



multidimensional  
FAMILY THERAPY

# Workshop Estonia

## 4th of June 2014

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International MDFT - trainer SJI



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# | Background



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- Developed by Dr. Howard Liddle at the University of Miami (Fla.)
- Research has been done through the University of Miami under Dr. Liddle
- Since 2004 European research (INCANT)



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## Multidimensional Family Therapy (MDFT)

- **Evidence Based Model** of therapy for use at the Intensive Outpatient Level of Care with the substance abusing adolescent population
- MDFT is a **Multi-systemic approach** that includes all areas of the adolescent's life
- MDFT services are able to be provided in the **home, office, school, community, placement** or **other sites**



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## Goals of MDFT

- Improve communication among family members
- Strengthen the bond between the adolescent and at least one parent/caregiver
- Reduce risk behaviors
- Increase pro-social activities
- Decrease substance abuse
- Increase school attendance
- Improve school performance



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## Target population

- 11 up to 19+ year old adolescents
- Effectiveness has been shown in various ethnic, socio-economic, and cultural groups
- Males and females benefit equally from the model
- No difference between voluntary or mandatory treatment



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**MDFT in the Netherlands:**

Outpatient treatment

After stay in residential setting

Prevention of residential placement

During detention



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## Criteria for admission in the program

- 11-19+ years of age
- Multiple problem behavior, like significant issues of delinquency, substance abuse, behavior problems or conduct disorder and internalizing problems
- At least one family member willing to participate in treatment on a regular (weekly) basis



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## Level of care

- The client's needs are too high for regular Outpatient counseling but do not meet criteria for Inpatient Care
- Inpatient determination may be made during treatment
- Aftercare could be either Outpatient D/A or Family Based MH depending on the issues



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## Role of the therapist

- Instill hope in the family and repair relationships between parent and child
- Facilitate change in the family structure
- Work the 4 areas (adolescent, parent, family and extra familiar)
- Encourage utilization of available strengths
- Promote developmentally appropriate thinking
- Educate parents and teens about high risk behaviors
- Empower parents and teens for life after treatment



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## Case management is provided on a weekly basis or more, depending on the needs of the family

- Case management is designed to help remove barriers that impede the progress of therapy
- Typically tangible and community orientated
- Provide support at court hearings, doctor appointments, and link with services
- Case management also assists with job searches and helps the family navigate the many systems involved in their lives



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## On-call and after hours crisis

- Access to MDFT on-call service is provided to all clients after office hours (no 9-17-mentality)
- Rotating cell phone between clinicians
- Provides support and guidance for all family members involved in services
- Refers to emergency services when needed



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# | Process of therapy

## 4 Domains of Treatment

1. Adolescent
2. Parent
3. Family
4. Extra-Familial



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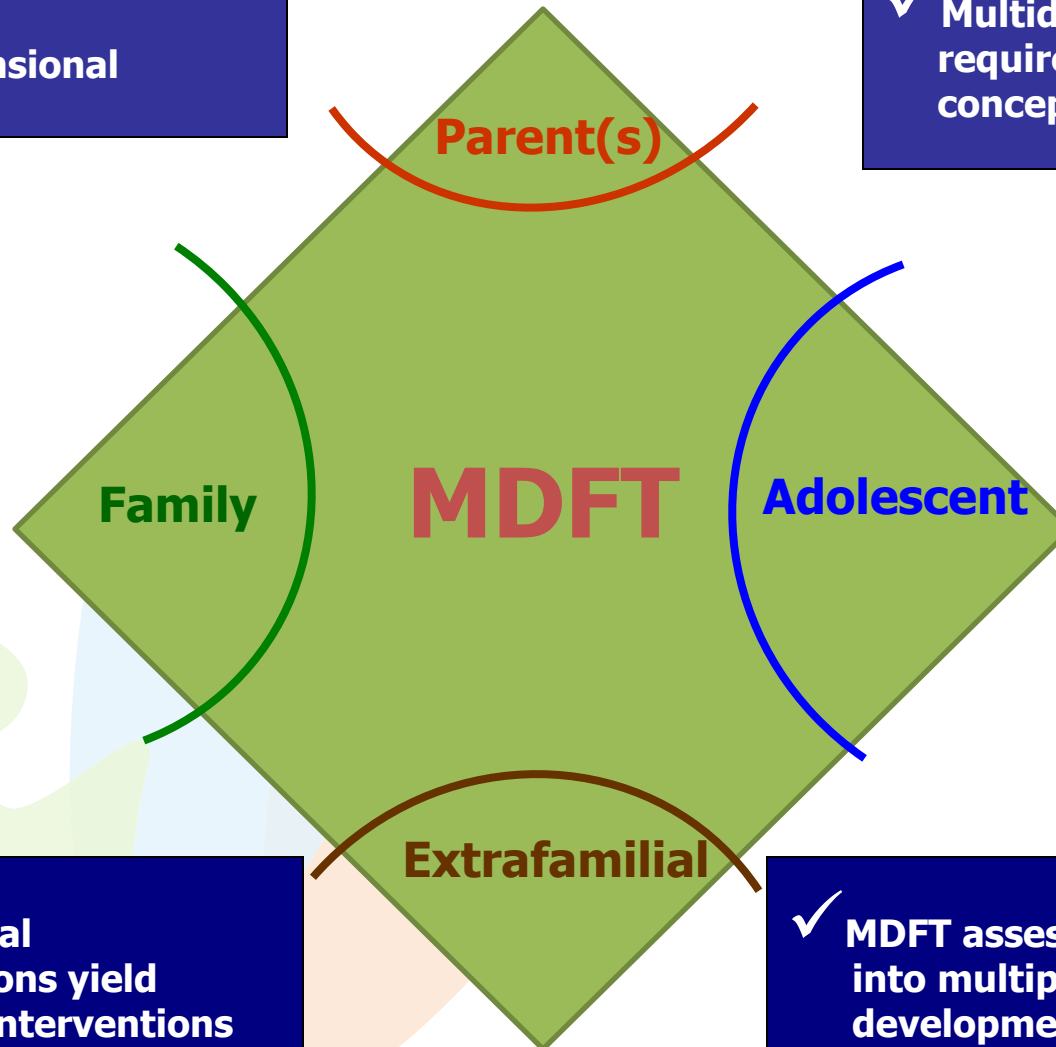
# Components and Logic of MDFT Approach



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✓ Problems are multidimensional

✓ Multidimensional problems require multidimensional conceptualizations



✓ Multidimensional conceptualizations yield multi-systems interventions

✓ MDFT assesses and intervenes into multiple systems of development and influence

# | Adolescent



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- Identified patient in treatment
- Treatment focuses on reducing at risk behaviors and improving relationships between the adolescent and the family
- Individual sessions address difficulties in school, with family, legal problems, and relationship problems
- Motivation is enhanced during the individual sessions
- Skills and techniques are taught and practiced in these sessions
- Preparation for family sessions



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# | Parent



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- Increase feelings of love and commitment
- Reduce “burn-out” (due to previous treatment or continual problems)
- Improve parental functioning and parenting skills
- Improve parental communication
- Educate parents on developmentally appropriate behavior/expectations and maladaptive behaviors
- Empower parents and prepare for family sessions



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# | Parent



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## Role of the parent

- Parents are the key to successful therapy
- Parents are equally focused on in-treatment
- Changes in the parents' well being and parenting practices lead to better outcomes
- Correlation between improved communication between child and parent and decrease in high risk behaviors



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# | Family



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- Focus on events in the family and improving family relationships and communication
- Past events are explored to the extent that they presently cause problems in the family
- Enactments are used to facilitate communication between family members and improve communication skills



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# | Extra-Familial



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## Any other person or entity involved with the family

- MDFT team often acts as advocate with other agencies
- MDFT team provides clinical direction and clinical recommendations
- At times court testimony is needed
- Empowers client and family to work with other services
- Encourages client involvement in pro-social activity



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# | Treatment goals



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- Treatment goals for the adolescent
- Goals for the parents
- Goals for the family
- Goals for systems outside the family



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# | Treatment goals adolescent



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- Reduction of problem behaviour, such as criminality, substance abuse, truancy, co-morbidity
- Dealing with aggression, etc
- Improving self esteem
- Better arrangements with school/  
work/peers/authorities/leisure time



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# | Goals parents



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- A more appropriate parenting style
- Strengthening parenting skills: house rules
- Parents cooperating as 'a team'
- Referral of parents to get treatment for their own problems



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# | Goals family



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- The family supports the youth in his/her individual development
- Family = learning environment
- Improvement of relation patterns between family members
- Psycho-education (bringing youth and parents up to date)



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# | Stages of treatment



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## Stage 1: Assessment, Alliance Building and Motivation

- Comprehensive assessment of problem areas and untapped strengths
- Strong therapeutic relationships are established with all family members and influential extra-familial individuals involved
- The family “buys in to” treatment



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# | Stages of treatment



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## Stage 2 Working the goals/Requiring changes

- This is the time when attempts at change are made
- Changes are attempted at multiple levels of the system (individual, family, etc.) as determined in Stage 1
- Usually the most intensive part of treatment
- The therapist continues to assess strengths and needs during this time



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# | Stages of treatment

## Stage 3 Seal the Changes and Exit

- Secure the changes that have been made
- Prepare the adolescent and family for their next stage of development using knowledge and skills learned in treatment
- Aftercare plans are made at this time



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# | Discharge



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## Successful discharge

- Clients are considered successfully discharged when high risk behaviors are reduced, family functioning has increased, or when the client is transferred to a more appropriate level of care
- A transfer to a higher level of care can be a success



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# | Drug screens



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- Not used for punitive purposes
- Used to monitor progress
- Therapist uses positive screens as an opportunity for clinical intervention
  - Identify what prompted use and improve skills to avoid further positives
  - Therapist encourages disclosure by adolescent to parents



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# | Strength of the model

- Fills treatment gaps and increases access to treatment
- Addresses issues in all areas of the adolescent's life, as well as the needs of the parents
- Can work with transitional age youth
- Strengthens agency relationships with other systems/providers
- Allows for in-depth assessment process with multiple sources of information and direct observation
- Flexibility in meeting the families' needs
- Improved access to other needed services
- Families are empowered to navigate services following treatment
- Daily involvement with school personnel
- MDFT-therapists really like doing MDFT, although the model is protocolised it gives therapists flexibility



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# | Gain



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- Recommended outcome tool in the Netherlands/Europe
- Webbased
- MDFT works for multiple problem behavior.



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# | The culture shock?



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- MDFT different in Europe than in the USA?
- MDFT different between European countries?
- MDFT different between the Netherlands and Estonia?



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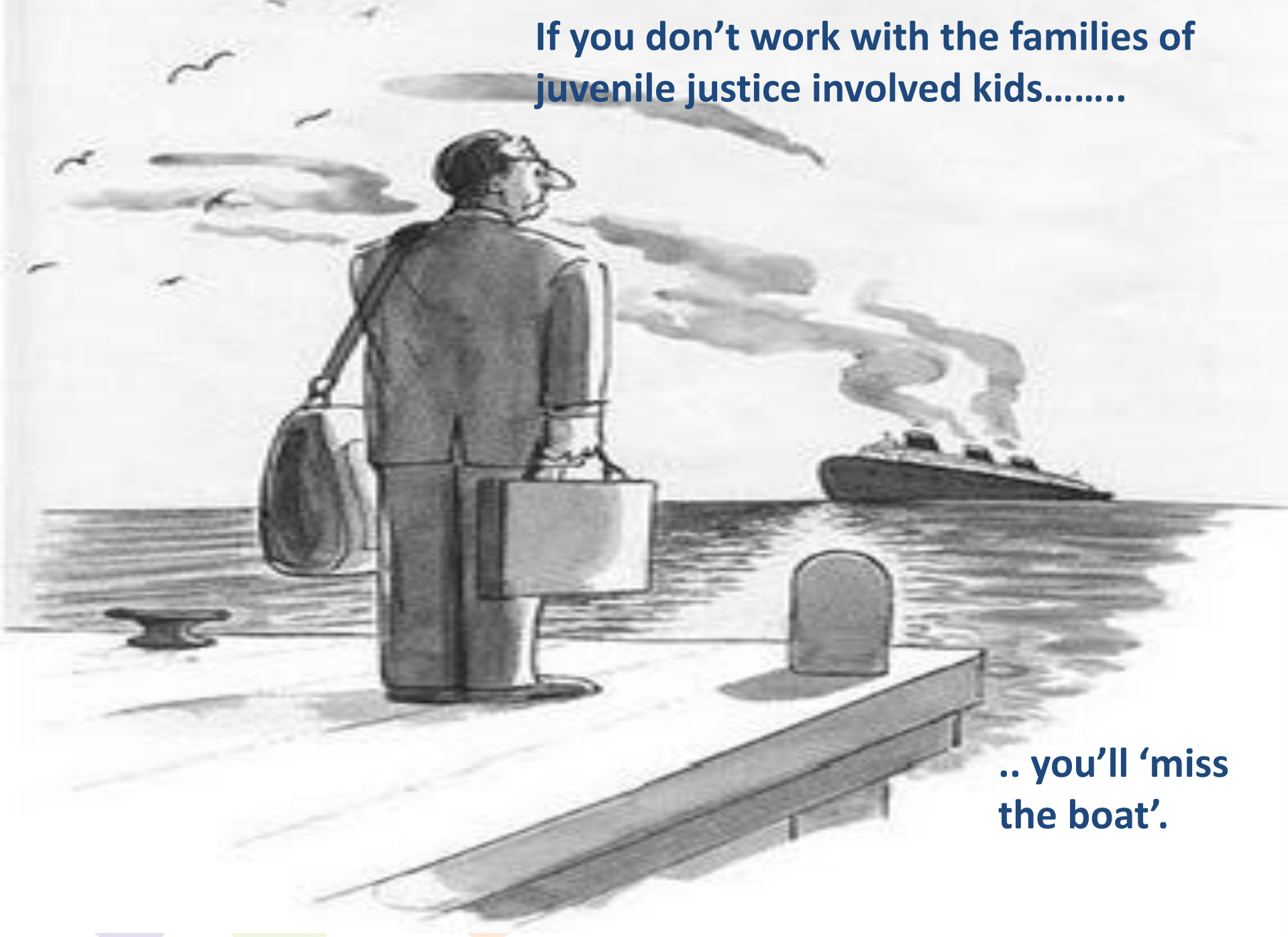
# | More Information

- **SAMHSA**  
[www.modelprograms.samhsa.gov/pdfs/model/multi.pdf](http://www.modelprograms.samhsa.gov/pdfs/model/multi.pdf)
- **University of Miami** <http://www.med.miami.edu/ctrada/x64.xml>
- **NIDA**  
<http://www.nida.nih.gov/BTDP/Effective/Liddle.html>
- **NPR**  
[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)
- **APA**  
<http://www.apa.org/VIDEOS/4310853a.html>
- **EMCCDA**  
[www.MDFT.nl](http://www.MDFT.nl)
- [www.MDFT.org](http://www.MDFT.org)



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**If you don't work with the families of  
juvenile justice involved kids.....**



**.. you'll 'miss  
the boat'.**



# | Questions



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