

# Multisystemic Therapy (MST) Overview

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Justine Harris

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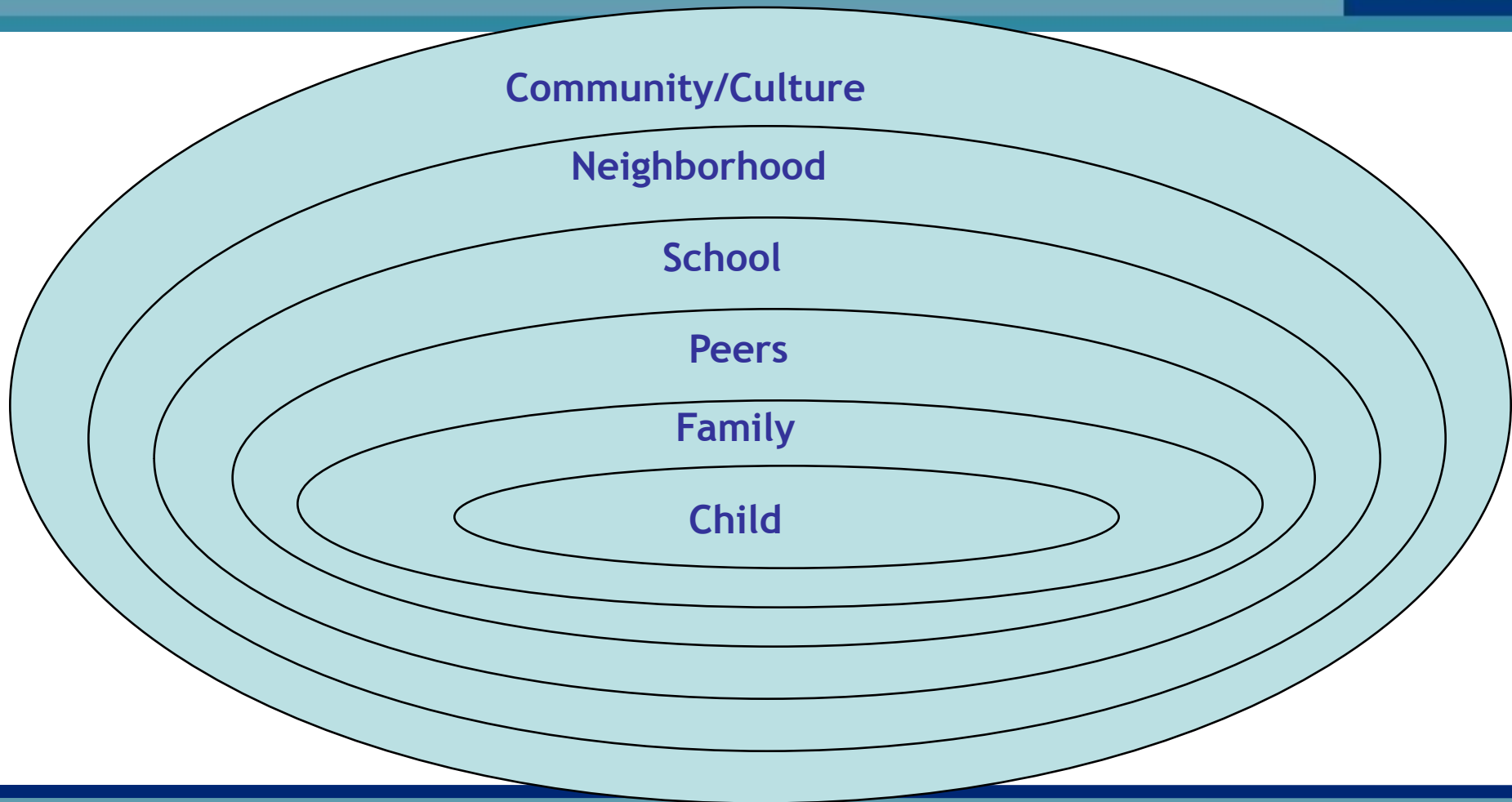
# What is “MST”?

- Community-based, family-driven treatment for antisocial/delinquent behavior in youth
- Focus is on “Empowering” caregivers (parents) to solve current and future problems
- MST “client” is the entire ecology of the youth - family, peers, school, neighborhood
- Highly structured clinical supervision and quality assurance processes

# MST Assumptions

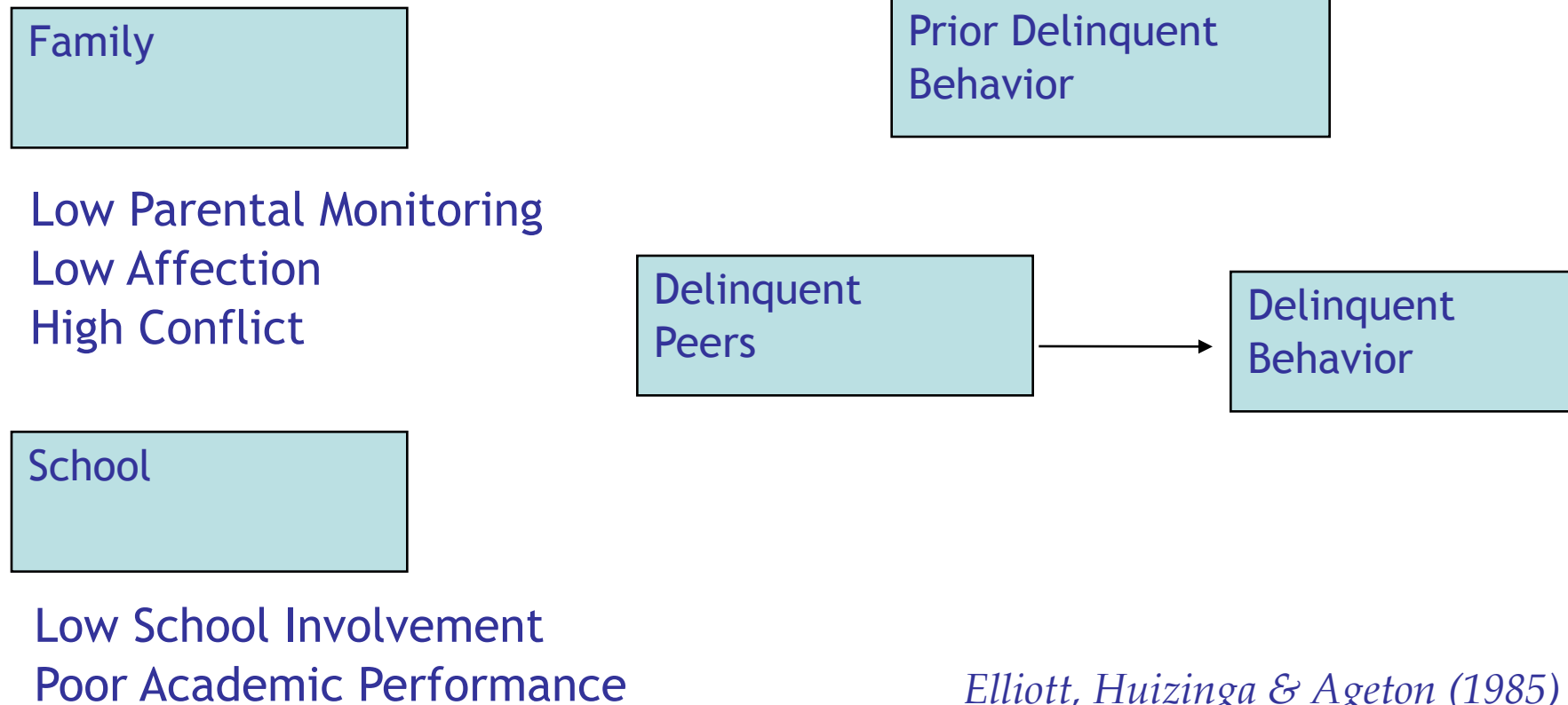
- Children's behavior is strongly influenced by their families, friends and communities (and vice versa)
- Families are key to success
- Caregivers/parents want the best for their children and want them to grow to become productive adults
- Families can live successfully without formal, mandated services
- Change can occur quickly
- Professional treatment providers should be accountable for achieving outcomes
- Science/research provides valuable guidance

# Ecological Model



# Causal Models of Delinquency and Drug Use

## Condensed Longitudinal Model



*Elliott, Huizinga & Ageton (1985)*

# How is MST Implemented?

- Single therapist working intensively with 4 to 6 families at a time
- “Team” of 2 to 4 therapists plus a supervisor
- 24 hr/ 7 day/ week team availability
- 3 to 5 months is the typical treatment time (4 months on average across cases)
- Work is done in the community: home, school, neighborhood, etc.

# How is MST Implemented? (continued)

- MST staff deliver all treatment - typically no services are brokered/referred outside the MST team
- Never-ending focus on engagement and alignment with the primary caregiver and other key stakeholder (e.g. probation, child welfare, etc.)
- MST staff must be able to have a “lead” role in clinical decision making for each case
- Highly structured weekly clinical supervision and Quality Assurance (QA) processes

# How Does MST “Work?”

Intervention strategies: MST draws from research-based treatment techniques

- Behavior therapy
- Parent management training
- Cognitive behavior therapy
- Pragmatic family therapies
  - Structural Family Therapy
  - Strategic Family Therapy
- Pharmacological interventions (e.g., for ADHD)

# How Does MST “Work?” (continued)

MST context for the use of these evidence-based intervention strategies

- MST program philosophy emphasizes that service providers are accountable for outcomes
- Program structure removes barriers to service access
- Families and communities are central and essential partners in MST “treatment”
- Caregivers/parents are key to long-term success

# MST Treatment Principles

- Nine principles of MST intervention design and implementation
- Treatment fidelity and adherence is measured with relation to these nine principles

# 1. Finding the Fit:

The primary purpose of assessment is to understand the “fit” between the identified problems and their broader systemic context.



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# Principles of MST

## 2. Positive & Strength Focused

Therapeutic contacts should emphasize the positive and should use systemic strengths as levers for change.

# Principles of MST (continued)

## **3. Increasing Responsibility**

Interventions should be designed to promote responsibility and decrease irresponsible behavior among family members.

## **4. Present-focused, Action-oriented & Well-defined**

Interventions should be present-focused and action-oriented, targeting specific and well-defined problems.



# Principles of MST

(continued)

## 6. Developmentally Appropriate

Interventions should be developmentally appropriate and fit the developmental needs of the youth.

# Principles of MST (continued)

## **7. Continuous Effort**

Interventions should be designed to require daily or weekly effort by family members.

## **8. Evaluation and Accountability**

Intervention efficacy is evaluated continuously from multiple perspectives, with providers assuming accountability for overcoming barriers to successful outcomes

## 9. Generalization

Interventions should be designed to promote treatment generalization and long-term maintenance of therapeutic change by empowering care givers to address family members' needs across multiple systemic contexts.

# MST Quality Assurance System

## Elements of the MST Quality Assurance system:

- Research-validated adherence technologies
- Development planning for all professionals
- Structured training (orientation and booster)
- On-the-job training (on-going, weekly expert case review and consultation)
- Weekly clinical supervision

# MST: 25+ Years of Science

## 14 Randomized Trials and 1 Quasi-Experimental Trial Published (>1300 families participating)

- 7 with serious juvenile offenders
  - 2 independent randomized trials by Ogden and Timmons-Mitchell
- 2 with substance abusing or dependent juvenile offenders
- 2 with juvenile sexual offenders
- 2 with youths presenting serious emotional disturbance
- 1 with maltreating families
- 1 with adolescents with poorly controlled diabetes (independent: Ellis)

**Other randomized trials are in progress**

# Consistent Outcomes

## **In Comparison with Control Groups, MST:**

- Higher consumer satisfaction
- Decreased long-term rates of rearrest 25% to 70%
- 47% to 64% decreases in long-term rates of days in out-of-home placements
- Improved family relations and functioning
- Increased mainstream school attendance
- Decreased adolescent psychiatric symptoms
- Decreased adolescent substance use

**But, none of this happens without adherence to MST**

# Long-term Outcomes

- Long-term follow-up to the Missouri Delinquency Project: 14-year post-treatment outcomes  
Individuals who had been involved in MST as a youth (average age at follow-up = 28.2 years):
  - ✓ 59% fewer arrests
  - ✓ 68% fewer drug-related arrests
  - ✓ 57% fewer days in adult confinement
  - ✓ 43% fewer days on adult probation

# Where is MST Being Used?

- Over 30 states in the U.S. and in 10 countries
- Statewide infrastructure in Connecticut, Georgia, Hawaii, New Mexico, Ohio and South Carolina
- Nationwide program in Norway (25+ teams)
- Other international replications: Australia, Canada, Denmark, Ireland, England, Sweden, Netherlands, and New Zealand.

# Current Research Trials and Pilots

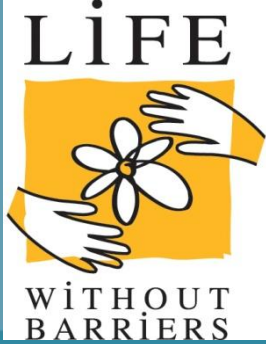
- **Vanderbilt University (Weiss) - antisocial middle schoolers**
- **University of Nebraska (Epstein) - disruptive K-3 graders**

## **Adaptations involved in clinical trials and pilot projects**

- **MST-PSB (problem sexual behavior/sex offenders)**
- **MST-Psychiatric (youth with psychiatric service needs)**
- **MST-CAN (child physical abuse and neglect)**
- **MST-CM (adaptation integrating contingency management for substance using and abusing youth)**
- **Other adaptations are currently in development**

# Why is MST Successful?

- Treatment targets known causes of delinquency: family relations, peer relations, school performance, community factors
- Treatment is family driven and occurs in the youths' natural environment
- Providers are accountable for outcomes
- Staff are well trained and supported
- Significant energies are devoted to developing positive interagency relations
- Attention to model adherence and continuous quality improvement



# Questions?

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justine.harris@lwb.org.au