

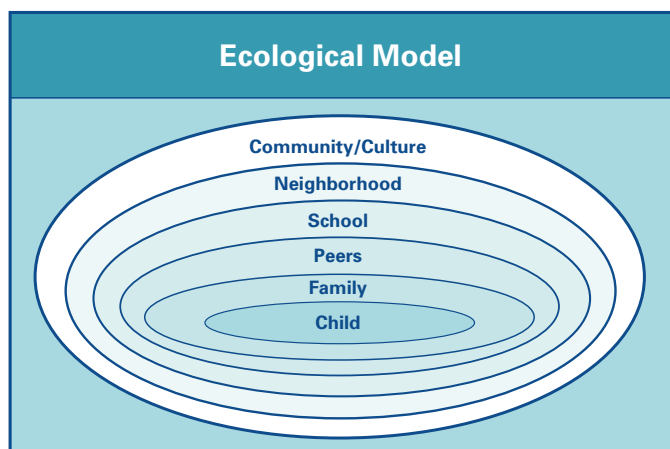
## Multisystemic Therapy: An Overview

### Introduction

Multisystemic Therapy (MST) is offering new hope to young people with serious behavioral disorders and their families. Too often, traditional mental health approaches for serious, violent, and chronic juvenile offenders and programs for treating adolescent substance abusers have failed to substantiate their effectiveness to reduce or eliminate problem behaviors.

### What is MST?

MST is a family- and home-based treatment that strives to change how youth function in their natural settings—home, school, and neighborhood—in ways that promote positive social behavior while decreasing anti-social behavior. This “multisystemic” approach uses the ecological model shown below, which views the youth as living in a network of interconnected systems that encompass individual, family, peer, school, and neighborhood. MST interventions address those systems that are linked with anti-social behavior on a case-by-case basis.



The primary goals of MST are to: (a) reduce youth criminal activity; (b) reduce other types of anti-social behavior such as drug abuse; and (c) achieve these outcomes at a cost savings by decreasing rates of incarceration and out-of-home placement.

### How are Services Delivered?

MST typically uses a home-based model of service delivery, in which therapists have small caseloads (four to six families); are available 24 hours a day, seven days a week; and provide services in the home at times convenient to the family. The average length of treatment is up to 60 hours of contact provided during a four-month period.

MST therapists focus on collaborating with and empowering parents by using identified strengths to develop natural support systems (e.g., extended family, neighbors, friends, and church members) and remove barriers (e.g., parental drug abuse, high stress, and difficult relationships with mates) to improve their capacity to function as effective parents.

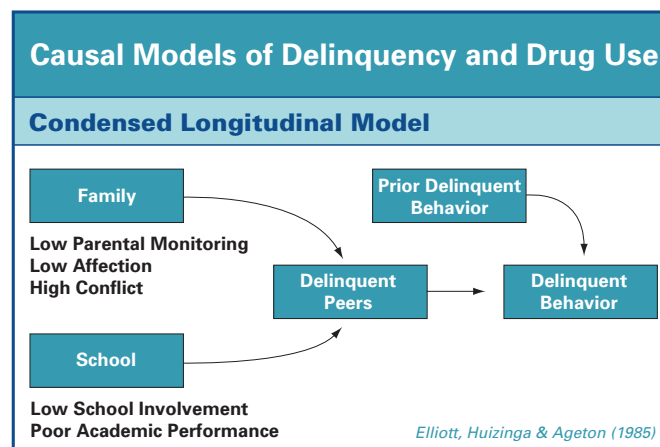
The MST therapist consults with and coaches parents or guardians on strategies to set and enforce curfews and rules in

the home, decrease the adolescent’s involvement with deviant peers and promote friendships with pro-social peers, improve the adolescent’s academic and/or vocational performance, and manage the challenges presented by criminal activity that may exist in the neighborhood.

Treatment teams typically consist of three MST-trained, master’s level counselors who receive clinical supervision from an experienced, MST-trained mental health professional. Each treatment team provides services for approximately 50 families a year. The MST training curriculum consists of a five-day orientation training, quarterly booster sessions, weekly on-site clinical supervision for treatment teams and supervisors, and weekly consultation from a doctoral- or master’s-level MST expert.

### Target Population

MST targets chronic, violent, or substance-abusing male and female juvenile offenders at risk of out-of-home placement. The “typical” MST youth is 14-16 years old, lives in a home that is characterized by multiple needs and problems, and has multiple arrests. As shown below, research-based models of delinquency and drug use indicate that family, school, and peer factors influence delinquent behavior.



### How Effective is MST?

Following treatment, youth who received MST reported significantly less aggression with peers and less involvement in criminal activity than youth receiving usual services (Henggeler et al., 1992). Moreover, families receiving MST reported significantly more cohesion than non-MST families. Importantly, MST was equally effective with youth and families with divergent socioeconomic and racial backgrounds.

Follow-up studies with children and families two years after referral (Henggeler, Melton, Smith, Schoenwald, & Hanley, 1993) and four years after referral (Borduin et al., 1995) supported the long-term effectiveness of MST. Despite its intensity, MST was a relatively inexpensive intervention, with the cost per client being about one-fifth the average cost of an institutional placement.

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## Published MST Outcome Studies with Juvenile Offenders

STUDY	POPULATION	COMPARISON	FOLLOW-UP	MST OUTCOMES
Henggeler, Rodick, Borduin, Hanson, Watson, & Urey (1986) N=57 <sup>a</sup>	Delinquents	Diversion services	Post treatment	<ul style="list-style-type: none"> <li>• Improved family relations</li> <li>• Decreased behavior problems</li> <li>• Decreased association with deviant peers</li> </ul>
Henggler, Borduin, Melton, Mann, Smith, Hall, Cone, & Fucci. (1991) <sup>b</sup>	Serious juvenile offenders	Individual counseling Usual community services	3 years	<ul style="list-style-type: none"> <li>• Reduced alcohol and marijuana use</li> <li>• Decreased drug-related arrests</li> </ul>
Henggeler, Melton, & Smith (1992) N=84	Violent and chronic juvenile offenders	Usual community services—high rates of incarceration	59 weeks	<ul style="list-style-type: none"> <li>• Improved family relations</li> <li>• Improved peer relations</li> <li>• Decreased out-of-home placement (64%)</li> <li>• Decreased recidivism (doubled survival rate)</li> </ul>
Henggeler, Melton, Smith, Schoenwald, & Hanley (1993)	Same sample		2.4 years	
Borduin, Mann, Cone, Henggeler, Fucci, Blaske, & Williams (1995) N=176	Violent and chronic juvenile offenders	Individual counseling	4 years	<ul style="list-style-type: none"> <li>• Improved family relations</li> <li>• Decreased psychiatric symptomatology</li> <li>• Decreased recidivism (69%)</li> <li>• Decreased rearrests (54%)</li> <li>• Decreased days incarcerated (57%)</li> </ul>
Schaeffer & Borduin (2005)	Same sample		13.7 years	
Henggeler, Melton, Brondino, Scherer, & Hanley (1997) N=155	Violent and chronic juvenile offenders	Juvenile probation services—high rates of incarceration	1.7 years	<ul style="list-style-type: none"> <li>• Decreased psychiatric symptomatology</li> <li>• Decreased days in out-of-home placement (50%)</li> <li>• Decreased recidivism (26%, nonsignificant)</li> <li>• Treatment adherence linked with long-term outcomes</li> </ul>

<sup>a</sup>quasi-experimental design (groups matched on demographic characteristics), all other studies are randomized

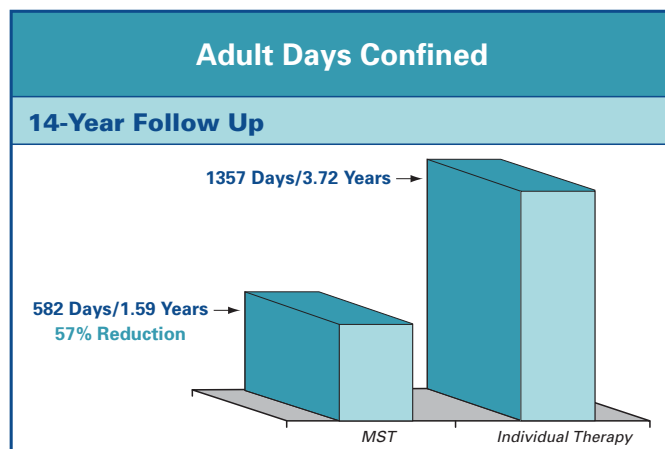
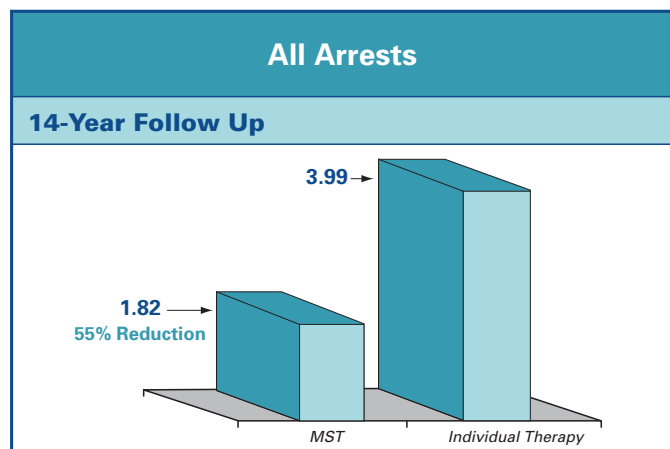
<sup>b</sup>based on participants in Henggeler et al. (1992) and Borduin et al. (1995)

STUDY	POPULATION	COMPARISON	FOLLOW-UP	MST OUTCOMES
Henggeler, Pickrel, & Brondino (1999) N=118	Substance abusing and dependent delinquents	Usual community services	1 year	<ul style="list-style-type: none"> <li>• Decreased drug use at post-treatment</li> <li>• Decreased days in out-of-home placement (50%)</li> <li>• Decreased recidivism (26%, nonsignificant)</li> <li>• Treatment adherence linked with decreased drug use</li> <li>• Incremental cost of MST nearly offset by between-groups differences in out-of-home placement</li> <li>• Increased attendance in regular school settings</li> <li>• Decreased violent crime</li> <li>• Increased marijuana abstinence</li> </ul>
Schoenwald, Ward, Henggeler, Pickrel, & Patel (1996)	Same sample		1 year	
Brown, Henggeler, Schoenwald, Brondino, & Pickrel (1999)	Same sample		6 months	
Henggeler, Clingempeel, Brondino, & Pickrel (2002)	Same sample		4 years	
Ogden & Halliday-Boykins (2004) N=100	Norwegian youths with serious anti-social behavior	Usual child welfare services	6 months post recruitment	<ul style="list-style-type: none"> <li>• Decreased externalizing and internalizing symptoms</li> <li>• Decreased out-of-home placements</li> <li>• Increased social competence</li> <li>• Increased consumer satisfaction</li> <li>• Decreased externalizing and internalizing symptoms</li> <li>• Decreased out-of-home placements</li> </ul>
Ogden & Hagen (2006)	Same sample		18-month follow-up	
Timmons-Mitchell, Kishna, Bender, & Mitchell (2006) N=93	Juvenile offenders (felons) at imminent risk of placement	Usual community services	18-month follow-up	<ul style="list-style-type: none"> <li>• Improved youth functioning</li> <li>• Decreased rearrests (37%)</li> </ul>
Henggeler, S.W., Halliday-Boykins, C.A., Cunningham, P.B., Randall, J., Shapiro, S.B., Chapman, J.E. (2006).	Juvenile offenders with substance abuse in juvenile drug court	Family court	12-month follow-up	<ul style="list-style-type: none"> <li>• Decreased substance use</li> <li>• Decreased criminal activity</li> </ul>

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Another follow-up study (Schaeffer and Borduin, 2005) examined the long-term criminal activity of 176 youth who had participated in multisystemic therapy (MST) in a randomized clinical trial. As shown below, outcomes from this study indicated significant reductions in arrests and days spent in placement.



## For Further Information

For more information about research-related issues: [www.musc.edu/fsrc](http://www.musc.edu/fsrc).

For more information about program development, dissemination, and training, contact:

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