Multisystemic Therapy

Program developers or their agents provided the Model Program information below.

BRIEF DESCRIPTION

Multisystemic Therapy (MST) is a family-focused, home-based program that focuses on chronically violent, substance-abusing juvenile offenders at high risk for out-of-home placement, who are 12 to 17 years of age. It is an intensive family and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. It seeks to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. It places special attention on factors in the adolescent and family's social networks that are linked with antisocial behavior. Therapist teams provide services in the home and school and are available around the clock.

PROGRAM BACKGROUND

The current form of MST is the result of extensive scientific evaluation. To date, eight randomized clinical research trials have been published and, in 2001, more than a dozen additional randomized trials evaluating MST were under way. The strength of these results has led to the program's dissemination throughout the United States and around the world. MST currently is used in more than 25 States, Canada, England, Ireland, New Zealand, Norway, and Sweden. The Family Services Research Center, the MST-focused research group at the Medical University of South Carolina, has supported the dissemination of MST since the early 1990s. In 1996, a university-affiliated organization, MST Services, was formed to help communities establish MST programs.

RECOGNITION

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

Office of Juvenile Justice and Delinquency Prevention–Blueprints, U.S. Department of Justice: Model Program

U.S. Surgeon General's Reports on Mental Health and Youth Violence: Effective Program

Annie E. Casey Foundation: Families Count Award

American Youth Policy Forum: Effective Program

Strengthening Families: Exemplary Program

INSTITUTE OF MEDICINE CLASSIFICATION (IOM)

INDICATED

Developed for an indicated audience, this program is intended for chronically violent, substance-abusing juvenile offenders at high risk for out-of-home placement. The typical program youth has one or more arrests for violent behavior.

INTERVENTION TYPE

TREATMENT

CONTENT FOCUS

ALCOHOL, ILLEGAL DRUGS, TOBACCO, PARENT COMPONENT

This program focuses on general substance use and abuse. Many of the youth participants are using or abusing substances.

Parents are a primary population:

Therapeutic services are delivered in the home, and the family takes the lead in setting treatment goals. Parents collaborate with the therapist on the best strategies to use in improving youth behavior.

INTERVENTIONS BY DOMAIN

INDIVIDUAL, FAMILY, PEER

INDIVIDUAL

- Institutional placement or individual counseling
- Life/social skills training

FAMILY

- Family therapy
- Parent education/parenting skills training

PEER

- Peer-resistance education

KEY PROGRAM APPROACHES

COMMUNITY INVOLVEMENT, IN-HOME SERVICES, PARENT-CHILD INTERACTIONS, THERAPY

COMMUNITY INVOLVEMENT

The program is dependent on a community referral base and community funding resources.

IN-HOME SERVICES

The program is home-based.

PARENT-CHILD INTERACTIONS

By working in the home setting the therapist is able to assist parents with parent-child interactions.

THERAPY

This program is a home-based therapeutic intervention provided by teams of therapists with small caseloads. They work 24 hours a day, 7 days a week, and provide services at times convenient to the family. Within a context of support and skill building, the therapist places developmentally appropriate demands on the adolescent and family for responsible behavior intervention. Strategies include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies.

HOW IT WORKS

MST typically uses a home-based model of service delivery to reduce barriers that deter families from accessing services. Therapists have small caseloads of four to six families; work as a team; are available 24 hours a day, 7 days a week; and provide services at times convenient to the family. The average treatment involves about 60 hours of contact during a 4-month period. MST therapists focus on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g., extended family, neighbors, friends, faith community members) and removing barriers (e.g., parental substance abuse, high stress, poor relationships between partners). This family-therapist collaboration allows the family to take the lead in setting treatment goals while the therapist helps them to accomplish their goals. Once engaged, the parents or guardians collaborate with the therapist on the best strategies to set and enforce curfews and rules; decrease the adolescent's involvement with deviant peers and promote friendships with prosocial peers; improve the adolescent's academic and/or vocational performance; and cope with any criminal subculture that may exist in the neighborhood.

MST requires:

- Dedicated full-time clinical staff of three to five people, including a supervisor, who work as a clinical "team"
- Staff availability 24 hours a day, 7 days a week
- Small caseloads of four to six families per therapist
- Buy-in from community members and social service agencies (e.g., child welfare, probation, etc.) to allow the MST therapist to take the lead in clinical decisionmaking and treatment planning for the youth and family (and not be kept from achieving positive outcomes because of existing policies and procedures)
- Commitment to MST supervision and training protocols
- Outcome-based discharge criteria (i.e., observable youth behavior change)
- Treatment cycles of 3 to 5 months on average
- Emphasis on knowledgeable, experienced staff (e.g., M.A. in counseling, M.S.W., etc.)

OUTCOMES

DECREASES IN SUBSTANCE USE, REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS, IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS, OTHER: COST SAVINGS

DECREASES IN SUBSTANCE USE

Decreased adolescent substance use

REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS

Decreased adolescent psychiatric symptoms

Decreased associations with negative peers

Decreased antisocial and criminal activities

IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS

Improved family relations and functioning

Increased mainstream school attendance

OTHER: COST SAVINGS

Considerable cost savings over other social services (up to $131,000 per youth).

Reduced long-term rearrest rates 25% to 70%

Reduced long-term out-of-home placement 47% to 64%

Benefits

MST youth:

- Were significantly less likely to use substances
- Had fewer arrests for all types of offenses
- Spent less time in out-of-home placements

- Engaged in less aggression with peers
- Were less likely to be involved in criminal activity
- With a small client-to-therapist ratio (4:1) and a course of treatment lasting 3 to 5 months, the cost per client for MST treatment was about one-fifth the average cost of an institutional placement.

EVALUATION DESIGN

MST is proven effective in reducing substance use and antisocial behavior among diverse populations of serious and chronic juvenile offenders. The effectiveness of MST has been supported by several controlled, random-assignment evaluations. In these studies, youth were randomly assigned to either MST or a control group receiving other services.

The long-term effectiveness of MST was found in youth and families 2 and 4 years after completing the program.

DELIVERY SPECIFICATIONS

5–24 WEEKS

Amount of time required to deliver the program to obtain documented outcomes:

The therapist team provides an average of 60 hours over 4 months of therapeutic services to a youth and family.

INTENDED SETTING

RURAL, URBAN, SUBURBAN

Developed for use in a variety of settings.

FIDELITY

Components that must be included in order to achieve the outcomes cited by the developer:

Dedicated full-time clinical staff of three to five people, including a supervisor, who work as a clinical team.

Staff availability 24 hours a day, 7 days a week.

Small caseloads of four to six families per therapist.

Buy-in from community members and social service agencies to allow the therapist to take the lead in clinical decisionmaking and treatment planning for the youth and family.

Commitment to MST supervision and training protocols.

Outcome-based discharge criteria (i.e., observable youth behavior change).

Treatment cycles of 3 to 5 months on average.

Emphasis on knowledgeable, experienced staff (master's-level therapists and Ph.D.-level clinical supervisors).

BARRIERS AND PROBLEMS

NO INFORMATION PROVIDED

PERSONNEL

PART TIME

The types of positions needed to successfully implement the Model Program:

Master's-level and Ph.D.-level clinical supervisor who meets weekly with each assigned team.

Dedicated full-time clinical staff of three to five people, including a supervisor, who work as a clinical "team," and staff availability 24 hours a day, 7 days a week.

EDUCATION

GRADUATE

Educational qualifications of the personnel needed to successfully implement this Model Program:

Supervisors and therapists need to have backgrounds/training in family therapy, cognitive-behavioral therapy, and behavioral therapy.

PERSONNEL TRAINING

Type: SEMINAR/WORKSHOP, Location: ONSITE (user)/OFFSITE (developer or trainer location), length: BASIC/REFRESHER (quarterly)

Training components include:

Pretraining organizational assessment and assistance by an MST organizational consultant.

Initial 5-day training for all clinical staff who will engage in or influence treatment plans to learn the program.

Weekly MST clinical consultation with MST consultant.

Quarterly 1.5-day booster training sessions.

Monitoring of the adherence to treatment fidelity, using the MST fidelity instruments.

COST (estimated in U.S. dollars)

$5,001–$10,000

Cost considerations for implementing this program as recommended by the developer:

PROGRAM

Per family, with minimum of 30 families per year	$4,000–$8,000 per family (includes training, TA, and materials)

More specific cost estimate based on local clinical staff salaries, etc.

MATERIALS*

Full-color laminated posters	$75 each
Black and white posters	$5 each
Guilford Press MST Book	$30 each
MST Organizational Manual	$30 each
MST Supervisory Manual	$15 each
MST Consultation Manual	$15 each
MST 5-Day Training "Primer"	$15 each
MST Training Handouts	$15 each
MST Slides	$215

Order forms are available at www.mstservices.com.

* These products are available to MST-licensed agencies only.

INTENDED AGE GROUP

EARLY ADOLESCENT (12–14), TEENAGER (15–17)

For middle and high school youth, 12 to 17 years of age.

INTENDED POPULATION

AFRICAN AMERICAN, WHITE

Delivered and tested with populations of African American and White youth.

GENDER FOCUS

BOTH GENDERS

Developed for both male and female youth.

REPLICATIONS

The program was developed in South Carolina and has since been implemented with community-based public and private agencies that provide services to Medicaid-eligible families.

It has been implemented with child-serving agencies in Tennessee, Delaware, Louisiana (State mental health authority), Maryland (State juvenile justice authority), Ventura County, CA (child-serving authority), Florida (State juvenile justice authority), Michigan (human services), Minnesota, and Texas.

INTENDED SETTINGS

Describe additional intended settings in which the Model Program has been implemented:

States with licensed MST services: California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, New York, North Carolina, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Virginia, Washington. Names of sponsoring agencies and implementation agencies are available at the MST Web site.

ADAPTATIONS

NO INFORMATION PROVIDED

CONTACT INFORMATION

ABOUT THE DEVELOPER

Scott Henggeler, Ph.D.

MST has been under development for more than 25 years under the leadership of Dr. Scott Henggeler, director of the Family Services Research Center (FSRC) at the Medical University of South Carolina. The mission of the FSRC is to develop clinically effective and cost-effective treatments for youth with serious behavioral problems. The center has approximately 50 staff and more than $15 million of committed Federal research funding for the next 5 years.

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