7.8 Holistic therapy preferable for troubled teens

Findings Drug using children and their families improved substantially more after comprehensive family-based therapy than after two more narrowly focused therapies.

This US study tested multidimensional family therapy against group family or group child therapy. Multidimensional therapy intervenes across family, education, vocational, and peer group systems, and works with the family using highly interactive methods. 182 13–18-year-olds referred by justice or welfare agencies were randomly assigned to the therapies. Each occupied 14–16 weekly sessions over five to six months. 152 children attended at least once and were included in the analysis. All were using cannabis at least three times a week and/or had used other illegal drugs. 65–70% completed the family therapies but nearly half in child therapy dropped out. Over the next 12 months, families in multidimensional therapy made significantly greater improvements in drug use (daily cannabis use fell to three to four times a month), school results and family functioning. Improvements tended to accumulate in ways not seen after the other two options; by 12 months, nearly half the children in multidimensional therapy had cut their drug use to below the study's entry criteria compared to under a third in the other therapies, and three-quarters had achieved acceptable school grades compared to 60% and 40% in the other conditions.

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In context Multidimensional family therapy is seen as an alternative to approaches which require an 'up front' acknowledgement of drug problems and a commitment to change (which may not be forthcoming from disaffected youngsters) and to expensive residential and inpatient treatments. It has been tested mainly on young people in contact with the criminal justice system; in the featured study, 61% were on probation. Whether families not under this pressure can be persuaded to enter and stick with the therapy remains to be seen.

Good follow-up rates, multiple data sources, and the fact that several clinics were involved, give confidence in the findings and in their generalisability. Whilst after other therapies (especially those which focus on the child without altering their social environment) relapse is common, after multidimensional family therapy continuing improvement is the norm, suggesting that it does succeed in altering the child's developmental trajectory. Interactive development of parenting skills seems an important component.

In the featured study we know little about changes in drinking or tobacco smoking and despite criminal justice pressure, a quarter of the families assigned to multidimensional therapy did not attend a single session and barely more than half stayed to the end. The other therapies were group-based so may have been more cost-effective.

LINKS Nuggets **4.10** **4.8** **3.15**

Practice implications Many British health areas have sufficient young problem drug users to justify the kind of service investigated in the study and many more if it also catered for juvenile crime and other behaviour problems. Within the officially advocated framework (*Additional reading*) they could be one of the "tier 4" services available to multidisciplinary teams located under the umbrella of children's and young people's services. Family therapy providers and services for children with multiple needs would be the most appropriate base. The approach should have particular relevance where multidisciplinary coordination is imperfect and where a single person orchestrating the various systems may have more success. There must be a concern that things will slip back once this coordination is withdrawn, but American experience is that gains continue to accrue. Young persons' substance misuse plans being drawn up by drug action teams and associated funding provide a mechanism through which such services could be generated.

Featured studies Liddle H.A. *et al*. "Multidimensional family therapy for adolescent drug abuse: results of a randomized clinical trial." *American Journal of Drug and Alcohol Abuse*: 2001, 27(4), p. 651–688. Copies: apply DrugScope.

Additional reading Gilvarry E. *et al*. *The substance of young needs. Review 2001*. Health Advisory Service, 2001. Copies from www.doh.gov.uk/drugs/polguide.htm.

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