

# Internet gaming disorder in adolescents: a pilot study of Multidimensional Family Therapy (MDFT)

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| <b>Submission date</b><br>11/09/2016   | <b>Recruitment status</b><br>No longer recruiting             | <input checked="" type="checkbox"/> Prospectively registered<br><input checked="" type="checkbox"/> Protocol |
| <b>Registration date</b><br>22/09/2016 | <b>Overall study status</b><br>Completed                      | <input type="checkbox"/> Statistical analysis plan<br><input checked="" type="checkbox"/> Results            |
| <b>Last Edited</b><br>09/11/2022       | <b>Condition category</b><br>Mental and Behavioural Disorders | <input type="checkbox"/> Individual participant data   |

## Plain English summary of protocol

### Background and study aims

Worldwide, research and policy authorities acknowledge multidimensional family therapy (MDFT) as an effective treatment for adolescents with behavioral problems such as substance abuse and delinquency (criminal behaviour). MDFT is a type of behavioural treatment which improves the lives of adolescents and their families by targeting different areas of life. Treatment is organized into three stages: building a foundation for change, helping the patient and their family to change, and solidifying these changes. In recent years, both the Geneva and Paris MDFT teams have seen an increase of youth/families seeking treatment for adolescent Internet Gaming Disorder (IGD), an addiction to online gaming. These cases are being treated with MDFT, but more evidence about the effectiveness of MDFT in treating IGD is needed. The aim of this study is to investigate the effectiveness of MDFT in the treatment of IGD. The study takes place in Geneva, where adolescents receiving MDFT are compared to adolescents receiving standard family therapy, and in Paris, where all adolescents receive MDFT.

### Who can participate?

Adolescents aged between 13 and 18 who are showing signs of gaming addiction and their parents.

### What does the study involve?

In Geneva, participants are randomly allocated to one of two groups. Those in the first group take part in a six month programme of MDFT. The therapy is given in three stages, the first to motivate participants and create a treatment plan, the second to target the problem behaviour and improve family relationships and the third to seal off treatment and make a plan for what to do if the adolescent starts showing signs of gaming addiction. The therapy sessions involve an equal amount of sessions with the adolescent alone, with the parent(s) alone, and with the family (adolescent plus parents). The number of sessions per week can vary but on average there are two 30-90 minute sessions per week. Between sessions, the therapist keeps in regular contact with the adolescent and parent(s) through phone, email and other social media. Those in the second group receive family therapy as usual. The type of therapy varies and does not follow any specific stages. Sessions can take place anytime between once a week and once a month. At

the start of the study and then again after six and 12 months, adolescents and their parent(s) complete a number of questionnaires and are interviewed in order to assess how much the adolescent is gaming, their mental wellbeing and how they are doing in school. In Paris, all participants take part in the six month programme of MDFT. This involves the same methods used in the Geneva study and participants are also followed up after six and 12 months.

What are the possible benefits and risks of participating?

Participants may benefit from reduced addictive behaviour (less Internet gaming), freeing time for more healthy behaviours. There are no known risks associated with participating.

Where is the study run from?

1. Fondation Phénix (Switzerland)
2. Centre Pierre Nicole, Croix Rouge Française (France)
3. Clinique Dupré (France)

When is the study starting and how long is it expected to run for?

August 2016 to March 2020

Who is funding the study?

Action Innocence (Switzerland)

Who is the main contact?

1. Dr Henk Rigter (public)
2. Mr Philip Nielsen (public)

## Contact information

### Type(s)

Public

### Contact name

Dr Henk Rigter

### ORCID ID

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### Contact details

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### Type(s)

Public

### Contact name

Mr Philip Nielsen

### Contact details

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21-23 Rue des Rois  
Geneva  
Switzerland  
1204

## **Additional identifiers**

### **Protocol serial number**

MDFT-IGDv2

## **Study information**

### **Scientific Title**

Assessing the potential of Multidimensional Family Therapy (MDFT) and family treatment as usual to reduce Internet gaming and Internet gaming disorder in 13 to 18 years old adolescents from treatment sites in Geneva and greater Paris

### **Acronym**

MDFT-IGD

### **Study objectives**

Hypotheses:

1. For the Geneva and Paris adolescents, Multidimensional Family Therapy (MDFT) will decrease the frequency of gaming going from baseline to 6 and 12 months follow-up
2. For Geneva, this decline will be larger for MDFT than for family treatment as usual (FTAU).
3. For the Geneva and Paris adolescents, MDFT will reduce the prevalence of the IGD diagnosis from 100% at baseline to significantly lower values at 6 and 12 months follow-up
4. In Geneva, IGD prevalence rate will drop more strongly for MDFT than for FTAU

In Geneva, the study is a randomised controlled trial (comparing MDFT and FTAU) and in Paris all participants receive FTAU. The Paris component has been added to aid the interpretation of the validity of the Geneva data.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Commission Cantonale d'Éthique de la Recherche (CCER), 07/09/2016, ref: 2016-01344

### **Study design**

Geneva:

Multi-centre randomised controlled trial

Paris:

Single-group non randomised study

### **Primary study design**

Interventional

## Study type(s)

Treatment

## Health condition(s) or problem(s) studied

Internet Gaming Disorder (IGD)

## Interventions

Geneva Study:

Participants are randomised to one of two groups using concealed randomisation procedures with database generated allocation to treatment group.

Intervention group: Participants receive Multidimensional Family Therapy (MDFT), an outpatient treatment programme lasting 6 months. MDFT is administered in three stages. The first one focuses on intensively enhancing treatment motivation, building multiple therapeutic alliances, and drafting the treatment plan. In stage 2, treatment plan interventions targeting the youth and his or her family are carried out, including education about adolescence, behavioural development, and risk factors for problem behaviour; relapse prevention; improving family communication and relationships; and strengthening parental educational skills. Stage 3 involves sealing off the treatment, agreeing on a relapse prevention plan, and providing booster sessions if needed. MDFT comprises three types of sessions:

1. Sessions with the adolescent alone
2. Sessions with only the parents (one parent [figure] or both parents)
3. Sessions with the family ( adolescent plus parents)

These sessions are held in roughly equal proportion and last for 30 – 90 minutes. They may take place at the office of the treatment centre or at the family's home or any other convenient place. The number of sessions varies from week to week, but on average 2 sessions per week are held. In between sessions, the therapists use phone, email and other social media to remain in touch with adolescent and parents, to check if they adhere to actions agreed upon, and to encourage them.

Control group: Participants receive Family Therapy as Usual (FTAU). This involves family therapy best-practice procedures as taught locally (in Geneva) to systems-oriented therapists. The methods used are eclectic, combining elements from structural-strategic, narrative and solutionist family therapy. Unlike in MDFT, there are no specific treatment stages in FTAU. As in MDFT, alliance building and improving relations and communication within the family are common targets of treatment. Also in FTAU, three types of sessions are held, i.e. with the adolescent alone, the parents alone, and with the family, in roughly equal proportion. Treatment intensity is much lower for FTAU than for MDFT. Typically, the rhythm of sessions fluctuates between once a week and once a month. FTAU therapists are not actively working on their cases in between sessions, with the exception of monthly supervision sessions. As a result, FTAU therapists' caseloads are 3 to 4 times higher than MDFT therapist caseloads.

Follow up for all participants involves two assessments of gaming behaviour, mental health, family functioning and school functioning. The first of these assessments is at 6 months after baseline/allocation to treatment group, so at the time the treatments ends. The second one is at 12 months after baseline/allocation to treatment group.

Paris/Sceaux Study:

All participants receive Multidimensional Family Therapy (MDFT), which follows the same methodology as the MDFT in Geneva. Follow up is the same as in Geneva and therefore involves two assessments, i.e. at 6 and 12 months after baseline.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

1. Frequency of gaming is measured using the TimeLine Follow-Back (FLFB) at baseline, 6 and 12 months
2. Prevalence of internet gaming disorder diagnosis is measured using the IGD consensus scale at baseline, 6 and 12 months

## **Key secondary outcome(s)**

1. Mental health status and symptoms of the adolescent will be measured with the well-validated Youth Self-Report (YSR) and with the Rotterdam Well-being of Youth Scale (R-WYS) at baseline, 6 and 12 months
2. The parents' view of their child's mental health status and symptoms will be assessed with the well-validated Child Behavior Checklist (CBCL) and with the R-WYS, parent version, at baseline, 6 and 12 months
3. Family functioning/communication will be measured in the Adolescent Interview and Parent Interview at baseline and 12 months
4. Parental supervision is assessed in the Adolescent and Parent Interviews at baseline and 12 months
5. School functioning of the adolescent will be measured using the Rotterdam Well-being of Youth Scale (R-WYS) and Adolescent and Parent Interviews at baseline, 6 and 12 months
6. Treatment retention is assessed using treatment contact logs throughout the 6 months of treatment
7. Treatment adherence is measured through a random sample of MDFT family sessions (midway treatment: at 3 months) being recorded on tape/disc and analysed for adherence to MDFT principles, using the 16-item MDFT Adherence Scale

## **Completion date**

01/03/2020

## **Eligibility**

### **Key inclusion criteria**

1. Adolescents aged 13 - 18 years old
2. Meeting 5 or more of the 9 criteria from the IGD consensus scale
3. At least one parent is willing to take part in the treatment and the study
4. Both adolescent and parent master the local language (French and English in Geneva, and French in Paris)
5. Informed consent by the adolescent and parent(s)

### **Participant type(s)**

Other

### **Healthy volunteers allowed**

No

### **Age group**

Other

**Sex**

All

**Total final enrolment**

42

**Key exclusion criteria**

Adolescents who require inpatient treatment because of psychosis, advanced eating disorder, or severe suicidal ideation.

**Date of first enrolment**

15/10/2016

**Date of final enrolment**

01/03/2019

**Locations****Countries of recruitment**

France

Switzerland

**Study participating centre****Fondation Phénix**

21–23 Rue des Rois

Geneva

Switzerland

1204

**Study participating centre****Centre Pierre Nicole, Croix Rouge Française**

27, rue Pierre Nicole

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**Study participating centre****Clinique Dupré**

30, Avenue Franklin Roosevelt

Sceaux

France

92333

# Sponsor information

## Organisation

Fondation Wilsdorf

## Organisation

La Loterie Romande

# Funder(s)

## Funder type

Charity

## Funder Name

Action Innocence

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Dr Henk Rigter. The request should be accompanied by a study proposal. If the data are relevant for the study proposed, Dr Rigter will advise Dr Marina Krokhar, director of treatment centre Phénix in Geneva – the formal owner of the database – to give the researchers concerned access to the database under standard conditions (privacy, etc).

## IPD sharing plan summary

Available on request

## Study outputs

| Output type                     | Details   | Date created | Date added | Peer reviewed? | Patient-facing? |
|---------------------------------|-----------|--------------|------------|----------------|-----------------|
| <a href="#">Results article</a> |           | 01/04/2021   | 28/04/2021 | Yes            | No              |
| <a href="#">Protocol file</a>   | version 3 | 02/11/2017   | 09/11/2022 | No             | No              |