

MULTIDIMENSIONAL FAMILY THERAPY (MDFT)



EARLY
INTERVENTION
FOUNDATION

EVIDENCE

Evidence Rating:



Assessed By: OJP; NREPP; CEBC; Child Trends

Intended Outcomes: Prevent substance misuse
Enhanced school achievement
Improved child mental health & wellbeing
Prevent violent and antisocial behaviour

Multidimensional Family Therapy (MDFT) is for families with a child between the ages of 13 and 18 who are experiencing behaviour or substance misuse problems. Families work with a qualified MDFT therapist to develop problem-solving skills for dealing with issues that are occurring at the level of the adolescent, parent, family and community. Sessions take place between one and three times a week for a period of 4 - 6 months.

MDFT has **established** evidence of reducing adolescent substance misuse and delinquent behaviour and improving academic performance.

Where has it been implemented?

The UK, the USA and internationally

Who can deliver it?

MDFT therapists: QCF Level 6 in psychology or social work.

Therapist assistants (case managers): QCF Level 5 in a helping profession

Settings

MDFT is delivered in a variety of settings: outpatient clinic, the family home, day treatment and residential programs.

Who is it for?

Age: 13 to 18 year old adolescents who have a clinically diagnosed problem with substance misuse and/or have behavioural problems

Classification: Targeted

Need: Medium; High

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How it works

What is the theory of change?

- Adolescent substance misuse and behavioural problems are multi-determined by processes occurring at the level of the child, parents, family and community.
- MDFT therapists facilitate family change by helping members identify family strengths and using them to develop problem solving skills for managing the issues occurring on multiple levels.
- In the short term, family functioning improves and the adolescent's problematic behaviour (including substance misuse) stops.
- In the longer term, the adolescent does better in school and is less likely to have ongoing problems with substances and the criminal justice system.

What happens during delivery?

How is it delivered?

- MDFT is delivered by a trained therapist who work with the adolescent, parents and family through separate sessions that last between 30 and 90 minutes each.
- MDFT sessions take place between one and three times a week, depending on the needs of the family and service delivery setting.
- Families work with the therapist for a period typically lasting four to six months.

What happens during the intervention?

- Individual sessions with the adolescent promote problem-solving skills and resiliency.
- Sessions with the parents aim to improve parents' own emotional life; increase their involvement with their adolescent; improve the parent-adolescent relationship; enhance their parenting skills (especially their ability to monitor their adolescent's activities and peer relationships), clarify expectations and set limits on problematic behaviour.
- Family sessions aim to improve communication and family problem solving skills and decrease conflict.
- Community level sessions help families to improve their links to resources that lie outside the family unit, including public services and extended family members.

What are the implementation requirements?

Who can deliver it?

- MDFT is delivered by a site team that includes a supervisor, therapists and case managers all trained in the MDFT model.
- MDFT therapists should have a minimum of a QCF Level 6 in psychology or social work.
- Therapist assistants (case managers) ideally should have a minimum of a QCF Level 5 in a helping profession.

What are the training requirements?

MDFT training takes place through a system of support that is co-ordinated by a certified MDFT trainer. This support includes:

- Pre-training and ongoing implementation consultations
- Provision of written and video MDFT treatment and supervision training materials
- On-site introduction to MDFT
- Weekly case consultations
- On-site intensive trainings
- Fidelity monitoring
- Access to the MDFT Clinical Portal (the MDFT web-based clinical management system)
- Ongoing coaching including access to updated training materials, practical advice, and emotional support.

Therapist training typically takes six months and supervisor training typically takes nine months. Clinicians learn while serving youth and families.

How are the practitioners supervised?

- Supervision is provided by the site supervisor on an ongoing basis.
- MDFT also provides supervision weekly telephone sessions during the training period.

What are the systems for maintaining fidelity?

- Weekly telephone supervision
- Feedback through the online portal
- The recertification process
- Booster training.

Projected Costs and Benefits

- This information is not yet available.

Evidence

MDFT has **established** evidence from multiple randomised controlled trials demonstrating short and long term improvements in young people's substance misuse, delinquent behaviour and school performance.

Liddle, H. A., Dakof, G. A., Parker, K., Diamond, G. S., Barrett, K., & Tejada, M. (2001). Multidimensional family therapy for adolescent drug abuse: Results of a randomized clinical trial. *American Journal of Drug and Alcohol Abuse, 27*(4), 651-688.

- Reduced substance misuse (adolescent diary self-report)
- Improvements in school performance (school records)
- Improvements in family functioning and family competence (parental report).

Liddle, H. A., Dakof, G. A., Turner, R. M., Henderson, C. E., & Greenbaum, P. E. (2008). Treating adolescent drug abuse: A randomized trial comparing multidimensional family therapy and cognitive behaviour therapy. *Addiction, 103*(10), 1660-1670.

- Reduced substance misuse (adolescent self-report).

Liddle, H. A., Rowe, C. L., Dakof, G. A., Ungaro, R. A., & Henderson, C. E. (2004). Early intervention for adolescent substance abuse: Pretreatment to posttreatment outcomes of a randomized clinical trial comparing Multidimensional Family Therapy and peer group treatment. *Journal of Psychoactive Drugs, 36*(1), 49-63.

- Reduced substance misuse (adolescent self-report)
- Reduced delinquency (court records)
- Reduced internalised problems (adolescent self-report)
- Reduced peer delinquency (adolescent self-report)
- Improved school performance (school records)
- Improved family functioning (parent self-report).

Dennis, M., Godley, S. H., Diamond, G., Tims, F. M., Babor, T., Donaldson, J., et al. (2004). The Cannabis Youth Treatment (CYT) Study: Main findings from two randomized trials. *Journal of Substance Abuse Treatment, 27*(3), 197-213.

- Increased days of abstinence (adolescent self-report diary)
- Increased number of adolescents in recovery (number of days in community as opposed to a treatment centre).

Rigter, H., Henderson, C. E., Pelc, I., Tossmann, P., Phan, O., Hendriks, V., ... & Rowe, C. L. (2013). Multidimensional Family Therapy lowers the rate of cannabis dependence in adolescents: A randomised controlled trial in Western European outpatient settings. *Drug and Alcohol Dependence, 130*(1–3), 85-93

- Improved treatment retention (days in treatment centre)
- Reduced prevalence of cannabis dependence (reduced number of consumption days in adolescent self-report diary).