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

Community
Provider Agency
School
Neighborhood
Peers
Extended Family
Caregiver

Family Members
CHILD
Siblings
Causal Models of Delinquency and Drug Use: Common Findings of 50+ Years of Research

Family

School

Prior Delinquent Behavior

Delinquent Peers

Delinquent Behavior

Neighborhood/Community Context
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

MST

Improved Family Functioning

Peers

School

Community

Reduced Antisocial Behavior and Improved Functioning
MST Implementation

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

23
randomized trials

17
independent evaluations
(not involving an MST model developer)

70+
published, peer-reviewed journal articles

500
MST related publications

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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
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
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

Input/feedback via internet-based data collection
Training/support, including MST manuals/materials

Organizational Context

Output to –
Organization, Program Stakeholders and MST Coach

MST Coach

MST Expert/Consultant

MST Supervisor

MST Therapist

Youth/Family

CAM
Consultant Adherence Measure

SAM
Supervisor Adherence Measure

TAM
Therapist Adherence Measure

Output to - MST Coach

Output to - MST Expert

Output to - MST Supervisor and MST Expert
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
Questions?

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