

## RESPONDING TO THE CFP Research Funding Crisis



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# Multidimensional Family Therapy on the Wings

Guest Column by Henk Rigter, Ph.D.

## Going European

The old continent Europe and the new continent North America have lots in common. This is not self-evident to therapists, though. In 2000, the Ministers of Health of Belgium, Germany, France, the Netherlands and Switzerland asked me to identify an effective treatment program for adolescents with cannabis use disorders. My literature searches led me to Multidimensional Family Therapy (MDFT), developed by Howard Liddle from the University of Miami Miller School of Medicine. I took a flight and brought MDFT back home. While organizing a randomized trial spanning sites in the five European countries mentioned, European therapists told me they were already doing what MDFT instructed them to do. They viewed MDFT as an American treatment program, with lots of exclamations like You can do it! that are uncomfortable to Europeans. Nevertheless, with encouraging and highly appreciated feedback from Miami MDFT staff, the European therapists improved their therapeutic skills during training in MDFT. They already believed

in the importance of family for adolescents' behavior, but now they learned how to better intervene in family processes, using their own exclamations, so to speak.

MDFT is a family-centered treatment program for adolescents mostly presenting with problem behavior combinations of substance abuse, truancy and delinquency (Liddle & Rigter, 2013). Mental and behavioral co-morbidity is common among these youth. MDFT regards an adolescent's problem behavior as shaped by factors from all major domains in the life of the youth, i.e., the youth himself or herself, the parents, the broader family, and systems – social groups and structures – outside the family. Friends and peers of the youth are influential. School, work, and leisure time activities do matter as well, as do police, Justice and probation officers. A MDFT therapist holds four types of sessions, i.e., with the adolescent alone; with the parent(s) alone; with the family (youth and parents); and with representatives of other systems present.



**Henk Rigter** was professor at the Department of Public Health of Erasmus University, Rotterdam, working on innovative youth treatment practices. He was invited by the Ministers of Health of five Western European countries to lead a joint cannabis research program, which brought him into contact with multidimensional family therapy.

The European randomized trial, dubbed INCANT, independently confirmed MDFT's effectiveness on a variety of study outcomes. What works in the USA, also works in Europe. European therapists carried out MDFT even better than American therapists did in earlier trials (Rowe, et al., 2013). MDFT prompted adolescents and their parents to accept therapy. In INCANT, 90% of MDFT cases were retained in treatment versus 30-40% in the comparison treatment condition. All adolescent trial participants had a cannabis use disorder; most were also delinquent and suffered from a conduct disorder or other mental comorbidity. MDFT outperformed comparison treatment in reducing cannabis use in youth with high levels of cannabis consumption. MDFT lowered the prevalence of the diagnosis 'cannabis dependence' (Rigter, et al., 2013) and diminished symptoms of externalizing disorders (Schaub, et al., 2014). In a recent meta-analysis (Van der Pol, et al., 2015), MDFT was found to reduce the rate of crime recidivism. A vast minority of INCANT participants were from non-local ethnic backgrounds, including North Africa, Turkey, Eastern Europe and the Caribbean. MDFT worked in all these groups, like it worked for African-Americans and Latinos in U.S.-based trials.

## Implementation

We established a Dutch/European MDFT training program in 2008. We were faced with an avalanche of implementation issues.

## Accreditation

Increasingly, treatment programs need the green light of accreditation authorities and professional societies to get reimbursed. MDFT has been acknowledged by a number of U.S. bodies, including SAMSHA, the Substance Abuse and Mental Health Services Administration of the federal Ministry of Health, and the National Institute of Justice. SAMSHA not only ruled that MDFT is effective, but also selected MDFT as the only family therapy among five top treatment programs that "can be implemented with many different populations by providers of mental health and substance abuse services" (NREPP, 2014).

Accreditation of a treatment program in the USA does not mean that European policy makers will follow suit. Proof is needed that the treatment is effective and implementable in European context as well. INCANT provided the evidence. MDFT has now been accepted in Europe with the blessing of a number of accreditation authorities.

## Therapists

For a therapist, MDFT means breaking with old routines. From one session with the youth/family once every two or three weeks to two or three sessions a week. From sessions exclusively held at the therapist's office to sessions also at the family's home. From focus on just one problem behavior to addressing all major problem behaviors. I expected European therapists to resist such changes in routines. Rather, they were the driving force in getting MDFT implemented.

## Number of MDFT teams in Europe

Between 2008 and 2014, close to 40 MDFT teams have been trained in the Netherlands. Other countries are gearing up. Belgium has two teams, Finland nine, France four (with five more to come), Germany four, and Switzerland one. In 2015, five teams will be trained in Estonia. In the USA, approximately 60 MDFT teams are operational.

## Innovation

MDFT allows for adaptations rendering this treatment program suitable for use in new target groups and in new treatment settings. Originally an outpatient treatment program, MDFT is also practiced in residential settings nowadays. One example are Juvenile Detention Units in the Netherlands. Family-centered work by all prison personnel and MDFT are started right after the youth has been detained. Sessions are held inside the Unit, during visiting hours of the parents, and during weekend furlough. When the youth has been set free, MDFT continues for a while in an outpatient setting. In the Netherlands, MDFT is also used, with success, to prevent or shorten residential out of home placement of adolescents.

## In conclusion

Family therapy is the treatment of choice in adolescents with multiple behavioral problems because of its flexibility and broad spectrum of effects. MDFT is a family therapy with a good U.S. and international record. Europe is faced with severe budget cuts on youth care. Nevertheless, the interest in MDFT is unabated. This treatment program is liked by both therapists and youth and their parents. MDFT has changed the national landscape of addiction, youth and forensic juvenile treatment services in the Netherlands, and presently is doing the same in Finland, France and other European countries. MDFT as newcomer on the national stage in the Netherlands in 2008, is now a main actor. MDFT is implementable in practice, and here to stay.

## REFERENCES

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## DIVISION 43 CLINICAL PRACTICE SERIES

### “Conversation with the Experts”

## CFP practice, managed care, and reimbursement - Challenges and solutions



### A Conversation with Robin Oatis-Ballew, Ph.D.

**MAY 8, 2015 | 1:00 – 1:50PM (EST)**  
**(Conference Call or Video Chat)**

Dr. Robin Oatis-Ballew earned her bachelor's and graduate degrees from Fisk University and Howard University respectively. Both of these institutions emphasize multicultural issues and social justice for all groups. She was also awarded a research fellowship through the Howard University Cancer Center to study the prevalence and impact of cigarette smoking and breast cancer (separate studies) within ethnic minority populations. Currently, Dr. Oatis-Ballew is an Associate Professor and Coordinator of the Ph.D. in Psychology-Counseling Concentration at Tennessee State University. She has also worked in private practice for over 14 years.

In this conversation, Dr. Oatis-Ballew will discuss how to deal effectively with Managed Care Companies. She will answer questions regarding health care insurance companies and reimbursement for couple and family therapy.

*Places are limited. To register for this event, please email [pedersonhm@gmail.com](mailto:pedersonhm@gmail.com) by May 4th. Dr. Oatis-Ballew will meet with the participants via conference call and video chat. More information about the call/video chat will be sent to the participants on May 5th.*