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[Multidimensional family therapy: Which influences, which specificities?].

[Article in French]

Bonnaire C[1], Bastard N[2], Couteron JP[3], Har A[4], Phan O[5].

Author information

Abstract

BACKGROUND: Among illegal psycho-active drugs, cannabis is the most consumed by French adolescents. Multidimensional family therapy (MDFT) is a family-based outpatient therapy which has been developed for adolescents with drug and behavioral problems. MDFT has shown its effectiveness in adolescents with substance abuse disorders (notably cannabis abuse) not only in the United States but also in Europe (International Cannabis Need of Treatment project). MDFT is a multidisciplinary approach and an evidence-based treatment, at the crossroads of developmental psychology, ecological theories and family therapy. Its psychotherapeutic techniques find its roots in a variety of approaches which include systemic family therapy and cognitive therapy.

OBJECTIVE: The aims of this paper are: to describe all the backgrounds of MDFT by highlighting its characteristics; to explain how structural and strategy therapies have influenced this approach; to explore the links between MDFT, brief strategic family therapy and multi systemic family therapy; and to underline the specificities of this family therapy method.

DISCUSSION: The multidimensional family therapy was created on the bases of 1) the integration of multiple therapeutic techniques stemming from various family therapy theories; and 2) studies which have shown family therapy efficiency. Several trials have shown a better efficiency of MDFT compared to group treatment, cognitive-behavioral therapy and home-based treatment. Studies have also highlighted that MDFT led to superior treatment outcomes, especially among young people with severe drug use and psychiatric co-morbidities. In the field of systemic family therapies, MDFT was influenced by: 1) the structural family therapy (S. Minuchin), 2) the strategic family theory (J. Haley), and 3) the intergenerational family therapy (Bowen and Boszormenyi-Nagy). MDFT has specific aspects: MDFT therapists think in a multidimensional perspective (because an adolescent's drug abuse is a multidimensional disorder), they work with the system and the subsystem, focusing on the emotional expression and the parental and adolescent enactment (a principle of change and intervention). MDFT includes four modules (adolescent, parent, family interaction, and extra-familial systems) in three steps (1) build the foundation, (2) prompt action and change by working the themes, and (3) seal the changes and exit). The supervision philosophy and methodology is also based on the principle of multidimensionality. Indeed, many different supervision methods are used in a coordinated way to

produce the required adherence and clinical skill (written case conceptualizations, videotape presentation and live supervision).

CONCLUSION: Family vulnerability and chronicity factors are a major challenge of modern research. MDFT questions the reciprocal adjustments that have to be made by the subject and his/her familial environment. It also helps to clarify the therapeutic interventions in order to enhance better adolescent development. For this purpose, MDFT offers a specific therapeutic frame, for it is a family therapy focused on adolescents with cannabis abuse problems. Its action and questioning on parental practices and adolescents lead to better psycho-educational support. It focuses the therapeutic process on emotions and family capacity for change.

KEYWORDS: Adolescent; Cannabis; Family therapy; Multidimensional family therapy; Systemic family therapy; Thérapie familiale; Thérapie familiale multidimensionnelle

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