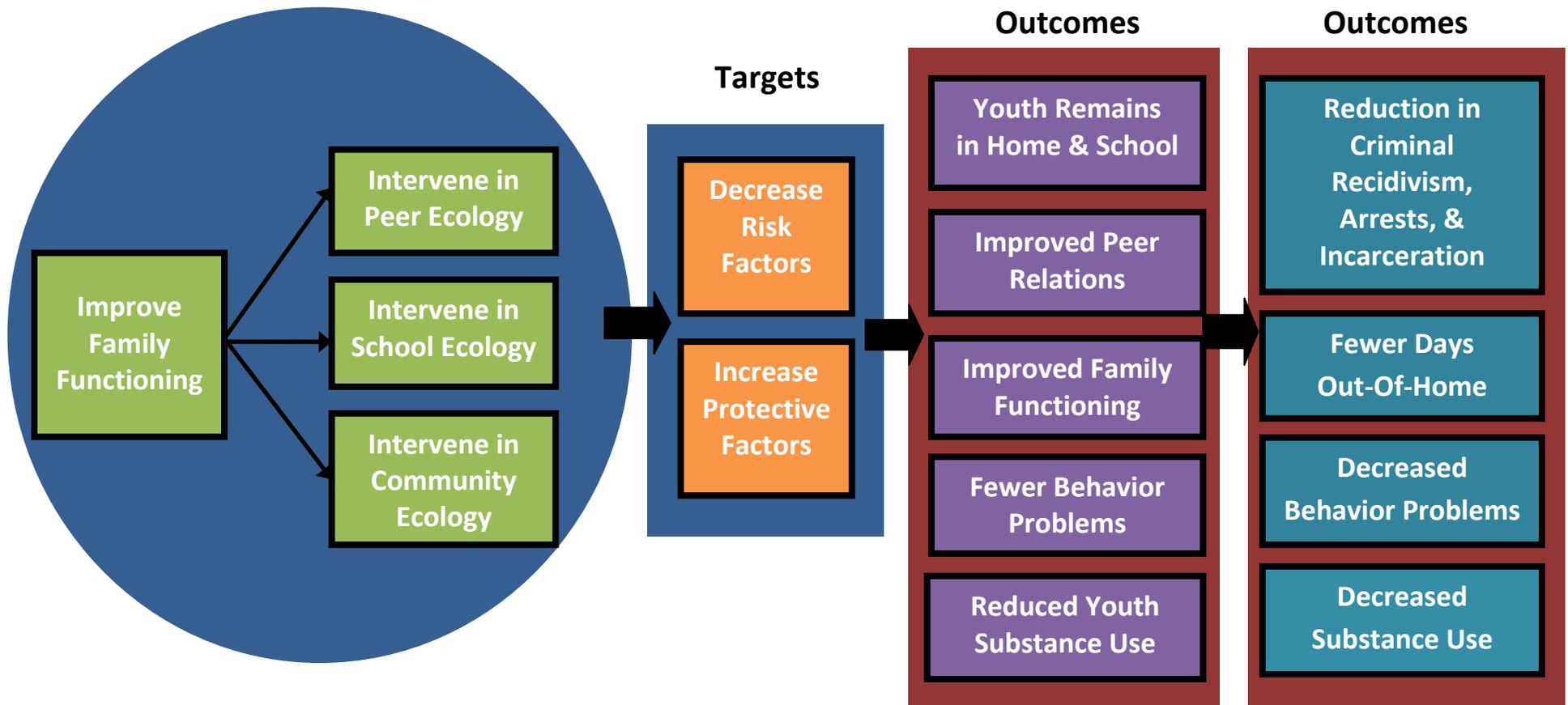


Multisystemic Therapy (MST)

Multisystemic Therapy for Antisocial Behavior in Children and Adolescents (2009) Henggeler, Schoenwald, Borduin, Rowland, & Cunningham

Logic Model created by the Evidence-based Prevention and Intervention Support Center (EPISCenter) at Penn State University

Key Program Components



*** MST targets youth ages 12-17 years old who exhibit chronic or serious antisocial behavior.**

*** MST is delivered over 3 to 5 months. * The MST therapist holds face-to-face sessions with the youth and/or caregivers as often as needed, often multiple times per week. * Contact with collateral systems (school, employer, caseworkers, etc.) is an integral part of the service.**

*** Therapist caseloads range from 4 to 6 families at a time.**

Program Components

MST is delivered over 3-5 months. An MST Therapist meets with the caregiver, family, and/or youth, as well as others in the youth's ecology, as frequently as needed to achieve treatment goals. Services are delivered in the home, school, and community, at times convenient for the family.

Interventions

Specific strategies and techniques are selected and tailored after careful assessment of the "fit" of factors driving the problem behavior. Interventions are closely monitored for effectiveness and modified as needed. Listed below are a sample of possible strategies.

Targeted Risk & Protective Factors

Risk factors, which increase the likelihood of negative outcomes (e.g., drug use, delinquency, school dropout, violent behavior, incarceration) are targeted for a decrease. Protective factors, which exert a positive influence and buffer against negative outcomes, are targeted for an increase.

Proximal Outcomes

Outcomes impacted by the program *immediately following* program completion that have been demonstrated through research. Studies compared MST to "usual services" and individual therapy.

Distal Outcomes

Outcomes impacted by the program *from months to years following* program completion that have been demonstrated through research. Studies compared youth receiving MST to "usual services" and individual therapy. Significant findings are highlighted below.

Family Interventions

Goals: Improve family functioning; empower caregivers to address youth problems across ecologies

Structural and strategic family therapy techniques

Behavioral parent training

Increase parent supervision & monitoring of youth's whereabouts

Intervene in Peer Ecology

Goals: Decrease association with negative peers; increase association with prosocial peers and involvement in prosocial activities

Social skill building

Reinforce association with prosocial peers; Sanctions for association with problem peers

Intervene in School Ecology

Goals: Improve school behavior, attendance, and performance

Build collaborative home-school relationship

Reinforce/sanction school-related behaviors

Intervene in Community Ecology

Goal: Improve family connections with informal supports, community resources, & formal systems; address community risk factors

Build social supports & resources

Individual Interventions

Goals: Increase prosocial attitudes & skills; reduce other individually-based problems for parents & youth

Cognitive-behavioral therapy techniques

Referral for psychiatric evaluation

Targeted Risk Factors

Peer

- Association with antisocial or substance using peers
- Poor peer relationships / peer rejection

Family

- Poor affective relations between youth and family members
- Harsh, inconsistent, or lax discipline
- Lack of supervision
- Low social support for family

School

- Poor academic performance
- Behavior problems at school

Community

Individual

- Availability of weapons and drugs
- Attitudes favorable toward antisocial behavior and substance use
- Impulsivity
- Negative affect

Targeted Protective Factors

- Association with prosocial peers
- Engagement in prosocial activities in school and community
- Positive family relationships and supportive family environment
- Marital harmony
- Natural support network
- Commitment to schooling
- Conventional attitudes
- Problem-solving skills

Youth Remains In Home and School

- Decreased out-of-home placement
- Improved school attendance
- Improved school performance

Improved Peer Relations

- Decreased association with deviant peers; increased association with positive peers
- Decreased aggression with peers
- Improved social competence

Improved Family Functioning

- Increased family cohesion, adaptability, and supportiveness
- Improved parenting practices
- Decreased conflict-hostility
- Reduced *parent* psychiatric symptoms

Fewer Behavior Problems

- Significant improvement in both internalizing and externalizing problems

Reduced Substance Use

- Decreased alcohol use
- Decreased marijuana use
- Decreased hard drug use

Reductions in Criminal Recidivism, Arrests, & Incarceration

- Less self-reported criminal activity at 1- & 2-year follow-up
- 25% to 70% lower rates of arrest at follow-up
- Arrested for less serious offenses
- 43% fewer days on adult probation at 14-year follow-up
- 75% fewer violent felony arrests and 33% fewer days in adult confinement at 22-year follow-up

Fewer Days Out-Of-Home

- 47% to 64% reduction in days spent in out-of-home placement for 6 to 12 months post-discharge

Decreased Behavior Problems

- Fewer internalizing and externalizing problems at 2-year follow-up

Decreased Substance Use

- Decreased alcohol and marijuana use at 3-year follow-up
- 75% fewer substance-related arrests at 4-year follow-up