

Multidimensional Family Therapy

Liddle

Knowledge of the rationale for the MDFT approach

Knowledge of systemic principles that inform the therapeutic approach

An ability to draw on knowledge of family systems theory, including:
structural family therapy theory and techniques
an understanding of the concept of 'reciprocal interactions' (i.e. an adolescent's behaviour will elicit parents' reactions, and parenting practices will influence the adolescent's behaviour and elicit reactions)
An ability to draw on knowledge of the principles of MDFT, including knowledge that:
MDFT is built on a family systems approach
the family is a primary context for healthy identity formation and ego development
peer influence is contextual: it interacts with the buffering effects of a family against the deviant peer subculture
adolescents need to develop an independent rather than emotionally separated relationship with their parents

Knowledge of other theories informing MDFT

An ability to draw on knowledge of child and family developmental processes (e.g. cognitive development; developmental tasks for adolescents, parents and families; aspects of parenting that promote 'prosocial development'; 'normal' changes in adolescent-parent relationships)
An ability to draw on knowledge of problem solving, relapse prevention, and functional analysis models of intervention

Knowledge of drug misuse related to MDFT

An ability to draw on knowledge of the substances that might be used and their biological effects
An ability to draw on knowledge of the 'psychosocial ecologies' of drug-taking adolescents and their families, and the effects of these on behaviour
An ability to draw on knowledge of the developmental psychopathology perspective in terms of how drug problems form, develop and are maintained
An ability to draw on knowledge the risk and protective factors for the development of drug problems, both at the systemic level (e.g. extreme economic deprivation) and the proximal level (e.g. family conflict and disruptions in family management)

Knowledge of the MDFT approaches that enable therapeutic change

An ability to draw on knowledge of the MDFT theory of change, that symptom reduction and enhancement of prosocial and normative developmental functions occurs by:	
	targeting the family as the foundation for the intervention
	simultaneously facilitating curative processes in several domains of function across several systemic levels
An ability to draw on knowledge that the primary goals of MDFT are to change the adolescent-parent relationship in developmentally normative ways, and to change the family environment generally	
An ability to draw on knowledge of the principle of 'relational epigenesis' (i.e. that there is a preferred sequence of developmental processes in change, involving attachment and caregiving, communicating, joint problem solving and mutuality)	
An ability to draw on knowledge of the following "rules" guiding clinical orientation and behaviour in MDFT:	
	adolescent drug use is a multidimensional problem
	problem situations provide information and opportunity
	change is multi-determined and multifaceted
	motivation is malleable
	working relationships are critical
	interventions are individualized
	planning and flexibility are two sides of the therapeutic coin
	treatment is phasic, and continuity is stressed
	the therapist's responsibility is emphasised
	the therapist's attitude is fundamental to success

BASIC MDFT TECHNIQUES

Ability to initiate systemic therapy

Ability to initiate contact and undertake a MDFT systemic assessment

An ability to undertake an 'ecosystemic assessment', i.e. obtaining relevant information from all members of the system including the adolescent and family members, and professionals from the school and/or other relevant systems (e.g. the judicial system)
An ability to assess the 'biopsychosocial ecologies' of the adolescent
An ability to assess the circumstances of drug use, patterns of use and social environments of use
An ability to assess the adolescent's functioning and the mechanisms of interconnection among the various levels and kinds of systems affecting their life
An ability to assess individual attitudes and beliefs (especially around presenting problems and parenting style), individual development (prosocial, identity-orientated issues; self efficacy) issues, affiliation with and access to deviant peers, failure with and disconnection from prosocial institutions (school and religious affiliation), the family environment (which may include the mental health issues of a parent), and parenting practices
An ability to assess potential strengths and resources in the system (including the

adolescent's competence in key areas of development and life skills) that may support therapeutic change
An ability to work with all members of the system
An ability to plan an overall strategy for treatment, and to plan the strategy for each session

Ability to develop formulations and help the client(s) identify appropriate goals

An ability to develop an MSFT formulation based on:
the emotional connection between parents and adolescent;
generic/universal knowledge of how families operate, risk and protective factors involved in substance misuse and adolescent developmental
idiosyncratic knowledge of the particular set of individual circumstances, events, personalities and history
the cultural context.

An ability to promote engagement

An ability to join with the family to form a new system, made up of the treatment system and the family system
An ability to develop a collaborative mindset (presenting therapy as a collaborative process)
An ability to establish a therapeutic relationship with all family members by:
welcoming and demonstrating understanding for all members
addressing circumstances that have brought them into treatment, and establishing points of cooperation and resistance
use of relevant cultural themes to form a point of connection with individuals (e.g. the 'journey from boyhood to manhood' theme to connect with adolescent males)
demonstrating therapeutic leadership
explaining the treatment programme in a positive light, taking into account previous treatment experiences
showing respect and support for each family member
facilitating family members to define goals for therapy
generating hope (e.g. through making statements challenging hopelessness, and through presenting self as an ally)
An ability to utilise (or even amplify) the system's distress to facilitate motivation for treatment
An ability to validate the family as a system, and attend to each individual's experience.
An ability to use the self of the therapist to demonstrate genuine interest and commitment to the teenager's and family's well-being
An ability to define the therapeutic agenda as a mutual struggle (i.e. change not just up to one individual)

Ability to establish the context for a systemic intervention

An ability to identify and utilise recent crises to create a focus for the treatment
An ability to engender hope in the system, through creating expectations that the teen's life course can be redirected
An ability to identify who attends which sessions, based on therapy stage and sub-system specific goals.
An ability to create a collaborative agenda
An ability to identify themes from the content of the sessions, and to use these in helping to create a focus for change
An ability to work at different levels of the system and manage the interface between these (e.g. Adolescent, family, school, judicial system)
An ability to identify the different contexts influencing presenting problems (e.g. the culture of 'street life', gender differences in drug use, cultural stories, peer group pressures, life stage, family beliefs, spiritual beliefs, specific episodes) and to utilise these in tailoring interventions
An ability to choose which focal area will lead to the highest clinical yield
An ability to create the frame for the intervention by engendering motivation, and establishing the seriousness of problems with the current situation

Ability to structure the course of the intervention

An ability to structure the course of the intervention into three phases:
building the foundation (engagement, explaining the intervention, assessment and formulation)
facilitating change (through specific techniques)
cementing change and ending the intervention
An ability to tailor level of therapist activity/directiveness depending on stage of therapy (e.g. therapist takes more of an active/directive role in initial stages, relinquishing some responsibility for this to appropriate others as treatment progresses)
An ability to structure the therapy into the four modules of MDFT:
the adolescent module (therapy related to individual work with the adolescent)
the parental module (therapy related to individual/conjoint work with parents or guardians)
the family interaction module (therapy related to familial work and assessment/alteration of relationships and interactions)
the extra-familial subsystem module (therapy related to work with any system in the adolescent's/parent's social world)
An ability to structure each session (setting the stage, addressing issues, closing down the work and setting the stage for the next session)
An ability to determine who attends which session, based on therapy stage and sub-system specific goals

Ability to maintain and develop a systemic approach

Ability to facilitate communication across the system

An ability to facilitate communication across the wider system through:
collaborative working with all parts of the system
use of advocacy for client(s) less able to communicate effectively
increasing lines of communication between systems
challenging beliefs about relationships
An ability to facilitate communication between adolescent and parental system through:
enactment techniques
identifying and shaping patterns of communication
encouragement of 'emotional expression and clarification'
discussion of particular themes
An ability to use a variety of media with the client and wider system to promote more effective communication

Ability to work with an intergenerational approach/across a range of contexts

An ability to employ the different competencies needed to work with adolescents, parents and other family members (e.g. using age related language and media)
An ability to work with multiple systems in a coordinated, active way, inside and outside of the family
An ability to research and engage with community resources (e.g. Job centres, recreational schemes etc)

SPECIFIC MDFT TECHNIQUES

An ability to use enactment techniques

An ability to make use of spontaneous enactments, and to create enactments between family members, to facilitate change in the kinds of conversations that are possible, and therefore change relationships
An ability to make use of enactments to facilitate emotional expression, and to help adolescents develop a language for expression through the therapist shaping and guiding the dialogue
An ability to make use of heightened emotion to increase the motivation for change
An ability to use specific techniques such as intensification, physically changing position of family members in the room, encouraging family members to speak directly to one another, and 'shift strategy' (i.e. moving the conversation to a more personal level)
An ability to use status as an expert/authority figure to remobilize parental commitment
An ability to utilize crises as opportunities to mobilize a system's resources and create a focus

An ability to challenge belief systems/behaviours

An ability to use shaping to change behaviours (e.g. helping adolescents to develop a more sophisticated language for expressing their feelings and beliefs through a process of successive approximations)
An ability to use coaching to challenge beliefs (e.g. helping parents to develop their parenting skills through training in this)
An ability to search for and reinforce examples of success, and validate abilities that exist, in order to challenge beliefs that the system is unable to change
An ability to present alternative outcomes and possibilities to the family, to challenge expectations
An ability to foster self-examination and appraisal in the adolescent
An ability to reformulate cognitive attributions
An ability to use multimedia interventions, such as psychoeducational videos, popular films, music, and written or internet materials to facilitate discussion of beliefs/experiences

An ability to work towards problem solutions

An ability help create opportunities for 'pro-social' activities, and developmentally appropriate alternatives to drug lifestyle
An ability to facilitate adolescent's communication of emotions and experiences, to help close the communication gap between teenager and parents
An ability to facilitate parental competence (e.g. through coaching techniques or highlighting previous successes)
An ability to use behavioural/cognitive- behavioural techniques such as:
functional analysis, to assess the pertinent factors preceding, during and following use of drugs
successive approximation (or shaping) to help an adolescent practice a 'new language' to help communication with parents
anger management
out of session behavioural experiments
generalisation of skills learned to new settings
rehearsal of new behaviours
organising new behavioural opportunities for the teenager to explore
relapse prevention
An ability to use parenting relationship interventions to redirect the derailed developmental tasks of parents and adolescents, and to increase emotional connection between them.
An ability to use an 'ecomap' (i.e. a visual representation of a social world and its influences) to enable the family to recognize the forces of influence on the adolescent's life, and to work to develop alternative social possibilities
An ability to promote the use of newly learnt skills to solve problems in present and future
An ability to use 'reconnection' (an intervention that helps one family member recall positive feelings about another family member) to alter interactions between two family members

An ability to end therapy

An ability to assess progress towards goals, and establish whether a 'rough around the edges' or 'good enough' outcome has been achieved

An ability to use relapse prevention techniques

An ability to help engage the teenager/family with appropriate community resources towards the end of treatment

An ability to establish meaning for the changes that have occurred and articulating changes that still need to be made

An ability to identify and highlight specific successes and accomplishments that have been made, and to utilise these as evidence of and prompts about how new crises can be overcome