Multisystemic Therapy (MST) Overview

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What is “MST”?

- Community-based, family-driven treatment for antisocial/delinquent behavior in youth
- Focus is on “Empowering” caregivers (parents) to solve current and future problems
- MST “client” is the entire ecology of the youth - family, peers, school, neighborhood
- Highly structured clinical supervision and quality assurance processes

Standard MST Referral Criteria (ages 12-17)

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Inclusionary Criteria

- Youth at risk for placement due to anti-social or delinquent behaviors, including substance abuse
- Youth involved with the juvenile justice system
- Youth who have committed sexual offenses in conjunction with other anti-social behavior

Exclusionary Criteria

- Youth living independently
- Sex offending in the absence of other anti social behavior
- Youth with moderate to severe autism (difficulties with social communication, social interaction, and repetitive behaviors)
- Actively homicidal, suicidal or psychotic
- Youth whose psychiatric problems are primary reason leading to referral, or have severe and serious psychiatric problems

Families as the Solution

- MST focuses on families as the solution
- Families are full collaborators in treatment planning and delivery with a focus on family members as the long-term change agents
- Giving up on families, or labeling them as “resistant” or “unmotivated” is not an option
- MST has a strong track record of client engagement, retention, and satisfaction

How Does MST Work?

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Key Points:

- Theoretical And Research Underpinnings
- MST Theory of Change and Assumptions
- How is MST Implemented?

Theoretical Underpinnings

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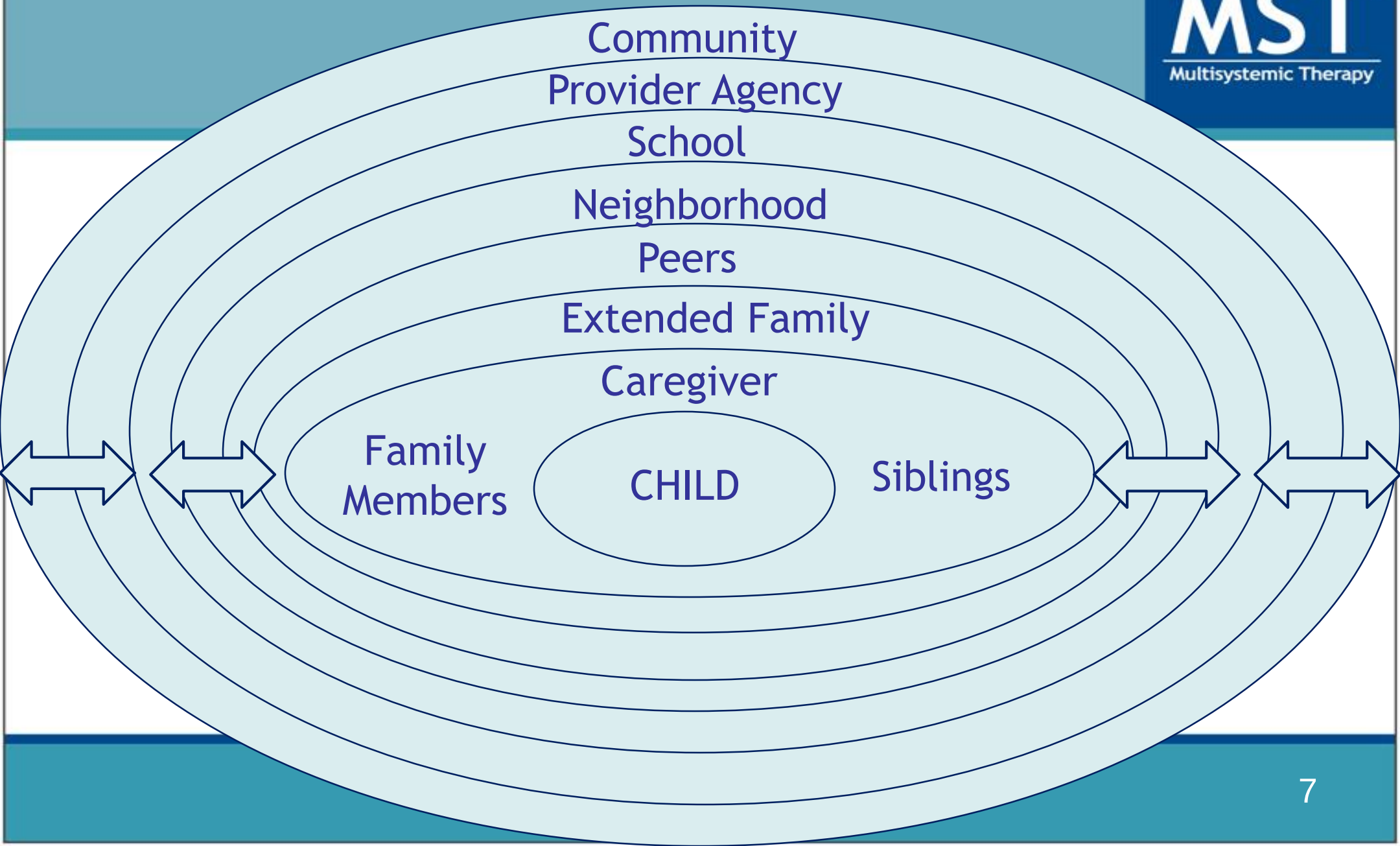
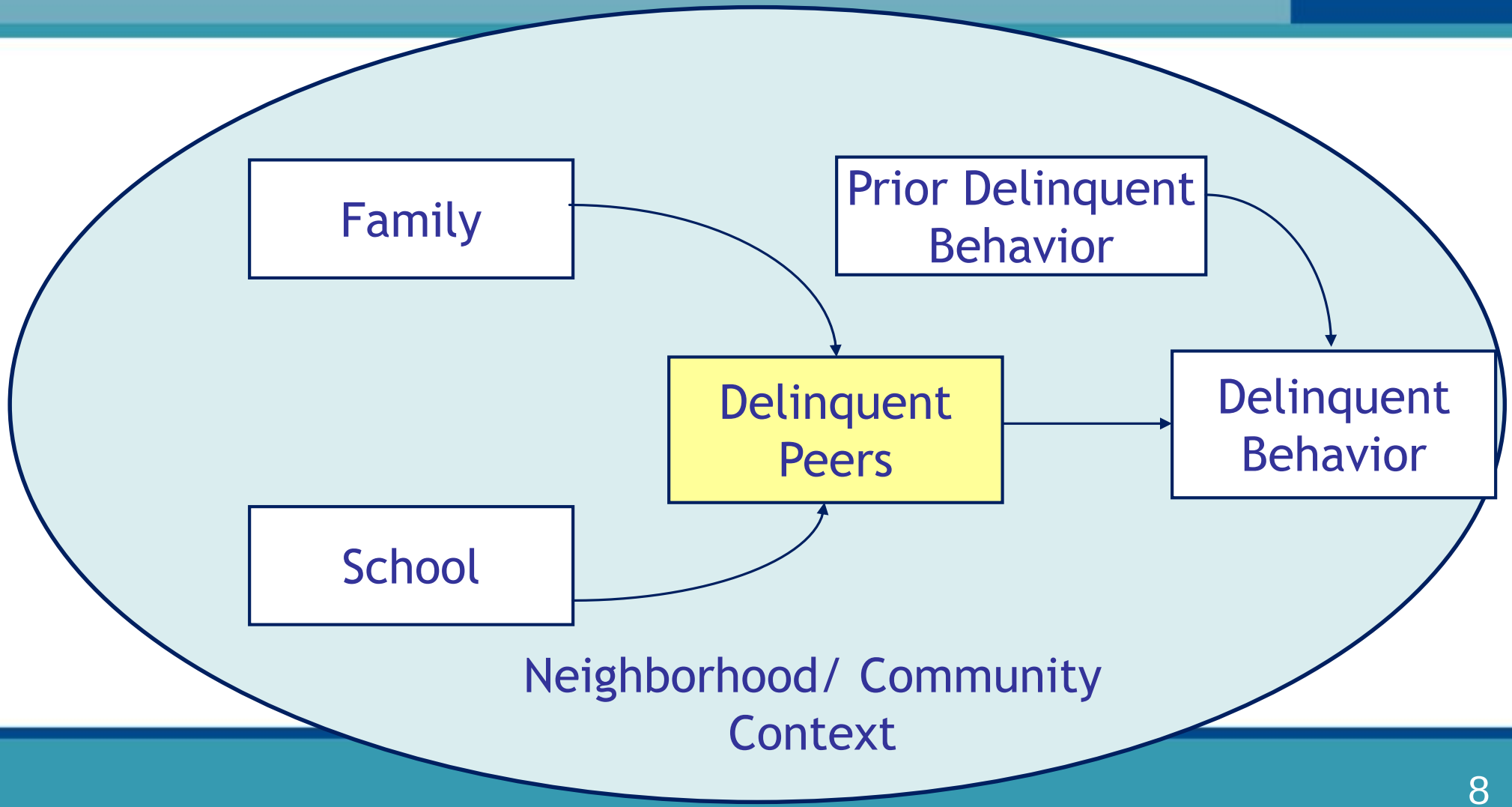
Based on social ecological theory of Uri Bronfenbrenner

- Children and adolescents live in a social ecology of interconnected systems that impact their behaviors in direct and indirect ways
- These influences act in both directions (they are reciprocal and bi-directional)

Social Ecological Model



Causal Models of Delinquency and Drug Use: Common Findings of 50+ Years of Research



Research on Delinquency and Drug Use

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Family Level

- Poor parental supervision
- Inconsistent or lax discipline
- Poor affective relations between youth, caregivers, and siblings
- Parental substance abuse and mental health problems

Research on Delinquency and Drug Use (Cont.)

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Peer Level

- Association with drug-using and/or delinquent peers
- Poor relationship with peers, peer rejection
- Association with antisocial peers is the most powerful direct predictor of delinquent behavior!

Research on Delinquency and Drug Use (Cont.)

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School Level

- Academic difficulties, low grades, having been retained
- Behavioral problems at school, truancy, suspensions
- Negative attitude toward school
- Attending a school that does not flex to youth needs

Research on Delinquency and Drug Use (Cont.)

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Community Level

- Availability of weapons and drugs
- High environmental and psychosocial stress (violence)
- Neighborhood transience – neighbors move in and out

Research on Delinquency and Drug Use (Cont.)

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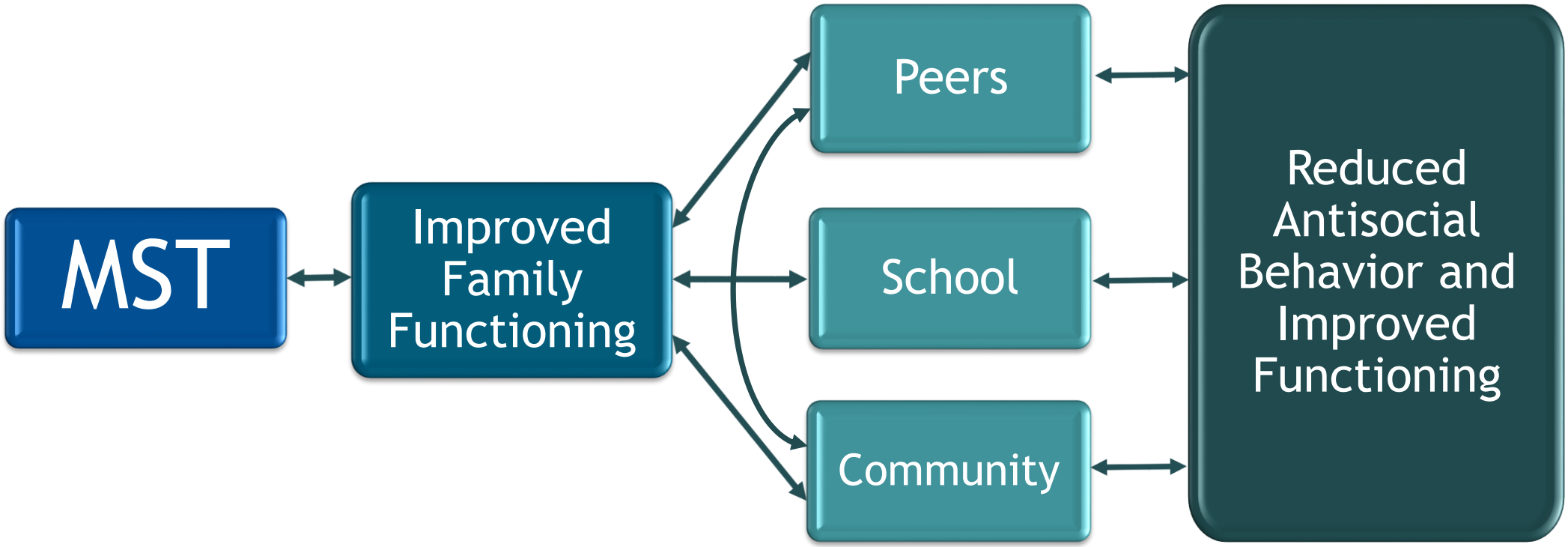
Youth Level

- ADHD, impulsivity
- Positive attitude toward delinquency and substance use
- Lack of guilt for transgressions
- Negative affect

MST Theory of Change



MST Assumptions

- Children's behavior is strongly influenced by their families, friends and communities (and vice versa)
- Families and communities are central and essential partners and collaborators in MST treatment
- Caregivers/parents want the best for their children and want them to grow to become productive adults

MST Assumptions (Cont.)

- Families can live successfully without formal, mandated services
- Change can occur quickly
- Professional treatment providers should be accountable for achieving outcomes
- Science/research provides valuable guidance

How is MST Implemented?

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Intervention strategies: MST draws from research-based treatment techniques

- Behavior therapy
- Parent management training
- Cognitive behavior therapy
- Pragmatic family therapies
  - Structural Family Therapy
  - Strategic Family Therapy
- Pharmacological interventions (e.g., for ADHD)

How is MST Implemented? (Cont.)

- Single therapist working intensively with 4 to 6 families at a time
- Team of 2 to 4 therapists plus a supervisor
- 24 hr/ 7 day/ week team availability: on call system
- 3 to 5 months is the typical treatment time (4 months on average across cases)
- Work is done in the community, home, school, neighborhood: removes barriers to service access

How is MST Implemented? (Cont.)

- MST staff deliver all treatment – typically no or few services are brokered/referred outside the MST team
- Never-ending focus on engagement and alignment with primary caregiver and other key stakeholders (e.g. probation, courts, children and family services, etc.)
- MST has strong track record of client retention and satisfaction with MST
- MST staff must be able to have a “lead” clinical role, ensuring services are individualized to strengths and needs of each youth/family

Quality Assurance and Continuous Quality Improvement in MST

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Goal of MST Implementation:

- Obtain positive outcomes for MST youth and their families

QA/QI Process:

- Training and ongoing support (orientation training, boosters, weekly expert consultation, weekly supervision)
- Organizational support for MST programs
- Implementation monitoring (measure adherence and outcomes, work sample reviews)
- Improve MST implementation as needed, using feedback from training, ongoing support, and measurement

Core Elements of MST

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Key Points:

- MST Treatment Principles
- MST Analytic Process
- MST Quality Assurance System

MST Treatment Principles

- Nine principles of MST intervention design and implementation
- Treatment fidelity and adherence is measured with relation to these nine principles

9 Principles of MST

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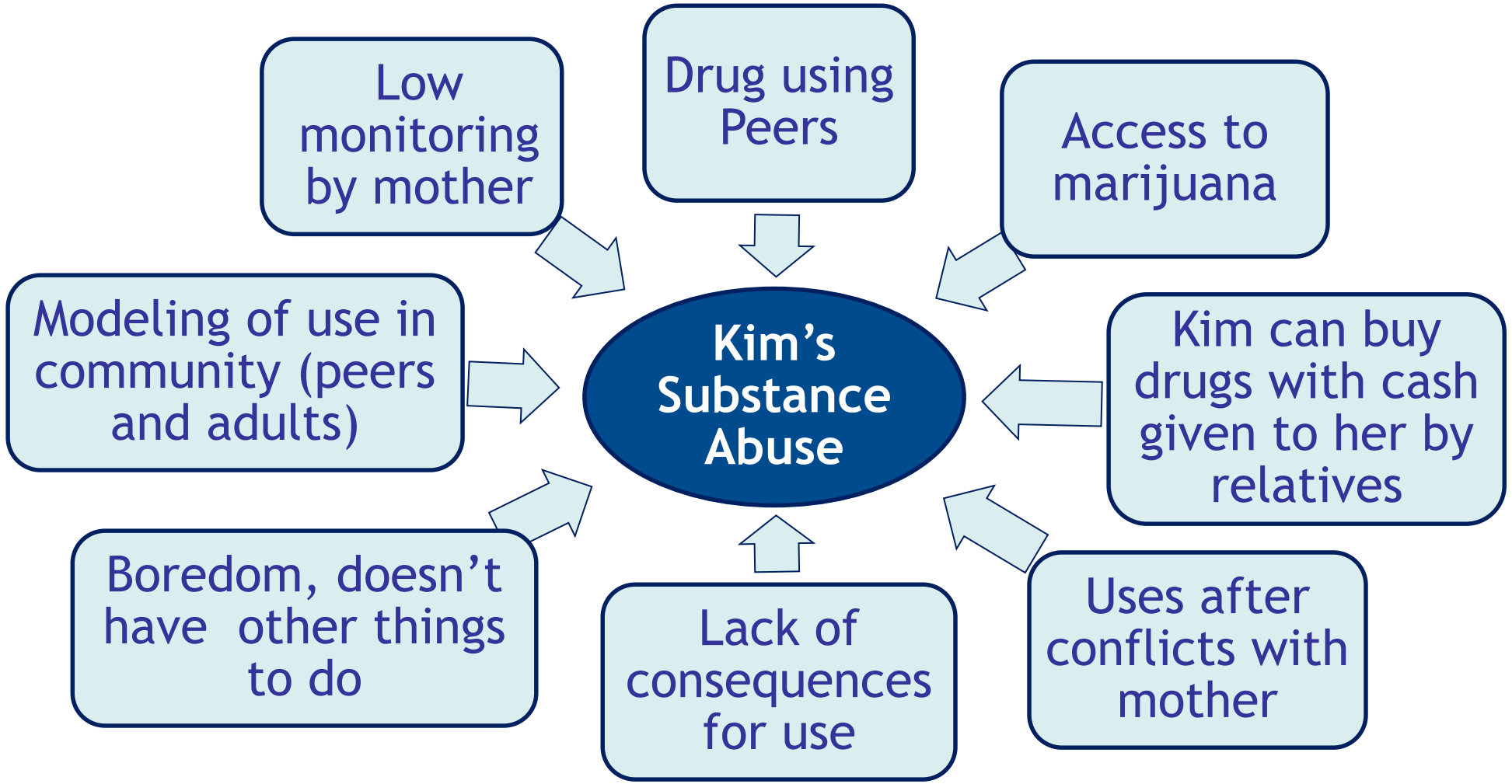
1. Finding the Fit
2. Positive and Strength Focused
3. Increasing Responsibility
4. Present-focused, Action-Oriented & Well-Defined
5. Targeting Sequences
6. Developmentally Appropriate
7. Continuous Effort
8. Evaluation & Accountability
9. Generalization

1. Finding the Fit:

The primary purpose of assessment is to understand the "fit" between the identified problems and their broader systemic context



Principles of MST (Cont.)

2. Positive & Strength Focused

   Therapeutic contacts should emphasize the positive and should use systemic strengths as levers for change.

Principles of MST (Cont.)

3. Increasing Responsibility

   Interventions should be designed to promote responsibility and decrease irresponsible behavior among family members.

4. Present-focused, Action-oriented & Well-defined

   Interventions should be present-focused and action-oriented, targeting specific and well-defined problems.

5. Targeting Sequences: Interventions should target sequences of behavior within and between multiple systems that maintain identified problems (cont.)

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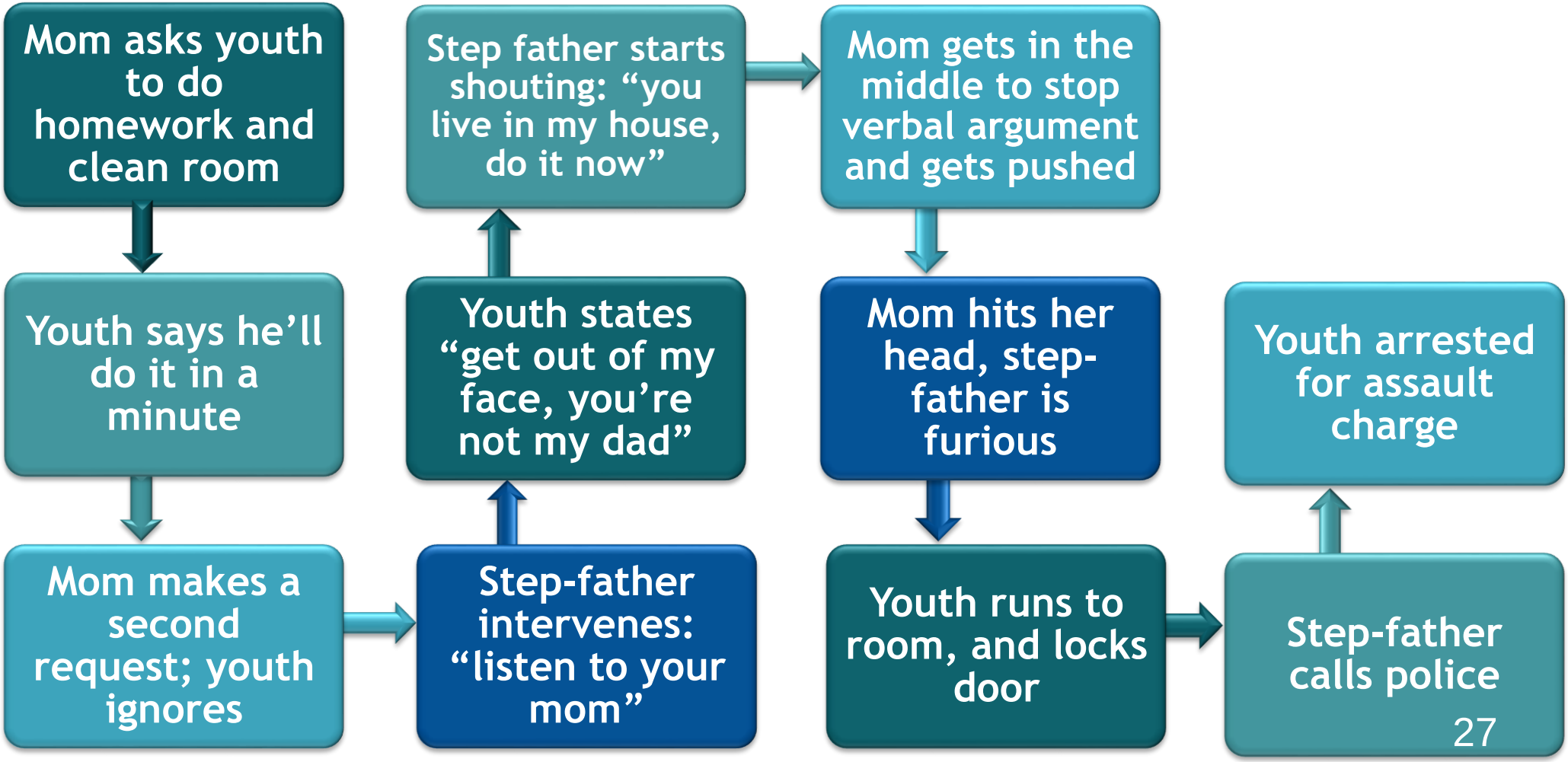

Principles of MST (Cont.)

6. Developmentally Appropriate

Interventions should be developmentally appropriate and fit the developmental needs of the youth.

Principles of MST (Cont.)

7. Continuous Effort

   Interventions should be designed to require daily or weekly effort by family members.

8. Evaluation and Accountability

   Intervention efficacy is evaluated continuously from multiple perspectives, with providers assuming accountability for overcoming barriers to successful outcomes.

Principles of MST (Cont.)

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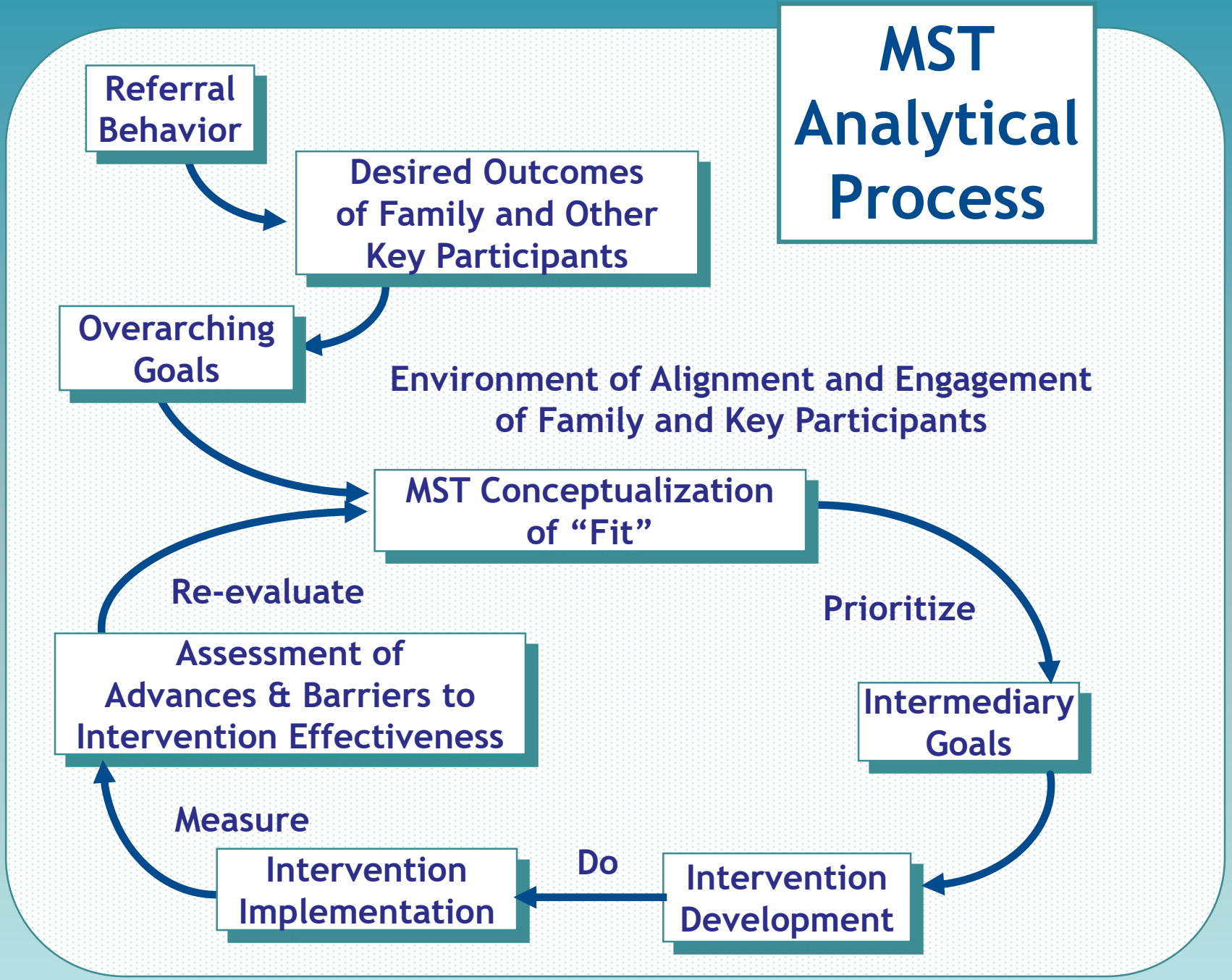
9. Generalization

Interventions should be designed to promote treatment generalization and long-term maintenance of therapeutic change by empowering care givers to address family members' needs across multiple systemic contexts.

MST Analytical Process



MST Ultimate Outcomes
2015 MSTI Data Report

AT HOME	90%
IN SCHOOL/ WORKING	85.6%
NO ARRESTS	86.2%

These results are based on a comprehensive review of the 11,958 cases* (85.4% of 13,995 cases referred for treatment) that were closed for clinical reasons (i.e., completed treatment, low engagement, or placed).

MST Staff Training

Purpose: To achieve positive outcomes through the implementation of training and supervision protocols used in the clinical trials of MST.

- On-the-job training (weekly on-site supervision and MST expert case review)
- 5-day Orientation training
- Quarterly on-site booster training
- Development planning for all professionals

Influences of Other System Stakeholders

- Clearly defined target population, program goals and referral process
- Funding structure in place
- Ability of MST therapist to take the “lead” in clinical decision making
- Key stakeholders usually include:
  - Juvenile Justice, Family Court, Mental Health, Social Welfare, School systems, parent groups

Why is MST Successful?

- Treatment targets known causes of delinquency: family relations, peer relations, school performance, community factors
- Treatment is family-driven and occurs in each youth's natural environment
- Significant energies are devoted to developing positive interagency relations
- MST personnel are well trained and supported
- Providers are accountable for outcomes
- Continuous quality improvement occurs at all levels

MST in Virginia

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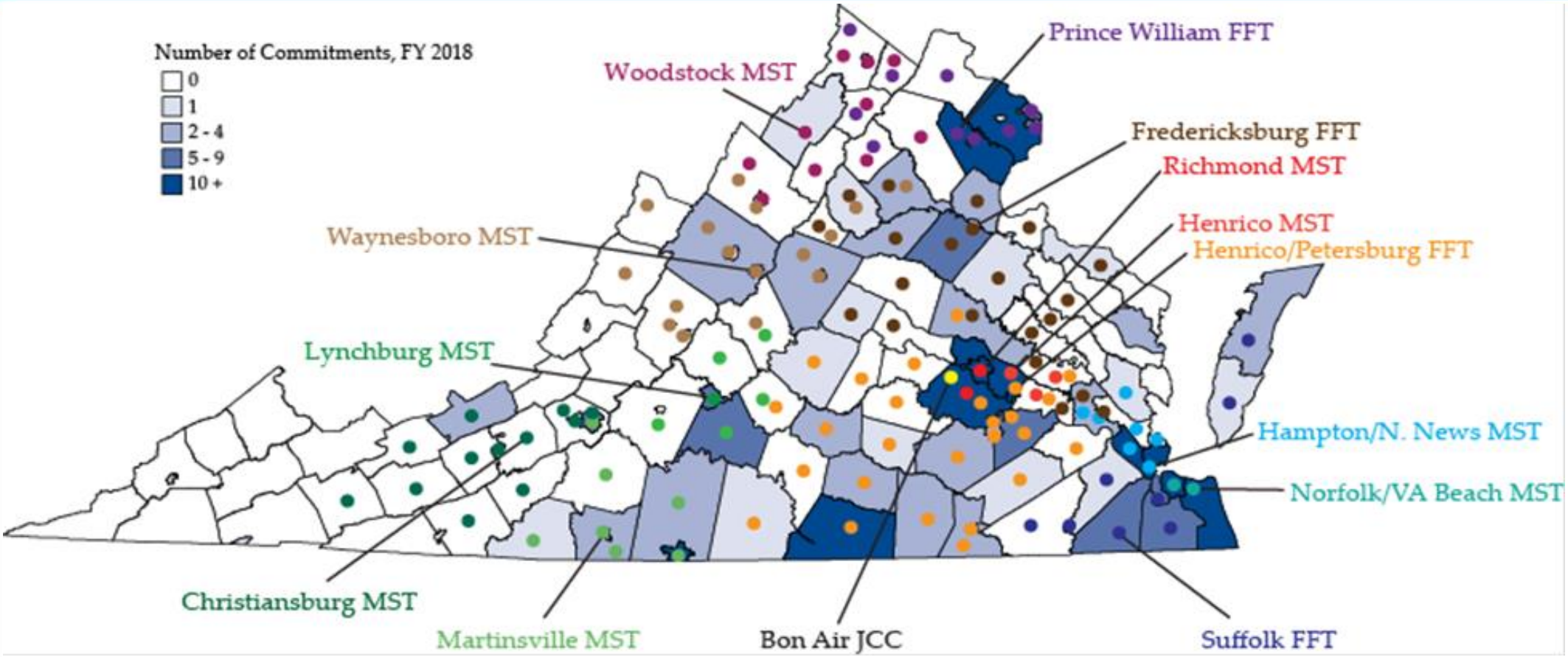
Provider	Launch Date	CSUs Served	Office Location	RSC	Service Area
Family Preservation Services (FPS)	10/1/2017	26, 20W	Winchester	EBA	Winchester, Woodstock, Harrisonburg, Warren, Frederick, Clarke, Shenandoah, Rockingham, Page, Fauquier, and Rappahannock
Family Preservation Services (FPS)	10/1/2017	21, 22, 23A	Martinsville	EBA	Danville, Franklin, Pittsylvania, Martinsville, Henry, Patrick, Roanoke City,
Family Preservation Services (FPS)	10/1/2017	23, 23A, Parts of 27, Parts of 29	Montgomery Co.	EBA	Montgomery, Pulaski, Floyd, Radford, Roanoke City, Roanoke County, Salem, Smyth, Giles, Bland, Wythe, Carroll
Family Preservation Services (FPS)	10/1/2017	Parts of 16, Parts of 25	Staunton	EBA	Staunton, Augusta, Waynesboro, Rockbridge County, Lexington, Buena Vista, Charlottesville, Albemarle, Highland, Culpeper, Madison, Green, Nelson, Bath, Rockingham, Harrisonburg, Covington, and Alleghany
Horizon Behavioral Health	6/20/2018	24 and one area in 10	Lynchburg	EBA AMI	Lynchburg, Bedford, Campbell, Amherst, Appomattox
National Counseling Group (NCG)		2,4 1,3	Virginia Beach, Norfolk	AMI	Virginia Beach, Norfolk, Chesapeake, Portsmouth
National Counseling Group (NCG)		7,8	Hampton	AMI EBA	Hampton, Newport News, *Williamsburg, York, Gloucester, James City Poquoson*
Henrico Mental Health (CSB)*	ongoing	14 (EBA CSU 9)	Henrico	AMI EBA	Henrico, which is a continuation of an existing program. *New Kent and Charles City*
Richmond Behavioral Health	ongoing	13	Richmond	AMI	Richmond City and Chesterfield County

Where to find MST in Virginia



MST in Virginia

- *"…the engagement between D and his parents has been positive, and that they have all been invested in the service. Mr. and Mrs. C have been engaged and working on implementing consequences. D is working on getting a better grasp on self-control, and needs to continue to work on respecting his parents authority. D recently had his ankle monitoring removed, and his team feels like this will show how his behaviors may or may not change. D has returned back to Liberty, and has improved grades with no disciplinary action…"*
- *Bedford FAPT meeting, February 2019*

MST in Virginia

- "He was able to sever ties with his girlfriend, who was having an extreme negative influence. MST was there to get in the home and mediated some of the bad decisions he made. He [Mickey] came in to 2 or 3 office appointments, and I said that I see how it was a bad relationship. With MST in the house, that was a deciding factor."
- "With MST in the home, she [the mother] had the extra support to see that he has to listen to her."

-Probation Officer Jerome Avila, 24th District Court Service Unit, January 22, 2019

MST Referrals through CSA

- *Referral criteria:*
- *Youth ages 12-17 with externalizing behavior(s). Some examples may include: verbal/physical aggression, truancy, curfew violations, substance use, involvement with delinquent peer group; may have legal involvement but legal involvement is not required to meet criteria*
- Exclusionary criteria:
- Youth living independently
- Sexual offending behaviors in absence of primary conduct-related behaviors

The Future of MST in Virginia

- Behavioral Health Redesign
  - DMAS and Department of Behavioral Health and Developmental Services
  - Development of a continuum
  - Phased implementation
  - Timeline for MST

Families First

- Questions?

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