Multisystemic Therapy (MST) Overview

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What is "MST"?

MST
Multisystemic Therapy

- 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

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- 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

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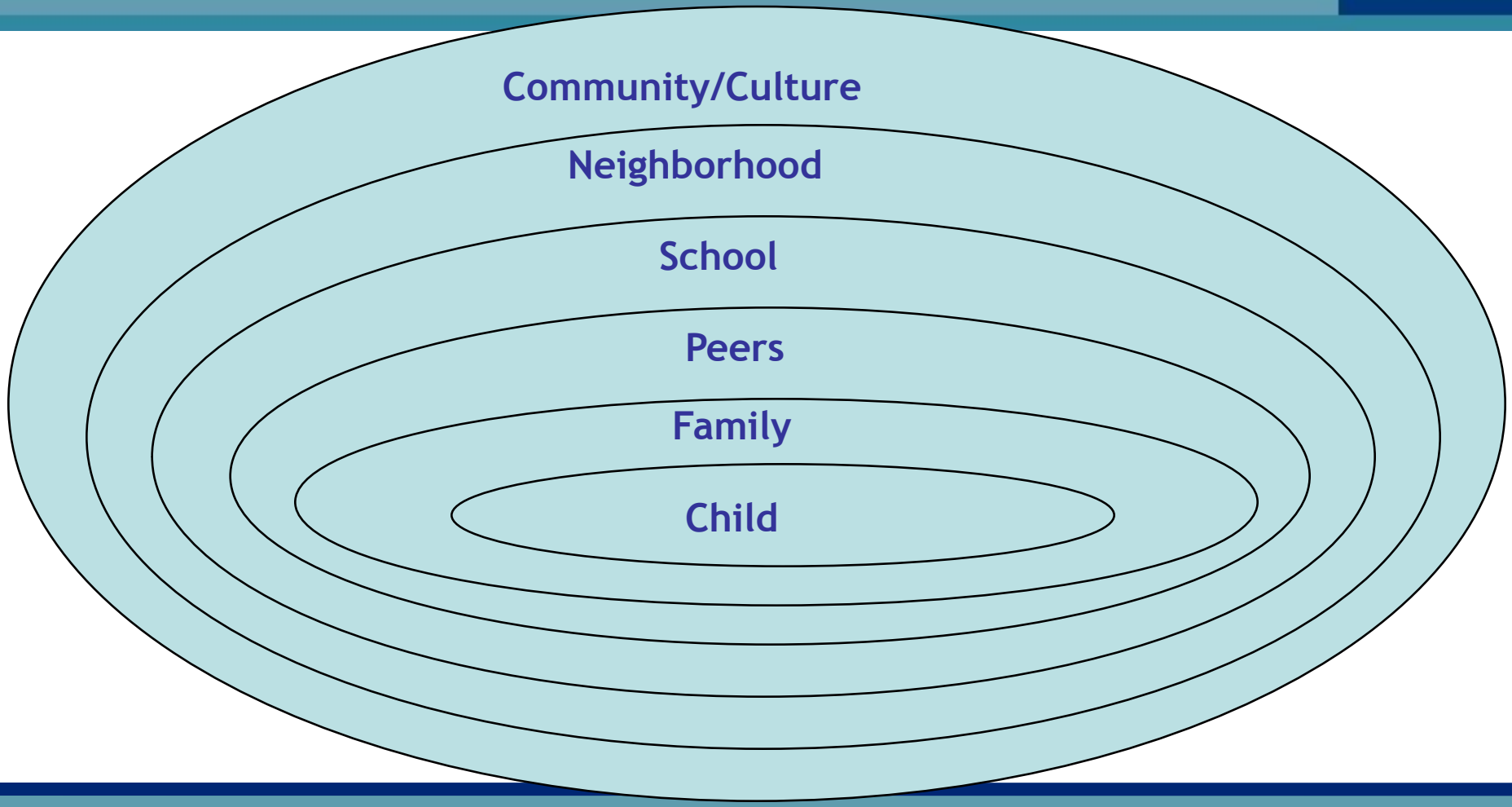

Causal Models of Delinquency and Drug Use

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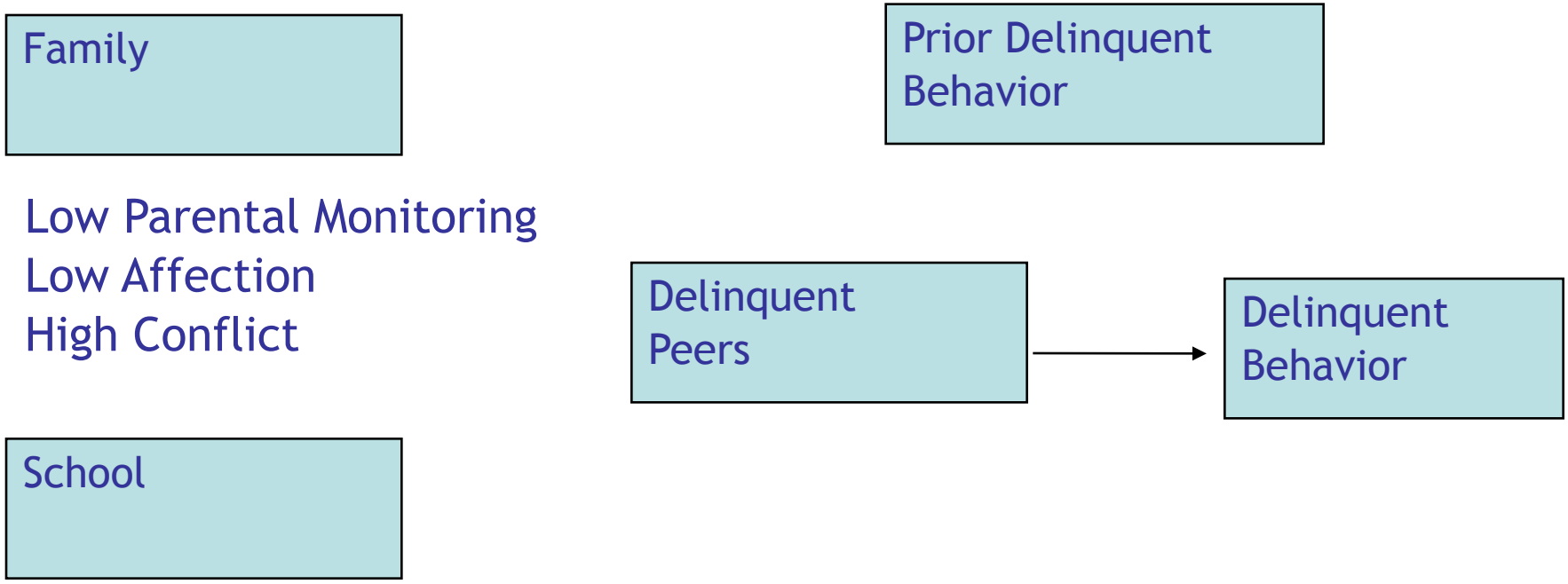
Condensed Longitudinal Model



Elliott, Huizinga & Ageton (1985)

How is MST Implemented?

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- 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)

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- 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?"

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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)

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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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odeling of us	Boredom, lonely	Peer rejection	Low monitoring	Lack of consequences	Access to	Uses after co

Principles of MST

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2. Positive & Strength Focused

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

Principles of MST (continued)

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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

Principles of MST
(continued)

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6. Developmentally Appropriate

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

Principles of MST (continued)

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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)

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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

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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

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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

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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

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- 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?

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- 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

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- 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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