

Program Overview: Multisystemic Therapy (MST)

Please note that the accuracy of the contents of this inventory cannot be guaranteed until the program director has reviewed this summary for accuracy. Changes may be pending.

Category	Other Therapy Programs	Definitions/ Notes
Program Name	Multisystemic Therapy (MST)	
History of Program	MST, originally developed to treat serious juvenile offenders (sexual and violent offenses), is an intensive family and community-based program intended to provide a multifaceted approach to treatment. Several rigorous clinical trials provide empirical evidence of MST's efficacy and effectiveness of reducing recidivism and re-arrest in serious juvenile offenders, particularly when treatment adherence is high. MST has also shown promise in treating other problems. As of 2009, there are currently 10 adaptations of MST being tested and implemented for targeted intervention (e.g., psychiatric problems, substance abuse, child abuse/neglect, families living with HIV/AIDS).	
Description of Program as it Relates to addressing CEV	MST, developed from social-ecological and family systems theories, purports that youth antisocial behavior results from disconnects within or across overlapping systems in which families live. Acknowledging that problems arise from multiple influences (e.g., family conflict, poor school relations), the MST therapist bases his/her work on 9 core principles, seeking to identify current patterns contributing to the issue, emphasize family strengths and resources, and empower caregivers and families to effectively function across all systems	

Highlighted text indicates program components are currently under review. Changes may be pending.

Category	Other Therapy Programs	Definitions/ Notes
	<p>in which they interact. For addressing CEV, MST has been shown to improve parent-child interaction, decrease parent psychiatric symptomology, and increase effective parenting behaviors (Brunk, Henggeler, & Whelan, 1987). However, MST has not been shown to directly decrease CEV, except by decreasing the amount of reoffense by juvenile offenders. This outcome was either not measured or not reported in the 1987 study.</p>	
Service Continuum	Tertiary/Targeted Intervention	
Primary Exposure Type	Juvenile violent and sexual crimes	
Target Population	Family Systems	
Target Age	<p>Middle Childhood (6 - 12) Adolescence (13-21)</p>	
Target Gender	Both	
Appropriate for Unique Ethnic, Cultural, or Linguistic Populations?		<p>Very small samples of Hispanic American (n=5) and Asian American (n=5).</p>
Primary Settings	<p>Homes (biological/adoptive) Neighborhood/Community Settings</p>	
Persons or Entities in charge of delivering Program	<p>Mental Health Providers (e.g., Social Workers, Therapists)</p>	
Primary	Case Management	

Category	Other Therapy Programs	<i>Definitions/ Notes</i>
Components	<p>Child Individual Therapy</p> <p>Parent Training/Therapy</p> <p>Conjoint parent-child treatment</p> <p>Family Treatment/Therapy</p> <p>Parent/ Family Support Services</p> <p>Creating School-Home -Community Partnerships</p> <p>Other (Please describe)</p> <p>Varies by needs of family.</p>	

DRAFT

Resource & Capacity Planning

Category	Other Therapy Programs	Definitions/ Notes
Program Name	Multisystemic Therapy	
Length/Duration of Program	Treatment typically lasts 4 to 6 months, for 2-15 hrs/wk. Therapists must be available 24 hours per day, 7 days per week. On average, practitioners carry caseloads of 5 families, with a maximum of 6 families.	
Required Materials	Manuals/Program materials Computer Software/ Special Technology Fidelity Checklists/Assessments	
Training Requirements	Face-to-face training Supervision Consultation	Practitioners receive a 5-day in-person training orientation that involves role-playing, critical discussion, and case studies. Trainings are held at various locations across the country (most held in Charleston, SC) and planned in advance. Training costs approximate \$850 per person plus travel expenses. Additional workshops are available for supervisors. Ongoing consultation is required for program development sites and includes weekly consultation meetings, booster trainings, and program review.
Provider Certification/Training/Requirements	Program Specific Certification/Training Required Special Service Area	Providers must be affiliated with an MST program site. Practitioners must be certified mental health clinicians. Organizations also receive full, provisional, or terminated licensure

Category	Other Therapy Programs	Definitions/ Notes
	<p>Required (e.g., Social Worker, Doctor)</p> <p>Professional Licensure Required</p>	<p>with MST services.</p>
<p>System or Agency Recommendations for Serving CEV Populations</p>	<p>With-in Agency Support & Infrastructure</p>	<p>It is recommended that MST be delivered in cooperation with an agency and that a program site is developed. To create an MST delivery site, interested parties work with MST services to assess the needs of the population and community to be served and determine the appropriate fit of MST for the site. To follow requirements outlined as an EBP, program development of MST includes 6 distinct phases:</p> <ol style="list-style-type: none"> 1. Initial information collection 2. Needs assessment 3. Critical issues session 4. Site Readiness Review 5. Staff recruitment & orientation training 6. Ongoing implementation support

Evidence for CEV

Category	Other Therapy Programs	Definitions/ Notes
Program Name	Multisystemic Therapy	
Evaluation Design of Studies with CEV	Randomized, control experimental design Quasi-experimental design	
Violence Exposure-Related Outcomes	<p>Child (Briefly Describe) For youth as offender, MST has strong empirical evidence of significantly decreasing recidivism rates (both long and short-term) for both serious violent and sexual offense, particularly when compared to treatment as usual and high treatment fidelity is maintained (e.g., Borduin, Schaeffer, & Heiblum, 2009). Both arrest rates and days incarcerated were substantially decreased for MST youth (approx. 83% and 80%, respectively), for both sexual and nonsexual crimes. For youth as victim, only parent/family outcomes have been measured.</p> <p>Parent (Briefly Describe) In a small randomized clinical trial comparing the efficacy of MST to parent training in treating abusive and neglectful families (Brunk, Henggeler, & Whalen, 1987), parents receiving MST were more likely demonstrate more adaptive parental control strategies (increased effectiveness, decrease unresponsiveness). Parents in both groups exhibited decreased psychiatric symptomology.</p> <p>Family (Briefly Describe) The increased functioning of parental control impacted parent-child relations. Parents in the MST group experienced improved observed parent-child interaction (increased parent</p>	bla

Category	Other Therapy Programs	Definitions/ Notes
	<p>effectiveness, decreased parent unresponsiveness and child noncompliance), indicating MST can be helpful for reorganizing family behavior patterns. In the same study, MST practitioners also reported greater family gains for their clients when compared to parent training practitioners, but did not report a decrease of social system problems.</p> <p>For families of juvenile sexual offenders (Borduin et al., 2009), families receiving MST also reported gains in family relations, peer relations, and individual psychiatric outcomes for all family members, whereas these scores actually decreased in the treatment-as-usual condition.</p>	
<p>Additional Research Information</p> <p>(This will be a link to another page, a drill down box or separate section)</p>	<p>Design, Setting, Participants:</p> <p>Forty-three families (including at least one parent charged with physical abuse or neglect of a target child) were recruited through a state agency or Department of Human Services for mandatory treatment. Upon enrollment, families were randomly assigned to receive parent training (PT) or MST. Abuse and neglect cases were counterbalanced across treatments, and treatment groups did not differ by gender of target child or target parent. Thirty-three families (MST=16; PT=17) completed treatment and post-test assessment. However, MST target children were older (9.8 yrs) than PT target children (6.8 yrs). For both conditions, treatment occurred 90 min. per week for 8 weeks, slightly less than the guidelines set by the program for juvenile offenders. MST participants received family treatment in the home and PT parents received treatment in groups in a clinic setting.</p> <p>Outcome Measures:</p>	<p>ank</p>

Category	Other Therapy Programs	Definitions/ Notes
	<p><i>Appropriate parental control</i> during parent-child interaction was measured observationally with the use of a coding system developed by Schaffer and Crook (1979, 1980). The coding system differentiates patterns of child-initiated interactional sequences (child antecedent behavior, parent response, child consequent behavior) and determines if parents' verbal and non-verbal controls are effective and responsive to their children's needs. Interrater reliability reported as percent agreement ranged from 66% to 88%.</p> <p>The <i>Treatment Outcome Questionnaire</i> was used to measure change in problem severity (for individual, family, and social system problems) over the course of treatment. Developed by the researchers, both therapist and parents completed the questionnaire at pretreatment, designating the problems that most greatly contributed to their referral and rating the severity of these problems. Therapists and parents rated problem severity again at posttest.</p> <p>Parent psychiatric symptomology was measured with the <i>Symptom Checklist-90</i> and the <i>Family Inventory of Live Events and Changes</i> (FILE). The SCL-90 is a widely used, 90-item self-report measure measuring individual psychiatric functioning by inquiring about recent stressors and psychiatric symptoms. The FILE taps family change and events, family stress, and family relations with external systems. Families also completed the <i>Family Environment Scale</i>, but no pre-post treatment effects or group effects were found for PT or MST.</p> <p>Reference: Brunk, M., Henggeler, S. W., & Whelan, J. P. (1987). Comparison of Multisystemic Therapy and Parent Training in the brief treatment of child abuse and neglect.</p>	

Category	Other Therapy Programs	Definitions/ Notes
	<p data-bbox="410 268 951 331"><i>Journal of Clinical and Consulting Psychology</i>, 55, 171-178.</p> <p data-bbox="410 373 951 793">Design, Setting, and Participants: Forty-eight families of youth arrested for a serious sexual offense of younger children were randomly assigned to receive MST or usual community services (UCS). All families receiving MST and 22 families receiving UCS completed pre- and post-treatment assessments. Post-treatment assessments were conducted within 1 week of treatment completion, however, follow-up assessments of police and court records were collected approximately 9 years after treatment.</p> <p data-bbox="410 835 951 1255">On average, services ranged from 30-31 weeks. MST services were provided by graduate students in clinical psychology; UCS services were provided by therapists through juvenile court. Treatment fidelity for MST was maintained through therapist training, supervision, and ongoing review. Families receiving MST received treatment in at least three settings and systems, often family, school, and peer. Per treatment guidelines, MST therapists were available 24 hours per day, 7 days per week.</p> <p data-bbox="410 1266 951 1329">UCS services were office-based and were not manualized.</p> <p data-bbox="410 1339 951 1581">Youth receiving MST reported less delinquent behavior during the treatment and follow-up assessment and had practically and clinically significantly lower arrest and incarceration rates for both sexual and nonsexual offenses in the 8.9 years after treatment.</p> <p data-bbox="410 1623 951 1854">Outcome Measures: Criminal activity and incarceration were measured through arrest and incarceration data. Juvenile arrest was collected from juvenile office records. Similarly, adult arrest was collected from state police databases. <i>Juvenile and adult arrest data were counted</i></p>	

Category	Other Therapy Programs	Definitions/ Notes
	<p>and then categorized by nature of the crime (sexual or nonsexual). <i>Incarceration</i> data, also collected from police and state records, was calculated as a count of total days of placement in a juvenile residential or adult correctional facility.</p> <p>Parent(s) and target youth completed the empirically validated <i>Family Adaptability and Cohesion Evaluation Scales II</i> (FACES-II) to measure family member perceptions of cohesion and adaptability in family relations.</p> <p>Psychiatric symptoms for parents and youth were measured with the <i>Global Severity Index</i> of the <i>Brief Symptom Inventory</i>. In the 53-item measure, participants indicate how much they have experienced symptoms in the previous week. The Global Severity Index specifically taps emotional distress.</p> <p>Reference: Borduin, C. M., Schaeffer, C. M., & Heiblum, N. (2009). A randomized clinical trial of Multisystemic Therapy with juvenile sexual offenders: Effects on youth social ecology and criminal activity. <i>Journal of Consulting and Clinical Psychology, 77</i>, 26-37.</p>	
<p>Conceptual Framework/Theoretical Design</p> <p>(For internal use)</p>	<p>Reputable</p>	
<p>Is this Program an Evidence-Based Practice in other Family/ Youth Development Areas?</p>	<p>Yes</p> <p>Endorsements</p> <ul style="list-style-type: none"> OJJDP Model Program NREPP Blue Prints Model Program HHS: Surgeon General 	

Category	Other Therapy Programs	<i>Definitions/ Notes</i>
Evaluation Designs of other evaluations	Randomized, control experimental design Waitlist control (randomized or pseudo randomized) Quasi-experimental design Other (describe)	
Sources	Empirical Studies (peer-reviewed journal) Review Article (peer-reviewed journal) Evaluation Conducted by Program OJJDP Model Programs NREPP	bl

DRAFT

Selected Publications/References

- Borduin, C. M., & Schaeffer, C. M. (2001). Multisystemic treatment of juvenile sexual offenders: A progress report. *Journal of Psychology & Human Sexuality, 13*, 25-42.
- Borduin, C. M., Schaeffer, C. M., & Heiblum, N. (2009). A randomized clinical trial of Multisystemic Therapy with juvenile sexual offenders: Effects on youth social ecology and criminal activity. *Journal of Consulting and Clinical Psychology, 77*, 26-37.
- Brunk, M., Henggeler, S. W., & Whelan, J. P. (1987). Comparison of Multisystemic Therapy and Parent Training in the brief treatment of child abuse and neglect. *Journal of Clinical and Consulting Psychology, 55*, 171-178.
- Curtis, N. M., Ronan, K. R., & Borduin, C. M. (2004). Multisystemic treatment: A meta-analysis of outcome studies. *Journal of Family Psychology, 18*, 411-419.
- Henggeler, S. W., Cunningham, P. B., Pickrel, S. G., Schoenwald, S. K., & Brondino, M. J. (1996). Multisystemic Therapy: An effective violence prevention approach for serious juvenile offenders. *Journal of Adolescence, 19*, 47-61.
- Henggeler, S. W., Melton, G. B., Brondino, M. J., Scherer, D. G., & Hanley, J. H. (1997). Multisystemic Therapy with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination. *Journal of Consulting and Clinical Psychology, 65*, 821-833.
- Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (1998). *Multisystemic treatment of anti-social behavior in children and adolescents*, New York: Guilford Press.
- Letourneau, E. J., Henggeler, S. W., Borduin, C. M., Schewe, P. A., McCart, M. R., Chapman, J. E., & Saldana, L. (2009). Multisystemic therapy for juvenile sexual offenders: 1-year results from a randomized effectiveness trial. *Journal of Family Psychology, 23*, 89-102.

Contact Information

For information about program development, contact:

Marshall Swenson, MSW, MBA
 MST Services, Inc.
 710 J. Dodds Boulevard
 Mount Pleasant, SC 29464
 Phone: (843) 856-8226
 Fax: (843) 856-8227
 Email: marshall.swenson@mstservices.com
 Website: www.mstservices.com or www.mstinstitute.org

For information about program research, contact:

Scott W. Henggeler, Ph.D.
Family Services Research Center
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina
171 Ashley Avenue
Charleston, SC 29425-0742
Phone: (843) 876-1800
Fax: (843) 876-1808
Email: henggesw@musc.edu
Website: www.musc.edu

DRAFT