A Liddle Therapy Goes a Long Way

A Review of

*Multidimensional Family Therapy: A Research-Proven, Innovative Treatment for Adolescent Substance Abuse*

by Howard Liddle

Alexandria, VA: Alexander Street Press, LLC, 2014. $199.00 (DVD); $149.00 (Streaming Access, 1 year); $299.00 (Streaming Access, 3 years); $499.00 (Streaming Access, perpetual)

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Reviewed by

Susan Regas

The educational and instructive training video, *Multidimensional Family Therapy: A Research-Proven, Innovative Treatment for Adolescent Substance Abuse* (2014), begins with a fascinating overview of the foundational structure of multidimensional family therapy (MDFT). This evidence-based approach to the treatment of adolescent drug abuse was created by Howard Liddle and colleagues (2001), based on various structural and strategic family therapy models. At the very onset of the film, the format of the tape is notably useful, creative, and enlightening to the viewer—a glimpse into Liddle’s therapeutic approach. Liddle clearly and artfully outlines the core components of his work, as well as his approach to working with a family (a mother and son) throughout the duration of the training video. Liddle highlights how MDFT emphasizes building a collaborative alliance with the adolescent as an individual, as well as with the parents as a family and the community stakeholders as important, collaborative, systemic factors that are imperative in the treatment process. In this way, Liddle approaches the areas of concern from several perspectives and attempts to build relationships with many systemic influences in the adolescent’s life.

Liddle explains that MDFT has three phases consisting of individual and family sessions, and he presents each phase in such a way that beginners to the therapy model may follow and understand his approach throughout the training video. The first phase builds upon therapeutic alliances with the adolescent, parents/family, and important people outside of the family (e.g., school counselors and law enforcement officers). Here, goals are set and agreed upon for treatment. The second phase of MDFT helps (a) the adolescent to build important skills in handling stress and communicating with others, (b) the parent(s) to develop better skills in relating to the adolescent, and (c) the whole family to learn better ways of dealing with challenges in their relationships. The third and final phase helps the family learn how to relate to the outside world and to plan for their family life after therapy ends. Rowe and Liddle (2003) found several areas to be superior when using MDFT. These include engagement and retention in treatment, effects on drug use, related emotional and
behavioral problems, family functioning, and cost-effectiveness. The unique value of this multidimensional therapeutic modality is readily apparent in Liddle’s rationale presented during the tape.

Describing Why He Did What He Did

Although Liddle’s introduction is both satisfactory and illuminating, the training component of the tape begins with Liddle’s live demonstration and initial meeting with Christian, a 14-year-old male referred to the Center for Treatment Research on Adolescent Drug Abuse by a local juvenile justice authority. Observing Liddle at work is unmistakably the most valuable part of the video and reveals the guiding principles and underpinnings of MDFT. Namely, in this therapy, drug abuse and related problems are seen through a multidimensional lens composed of social, emotional, cognitive, familial, developmental, and contextual factors. Liddle elucidates a multivariate view as well as multiple treatment targets, both individual and interpersonal, at different levels of the system. Building a foundation, which is Stage 1 of MDFT, is the beginning of the process of therapeutic change through creating an environment where both the youth and the parent or parents feel understood and respected. This is accomplished through the sessions where the therapist meets with the individuals (Christian and his mom, Diane, in this case) separately and then meets with the family together. Liddle’s primary goals are to develop a strong therapeutic alliance, achieve a developmental and contextual perspective on the presenting problems, and enhance everyone’s motivation for frank self-examination.

Christian, an avid marijuana user since the age of 13, has poor school attendance and was recently suspended for buying drugs on the school premises. If Christian completes the program with Liddle successfully, his arrest record will be expunged. Despite this enticing incentive, Christian arrives discouraged with his situation and with little hope for success; in fact, Liddle catches Christian on the street as he is phoning in to cancel his meeting. This is one of many powerful MDFT moments as Liddle both demonstrates his flexibility to the client by meeting him at his own level, or emotional plane, and enlightens the viewer on one core principle: “motivation is malleable.” Liddle effectively shows the viewer how Christian’s treatment reluctance is alterable by enhancing his motivation through a process of “teaming up.” Liddle listens for understanding and talks honestly to Christian, delicately balancing his frustrations and hesitancy with his bleak reality, stating, “You’ve got your mom on your back, this legal stuff is formidable, and that is a lot to worry about.” Liddle never makes promises to Christian nor convinces him of what he should do; rather, he presents Christian with the possibility of working together, collaborating to navigate the presenting dilemmas together and to work with his mother. The viewer can trace Christian’s coming around and buying into Liddle’s proposal via the therapist’s skillful, patient, and motivating approach. Liddle uses similar skills to finesse his way through multiple alliances as he begins to build a team for Christian to create working relationships and to garner support. For example, this is seen through a session with Christian’s mom—who is equally as hopeless and challenging to win over.

In an additional powerful moment, Liddle has a face-to-face meeting with Christian’s school counselor, with the expressed aim of involving himself in Christian’s community. This is yet another dimension of the problem context. Liddle collaborates with the counselor and demonstrates true understanding for her unique role and responsibilities, as well as a commitment to work with both Christian and Diane patiently and thoroughly.
Stage 2 of MDFT is to facilitate individual, family, and intersystem change. Liddle works with Christian and Diane through interventions and outcomes in the four domains to activate and support the change in each of them, both individually and together. These interventions are collaborative. The goals for Christian are (a) to help him foster interpersonal relationships with peers and others in the community not previously affiliated with drugs, (b) to examine his current situation more deeply, (c) to express himself, and (d) to develop stronger coping strategies, emotional regulation, problem-solving approaches, and social competence. The primary goals for Diane are (a) to enhance her own emotional life, (b) to improve her relationship with her son, (c) to help her monitor the youth’s behavior, (d) to set parental limits, and (e) to better develop practical consequences. Meanwhile, the aims of the family are (a) to improve family communications and problem-solving skills, (b) to strengthen family interactions, and (c) to enhance feelings of love, support, and connection between both members in the family. Liddle mediates the communication between Christian and Diane to ensure that their messages to each other are tempered and received in a way that supports and fortifies the change process. The community, in turn, serves to improve family members’ relationships with school and legal systems, as well as to build Christian and Diane’s capacity to access and obtain important services and resources.

Stage 3 of MDFT builds on the accomplishments and strengths of the family in order to solidify change and to respond to future problems of substance abuse and family conflict in a healthier manner. It is during this stage that the family members experience change and regain hope. At the end of the tape, Christian and Diane sit together with Liddle, and in a powerful moment, they share the changes that they have enacted while also discussing what they have learned as they enacted these changes. Liddle takes ample time in the training tape to highlight these moments that communicate love and acceptance between Christian and his mother.

Useful Training Tape

This film is an extremely useful training tape that demonstrates an approach to working with adolescents dealing with drug abuse, as well as their families. One may argue that in the video, the viewer gets to see Liddle’s unique approach through a wide lens and live presentation, as well as through a narrow, more finely tuned lens where he seizes the opportunity to exemplify the tenets of his approach in a mini-lecture. The training tape may indeed serve well as an adjunct to family therapy training books, as well as to additional MDFT resources. Nevertheless, for graduate students and seasoned clinicians alike, the training tape provides an overview of a thorough, evidence-based approach to working with families. The tape also captures Liddle’s unique ability to develop relationships with adolescents with substance abuse and their family members and community stakeholders, as well as his ability to instill hope and motivation, facilitate expression and interchange, and develop therapeutic alliances that are known to contribute significantly to successful outcomes among relational therapy models (Sprenkle, Davis, & Lebow, 2009).

References

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