



CONSORTIUM

ON CHILDREN, FAMILIES AND THE LAW

FACT SHEET

Multisystemic Therapy: How Is It Done?

Program Overview

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The MST approach views individuals as being surrounded by a network of interconnected systems that encompass individual, family, and extrafamilial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems. In MST, this “ecology” of interconnected systems is viewed as the “client.”

MST addresses the multiple factors known to be related to delinquency across the key settings, or systems, within which a youth lives. Using the strengths of each system (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate positive change, the intervention strives to promote behavioral change in the youth’s natural environment.

MST Goals and Treatment Techniques

The ultimate goals of MST are to provide parents with the skills and resources that they need to address independently the difficulties that arise when rearing teenagers and to give youth skills to cope with family, peer, school, and neighborhood problems. This is done, in part, by mobilizing individual, family, and community resources that support and maintain the long-term behavioral changes that occur during MST treatment.

MST is a pragmatic, goal-oriented treatment program that targets factors in a youth’s social network that contribute to his or her antisocial behavior. Thus, MST interventions typically aim to:

- improve caregiver discipline practices
- enhance family relations
- decrease a youth’s association with deviant peers
- increase a youth’s association with prosocial peers
- improve a youth’s school or vocational performance
- engage youth in positive recreational outlets

- develop a natural support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes

Specific treatment techniques that facilitate these gains are integrated from therapies with the most empirical support, such as cognitive behavioral, behavioral, and pragmatic family therapies.

The Role of the Therapist and the Family

- MST is delivered in the natural environment (e.g., home, school, community). Family members help therapists to design the treatment plan, which ensures that it will be family driven rather than therapist driven.
- Therapists are responsible for engaging the family and other key participants in the youth’s environment (e.g., teachers, school administrators, community members, workers from agencies with mandated involvement). Similarly, therapists and the provider agency are held accountable for achieving change and for positive case outcomes.
- For MST therapists, treatment is an ongoing process of understanding the “fit” between identified problems and their broader systemic context. Therapists view family members’ behavior as “making sense” from that individual’s perspective of the world. The therapist’s job is to understand the “fit” of the targeted behavior and to devise strategies that help caregivers to address family members’ needs.
- Within a context of support and skill building, the therapist places developmentally appropriate demands on the adolescent and family to behave responsibly. Therapists emphasize the positive and

use a family's or individual's strengths to bring about change.

- Interventions always target specific, well-defined problems, focus on present conditions, and are action-oriented.
- This “multisystemic” approach views individuals as being surrounded by a network of inter-connected systems that encompass individual, family, and extrafamilial (peer, school) factors and recognizes that interventions may be necessary in any one or a combination of these systems to bring about a desired behavior change.

MST Service Delivery

- Therapists work with family members daily or weekly to achieve behavior changes that can be observed and measured. The effectiveness of these therapeutic efforts is evaluated continuously from multiple perspectives (e.g., caregivers, identified youth, school teachers, supervisor, MST consultant).
- MST uses a home-based model to deliver services. This helps to overcome barriers to accessing services, increases the likelihood that families will stay in treatment, provides families with intensive services (i.e., therapists are full-time staff who have low caseloads of four to six families per therapist), and helps to maintain treatment gains.
- MST treatment typically lasts about 4 months, with multiple therapist-family contacts occurring each week. Families usually see therapists less frequently as they get closer to being discharged from treatment.

MST Treatment Fidelity

Adherence to the MST treatment model is essential for positive results. MST has been proven to be a cost-effective program that reduces rearrests and out-of-home placements for chronic, violent, juvenile offenders.

Research conducted on the effectiveness of MST has demonstrated consistently that strong adherence to the model is correlated with strong case outcomes, and poor adherence is associated with substantially poorer outcomes. Training, which is key to the success of the model, is intensive and ongoing. Clinical staff training includes a week of introductory and orientation training, weekly consultation with an expert in MST, and quarterly booster training.

Adherence is the primary focus of the weekly consultation process, and heavy emphasis is placed on establishing on-site supervision practices to ensure that therapists adhere to the MST program.

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