



A mixed-methods evaluation approach to Multi-Family Therapy (MFT), a treatment component of a child psychiatric day-care unit

Ulrike Röttger & colleagues

Klinikum Magdeburg & University Clinic, University of Magdeburg, Germany

ISR Conference, University of Heidelberg, 2017

Introduction



The Idea of Multi family Therapy (MFT)

- evidence-based method for treatment of mental disorders, psychiatric symptoms and physical disorders in children and adults
- combines principles of systemic therapy and group therapy
- patients and their families are directly and actively involved in the therapeutic process. MFT not only uses the resources of the individual families, but also generates exchange of families among themselves.





Multi-family approach in day care setting – Magdeburg:

- MFT is a part of a multimodal treatment and takes place every two weeks in the afternoon.

Our Multi-family Groups:

- semi-open groups with 5 to 8 families
- **homogeneous** age groups with **different** psychiatric disorders

Objectives



Quantitative Study

- How do mental stress and family relationships change during the family-oriented intervention in the day-care unit?

Qualitative Study

- What is the subjective perspective of accompanying parents on the MFT-component of the day-care unit?

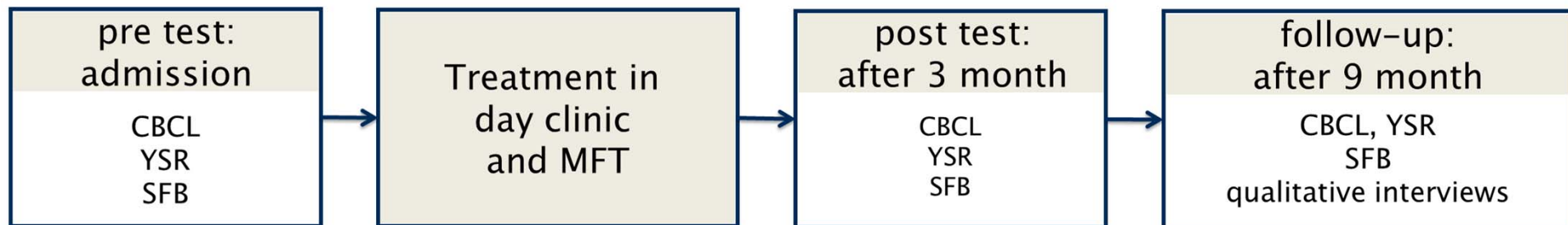
Methods – quantitative study (QUAN)



- **Participants:**

- 157 children and adolescents at the age of 10 to 18 and their families
- interview of the nuclear family (father, mother, child) since december 2010

- **Experimental design:**

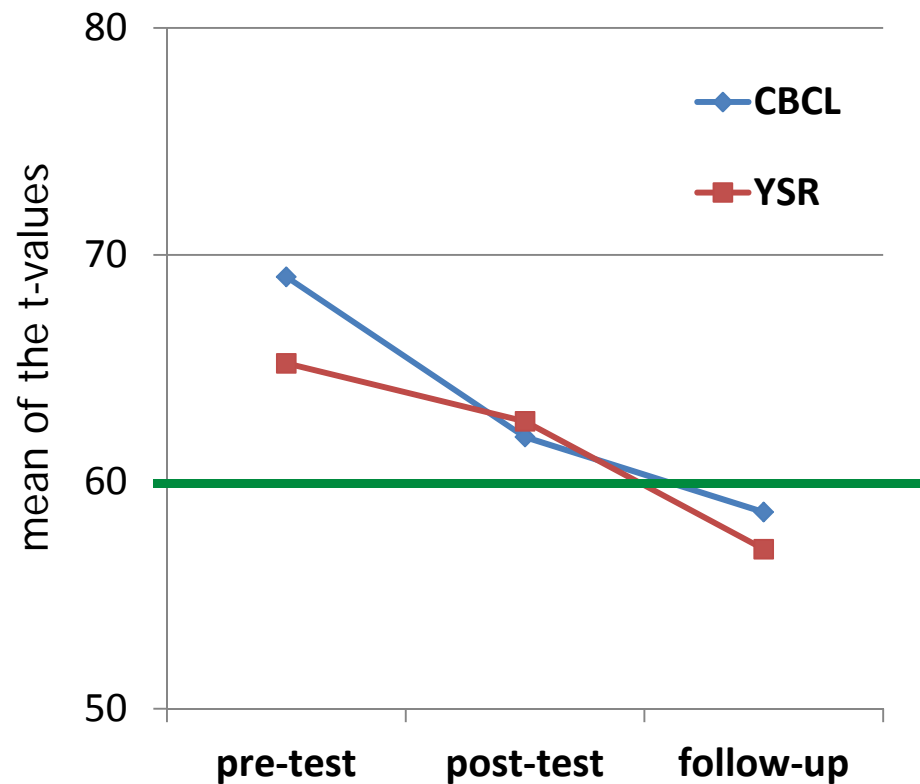


- CBCL – Child Behavior Checklist
- YSR – Youth Self Report
- SFB – „Subjektives Familienbild“

Results - perceived mental stress



- Total problem score of CBCL (**PARENTS**) and YSR (**CHILDREN**)



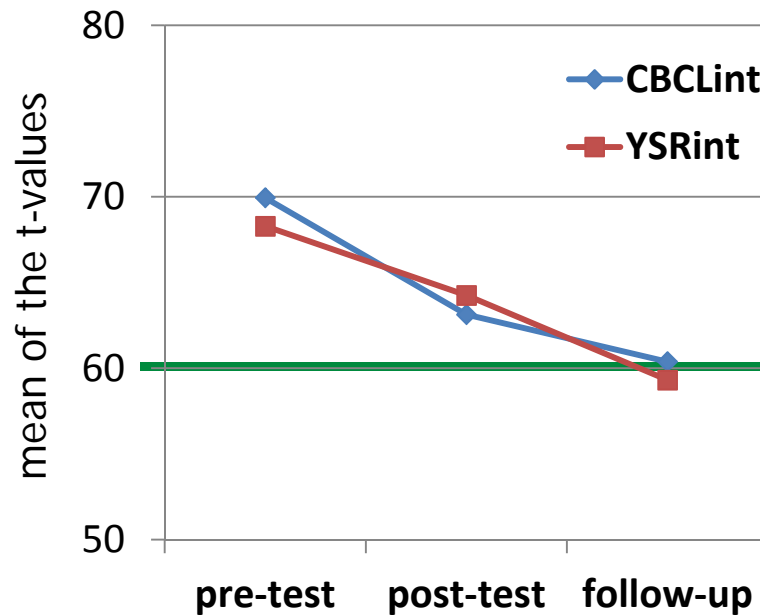
significant reduction of total problems

- CBCL $F(2,60)=29,41$; $P < 0.001$
- YSR $F(2,60)=19,13$; $p < 0.001$

Results - perceived mental stress

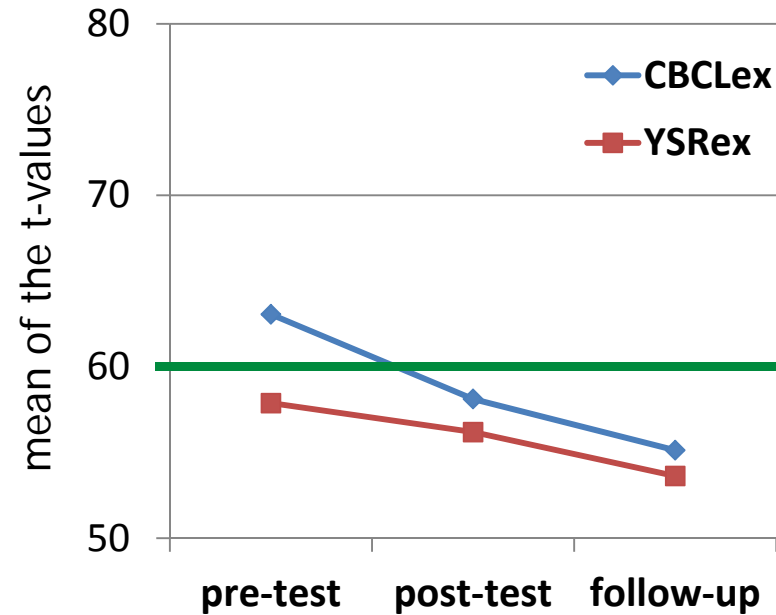


Internalizing symptoms



- CBCLint $F(2,60)=19,54$; $p < 0.001$
- YSRint $F(2,60)=17,06$; $p < 0.001$

Externalizing symptoms

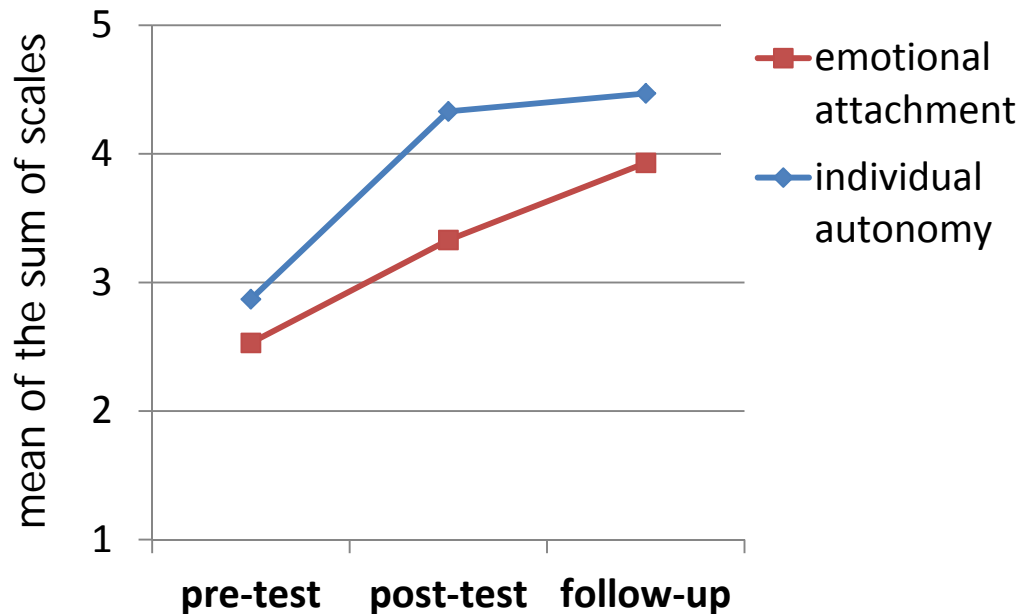


- CBCLex $F(2,60)=14,01$; $p < 0.001$
- YSRex $F(2,60)=6,71$; $p = 0.003$

Results - subjective family relationships



- Relationship of the child to the father (from the child's point of view)



Emotional attachment:

- $F(2,58)=2,69$; $p = 0.094$
- Data show a trend for increasing emotional attachment from child to father.

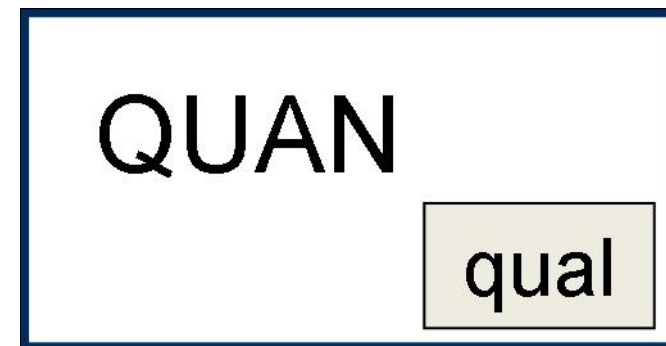
Significant increase in individual autonomy:

- $F(2,58)=3,50$; $p < 0.05$

Embedded mixed-methods design (Morse & Niehaus, 2008)



- Qualitative study aims at shedding light on the subjectively perceived therapeutical process
- **QUAL more specific for MFT-sessions** than QUAN-results!



Objectives



Quantitative Study

- How do mental stress and family relationships change during the family-oriented intervention in the day-care unit?

Qualitative Study

- What is the subjective perspective of accompanying parents **on the MFT-component** of the day-care unit?

Methods – Example qualitative study 1 (QUAL)



Sample

- 6 mothers after completion of treatment (retrospective design)

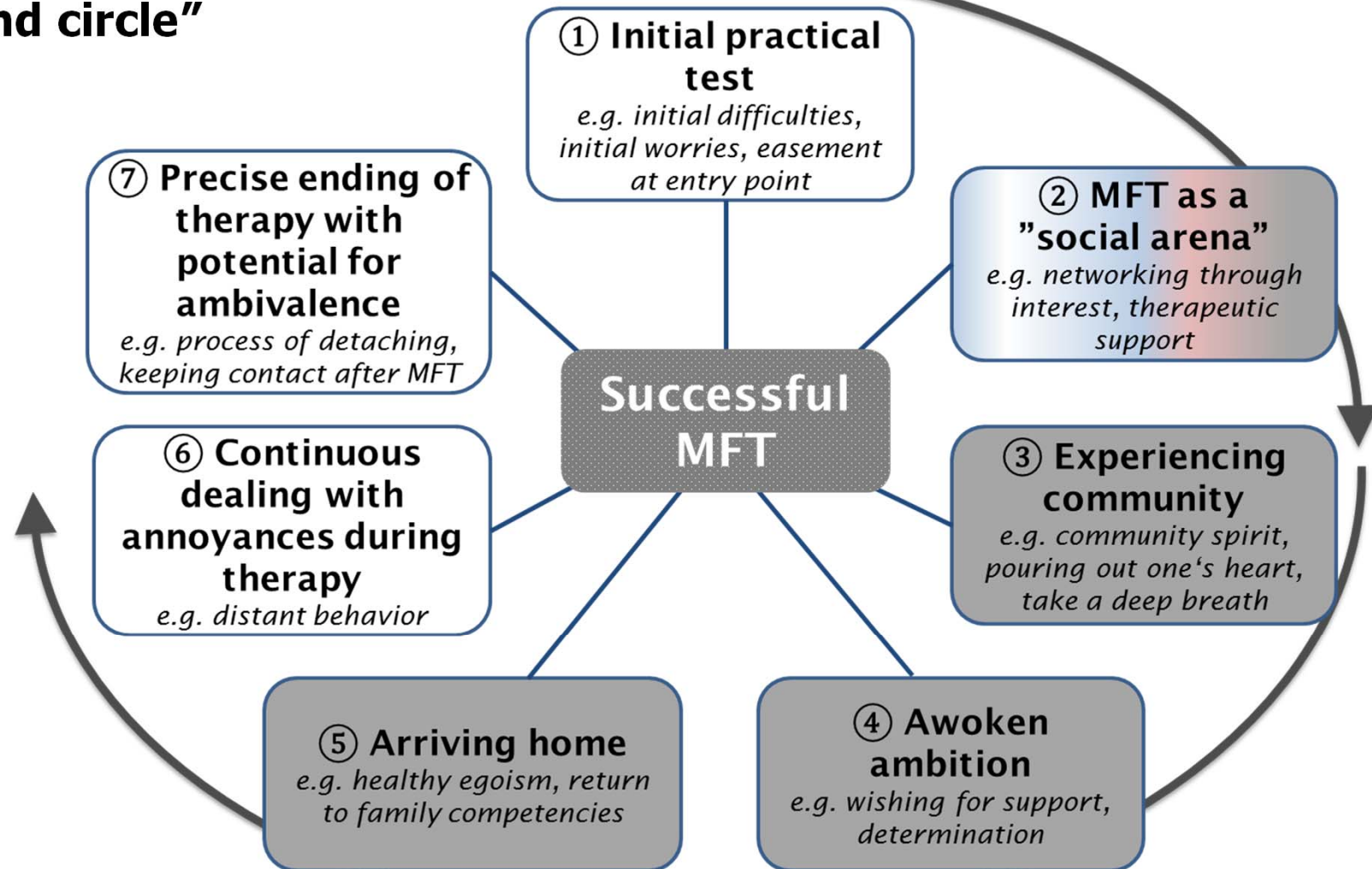
Procedure

- problem-centered interviews with theoretical coding (Corbin & Strauss 2008)
- participatory visualization of a selected MFT-session (software VennMaker)
- highly motivated mothers whose children completed treatment successfully.
 - Wanted to “forward sth” to others by research participation
 - Took part in interviews from 60 to 150 minutes each!

Results – qualitative study1: retrospective view-



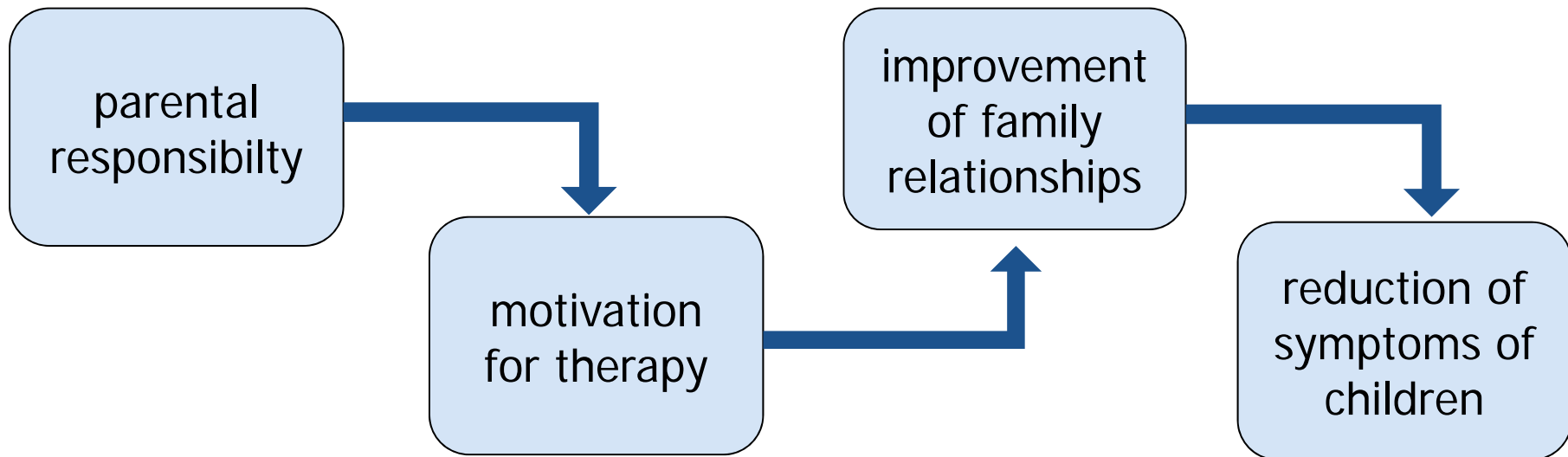
Once "round circle"



Results – qualitative study 2: during the treatment- after MFT session



▪ Family dynamics



▪ Intermediate conclusion

- If you win the parents for the MFT group, they directly motivate their children in therapy.

Conclusion: mixed methods approach



The quantitative results (experimental prä-post-design):

- significant reduction of internalizing and externalizing symptoms of children during and after the treatment

family relationships:

- significant increase of autonomy of the children
- increase of emotional attachment to the father

The qualitative results (retrospective and process view):

- Profound understanding of the therapy process with the motivational and volitional steps during therapy
- the positive cognitive, affective, and behavioral therapeutic development as a result of MFT

Main subjective factors in MFT sessions:

- Exchange with other families (Social heling)
- the improvement of relationship within the family due to group learning effects

Integration of the results of qualitative and quantitative findings:



- Non-disorder specific, but age-homogenous multi-family therapy groups as a treatment component in day clinic psychiatry **seem to work** in a similar way as it has been described for disorder-specific groups.
- **MFT-treatment effects** are
 - the mutual understanding of parents and children for each other increases
 - thus, *mentalization abilities* within the families grow during therapy, which supports the whole therapy process,
 - and the family groups serve as a relevant „social convoy“ that shields this process.

Open questions and outlook for further research work



- What are the further effects on the mode of functioning of age-homogeneous MFT-groups ?
- What is the subjective view of children/ adolescents on multi-family therapy? Does the increase of autonomy correlate with participation in these groups?
- How does the role of the father change during and after the process of multi family therapy?
- What is the subjective view from the team working with multi-family therapy?



Thank you to the families





Thank you to:

Jeanette Schadow and Holger von der Lippe my
colleagues from the research team!!

Thank you

for your attention!

Questions, comments?

State of the network process MFT in Germany



- **Organizations in Germany:**
 - **BAG** Bundesarbeitsgemeinschaft Multifamilientherapie (chair: **Ch. Scharfe**)
 - **Fachgruppe MFT of DGSF** (chair: **Prof. Scholz**)
 - **MFT-Institute Dresden** (professional qualification)
- **Current Research Multi-Family Therapy at universities**
 - University Magdeburg (Dr. Röttger / Dr. Schadow)
 - University Münster (Dr. Herbst)
 - MSB Medical School Berlin (Prof. von der Lippe)



Outlook: German Research Network Multi-Family Therapy – Proposal to „DeutscheForschungsGemeinschaft“ (DFG)?



Aims:

- Evaluation and further development of MFT
- Dialogical structure between researchers and practitioners
- Development of multicenter research concepts
- Development of standardized research methods
- **Who wants to join?**
 - Please contact the following emailaddress:
 - **Ulrike.Roettger@med.ovgu.de** with keyword: **MFT-Netzwerk**

Results – Example qualitative study 1



- **Sample:** 3 mothers, several interviews throughout the course of therapy
- **Individual dynamics**
 - Before even starting with MFT, **expectations** pave mothers' entry into treatment.
 - Attitudes toward MFT influence motivation for therapy.
 - positive attitude → high motivation
 - negative attitude → doubts and uncertainty
 - changing attitude → fluctuations in motivation
- **Intermediate conclusions:**
 - parents should be motivated before MFT by showing them the importance of their participation for a successful treatment of their children.
 - showing appreciation for small successes and positive connotation of difficult situations

Results – qualitative study 1



■ **Group dynamics**

- One of the crucial subjective factors is the degree of **networking between families**.
 - For therapy motivation of mothers
 - For learning processes in therapy
 - for overcoming therapy crises during treatment.

■ **Intermediate conclusions**

- allow sufficient time and space for family exchange and conversation!
- increase the frequency of MFT sessions!
- good connections between families by common topics or disorder specific groups?
- work in closed groups or ritualized integration of new families in open groups?