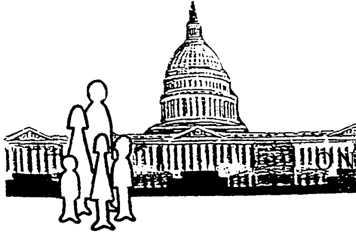

CONSORTIUM ON CHILDREN, FAMILIES AND THE LAW

Innovations in Juvenile Justice

The Principles Underlying Multisystemic Therapy

Introduction

Multisystemic Therapy (MST) is an intensive, family- and community-based treatment that targets chronic, violent, or substance-abusing youth who are at risk of out-of-home placement. The "typical" MST youth is 14 to 16 years old, lives in a single-parent home that is characterized by multiple needs and problems, has multiple arrests or is a chronic offender, is involved with delinquent peers, has problems at school, and abuses alcohol and drugs.

Based upon the success of MST in treating serious juvenile offenders, the Center for the Study and Prevention of Violence has identified it as a *Blueprint Program for Violence Prevention*. MST also has shown promise among other difficult populations (e.g., youths experiencing psychiatric emergencies; substance-abusing parents of young children).

How Are Services Delivered?

MST usually uses the family preservation model, where therapists have small caseloads (4-6 families); are available 24 hours a day, 7 days a week; and provide services in the family's home at times convenient to them. Therapists usually are masters-level counselors who are supervised by a doctoral level mental health professional. The average length of treatment is about 60 hours of contact provided during a 4-month period. On average, each therapist has an average caseload of 15 families per year. MST provides a youth's primary caregivers with skills and resources to deal independently with difficulties that arise when rearing teenagers. This is done by using identified strengths to develop natural support systems (e.g., extended family, neighbors, friends) and by removing barriers (e.g., parental drug abuse, high stress, poor relationships with mates) to effective family functioning. Family members design the treatment plan, which helps to ensure the family's involvement.

What are the Principles Underlying Multisystemic Therapy?

Multisystemic therapy is based upon the following nine basic treatment principles.

1. **It is essential to understand a youth's behavioral problems in light of the broader "systemic" context.**

To address a youth's behavioral problems effectively, it is critical to be able to understand the youth's problems in light of a broader systemic context. As discussed in the last fact sheet, rather than looking at children and adolescents in isolation, it is important to view them within the context of the many systems in which they function (i.e., within their family, peer group, school, neighborhood, church, and other community entities).

A first step in MST is understanding what factors in each of these systems contribute to behavioral problems and what factors help prevent these problems. **In other words, it is critical to identify both "needs" and "strengths" within the youth, his/her family, his/her peer group, the school, and the neighborhood and community, and it is important to know how these "needs" and "strengths" relate to the youth's problem behaviors.**

To gather information about these strengths and needs, it is important to talk with key persons in the youth's environment. So, a youth's strengths and needs should be examined from the perspective of family members (including siblings and extended family where appropriate), peers, school personnel, neighbors, family friends, probation officers, etc. Once this information has been gathered, hypotheses

can be developed about why an adolescent behaves in particular ways, and these hypotheses can be tested through interventions.

2. Interventions should emphasize the positive and focus on strengths within the child, family, peer group, school, and neighborhood, and use these strengths as levers for change.

Successful treatment of a youth's serious behavioral problems requires positive collaboration with the youth's family. Anyone who interacts with multi-problem families (which may involve parental drug abuse, child maltreatment and other serious problems) may feel frustration, anger, and hopelessness. Although these sentiments are understandable, they stand in the way of efforts to change the youth's behavior. If professionals view a family in a negative light, the family will sense this attitude, and it will be very difficult to develop a partnership with them. Focusing on strengths within the family will help to:

- set the stage for cooperation and collaboration by decreasing negative feelings and by building feelings of hope and positive expectations,
- identify family resources and social supports that will lead to better interventions,
- increase a family's ability to problem-solve (e.g., focusing on how change can take place as opposed to why problems are so bad), and
- increase a parent's confidence.

Where to look for strengths

Even in the most troubled families, there are many strengths that may be found. Common strengths include (Henggeler et al., 1998, p. 31):

Child
- individual competencies and abilities (e.g., good social skills or academic skills)
- intelligence
- hobbies and interests
- good motivation
- positive temperament

Parent
- good social skills
- concern for their child's well-being
- patience
- good problem-solving ability
- high motivation

Family
- financial resources
- basic family needs are met (e.g., housing and food)
- transportation is available
- child care is provided
- strong relationships among spouses, parents and children
- multiple and varied social supports to the family (e.g., extended family, friends, church members)

Peer
- individual competencies and abilities (e.g., peers have good social or academic skills)
- peers engage in positive activities, have positive hobbies and interests
- family monitors and is involved in peer activities

School
- concerned school personnel
- good classroom management practices and school-wide discipline procedures
- positive after-school activities (drama, art, sports, clubs)
- cultural and community activities held at school
- efforts to engage families in children's education

Neighborhood and community
- concerned and involved neighbors
- recreational and leisure activities
- voluntary organizations (e.g., churches, neighborhood associations, sororities and fraternities)
- human services (e.g., economic assistance programs, housing and transportation support, child care, health care, legal aid)

3. Interventions should encourage youths and parents to act responsibly.

In order to reduce a youth's problem behavior, interventions must help youths and their parents to act responsibly in the many settings in which they interact.

Responsible/Irresponsible Parental Behavior

Responsible parents engage in behaviors that

prepare their children to become competent members of society, and they try to do something about factors that may make it difficult for them to fulfill their parental responsibilities (e.g., substance abuse, social isolation, marital problems). In some families, parents are not able to meet their responsibilities because they are spread too thin (e.g., a divorced mother of several young children is employed full-time, is socially isolated and depressed). In such cases, enhancing responsible parental behavior may require engaging others to share some of the parent's many responsibilities.

Responsible/Irresponsible Youth Behavior

Responsible children and youth engage in behaviors and activities that help them to become competent members of their family, school, community, and society. Their primary responsibilities include complying with family and societal rules, attending school and putting forth reasonable efforts at school, helping around the house, and not harming others.

Encouraging Responsible Behavior and Decreasing Irresponsible Behavior

For children and youth, the best way to promote responsible behavior and decrease irresponsible behavior is to use positive reinforcement and discipline systematically. Some guidelines include:

- Consequences of behavior should be spelled out from the onset and should fit the behavior (e.g., stealing might require the youth to provide restitution at several times the value of the theft).
- Youth should understand the rationale behind the rules and should have some input into the rules.
- Good behavior should be reinforced socially (e.g., verbal praise) and tangibly (e.g., allowance, privilege).
- Discipline should be aversive, but physical discipline should be discouraged because it models aggression for youths who already have problems with aggression.
- Sanctions should be minor for minor transgressions and significant for major transgressions.
- Punishments should not last so long that the youth has "little to lose" by not complying.

Parents, too, must be encouraged to increase their responsibility. If parents become more responsible, a child's behavior will almost always improve. Interventions must reinforce responsible parenting behavior through praise and support. It also may be necessary to build natural reinforcements for responsible parenting within the home and community (e.g., encouraging a grandmother to praise her son for helping his child with schoolwork).

4. Interventions should focus on the present, be "action-oriented," and target specific problems.

Focus on the present

Whereas some treatment models focus on examining a client's or a family's past (e.g., psychoanalysis), MST emphasizes changing the family's *present* circumstances as a critical step toward changing future functioning of the family.

Action-oriented interventions

Interventions should aim to activate the family (and other individuals and organizations closely associated with the family) to make many positive, observable changes. Making and sustaining these changes requires a great deal of energy and a focus on "action." Typically, MST is a short-term, intensive, treatment, which requires family members to work intensively to solve problems that are often long-standing. Small successes motivate family members to make additional changes.

Targeting specific problems

Targeting well-defined problems and setting well-defined treatment goals are critical to success. Two types of goals should be set: (1) overarching goals, which refer to the family's ultimate aims (e.g., have the youth pass 10th grade), and (2) intermediate goals, which refer to the daily "nuts and bolts" of reaching the overarching goals (e.g., finishing homework, studying for exams, having parents reward a child for academic efforts, linking parents and school staff).

5. Interventions should focus on interactions within and between systems (e.g., the family, peer group, school, neighborhood) that are linked with a youth's problem behaviors.

Interventions should be based on an

assessment of those interactions within a family (and within the peer group, school, neighborhood, etc.) that contribute to a youth's behavioral problems. Because these interactions are likely to be different from one family to the next, interventions must be carefully crafted to address the specific circumstances and risk factors identified as contibuting to the problem behaviors.

This approach is different from the "one size fits all" treatment models that assume that families with problem children require a specific type of standardized treatment such as parent training, communication training, or improved problem-solving skills. And because youths are part of other systems (their peer group, school, and neighborhood), interventions that contribute to or mediate a youth's behavioral problems within these systems is addressed with MST (e.g., helping parents to disengage youths from bad peer groups, helping parents to collaborate with school staff and promote their child's educational performance).

6. Interventions should fit the developmental needs of the youth and caregivers.

Interventions must take into account the fact that children and their caregivers have different needs at different periods of their lives. For children and young adolescents, appropriate interventions may focus on increasing parental control. For older adolescents (e.g., 17-year-olds), interventions might be more effective if they focused on preparing the youth for entry into the adult world (e.g., help to increase his or her social maturity or develop ways to overcome financial and logistic barriers to living independently). In developing effective interventions, one must not only consider a youth's chronological age, but also his or her mental and social development. For example, a 17-year-old who has the mental and emotional capacity of a 17-year-old should be treated very differently than a 17-year-old who has friends in their 20s.

One must also consider the developmental stage of the youth's caregiver when designing interventions. For example, in cases in which parents had children while still in their teens, one may find that their developmental level is closer to that of their adolescent child than to other parents of teenagers. Sometimes, interventions can help the parent develop the necessary parenting capacity, if given enough resources and support. Other times, particularly if the parent is mentally and socially immature, it may be necessary to pull together a parenting collaboration among a variety of adults who are connected with the youth.

7. Interventions should require daily or weekly effort by family members.

MST is based upon the assumption that therapists can help families resolve problems more quickly if everyone (e.g., caregivers, siblings, extended family members, friends, neighbors, school personnel, social service personnel) works together to meet agreed-upon goals. Designing interventions that require daily or weekly effort by family members has the following advantages: (a) problems can be resolved more quickly, (b) backsliding and nonadherence to treatment plans becomes very apparent, (c) treatment effects can be assessed on a continual basis and any necessary corrective actions can be taken, (d) family members have many opportunities to receive positive feedback as they move towards their goals, and (e) families are empowered as they learn that they are primarily responsible for and able to meet treatment goals.

8. Interventions should be continually assessed to determine if they are effective, and service providers should be responsible for overcoming any barriers.

Most interventions with youth and their families will begin to show positive results within a short time (within 1-2 weeks) if they are applied appropriately. If an intervention is not working, prompt feedback from key reliable informants (i.e., the youth himself, parents, siblings, teachers, peers, neighbors, and other professionals) allows the therapist and family to consider other interventions or other ways of addressing the youth's problem behavior.

9. Interventions should be designed to ensure that successes are generalized and maintained after treatment ends.

A critical component of MST interventions involves ensuring that treatment gains will generalize to other situations or conditions and that they will be maintained once the treatment is over. For example, if a teen learns to act respectfully towards her teachers and, although not specifically taught, she starts being respectful to other adults as well, this

behavior (acting respectfully toward adults) is said to have "generalized." If this behavior persists over time, it will have been "maintained."

In order for treatment generalization and maintenance to occur, families must be empowered--they must develop the ability to deal effectively and *independently* with the challenges of raising children. Therapists can help to increase the probability of treatment generalization and maintenance by: (1) teaching behaviors or skills in the natural environment (e.g., teaching behavioral management techniques to parents in the home setting); (2) encouraging and reinforcing families for problem-solving on their own; (3) finding other individuals who will reinforce family members' new behaviors in the home, school, and community; (4) alerting key individuals (e.g., teachers, probation officers) to the new behaviors of family members; (5) providing positive reinforcements when behaviors are generalized; and (6) allowing family members to do as much of the development and implementation of interventions as they can.

References

Information in this fact sheet was adapted from the following references:

Fact sheet: Multisystemic Therapy: An overview. (1998). Prepared by the Consortium on Children, Families, and the Law.

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