



Multisystemic Therapy

Program Description

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that targets high risk juvenile offenders (ages 12 – 17) and their families. Its methods help change the way these adolescents function in their own home, school, and neighborhood environments by promoting positive social behavior and decreasing antisocial behavior, including substance use.

The "typical" MST youth has multiple arrests or an arrest for a violent offense, is deeply involved with delinquent peers, has problems at school or does not attend, abuses multiple drugs (e.g., marijuana, alcohol, and cocaine), and lives in a single-parent household that has multiple needs and problems. The multisystemic approach views individuals as part of a complex network of interconnected systems that encompass individual, family, and extra-familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.

The major goal of MST is to empower parents / caregivers to address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. Through support and skill-building, the therapist places developmentally appropriate demands for responsible behavior on the adolescent and family. Intervention strategies are integrated into a social ecological context and include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies.

Target Audience

Chronic, violent, or substance-abusing juvenile offenders between the ages of 12 and 17 at high risk for out-of-home placement and their families

Special Audiences/Program Adaptations

MST has been shown to have similar outcomes for youths across the adolescent age range (12–17 years), for males and females, and for African-American and white youths and families. The parent surveys that measure adherence have been translated into multiple languages, and there is evidence of positive outcomes with Latino families. In addition, MST has been implemented internationally in Australia, Canada, Denmark, Norway, Northern Ireland, England, New Zealand and Sweden.

Program Components

MST therapists come to the home to reduce barriers that keep families from accessing services. They have small caseloads of four to six families; work as a team; are available 24 hours a day, 7 days a week; and provide services at times convenient to the family. The average treatment involves about 60 hours of contact during a 4-month period, with exact frequency and duration determined by family need.

MST therapists empower parents to take the lead in setting treatment goals. They help parents improve their effectiveness by identifying strengths, developing natural support systems (e.g., extended family, neighbors, friends, church members), and removing barriers (e.g., parental

substance abuse, high stress, poor relationships between partners). Once engaged, the parents /guardians and the therapist collaborate on the best strategies on important day-to-day issue such as setting and enforcing curfews and rules; decreasing the adolescent's involvement with deviant peers ; promoting friendships with pro-social peers; improving the adolescent's academic and/or vocational performance; and coping with any criminal subculture that may exist in the neighborhood.

Program Cost

Approximately \$5500 - \$7500 per youth served – with most of this cost being driven by staff salaries.

Training & Technical Assistance

The core of MST program development services consists of:

- Pre-training organizational assessment and assistance
- Initial 5-day training for all clinical staff
- Weekly MST clinical consultation for each treatment team (therapists and supervisor) by MST consultant
- Quarterly booster training (1.5 days each) to provide additional training in areas identified by therapists, and to facilitate in-depth examination and problem-solving of particularly difficult cases
- Quality control through the monitoring of treatment fidelity/adherence

The MST package of services also includes a pre-training site assessment, assistance with program specification and design, and ongoing technical assistance with overcoming barriers to achieving successful clinical outcomes. Clinicians are expected to audio tape sessions with clients for review by MST supervisors. Supervisors are expected to audio tape group supervision for review by MST consultants.

Before implementing MST, it is recommended that the following resources and staff are in place:

- Dedicated full-time clinical staff of three to five people, including a supervisor, who work as a clinical "team"
- Staff availability 24 hours a day, 7 days a week
- Small case loads of four to six families per therapist
- Buy-in from community members and social service agencies (e.g., child welfare, probation, etc.) to allow the MST therapist to take the lead in clinical decision-making and treatment-planning for the youth and family (and not be kept from achieving positive outcomes because of existing policies and procedures)
- Emphasis on knowledgeable, experienced staff (e.g., with MA in counseling, M.S.W., etc.)

Evaluation Results

Evaluations of MST have demonstrated the following results for serious juvenile offenders:

- Reductions of 25–70% in long-term rates of re-arrest
- Reductions of 47–64% in out-of-home placements
- Extensive improvements in family functioning
- Decreased mental health problems for serious juvenile offenders

Quality Assurance Components

In addition to the initial 5-day training, MST clinical consultation, and quarterly booster trainings, the quality assurance protocol includes having administrative personnel contact families each month to collect Therapist Adherence data. MST programs are also expected to provide case enrollment data, discharge data, and information about outcomes at case closure – and to collect long-term follow-up data at intervals determined by the site (e.g., 6 months, 12 months, 18 months, etc.).

Agency/Institution Recognition

- Blueprints Model Program
- American Youth Policy Forum Effective Program
- Center for Substance Abuse Prevention (CSAP) Model Program
- Strengthening America's Families Exemplary 1
- Surgeon General's Report (2001) Model 1
- Title V (OJJDP) Exemplary Program
- This program was part of a cost-benefit analysis completed by the [Washington State Institute for Public Policy](#) on several violence prevention and reduction programs, including six Blueprints programs: [Watching the Bottom Line: Cost-Effective Interventions for Reducing Crime in Washington](#).

Contact Information

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