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Juvenile Justice Fact Sheet

MULTISYSTEMIC THERAPY: A COMPARISON WITH OTHER TREATMENT APPROACHES

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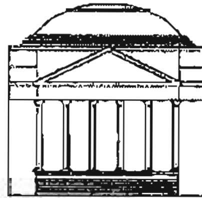

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HOW IS MULTISYSTEMIC THERAPY (MST) DIFFERENT FROM OTHER TREATMENT APPROACHES?

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. MST addresses the factors associated with delinquency across a youth's key settings, or systems (e.g., family, peers, school, neighborhood). Using the strengths of each system to foster positive change, MST promotes behavior change in the youth's natural environment.

Describing the differences between MST and other treatment approaches is difficult without a clear understanding of the program or treatment with which MST is being compared. Generally however, there are four major points that separate MST from other treatments for antisocial behavior:

- **Research:** Proven long-term effectiveness through rigorous scientific evaluations
- **Treatment theory:** A clearly defined and scientifically grounded treatment theory

- **Implementation:** A focus on provider accountability and adherence to the treatment model

- **Focus on long-term outcomes:** Empowering caregivers to manage future difficulties

RESEARCH: PROVEN LONG-TERM EFFECTIVENESS THROUGH RIGOROUS SCIENTIFIC EVALUATIONS

- MST is a well-validated treatment model with eight randomized clinical trials completed and several others underway.

- Studies with violent and chronic juvenile offenders showed that MST reduced long-term rates of rearrest by 25% to 70% compared with control groups.

- Studies with long-term follow-ups showed that MST reduced days in out-of-home placements by 47% to 64% compared with control groups.).

TREATMENT THEORY: A CLEARLY DEFINED AND SCIENTIFICALLY GROUNDED TREATMENT THEORY

- MST, which is described in a treatment manual (Henggeler, Schoenwald, Borduin, Rolland, & Cunningham, 1998), is put into operation through adherence to nine treatment principles.

- MST builds on decades of research about the determinants of antisocial behavior. More than 20 research groups have conducted studies that show relationships among the key risk and protective factors that contribute to serious behavioral problems in youth.

IMPLEMENTATION: A FOCUS ON PROVIDER ACCOUNTABILITY, AND ADHERENCE TO THE TREATMENT MODEL

- The MST therapist, the MST team, and the host agency are responsible for removing barriers to service accessibility and for achieving outcomes with *every* case (e.g., responsibility of the therapist to engage the family, accountability of the therapist and provider organization to achieve sustainable outcomes that the family can maintain after treatment ends.).

- Treatment adherence is optimized by stringent quality assurance mechanisms that include task oriented, on-site supervision; measurement of adherence to the treatment model using research validated instruments; and intensive training for all MST staff, including a 5-day orientation training, weekly case consultation with an MST expert, and quarterly booster training.

- In practice, MST is analytical yet pragmatic and task-oriented. MST therapists focus on designing interventions that will have the most immediate and powerful impact on the problem behavior by building on individual, family, school, and community strengths. To assess the impact of an intervention, MST therapists document anticipated outcomes of each intervention by describing the observable and measurable outcomes that they are aiming for *before* they implement the intervention. This information is used to assess the advances made or the barriers encountered during treatment.

- Specific treatment methodologies that are used as part of MST interventions are empirically based (e.g., cognitive behavior therapies, behavioral parent training, and the pragmatic family therapies, such as structural family therapy and strategic family therapy).

FOCUS ON LONG-TERM OUTCOMES: EMPOWERING CAREGIVERS TO MANAGE FUTURE DIFFICULTIES

- The ultimate goals of MST are to provide the youth's primary caregivers with the skills and resources they need to address independently the difficulties that arise when rearing teenagers with behavioral problems and to give youth the skills to cope with family, peer, school, and neighbor-hood problems.

- MST focuses on changing the known determinants of offending, including characteristics of the individual youth, the family, peer relations, school functioning, and the neighborhood.

- MST treatment plans are designed jointly with family members and are family driven rather than therapist driven.

HOW IS MST SIMILAR TO MANY OTHER COMMUNITY-BASED PROGRAMS?

MST uses a home-based, or "family preservation," model of service delivery. Models of service delivery, in and of themselves, are not "treatments." A common misconception in children's services is that all family preservation programs deliver the same treatment.

Typically, the family preservation model of service delivery has these elements:

- Services are provided to the family, although a variety of activities may be undertaken with or on behalf of individuals.

- Services are targeted to families with children at risk of being placed out of the home in foster care, group homes, residential treatment, or correctional facilities.

- Services are time-limited (1 to 5 months).

- Services are flexibly scheduled to meet the family's needs and are delivered in the home.
- Services are tailored to the needs of family members.
- Services are provided in the context of a family's values, beliefs, and culture.
- Services are available 24 hours a day, 7 days a week.
- Worker' have small case loads of between two to six families and may visit families many times a week. In many programs, families are seen between 2 and 15 hours per week. Hence, the term "intensive" is sometimes used to describe family preservation services.

FOR FURTHER INFORMATION ABOUT MST

For more information about research-related issues, contact:

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SUGGESTED READING

Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowlands M. D., & Cunningham, P. B. (1998). *Multisystemic treatment of antisocial behavior in children and adolescents,* New York: Guilford Press.

SELECTED READING

Fraser, M. W., Nelson, K. E., & Rivard, J. C. (in press). The effectiveness of family preservation services. *Social Work Research.*

Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowlands 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.

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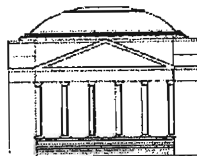

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