



An Open Access Journal Available Online

## Effect of Multidimensional Family Therapy (Mdft) on Drug Abusers: A Case of Psychiatric Patients of Specialist Hospital Jalingo, Taraba State, Nigeria.

Menchak, C. Yubsih & Karfe, A. Seth (Phd)

Department of Guidance and Counselling, Faculty of Education, Taraba State University Jalingo, PMB 1167 Jalingo, Taraba State, Nigeria.

Corresponding Author: [cliffordmenchak1@gmail.com](mailto:cliffordmenchak1@gmail.com).

Received: 29.12.2020 Accepted: 23.05.2021

Date of Publication: June 2021

### Abstract

The study examined Multidimensional family therapy (MDFT) on outpatient drug abusers in the psychiatric ward of Specialist hospital Jalingo, Taraba State, Nigeria. The design involved pre-test and post-test quasi-experimental. The study used 18 drug abusers discharged by the hospital but attended schedule follow-up to avoid relapse. All the outpatients were used for the study sample. A four-point scale questionnaire was used in the study. The pre-test result (M= 1.88, SD= 0.67) revealed that drug abusers had no idea on the effect of Multidimensional family therapy (MDFT) before intercession. After intervention, it was however, discovered that the Multidimensional family therapy (MDFT) has huge significant effect (M= 3.64, SD= 0.51) on out-patients drug abusers in the psychiatric ward of specialist hospital, Jalingo, Taraba State with (t = -18.431, df = 34, p = 0.000). Based on the findings of this study, it was recommended that Counsellors and families adopt Multidimensional family therapy (MDFT) contingents to prevail on any family member, friends or relations found to abuse drugs and other related substances. This achievement should be replicated in learning institutions, place of worship, communities and other social organisations where most of these youths tend to visit to have fun. The researchers also recommended that aside the chemical drug therapy to stabilize drug abusers, Government and Non-Governmental Organisations should as a matter of urgency consider setting up Counselling Centres and employ qualified Counsellors across the state to support, encourage rehabilitation and positive behaviour among youths through psychosocial approach.

**Key words:** Drug Abusers, Effects, Multidimensional Family Therapy, & Psychiatric patients.

### Introduction

The growing public concern about the spate of young people's involvement in abusing

various controlled drugs and other related substances despite the health and general dangers the abuse of these drugs cause is commonly speculated. Virtually those who

abuse drugs are youths of school age with a brighter prospect who have no idea on the damages these substances can cause to their health and future. Various researchers have attributed drug abuse to behaviour maladjustment, juvenile delinquency, peer pressure, environmental and psychosocial factors. The World Drug Report (2018) showed that drug abuse in Nigeria is on the increase. An estimated 14.4 per cent (range 14 per cent - 14.8 per cent) of the population in Nigeria 10, or 14.3 million people between 15 and 64 years of age, had used drugs, excluding alcohol and tobacco. This estimate includes people who had used a drug at least once in the past 12 months and as high-risk drug users. The estimates have been adjusted to account for individuals who had used more than one drug. In other words, “any drug use” counts individuals only once, even if they had used multiple substances in the past years.

In North-Eastern Nigeria, which includes Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe States, the estimated annual prevalence of drug users is 13.6 per cent or over 2 million. The overall extent of drug use in the North-East zone is comparable with the national prevalence. However, the prevalence of cannabis use in the zone is lower than national estimates. In contrast, opioids (tramadol, codeine, and morphine), ecstasy, and non-medical use of cough syrups are higher than the national estimates. Within the North-East zone, the highest prevalence of past-year drug use is estimated for the Gombe State (21 per cent of the adult population). Annual prevalence of drug use in North-East zone (WDR, 2018). Statistics from studies on drug abuse in Nigeria has

placed the North-East region, to which Taraba State belongs, in the fifth position with the statistic of 8.54 percent. This means about nine out of 100 persons, in this region abuse drugs (Ihyongo 2018). The implication is the Psychiatric ward of Taraba State Specialist hospital which is part of this region where this study is being carried out. The psychiatric ward of Taraba state specialist hospital will continue to play host to drug abusers if little or nothing is done about this scourge.

Multidimensional Family Therapy (MDFT) takes the multidimensional perspective that adolescent drug use is determined by individual, family, peer, and community influences and suggests that improvement can occur via multiple pathways. Therefore, MDFT targets the processes known to produce or maintain drug taking and related problem behaviors as they relate to (1) the youth’s own functioning, (2) parents’ functioning, (3) youth-parent interaction, and (4) communication between families and social systems (e.g., school, child welfare, mental health, juvenile justice). Treatment includes both individual and family sessions (Stoner 2016). MDFT, developed in 1985, is a manual-based, family-oriented treatment designed to eliminate drug abuse and associated problems in young people’s lives. MDFT is one of several family therapy forms that meet the general characteristics of manual-based family therapies. MDFT’s theory of change hypothesizes that changing the family system constructively will produce changes in youths’ drug abuse (reduction or elimination) as well as improvements in relation to other emotional

and behavioral problems. Treatment focuses on individual characteristics of the young person, their parents, and other key individuals in the young person's life as well as on the relational patterns contributing to the drug abuse and other problem behaviours. A variety of therapeutic techniques are used to accomplish this and to improve the young person and the family's behaviors, attitudes, and functioning across the variety of domains (Liddle, Rowe, Dakof, Henderson, & Greenbaum as cited by Filges, Andersen and Jørgensen 2015). MDFT aims at reorienting the young person and family toward a more functional developmental trajectory on the basis of a variety of key principles, including (1) individual biological, social, cognitive, personality, interpersonal, familial, developmental, and social-ecological aspects where all contribute to the development, continuation, worsening, and chronicity of drug problems; (2) the relationships with parent(s), siblings, and other family members are fundamental domains of assessment and change; (3) change is multifaceted and multi-determined and relates to the youths' cognitive and psychosocial developmental stages; (4) motivation is not assumed but is malleable and motivating the young person, and family members about treatment participation and change is a fundamental therapeutic task; (5) multiple therapeutic alliances are required to create a foundation for change; and (6) therapist responsibility and attitude is fundamental to success (Liddle, 2010).

Family factors are influential in the genesis and exacerbation as well as in the protection against adolescent drug abuse and

behavioural problems. Parent and sibling substance abuse, parental attitudes that minimize the dangers of drug use, poor relationships with parents, and inadequate child-rearing practices are closely linked to adolescent drug problems. Additional aspects of how a positive parent-adolescent relationship facilitates adaptive developmental outcomes are also becoming apparent. In one of the largest studies to date on adolescent health, family relationship variables such as feeling connected to and cared for by one's parents, high parental expectations about school performance, and parents' presence and interest in the adolescent's life all were strong predictors of positive adolescent development. Although family variables have demonstrated their centrality in the causes and potential solutions for adolescent drug problems, other factors also contribute to the development and maintenance of adolescent substance abuse. Several longitudinal studies found personality variables, such as shyness and aggressiveness, predict the development of adolescent drug problems. Other personality traits, such as high novelty seeking and low harm avoidance, significantly predict early onset of substance use. Impulsivity and poor emotion regulation in childhood and adolescence are also correlates of adolescent drug use and abuse. An adolescent's attitudes and beliefs, such as perceived harmfulness and perceptions about the extensiveness of drug use by same age cohort, have also been found to be related to the onset and continuation of adolescent substance use. Strong evidence exists for the direct and indirect influence of peer relationships on the development and deepening of adolescent

substance use and abuse. Perhaps the most robust finding in this area concerns how drug-using teenagers associate with teenagers who also use illicit substances. Research has demonstrated that peer affiliations in adolescence are shaped by a dynamic social, family, and individual process that includes social stratification, family functioning, and individual behavioral predispositions. How peers influence the adoption of drug-using attitudes and behaviours is complex. For example, although rejection by non-deviant and non-antisocial age mates begins in childhood, antisocial and drug-using adolescents are not without friends. While these friendships tend to be less stable than those between non-drug-using and non-antisocial peers, real friendships between antisocial adolescents exist. One characteristic of these relationships is a negative reciprocal coercion—a tendency to respond to negative interchanges with an escalating negativity. This process is effective in teaching new antisocial behaviours and solidifying existing antisocial beliefs (Liddle, Dakof, Parker, Diamond, Barrett and Tejada 2001).

### **Statement of the Problem**

The scourge of substance abuse seems to be taking a huge toll on Nigerian youths especially in Jalingo. Crimes and social vices are mostly associated with drug abuse. The impact is being felt by affected individual, their families and the society. The Psychiatric ward of Specialist hospital has played host to most of these youths in Taraba State who have at one time or the other abused drugs that has become harmful to their mental wellbeing thereby posing security threat and

political instability. The Multidimensional Family Therapy (MDFT) will be employed to address family, individual and peer group factors within the environment as a source to abuse of drugs by these youths. What could the implication of this assumed trend be if not properly tackled?

### **Purpose of the Study**

The purpose of this study is to determine the effects of multidimensional family therapy on out patients drug abusers in psychiatric ward, Specialist hospital Jalingo, Taraba State, Nigeria.

### **Research Question**

What is the effect of multidimensional family therapy on out patients drug abusers in psychiatric ward, Specialist hospital Jalingo, Taraba State, Nigeria?

### **Research Hypothesis**

HO<sub>1</sub> Multidimensional family therapy has no significant effects on out patients drug abusers in psychiatric ward Specialist hospital Jalingo, Taraba State, Nigeria.

### **Materials and Methods**

Quasi-experimental design was chosen as the most appropriate for this study. The purpose of this study was to explore the effect of Multidimensional Family Therapy in the treatment and rehabilitation of drug abusers. A Group and Individual Family Mental Health Teaching, (involving a family member and the drug patient) was organized for drug abuse outpatient scheduled for routine follow up and medical checkups by the hospital. The out patients are those drug abusers that received treatment and have been

certified mentally fit and discharged from the hospital facility but still visit the hospital for routine follow up. The multidimensional family therapy of the drug abusers was carried out twice weekly so they will have the knowledge on how to exit drugs, cope with social pressures and positive change in behaviour that will help them focus on their lives and becoming useful to the society. As at time of this study, there were 18 drug abusers discharged by the hospital but will still come to the hospital for follow up. All of them were used as sample for the study.

The researchers designed a 4-point Multidimensional Family Therapy Scale for both pre-teaching and post-teaching to elicit information from participants of the study. The respondents were required to respond such as Strongly Agree (SA) = 4 points, Agree (A) = 3 points, Disagreed (D) = 2 points, Strongly Disagreed (SD) = 1 point. Mean and standard deviation was used in answering the research question. Allocation of scores to scale are 4, 3, 2, 1 for responses SA, A, D, SD respectively for items designed as positive (+) scale while 1, 2, 3, 4 For responses SA, A, D, SD for items designed as negative (-) scale. The average mean was therefore 2.5 obtained by adding the point scales and dividing by four (4). Based on the nature of how the items were structured in the instrument, that is positively toned high mean score stands for high effect while low mean score stands for no effect. Therefore, the interpretation for the mean score is such that low mean (1.00-2.49) signifies “No Effect

(NE)” while (2.50-4.00) signifies “High Effect (HE)”.

### **The Multidimensional Family Therapy Talk or Teaching**

The counsellors taught the discharged drug abusers general facts about:

- (i) Causes of drug abuse
- (ii) Dangers of drug abuse
- (iii) Coping skills to overcome cravings
- (iv) Positive attitude
- (v) Positive relationship with other family members and peer groups

As at time of this study, available information at the hospital revealed the following classes, types, purpose and mode of drug use were abused by the discharged patients which affected their mental health and general wellbeing.

### **Results**

**Research Question:** What is the effect of multidimensional family therapy on out patients drug abusers in psychiatric ward, Specialist hospital Jalingo, Taraba State, Nigeria?

The Multidimensional family therapy proved to be an effective therapy in rehabilitation of outpatient drug abusers in Specialist Hospital, Jalingo Taraba State. This is because drug abusers and their family members have been taught a few coping skill to overcome addiction and susceptible to various drugs and related substances.

**Table 1: Classification, types, purpose of abuse and method of usage of drugs being abused by outpatients in psychiatric ward**

	<b>Classification</b>	<b>Types</b>	<b>Purpose of abuse</b>	<b>Method of usage</b>
<b>A</b>	Portent Analgesics	(i) Tramadol (ii) Pentazocine	For extra energy, reduce and eliminate stress	Orally and parenteral
<b>B</b>	Artane (anti Parkinson)	(iii) Benzhexole		
<b>C</b>	Stimulants	(iv) Pakalin (v) Tutolin (vi) Anafranil	Enhance sexual ability, boost confidence, courage and boldness, to be alert and active	Orally
<b>D</b>	Hallucinogens (Depressants & stimulants)	(vii) Cocaine (viii) Heroine (ix) Hemp (x) Zakkami (xi) Jikko (xii) Tobacco (xiii) Snuff (xiv) Suck & Die (xv) Solution gum (xvi) Petrol (xvii) Shisha (xviii) Lizard dung	Depressants, Mood swing, Enhance sexual performance, Boost confidence, courage and boldness Mental alertness and active, Complex combination to give extra effects, Cravings, Improve retention ability, Relaxant, Trend, Feel among peers	Orally, parenteral, sniffed, inhaled

Source: *Taraba State Specialist Hospital, Jalingo 2018.*

Furthermore, because of family bond, family members will do anything to protect the image and good name of the of the family. The love between sibling and parent-child relationship was key to helping and enhancing the patients adjust to new positive behaviours by withdrawing from drug abuse, behavioural maladjustments and other forms of antisocial behaviours commonly found among the youths in Jalingo, Taraba State.

From Table 2, it is evident that item 1 pre-test mean scores of 3.06 which state that “My

friends lured me into abusing various drug substance” was responsible for luring outpatient into abusing drug substance. However, after the Multidimensional family therapy (MDFT) a post-test score of 0.46 was obtained. This indicate that, Multidimensional family therapy (MDFT) had great effects on drug abusers. All the other nine items on pre-test had negative effect on drug abuser, but the therapy proved to have a positive effect as seen in the pre-test grand mean score of 1.88, while the post-test mean score of 3.64 showed large effect.

**Table 2: Pre-test, post-test Effects of Multidimensional Family Therapy (MDFT) on Out-Patients Drug Abusers.**

Statement	N	Pre-test		Post-test	
		Mean	Std dev	Mean	Std dev
My friends lured me into abusing various drug substance	18	3.06	0.80	3.72	0.46
My culture cheer the use of drugs before any cultural participation with them	18	2.22	0.73	2.56	1.25
I believe drug abuse is detrimental to my mental health	18	1.78	0.65	3.83	0.38
Abusing drugs reduces human productivity	18	1.67	0.69	3.78	0.43
Social incentives will help overcome drug abuse	18	1.67	0.84	3.61	0.50
Developing will power to suppress cravings for drugs will help escape drug abuse	18	1.89	0.58	3.56	0.51
Focusing on my promising future inspires me to avoid drugs	18	1.72	0.75	3.83	0.38
Living a modest and happy life has changed my yearning for drugs	18	1.50	0.51	3.89	0.32
Social and moral support from family members and peer groups have been helpful towards abusing drugs again	18	1.67	0.59	3.78	0.43
Efforts by my parents to rescue me changed me for good	18	1.61	0.50	3.83	0.38
<b>Grand Mean/Standard Deviation</b>		<b>1.88</b>	<b>0.67</b>	<b>3.64</b>	<b>0.51</b>

Source: Researchers' field work 2018.

**Hypothesis:** Multidimensional family therapy has no significant effects on out patients drug abusers in psychiatric ward

Specialist hospital Jalingo, Taraba State, Nigeria.

**Table 3: Independent-Samples t-test of Difference between Ratings of Pretest and Posttest Scores on Effects of Multidimensional Family Therapy on Out-Patients Drug Abusers**

Test	N	Mean	SD	SEM	df	t	P	Remark
Pre-test	18	18.78	3.08	0.73	34	-18.431	0.000	Significant
Posttest	18	36.39	2.64	0.62				

Result of independent-samples t-test in Table \*\* shows that there is a significant difference in the pre-test scores (M= 18.78, SD= 3.08) and the post-test scores (M=36.39, SD=2.64) on effect of multidimensional family therapy on out-patients drugs abusers in Psychiatric Ward of Specialist Hospital, Jalingo (t = -18.431, df = 34, p = 0.000). Thus, the null hypothesis that multidimensional family

therapy has no significant effects on out-patients drug abusers in Psychiatric Ward of Specialist Hospital Jalingo, Taraba State, Nigeria is rejected. This implies that multidimensional family therapy has significant effects on out-patients drug abusers.

**Discussion**

The result of this study agrees with the study of Sari & Sutanta (2019), on the effect of multidimensional family therapy on drug abuse in adolescent. The purpose of the study was to determine the effect of Multidimensional family therapy (MDFT) on drug abuse in adolescents. A systematic research review was used to synthesize research articles. Result show that Multidimensional family therapy (MDFT) reduce drug abuse in adolescents and can be used as evidence based. Multidimensional family therapy (MDFT) can be adopted as an intervention in the treatment of adolescents with drug abuse. Similarly, there is an agreement between this study and that of Filges et al (2015). Filges' study focused on effects of multidimensional family therapy on non-opioid drug abuse. Result from the study was found to be more effective than other treatments on drug abuse problem severity and drug use frequency in the short run but not in the long run and demonstrated positive effects on treatment retention compared to control conditions. Also, European Monitoring Centre for drugs and drug addiction (2014), in a study Multidimensional family therapy (MDFT) for adolescent drug users found the Multidimensional family therapy to be effective in the treatment of drug abuse. It is a process that includes the young person, their family and their environment. Initial experiments show that this holistic approach delivers promising results during therapy and that these can last after the treatment ends. This agrees with the present study, effects of Multidimensional family therapy on out patients drug abusers in psychiatric ward, Specialist hospital Jalingo, Taraba State. The

of this study involved the family, drug abuser and environment and in the end, it proved to have positive effects towards the treatment of drug abuse among outpatients.

**Conclusion**

The study examined on effects of Multidimensional family therapy (MDFT) on drug abusers: a case of outpatients in psychiatric ward, Specialist hospital Jalingo, Taraba State, Nigeria. The study findings revealed that Multidimensional family therapy (MDFT) has high effects in the intervention, prevention and taming drug behaviour of drug abuse patients.

**Recommendation**

Based on findings of the study, the following recommend were suggested;

- i. Counsellors and families should adopt Multidimensional family therapy (MDFT) contingents to prevail on any family member, friends or relations who is found to abuse drugs and other related substances. This achievement should be replicated in learning institutions, place of worship, communities and other social organisations where most of these youths tend to visit to have fun.
- ii. Aside the chemical drug therapy to stabilize drug abusers, Government and Non-Governmental Organisations should as a matter of urgency consider setting up Counselling Centres and employ qualified Counsellors across the state to support, encourage rehabilitation and positive behaviour among youths through psychosocial approach.



## References

- European Monitoring Centre for Drugs and Drug Addiction. (2014). Multidimensional family therapy for adolescent drug users: a systematic review. Luxembourg: Author.
- Filges, T., Rasmussen, P. S., Andersen, D., & Jørgensen, A. M. K. (2015). *Research on Social Work Practice*. Effect of Multidimensional family therapy (MDFT) on non-opioid drug use: A systematic review and meta-analysis. 1–16. (Reprint and permission).
- Filges, T., Rasmussen, P. S., Andersen, D., & Jørgensen, A.-M. K. (2015). Multidimensional family therapy (MDFT) for young people in treatment for non-opioid drug use: a systematic review. *Campbell Systematic Reviews*, 11(8).
- Ihyongo, E., (2018). *Taraba Sunrise Newspaper, November 2018*.
- Liddle, H. A. (2010). Multidimensional family therapy: A science-based treatment system. *The Australian and New Zealand Journal of Family Therapy*, 31, 133–148.
- Liddle, H. A., Dakof, G. A., Parker, K., Diamond, G. S., Barrett, K., & Tejada, M. (2001). Multidimensional family therapy for adolescent drug abuse: Results of a randomized clinical trial. *The American Journal of Drug and Alcohol Abuse*, 27, 651–688.
- Sari & Sutanta (2019). Multidimensional therapy on drug abuse in adolescent. *Jurnal Kesehatan Madani Medika*, Vol. 10, No. 2, (107-114) ISSN(P): 2088-2246
- World Drug Report (2018). United Nations Office on Drugs and Crime (UNODC). *Executive Summary, United Nations Publication*.