

Multisystemic Therapy Overview

Breaking the cycle of criminal behavior

by keeping teens at home, in school and out of trouble



What is MST?

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

Standard MST Referral Criteria (ages 12-17)

Inclusionary Criteria

- Youth at risk for placement due to anti-social or delinquent behaviors, including substance use
- Youth involved with the juvenile justice system
- Youth who have committed sexual offenses in conjunction with other anti- social behavior

Exclusionary Criteria

- Youth living independently
- Sex offending in the absence of other anti social behavior
- Youth with moderate to severe autism (difficulties with social communication, social interaction, and repetitive behaviors)
- Actively homicidal, suicidal or psychotic
- Youths whose psychiatric problems are the primary reason leading to referral, or who have severe and serious psychiatric problems

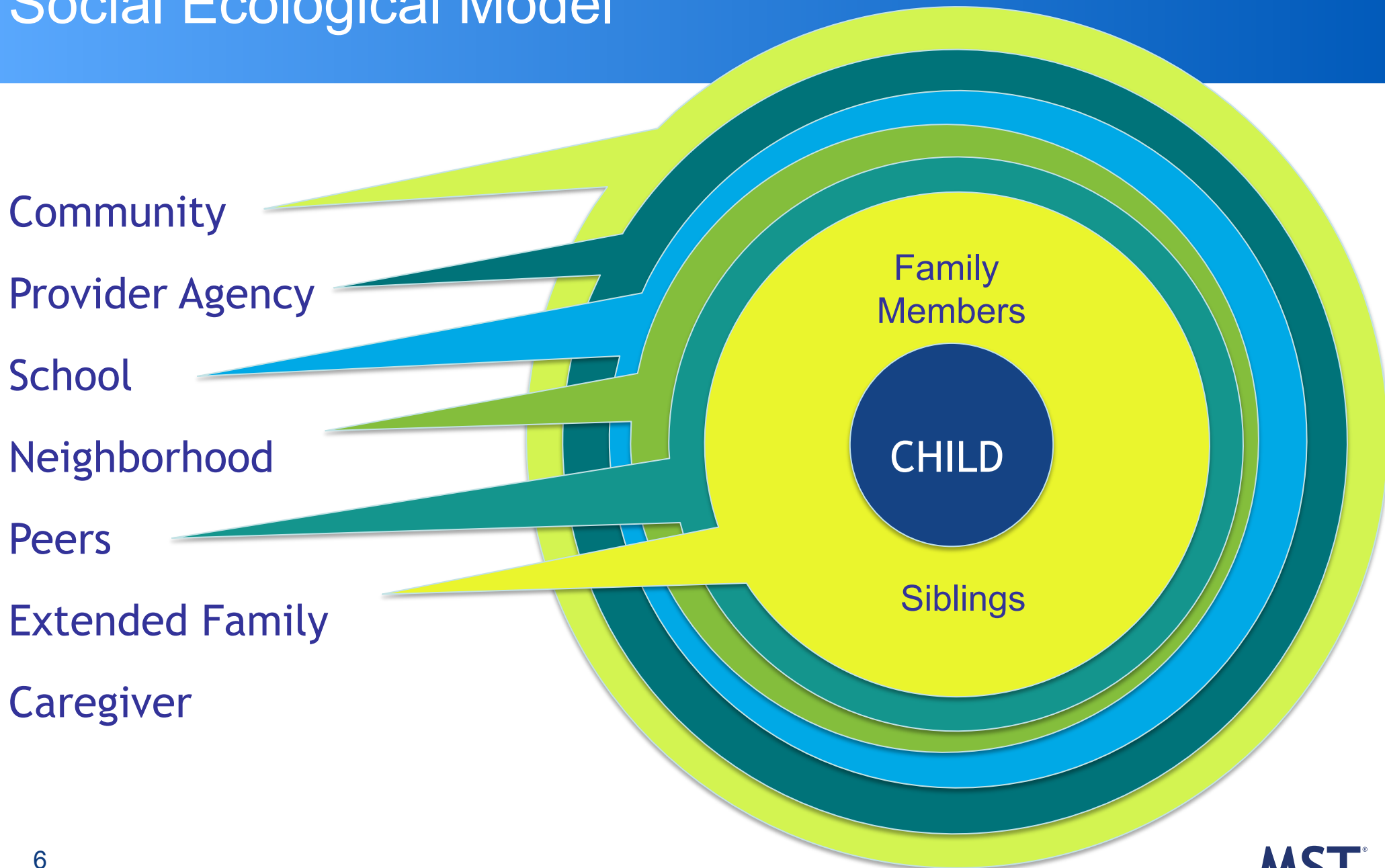
MST Assumptions

- Children's behavior is strongly influenced by their families, friends and communities (and vice versa)
- Families and communities are central and essential partners and collaborators in MST treatment
- 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

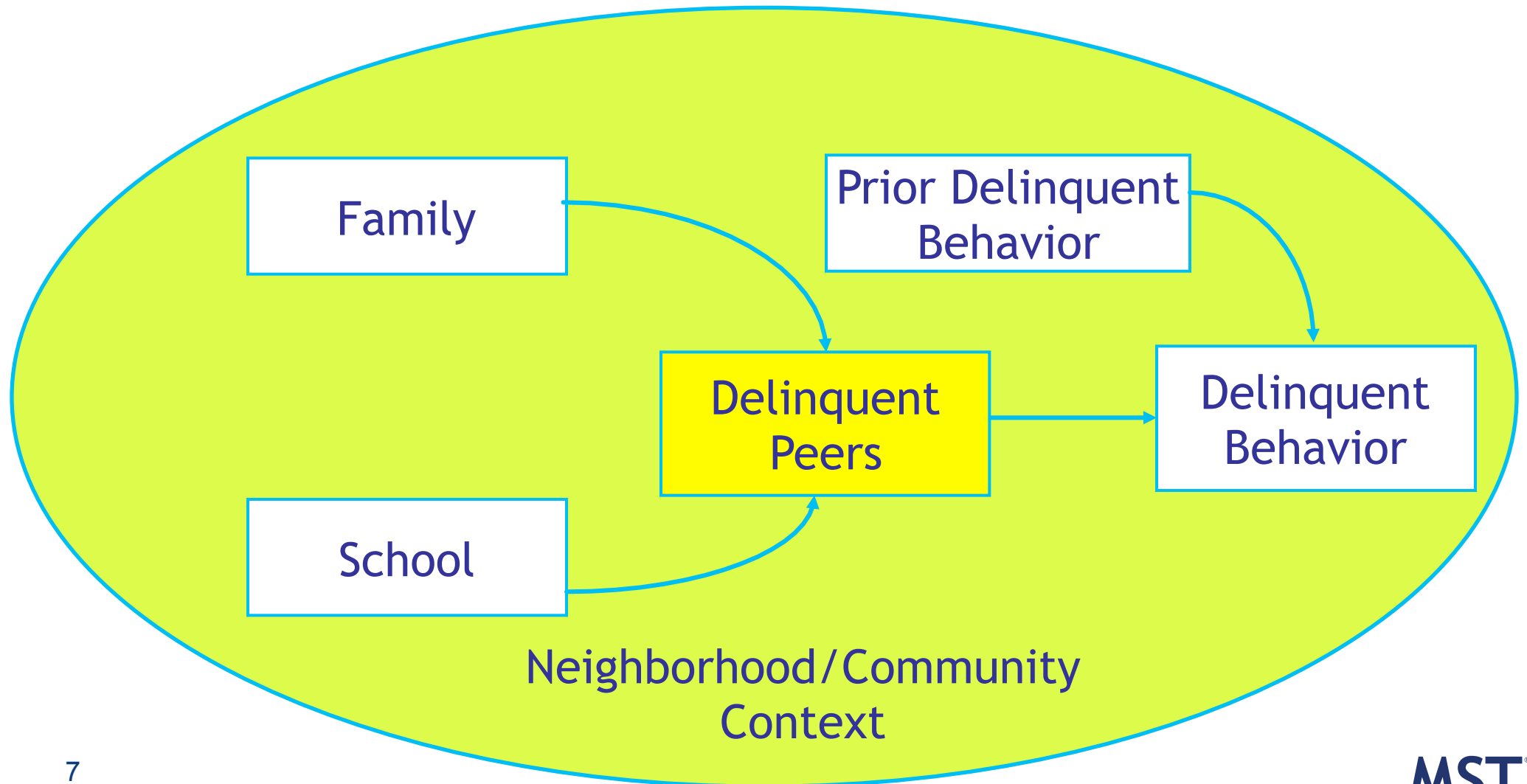
Families as the Solution

- MST focuses on families as the solution
- Families are full collaborators in treatment planning and delivery with a focus on family members as the long-term change agents
- Giving up on families, or labeling them as “resistant” or “unmotivated” is not an option
- MST has a strong track record of client engagement, retention, and satisfaction

Social Ecological Model



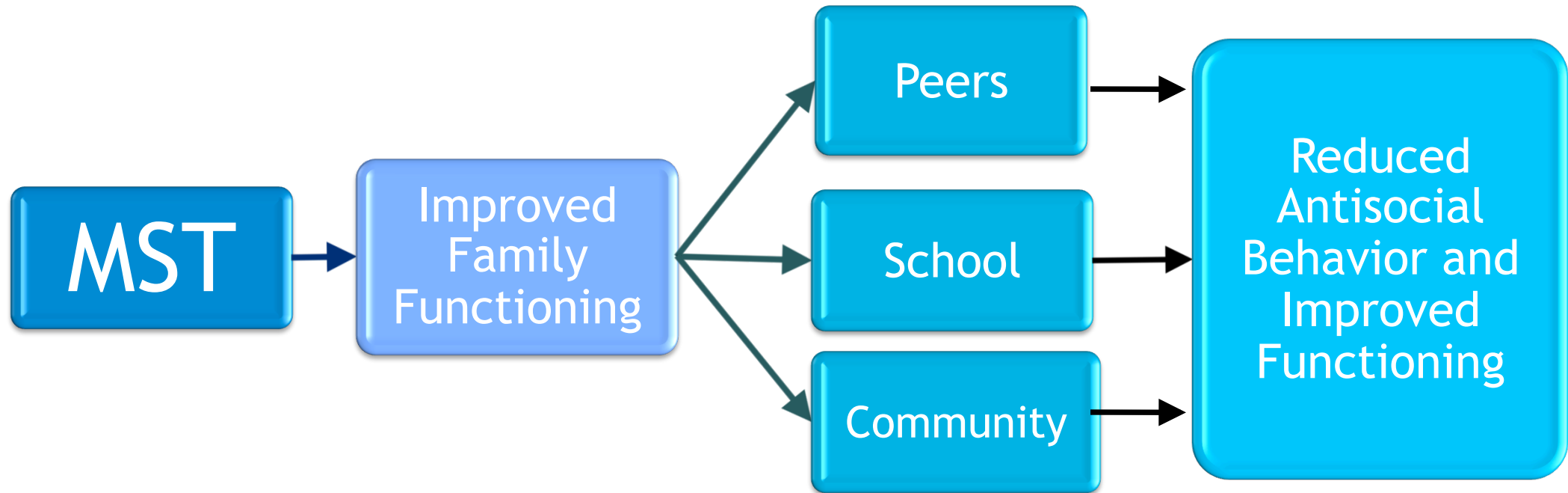
Causal Models of Delinquency and Drug Use: Common Findings of 50+ Years of Research



Delinquency is a Complex Behavior

- Common findings of 50+ years of research: delinquency and drug use are determined by multiple risk factors:
 - Family (low monitoring, high conflict, etc.)
 - Peer group (law-breaking peers, etc.)
 - School (dropout, low achievement, etc.)
 - Community (↓ supports, ↑ transiency, etc.)
 - Individual (low verbal and social skills, etc.)

MST Theory of Change



Key Points

- The Principles
- The Science
- Implementation Practices
- Quality Assurance

MST Principles

1. Finding the Fit
2. Positive and Strength Focused
3. Increasing Responsibility
4. Present-focused, Action-Oriented & Well-Defined
5. Targeting Sequences
6. Developmentally Appropriate
7. Continuous Effort
8. Evaluation & Accountability
9. Generalization

30+ Years of science



34

Published Outcome, implementation
and benchmarking studies

7,800

+



Families Participating across all studies

17



independent evaluations
(not involving an MST model developer)



70+

published, peer-reviewed
journal articles

23



randomized trials



500

MST related publications

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: on call system
- 3 to 5 months is the typical treatment time (4 months on average across cases)
- Work is done in the community, home, school, neighborhood: removes barriers to service access

How is MST Implemented? (Cont.)

- MST staff deliver all treatment - typically no or few services are brokered/referred outside the MST team
- Never-ending focus on engagement and alignment with primary caregiver and other key stakeholders (e.g. probation, courts, children and family services, etc.)
- MST has strong track record of client retention and satisfaction with MST
- MST staff must be able to have a “lead” clinical role, ensuring services are individualized to strengths and needs of each youth/family

Quality Assurance and Continuous Quality Improvement of MST

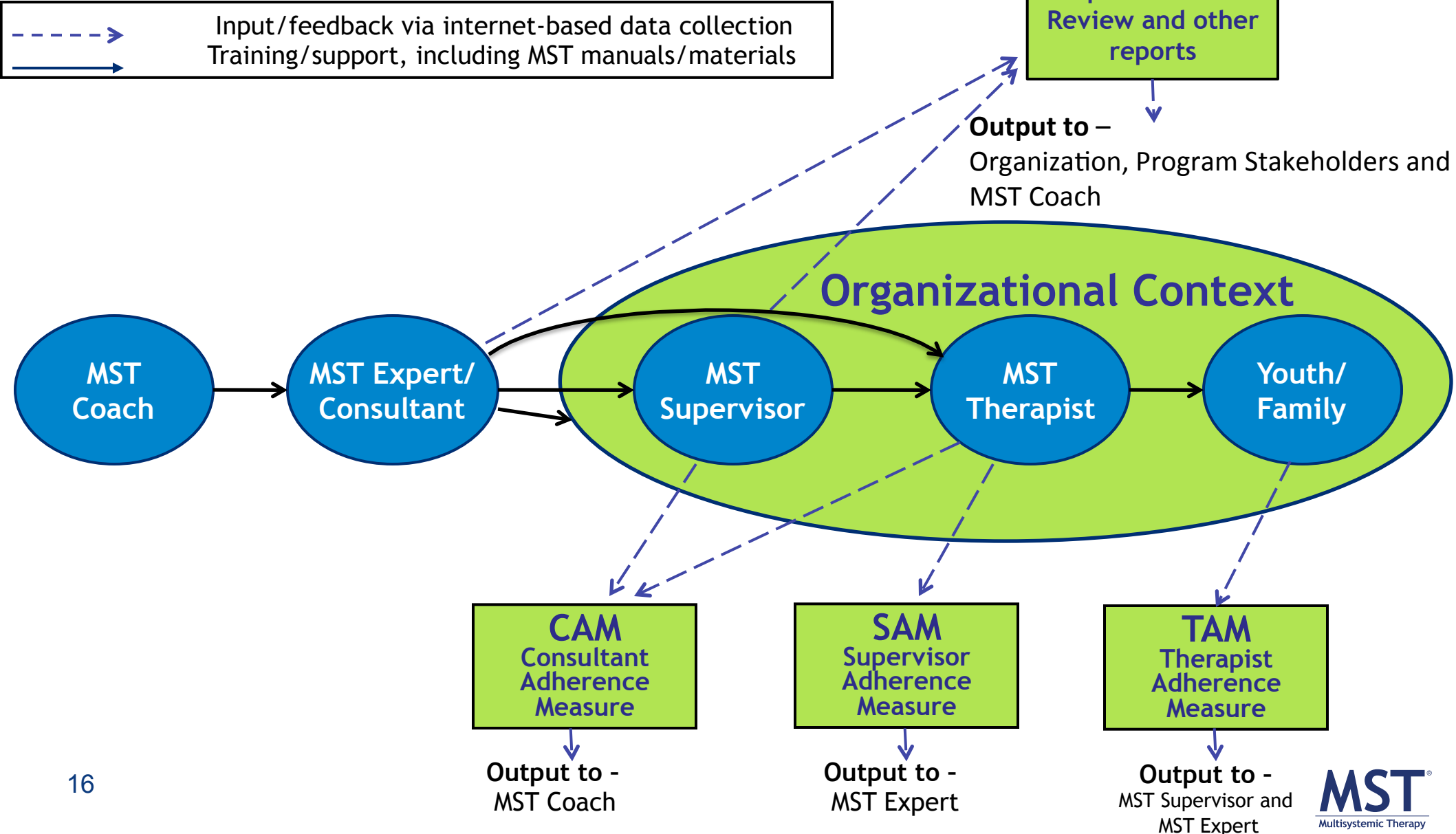
Goal of MST Implementation:

- Obtain positive outcomes for MST youth and their families

QA/QI Process:

- Training and ongoing support (orientation training, boosters, weekly expert consultation, weekly supervision)
- Organizational support for MST programs
- Implementation monitoring (measure adherence and outcomes, work sample reviews)
- Improve MST implementation as needed, using feedback from training, ongoing support, and measurement

MST QA/QI Overview



Stages of Program Development

- Feasibility Study
- Component Development
- Staff Recruitment & Orientation
- Program Start-up
- Program Operations



Feasibility Study

- Target Population
- Financial Plan
- Organizational Commitment
- Stakeholder Support
 - Justice (Police, Courts, Probation)
 - Health & Mental Health
 - Schools & Vocational
 - Recreation (Public, Faith Based, Private)



Stakeholder Support



- Commitment to success
- Agreement on referrals
- Clinical leadership
- Coordinated intervention
- Information management
- Evaluation (Goal development and measurement)
- Program review
- Conflict resolution
- Financial support
- Steering group

Component Development

- Define Target Population
 - Inclusion Criteria
 - Exclusion Criteria
- Referral Process
- Program Evaluation Plan
- Stakeholder Relationships



Staff Recruitment & Orientation

- Position Descriptions
- Compensation Analysis
- Advertising
- Interviewing
- Selecting
- Orientation Training



Program Start-up

- Physical logistics
- Getting initial referrals
- Starting the billing
- Publicity
- Problem-solving



Program Operations



- Fiscal management
- Quality assurance
- Staff retention
- Communication
 - Internal “Back Stage”
 - External “Front Stage”
- MST Expert program support
 - Weekly Consultation
 - Quarterly Staff Booster Training

Thank you!

Questions?

Contact:

Marshall E. Swenson, VP, MST Services

710 Johnnie Dodds Blvd.

Mt. Pleasant, SC 29464

843-856-8226

marshall.swenson@mstservices.com

www.mstservices.com