Multisystemic Therapy (MST) Overview

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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

Community/Culture

Neighborhood

School

Peers

Family

Child
Causal Models of Delinquency and Drug Use

Condensed Longitudinal Model

Family
- Low Parental Monitoring
- Low Affection
- High Conflict

School
- Low School Involvement
- Poor Academic Performance

Prior Delinquent Behavior

Delinquent Peers

Delinquent Behavior

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)
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.

Kim’s Substance Abuse
Drug using Peers
Access to marijuana
Caregivers give Kim cash
Uses after conflicts with mother
Lack of consequences for use
Boredom, doesn’t have other things to do
Modeling of use in community (peers and adults)
Low monitoring by mother

Multisystemic Therapy (MST)
Overview
2. Positive & Strength Focused

Therapeutic contacts should emphasize the positive and should use systemic strengths as levers for change.
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.
5. Targeting Sequences: Interventions should target sequences of behavior within and between multiple systems that maintain identified problems.

- Mom asks youth to do homework and clean room
- Youth says he'll do it in a minute
- Mom makes a second request; youth ignores
- Youth states “get out of my face, you’re not my dad
- Mom gets in the middle to stop verbal argument and gets pushed
- Mom hits her head, stepfather is furious
- Youth runs to room, and locks door
- Stepfather calls police
- Youth arrested for assault charge
- Stepfather starts shouting: “you live in my house, do it now”
6. Developmentally Appropriate

Interventions should be developmentally appropriate and fit the developmental needs of the youth.
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.
Principles of MST (continued)

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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