



---

---

# CONSORTIUM

---

---

ON CHILDREN, FAMILIES, AND THE LAW

## FACT SHEET

# Multisystemic Therapy: Clinical Outcomes and Cost Savings

### Program Overview

- Multisystemic therapy (MST) is a family- and community-based treatment that addresses the multiple needs of serious juvenile offenders who are at high risk for out-of-home placement and their families.
- MST focuses on changing the known causes and risk factors for offending, including characteristics of the individual youth, the family, peer relations, school functioning, and the neighborhood.
- Concurrently, MST builds protective factors. For example, MST helps families to develop natural support networks (e.g., friends, extended family, church, neighbors).
- MST is provided through a home-based model of service delivery that removes barriers to accessing services, provides families with intensive services, facilitates family involvement in treatment, and promotes the long-term maintenance of favorable changes.
- Specific interventions used within MST are scientifically based, goal-oriented, and problem-focused.
- MST services are individualized to the family's strengths and weaknesses and address their needs comprehensively.
- MST is described fully in a treatment manual (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998) and put into operation through adherence to nine treatment principles.
- MST has stringent quality assurance mechanisms to assure treatment fidelity.

### Clinical Outcomes

- MST is a well-validated treatment model (Kazdin & Weisz, 1998), with eight randomized clinical trials completed (including three with violent and chronic juvenile offenders, one with inner-city delinquents, one with substance abusing and dependent juvenile offenders, one with adolescent sexual offenders, one with youth presenting psychiatric emergencies, and one with maltreating families) and several others underway.
- The studies with violent and chronic juvenile offenders showed that MST reduced long-term rates of rearrest by 25% to 70% in comparison with control groups.
- The studies with long-term follow-ups showed that MST reduced the number of days in out-of-home placements by 47% to 64% in comparison with control groups.
- Compared with control groups, MST studies have consistently demonstrated improved family relations and family functioning.
- MST has reduced drug use in juvenile offenders in comparison with control groups.
- Studies have shown that key youth outcomes (i.e., rearrest, out-of-home placement) are significantly associated with a therapist's adherence to the MST principles (hence the emphasis on maintaining quality assurance).

### Cost Savings

- Cost savings are achieved by targeting youths who are truly at imminent risk of out-of-home placement and then successfully preventing placement, while preserving community safety.

- The Washington State Institute for Public Policy (1998) concluded that MST was the most cost-effective of a wide variety of treatments designed to reduce serious criminal activity by adolescents. When compared to boot camps, MST provided an average net gain of \$29,000 in decreased program and victim costs.

---

#### **For Further Information**

For more information about research-related issues, contact:

Dr. Scott W. Henggeler  
Family Services Research Center  
Department of Psychiatry and Behavioral Sciences  
Medical University of South Carolina  
67 President Street, Suite CPP  
P. O. Box 250861  
Charleston, SC 29425  
843-876-1800  
843-876-1845 (Fax)

For more information about program development, dissemination, and training, contact:

Mr. Keller Strother  
MST Services, Inc.  
268 West Coleman Boulevard, Suite 2E  
Mount Pleasant, SC 29464  
843-856-8226 ext. 11  
843-856-8227 (Fax)

#### **Note:**

**This fact sheet was developed under a grant from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice (grant number 98-JN-FX-0015) to the Institute for Families in Society at the University of South Carolina. Points of view and opinions in this publication are those of the authors and do not necessarily represent the official position or policies of the U.S. Justice Department.**

#### **References**

- Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (1998). *Multisystemic treatment of antisocial behavior in children and adolescents*. New York: Guilford Press.
- Kazdin A. E., & Weisz, J. R. (1998). Identifying and developing empirically supported child and adolescent treatments. *Journal of Consulting and Clinical Psychology, 66*, 19-36.
- Washington State Institute for Public Policy. (1998). *Watching the bottom line: Cost-effective interventions for reducing in Washington*. Olympia, WA: Evergreen State College.