

## MULTISYSTEMIC THERAPY:

### A Dispositional Alternative in Juvenile Cases

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Multisystemic Therapy (MST)  
Overview for NC Judges
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## What is “MST”?

- An Evidence-Based Treatment
- 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



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## Where is MST Being Used?

- Over 34 states in the U.S. and 13 other countries
- Statewide infrastructures in Connecticut, Hawaii, New Mexico, North Carolina, Ohio and Louisiana
- International nationwide infrastructures in Norway and the Netherlands
- Additional international sites: Australia, Belgium, Canada, Chile, Denmark, England, Iceland, New Zealand, Northern Ireland, Scotland, Sweden and Switzerland



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## Selected Accolades from Judges



Former Judge William Byars, Jr. Director,  
South Carolina Department of Juvenile Justice:

“One of the things that I like about MST is that it looks at the whole child’s framework: the family, the neighborhood and the community.”

“We have to get intensively involved in their lives and try to give them a chance.”

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## How Does MST Work?

Key Points:

- Theoretical And Research Underpinnings
- MST Theory of Change and Assumptions
- How is MST Implemented?

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## 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

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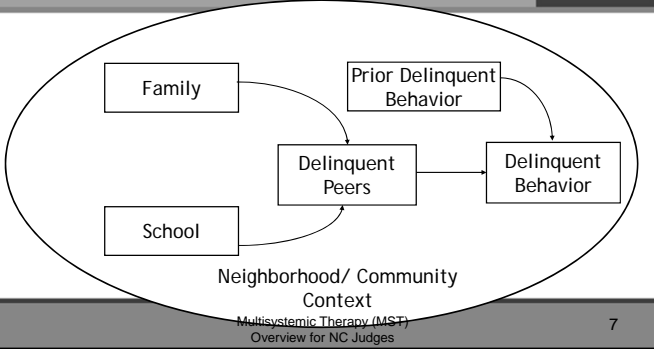
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**Causal Models of Delinquency and Drug Use: Common Findings of 50+ Years of Research**



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**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.)

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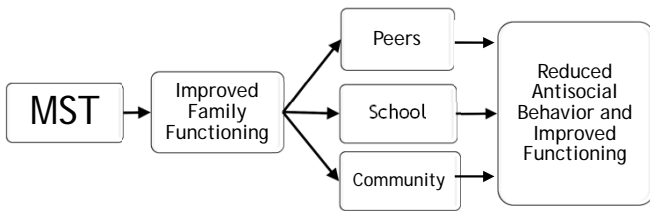
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**MST Theory of Change**



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## How is MST Implemented?

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)

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## How is MST Implemented? (Cont.)

- 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

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## 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

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**Standard MST Referral Criteria (ages 12-17)**

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<p><u>Inclusionary Criteria</u></p> <ul style="list-style-type: none"> <li>• Youth at risk for placement due to anti-social or delinquent behaviors, including substance use</li> <li>• Youth involved with the juvenile justice system</li> <li>• Youth who have committed sexual offenses in conjunction with other anti- social behavior</li> </ul>	<p><u>Exclusionary Criteria</u></p> <ul style="list-style-type: none"> <li>• Youth living independently</li> <li>• Sex offending in the absence of other anti social behavior</li> <li>• Pervasive Developmental Delays</li> <li>• Actively homicidal, suicidal or psychotic</li> <li>• Youths whose psychiatric problems are the primary reason leading to referral, or who have severe and serious psychiatric problems</li> </ul>
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**How is MST Similar to Other Treatments?**

**MST**  
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- Common Characteristics of Family Preservation services: *(Fraser, 1998)*
  - Services are provided to the family and individuals)
  - Target children at risk of out-of-home placement
  - Time-limited, flexibly- scheduled
  - Tailored to the needs of family members
  - Services are provided in the context of the family's values, beliefs and culture.
  - Low caseloads (2-6), 24hr/7day availability

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**How is MST Different?**

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- In general, MST differs from other treatments for delinquent behavior in these areas:
  - Research: Proven long-term effectiveness through rigorous scientific evaluations
  - Treatment theory: A clearly defined and empirically grounded treatment theory
  - Implementation: A focus on provider accountability and adherence to the model
  - Focus on long-term outcomes: Empowerment of caregivers to manage future difficulties

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## Quality Assurance and Continuous Quality Improvement in 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

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## Selected Accolades from Judges



Judge Dorene S. Allen: "By treating the family as a whole, the court is not sending 'rehabilitated' youth back into the same dysfunctional environment. The goals of MST are healthier families and reduced recidivism."

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## MST's Research Heritage



### Key Points:

- 30+ years of Science
- Consistent Outcomes
- Long-term Outcomes

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## MST: 30+ Years of science



26 published outcome, transportability and benchmarking studies including 20 randomized trials

- 11 with serious juvenile offenders
  - 7 independent studies
- 2 with substance abusing or dependent juvenile offenders
- 3 with juvenile sexual offenders
- 3 with youths presenting serious emotional disturbance
- 2 with maltreating families
- 3 with adolescents with chronic health care conditions
  - Diabetes and obesity
- 2 large-scale transportability (dissemination) studies

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## Consistent Outcomes



In Comparison with Control Groups, MST:

- Led to higher consumer satisfaction
- Decreased long-term rates of re-arrest 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 and performance
- Decreased adolescent psychiatric symptoms
- Decreased adolescent substance use

But, none of this happens without adherence to MST

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## Long-term Outcomes



### 14-year and 22-year post-treatment outcomes

MST compared to Individual Treatment, (individuals treated 1983-1986)

- 14 years post treatment  
(n= 165, 94% tracking success)
- 54% fewer arrests
  - 59% fewer violent arrests
  - 57% fewer days in adult confinement
  - 43% fewer days on adult probation

- 22 years post treatment  
(n= 148, 84% tracking success)
- 36% fewer felony arrests
  - 75% fewer violent felony arrests
  - 33% fewer days in adult confinement
  - 38% fewer issues with family instability (divorce, paternity, child support suits)
  - 3% fewer financial problems (credit, contract, rent suits)

\*Complete research overview: [www.mstservices.com/outcomestudies.pdf](http://www.mstservices.com/outcomestudies.pdf)

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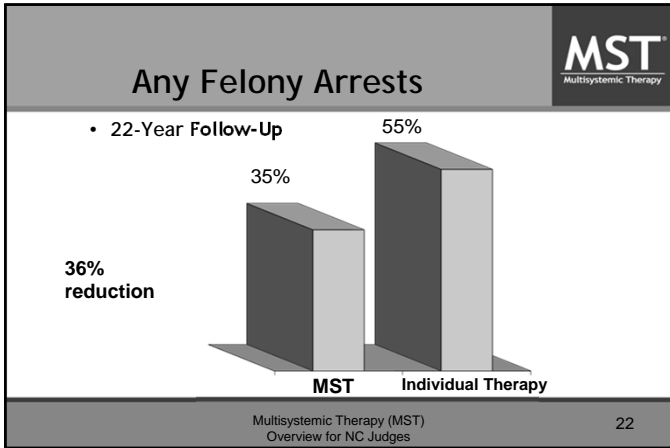
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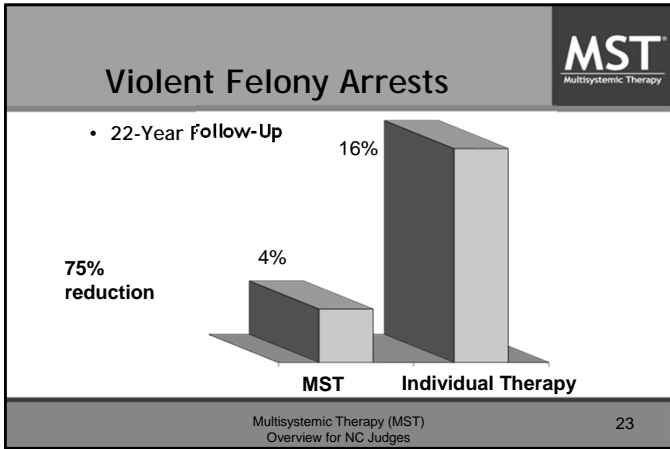
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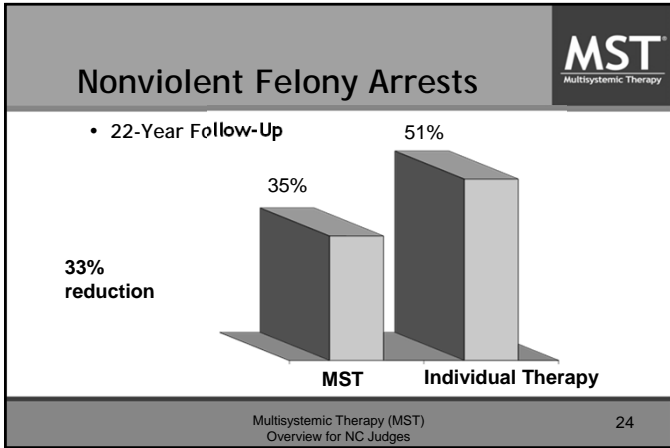
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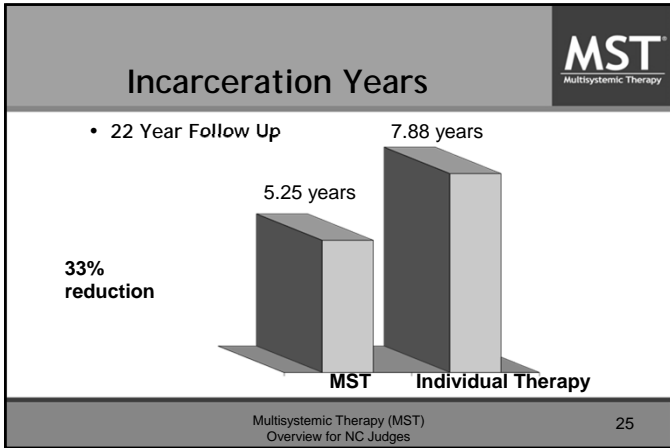
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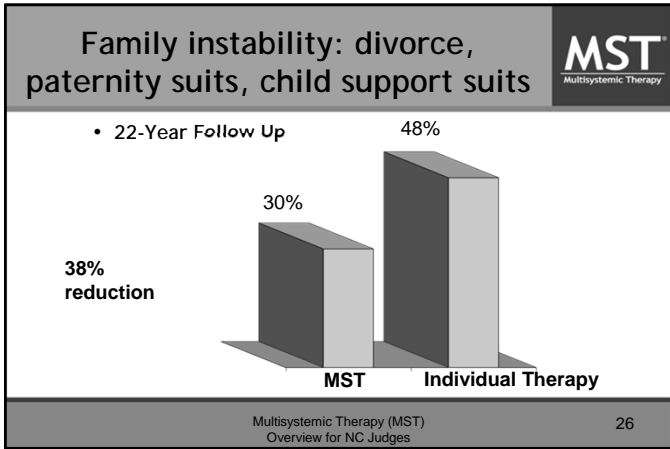
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### Hypothesized Mechanism of Favorable Long-Term Outcomes

Criminal Desistance Predicted by:

1. Development of positive family relationships
2. Employment with viable career path

Given present results, it seems possible that improved family functioning during MST led to better relationship functioning during adulthood - both of which were linked with decreased criminal behavior and less family instability.

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## MST in North Carolina Outcomes at Discharge: 2011



Ultimate Outcomes Review	National MST Average	North Carolina MST Average
Living at home	88%	91%
In school/working	85%	91%
No new arrests	84%	88%
Percent of cases completing treatment	84%	86%
Average length of treatment	130 days	132 days

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## Cost Effectiveness of MST



- Washington State Institute for Public Policy (2011)
  - Evaluating "evidence-based" options to reduce the future need for prison beds, save money, and lower crime rates
  - Estimated net taxpayer benefits for using MST in lieu of placement: \$22,096/youth
  - Benefits of \$4.07 for every \$1.00 invested in MST implementation
  - Estimated net taxpayer benefit for wilderness challenge programs: -\$3,185/youth, since research indicates there is no effect on crime outcomes (2007 data- data wasn't reported in 2011)

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## North Carolina-Specific Cost Effectiveness



Treatment	Cost Per Youth	Cost savings when using MST instead of the following services
MST	\$11,531	N/A
Intensive In-Home Services (IIH)	\$12,695	\$1,164
Residential level II placement	\$18,112	\$6,581
Residential level III/IV placement	\$28,422	\$16,891
Residential PRTF placement	\$66,976	\$55,445

The data above shows the 2011 cost effectiveness of MST in North Carolina in comparison to several other treatment modalities, based on data from NC Department of Medical Assistance.

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“While a small number of youthful offenders pose a serious threat to the public and must be confined, incarcerating a broader swath of the juvenile offender population provides no benefit for public safety. It wastes vast sums of taxpayer dollars....”

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.... Other approaches usually produce equal or better results—sometimes far better—at a fraction of the cost.”

(2011: No Place for Kids: The Case for Reducing Juvenile Incarceration; The Annie E. Casey Foundation)

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## NC-Specific Issues and Common Questions about MST

### Key Points

- MST & Court Collaboration
- Youth at Imminent Risk of Placement
  - Aggression & Safety planning
  - Runaway = Monitoring & Retrieval
  - Substance Use

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## MST & Court Collaboration



- MST therapists might send weekly case reports to involved court counselors and judges
- MST therapists can be present for each court hearing and will prepare statements to provide to the judge at the time of the hearing
- MST therapists and families will work together to develop safety and monitoring plans to address court concerns of community safety

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## Youth at Imminent Risk of Placement: Aggression



- MST therapist and family develop and implement extensive safety plan to address physical aggression
  - Enlist local police officers and court counselors to assist with safety protocols
  - Help parents develop de-escalation skills to manage behaviors safely
  - Address all relevant systems in safety plans, including school, community, and home
  - Assess safety plans weekly to determine if changes/adjustments are needed
  - Share safety plans with court counselors and judges as requested

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## Youth at Imminent Risk of Placement: Runaways



- MST therapist and family develop and implement an extensive monitoring & retrieval plan
  - Enlist local police officers and court counselors to assist with monitoring
  - Identify troublesome peers and limit or eliminate access
  - Help parents develop relationships with peers' parents to strengthen community supports vs. relying on the legal system
  - Develop plans that can include removal of doors, restricted access to clothing & shoes, putting alarms on windows, parents sleeping where they can intercept youth's access to exits
  - Share plans with court counselors and judges as requested

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## Youth at Imminent Risk of Placement: Substance Use



- MST therapist and family develop and implement an extensive monitoring & behavior plan
  - Identify negative peers and limit access
  - Engage the youth in pro-social activities
  - Conduct room searches and drug testing, providing consequences and/or rewards as needed
  - Enlist family supports to carry out interventions
  - Provide weekly reports to the court as requested

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## Barriers to Successful Implementation of MST in North Carolina



- MST being used as a “stop gap” until placement can be found
- MST only being used as a last resort, after IIH is used (MST and IIH are the same level service)
- MST youth with substance use behaviors not being referred
- MST youth being referred to simultaneous services while in MST

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## Barriers to Utilization of MST Across North Carolina



- Despite strong outcomes with MST across North Carolina, utilization remains has stayed around only 70% of capacity
- MST Services is collaborating with DMH, DMA, DJJ and MST provider agencies to create interventions and increase the use of MST for delinquent youth in NC
- Question - Judges’ perspectives based on their experience about how we can increase utilization and make referrals to MST from court counselors more likely?

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**Questions?**

Thank you for your time and  
attention

[www.mstservices.com](http://www.mstservices.com)

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