

CONSORTIUM

CHILDREN, FAMILIES AND THE LAW

Innovations in Juvenile Justice

THE EFFECTIVE USE OF MULTISYSTEMIC THERAPY

Introduction

Previous fact sheets have discussed the importance of looking at a youth's social environment or ecology — all aspects of a youth's life (the individual and his/her interactions with family, peers, school, neighborhood/community) — when trying to identify factors that might be linked to his/her misconduct. They have discussed the determinants of serious antisocial behavior, various risk and protective factors, and the developmental pathways that lead toward more serious problem behaviors.

Multisystemic Therapy (MST) is an intervention that has proven effective with serious, chronic juvenile offenders. This fact sheet will look at research on the effectiveness of the MST approach with very difficult populations. The results of these studies may be informative to those who seek to collaborate with others to develop programs to treat juvenile offenders or youth who display serious antisocial behavior or to design effective delinquency prevention programs.

Effectiveness of the MST Program

The primary goals of MST are to reduce youth criminal activity and other types of antisocial behavior (e.g., drug abuse) and to achieve these outcomes at a cost savings by decreasing rates of incarceration and out-of-home placements. MST has proven successful in meeting these goals.

Eight randomized clinical trials have been conducted to determine MST's effectiveness. Studies completed include three with chronic juvenile offenders, one with inner-city delinquents, one with substance abusing and dependent juvenile offenders, one with youths undergoing psychiatric emergencies, and one with maltreating families. Here are key findings from those studies (Henggeler, Mihalic, Rone, Thomas, & Timmons-Mitchell, 1998).

- **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.**
- **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 demonstrated improved family relations and family functioning.**
- **MST has increased mainstream school attendance for substance-abusing delinquents and youths with serious emotional disturbances in comparison with control groups.**
- **MST has reduced drug use in juvenile offenders compared with control groups.**
- **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. MST provided an average net gain of \$21,863 in decreased program and victim costs per participant.**

We will examine briefly two key studies conducted to measure the success of MST.

Simpsonville, South Carolina Study

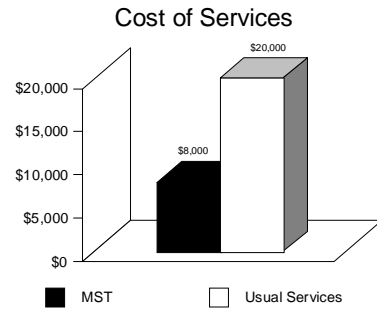
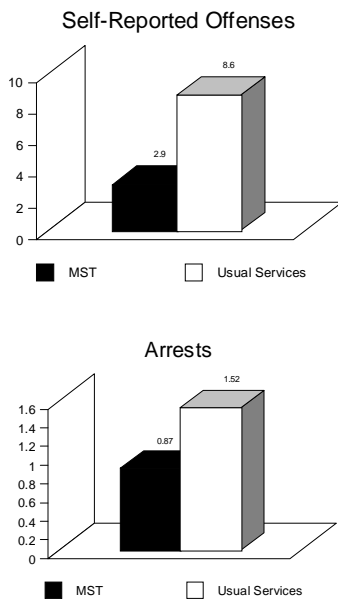
A study (Henggeler, Melton, & Smith, 1992; Henggeler, Melton, Smith, Schoenwald, &

Hanley, 1993) to determine whether MST was an effective alternative to incarceration was conducted in Simpsonville, SC. Funded by the National Institute of Mental Health (NIMH), the study was a collaborative project between the South Carolina Department of Mental Health and the South Carolina Department of Juvenile Justice.

The Simpsonville project included 84 violent and chronic juvenile offenders. Here is a brief description of the participants.

- All were at imminent risk of out-of-home placement
- 54% were violent offenders (e.g., manslaughter, assault and battery with intent to kill, and aggravated assault)
- Averaged 3.5 previous criminal arrests
- Averaged 9.5 weeks of prior incarceration
- Average age was 15.2 years
- 77% were males
- 56% were African American, 42% were Caucasian
- 26% lived with neither biological parent

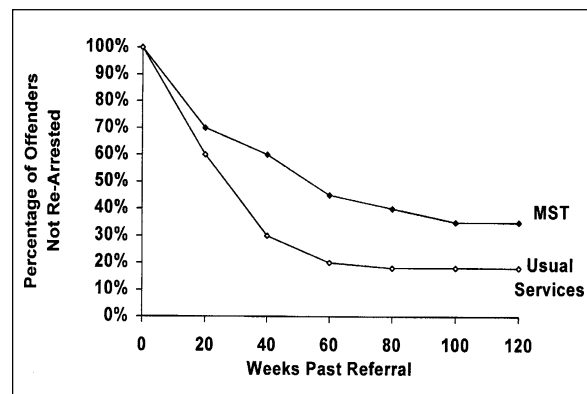
The youth were assigned randomly to receive MST (using the family preservation model of service delivery) or the usual services provided by DJJ (e.g., court-ordered curfew, school attendance, referral to other community agencies). MST was more effective than the usual services at reducing long-term rates of criminal behavior and preserving family integrity. At the 59-week postreferral follow up, youth who received MST had significantly fewer arrests (averages = 5.8 vs. 16.2) than did youth receiving



usual services. And, MST was considerably less expensive. The bar graphs (MST Services, 1998) illustrate these findings.

A 2.4-year follow-up study (Henggeler, Melton, Smith, et al., 1993) showed that MST doubled the percentage of youth who were not arrested again compared to those who received usual services.

Simpsonville 2.4-Year Follow-Up Study



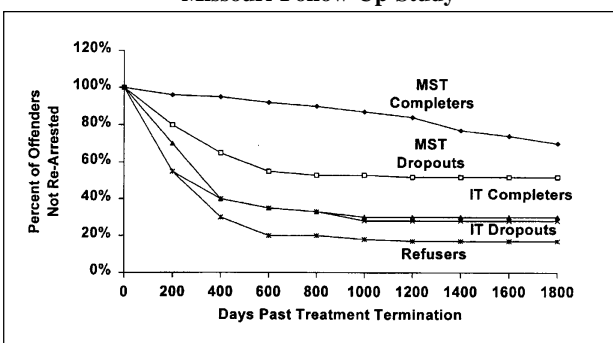
The Missouri Delinquency Project

A 1995 Missouri study (Borduin et al., 1995) compared the long-term effects of home-based MST versus office-based, individual, outpatient counseling on the prevention of criminal behavior and violent offending among 200 juvenile offenders. Here is a brief look at the participants (MST Services, 1998).

- Averaged 4.2 previous arrests
- 64% had been incarcerated previously for at least 4 weeks
- Average age – 14.8 years
- 67% male, 33% female
- 30% African American, 70% Caucasian
- 47% lived with only one parental figure

The study showed that MST was significantly more effective than individual therapy (IT) in increasing family cohesion, adaptability, and

Missouri Follow-Up Study



supportiveness; decreasing family hostility and conflict; and decreasing behavior problems in youth (MST Services, 1998).

Results from a 4-year follow-up study of recidivism showed that youth who received MST were significantly less likely to be rearrested (22%) than youth who received individual therapy (72%) (Henggeler, 1997). The follow-up study also showed that MST was significantly more effective at preventing violent, drug-related, and other criminal offending than individual therapy.

Cost Effectiveness Study

The Washington State Institute for Public Policy (1998), at the direction of the Washington State Legislature, evaluated the costs and benefits of 16 interventions designed to reduce crime. Researchers identified MST as an effective intervention for high-risk juvenile offenders and estimated that it could subsequently reduce this group's level of felony offending in Washington by 44%. This reduction in crime would save taxpayers an estimated \$12,381 per participant in future criminal justice costs, the study said.

Therefore, based on an average MST program cost of about \$4,500 per participant, MST could save taxpayers about \$7,881 for every high-risk juvenile offender placed in the program, the study said.

Researchers further estimated an additional \$13,982 cost savings in future out-of-pocket costs paid by crime victims. Combining the cost benefits to taxpayers and crime victims, MST produced a net gain of \$21,863 per participant.

Other Studies of MST

Several other studies of the effectiveness of MST are completed or underway.

- A (Charleston, SC) study, funded by the National Institute on Drug Abuse, evaluated MST with **substance-abusing or dependent juvenile offenders** in comparison with usual community services (Henggeler, Pickrel, & Brondino, in press). MST reduced self-reported drug use at posttreatment, incarceration by 46% at the 6-month follow-up, and rearrest by 26%.
- A (Charleston, SC) study, funded by the National Institute of Mental Health, evaluated the use of MST as a family-based alternative to the costly practice of hospitalizing **youth presenting psychiatric emergencies such as psychosis and threats of suicide and homicide**. MST was more effective at decreasing youth externalizing symptoms, improving family relations, increasing school attendance, and increasing consumer satisfaction (Henggeler, Rowland, et al., 1999). Moreover, MST reduced days hospitalized by 75% and days in other out-of-home placements by 50% (Schoenwald et al., in press).
- A (Charleston, SC) study, funded by the Center for Mental Health Services, will evaluate an innovative treatment (that includes key components of MST) and service delivery model aimed at **substance-abusing parent figures of young children** (Henggeler, 1997).
- A study (Wilmington, DL) by the Delaware Department of Services for Children, Youth, and Their Families will evaluate the use of **MST as an alternative to placement for serious juvenile offenders in costly out-of-state residential treatment facilities** (Henggeler, Schoenwald, Borduin, Rowland, and Cunningham, 1998).
- In Ontario, Canada, MST is being studied in four sites in the Province of Ontario **as an alternative to incarceration of moderate-to high-risk juvenile offenders** (Henggeler, Schoenwald, et al., 1998).

Summary

Research has shown that MST is effective in reducing criminal activity and out-of-home place-

ments in studies with violent and chronic juvenile offenders. Additional studies that focus on the effectiveness of MST with substance abusing juvenile offenders are promising, as are preliminary studies examining the use of MST with other populations such as juvenile sex offenders or youth manifesting psychiatric emergencies (e.g., psychosis, suicide threat) (Henggeler, 1997).

MST has been successful because it:

- focuses on addressing the known causes of delinquency,
- builds on strengths in the youth and those in his social setting and reducing risk factors,
- delivers services in the youth's natural environment rather than in an institutional or out-of-home placement, and
- ensures that therapists who provide services strictly adhere to the MST program.

The principles that form the core of this successful intervention may be helpful to others who are seeking to develop programs to prevent juvenile delinquency and youth violence or to treat chronic, serious juvenile offenders.

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