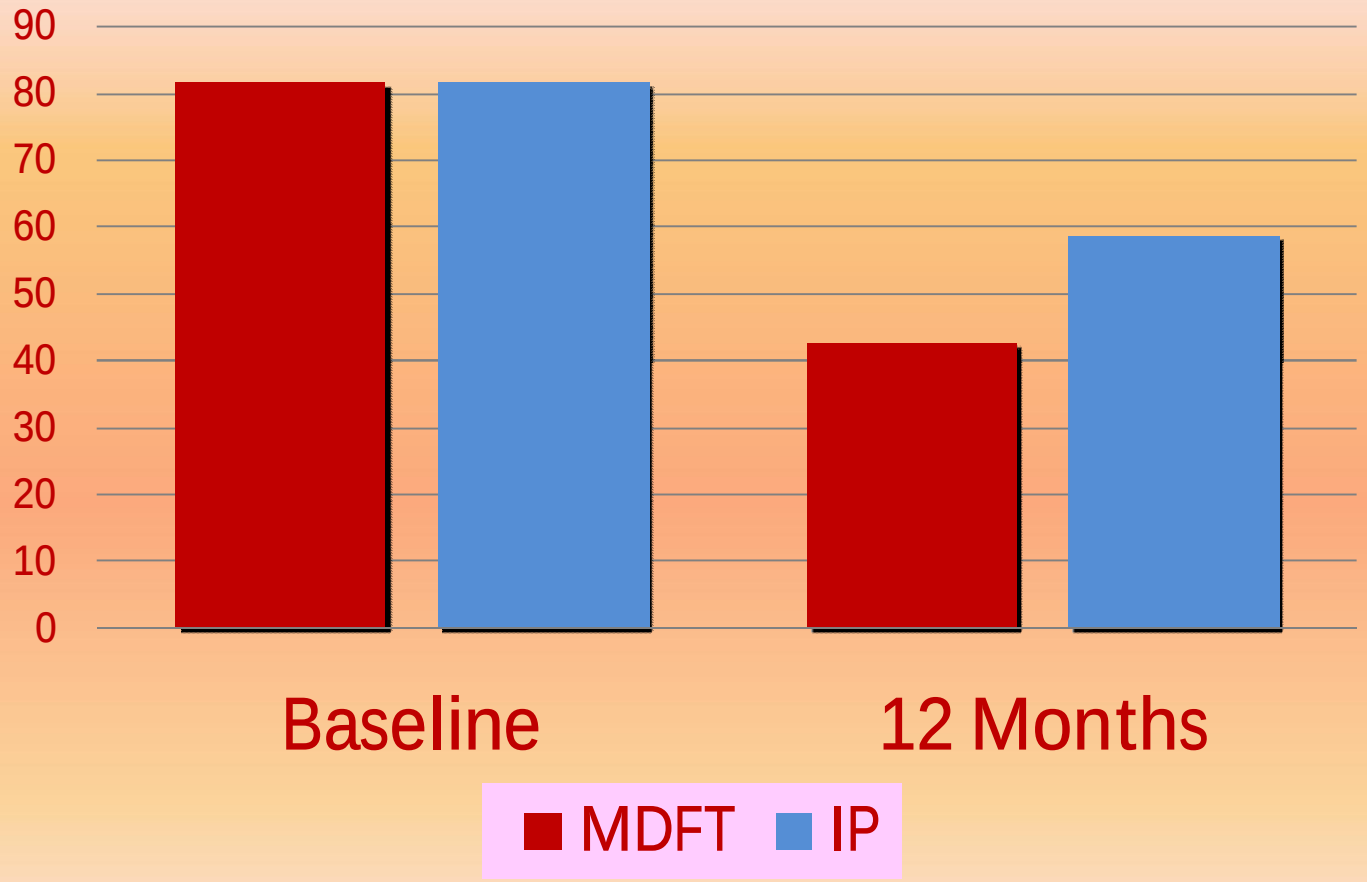
Treatment retention (orange = MDFT; blue = IP)



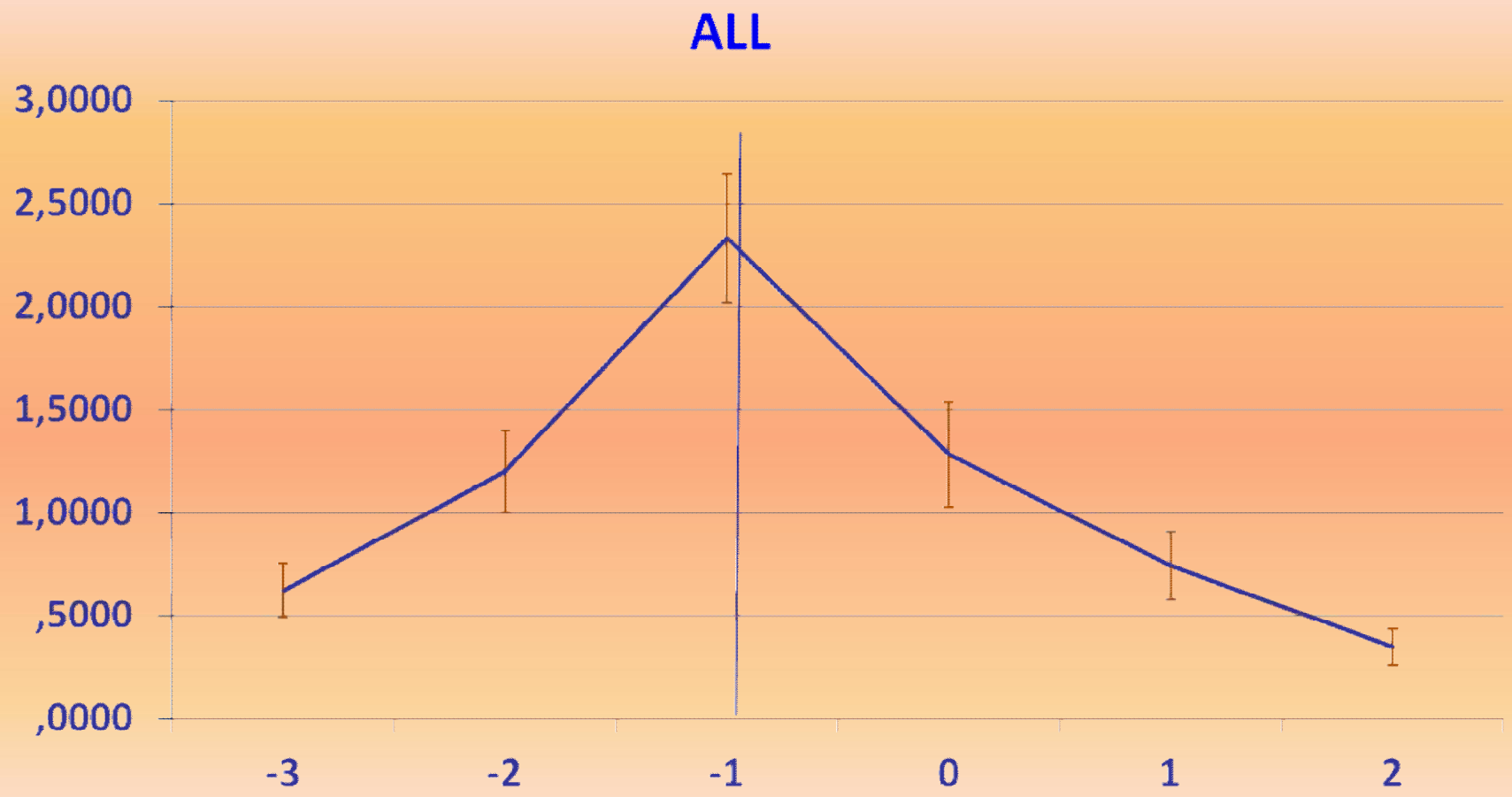
Conclusions re. Treatment retention

- MDFT retained cases in treatment (much) better than IP did.
- This is true of all sites, across countries.
- And it is consistent with the findings of U.S.-based MDFT trials, across different treatment sectors and settings and across groups from varying ethnic background.
- Success factor: motivational interventions

Cannabis dependence rate (%)



MDFT and CBT: effect on crime rates in Dutch adolescents



MDFT is more cost-effective than CBT

- MDFT: more sessions than in CBT. So, from a limited perspective, CBT is cheaper than MDFT.
- However, MDFT saves more social and medical treatment costs than CBT, which makes the cost difference between MDFT and CBT undone.
- MDFT is more effective than CBT in achieving social rehabilitation and prevention of crime and addiction than CBT, rendering MDFT more cost-effective than CBT.

MDFT: meta-analysis

- MDFT reduces substance use problems more strongly than comparison treatments do.
- MDFT reduces crime/recidivism rates more strongly than comparison treatments do.
- MDFT reduces symptoms of externalising disorders more strongly than comparison treatments do.
- MDFT is most effective in youth with multiple problems.

Treatment satisfaction

- MDFT youth were more pleased with the treatment than IP youth were.
- Idem, MDFT parents.
- Satisfaction rating given by the MDFT adolescents corresponded with the rating by their parents.
- In the MDFT condition, high satisfaction levels predicted good behavioural outcomes.

Implementation

- Life has moved on since the conclusion of INCANT.
- European MDFT training programmes have been set up.
- Right now, about 60 MDFT teams are operational Europe (in the Netherlands, Finland, Belgium, Germany, France, Switzerland), with more to come.

Modules of MDFT

MDFT is flexible. We develop modules together with treatment centres. Examples:

- Adolescents inpatient. Available
- School-referred adolescents. In preparation
- Light mental retardation (intellectual disability). Available

Thank you!

For more information:

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