

Multisystemic Therapy in Virginia

19th Annual Northern Region CSA Symposium &
Provider Expo

Overview of Multisystemic Therapy

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MST Services

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

MST Referral Criteria (ages 12-17)



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

Examples of Typical Referral Behaviors

- Youth assaults peers, parents, teachers, etc.
- Youth steals cars, cash or property from stores or family members, credit cards, etc.
- Youth regularly uses substances
- Youth sells illegal substances
- Youth destroys property/vandalism
- Youth is verbally aggressive, threatens others, etc.
- Youth is often truant from school
- Youth is failing school

How Does MST Work?

Key Points:

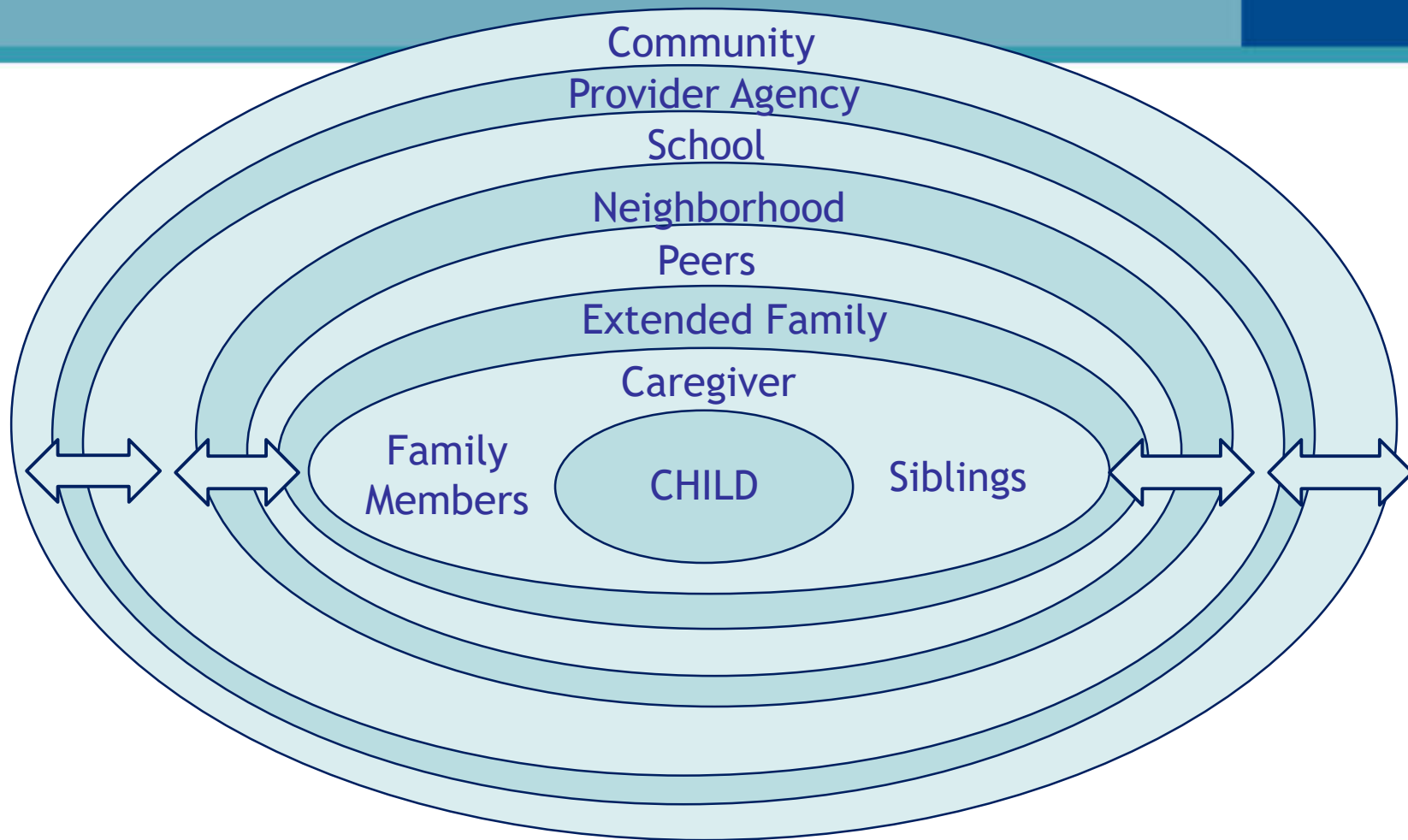
- Theoretical and Research Underpinnings
- MST Theory of Change and Assumptions
- How is MST Implemented?

Theoretical Underpinnings

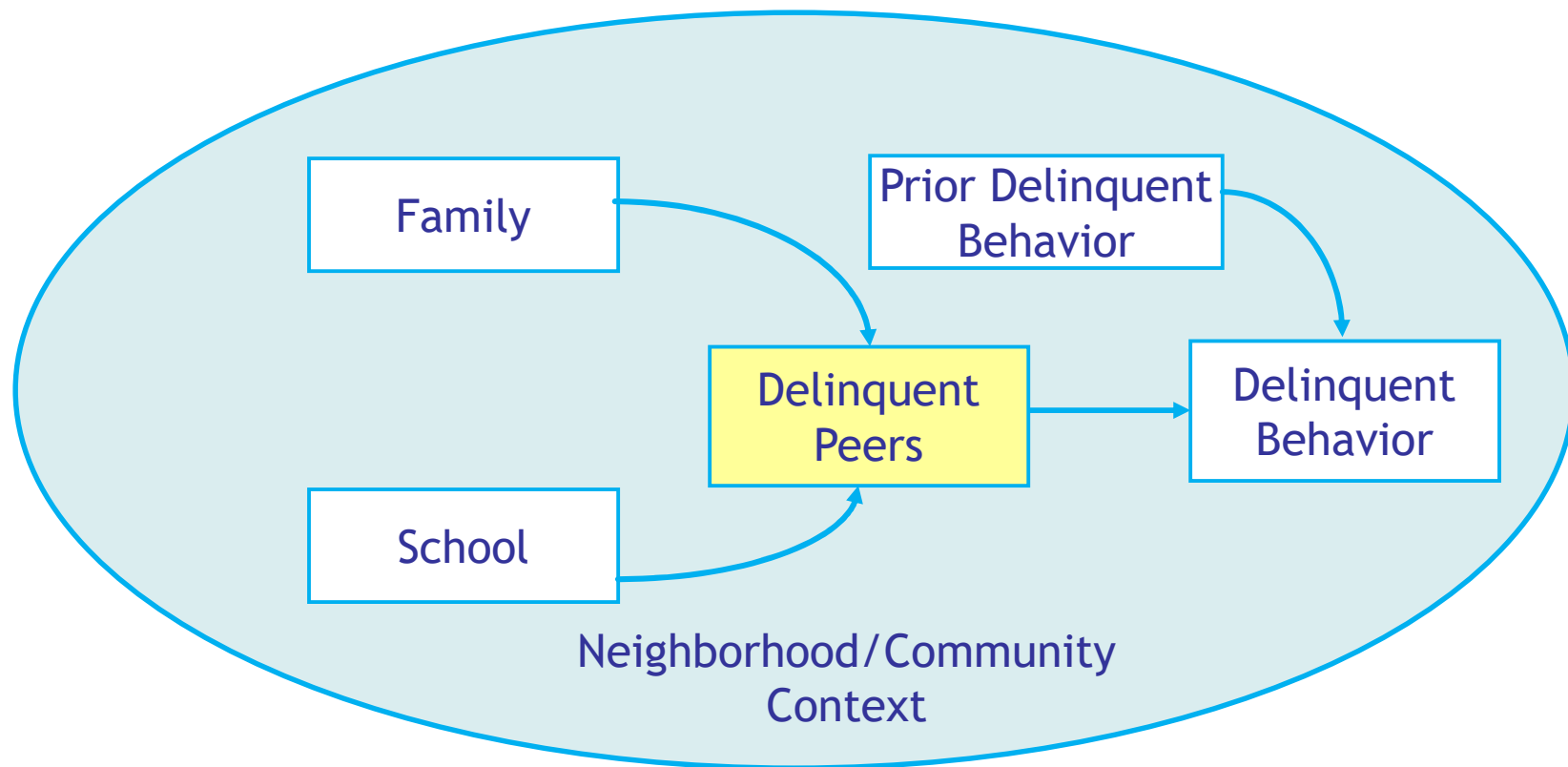
Based on social ecological theory of Uri Bronfenbrenner

- 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



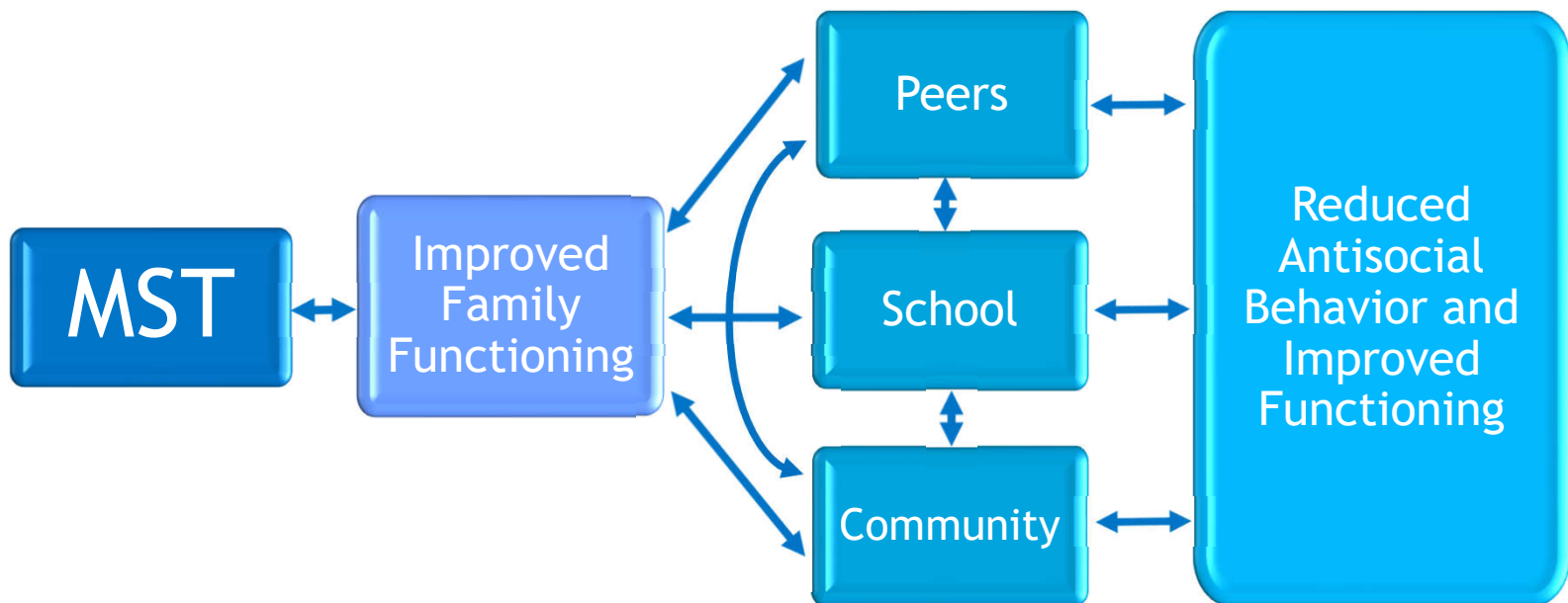
Delinquency is a Complex Behavior

Common findings of 50+ years of research: delinquency and drug use are determined by multiple risk factors:

- Family (low monitoring, high conflict, etc.)
- Peer group (law-breaking peers, etc.)
- School (dropout, low achievement, etc.)
- Community (↓ supports, ↑ transiency, etc.)
- Individual (low verbal and social skills, etc.)

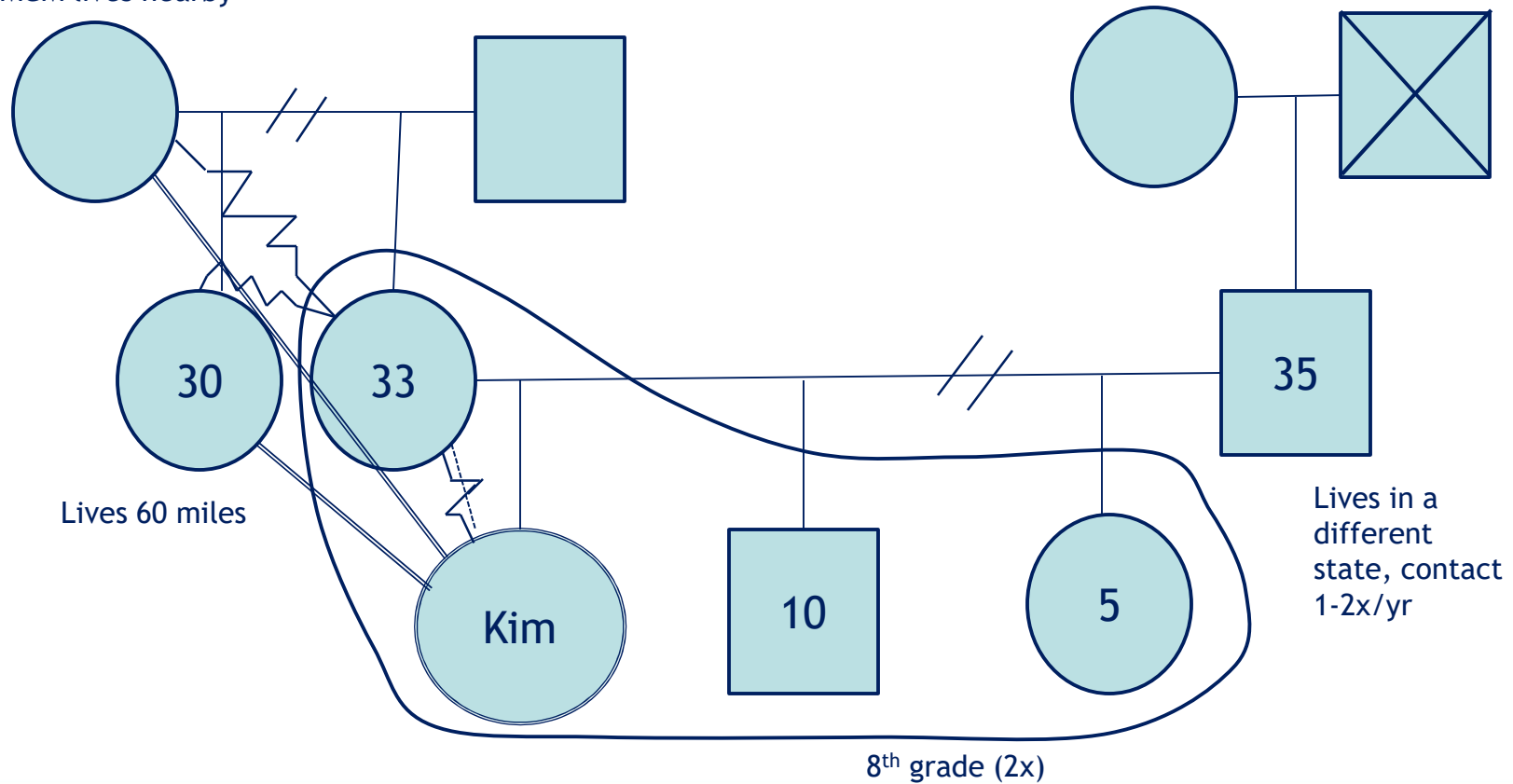


MST Theory of Change



Sample Genogram

MGM lives nearby

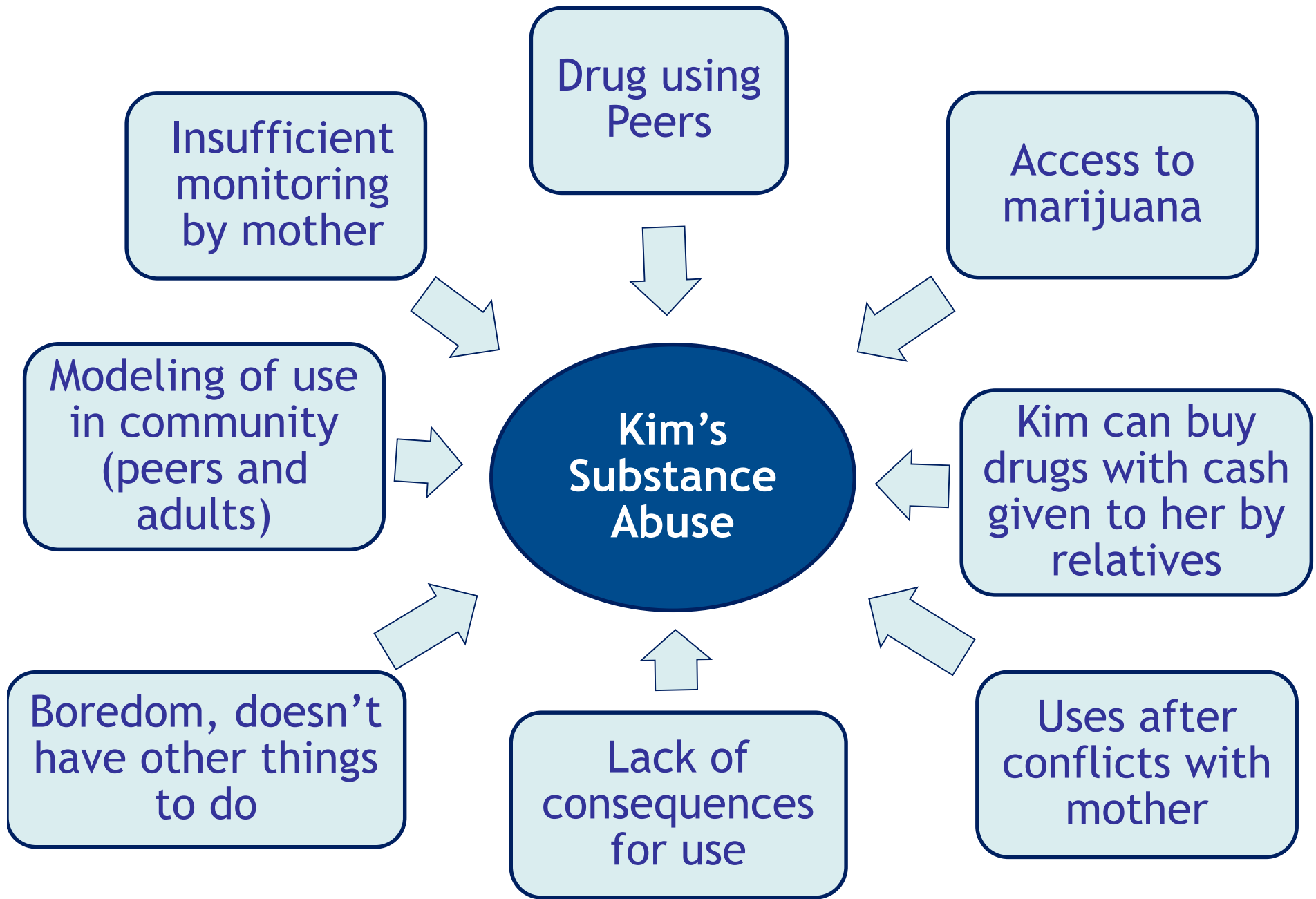


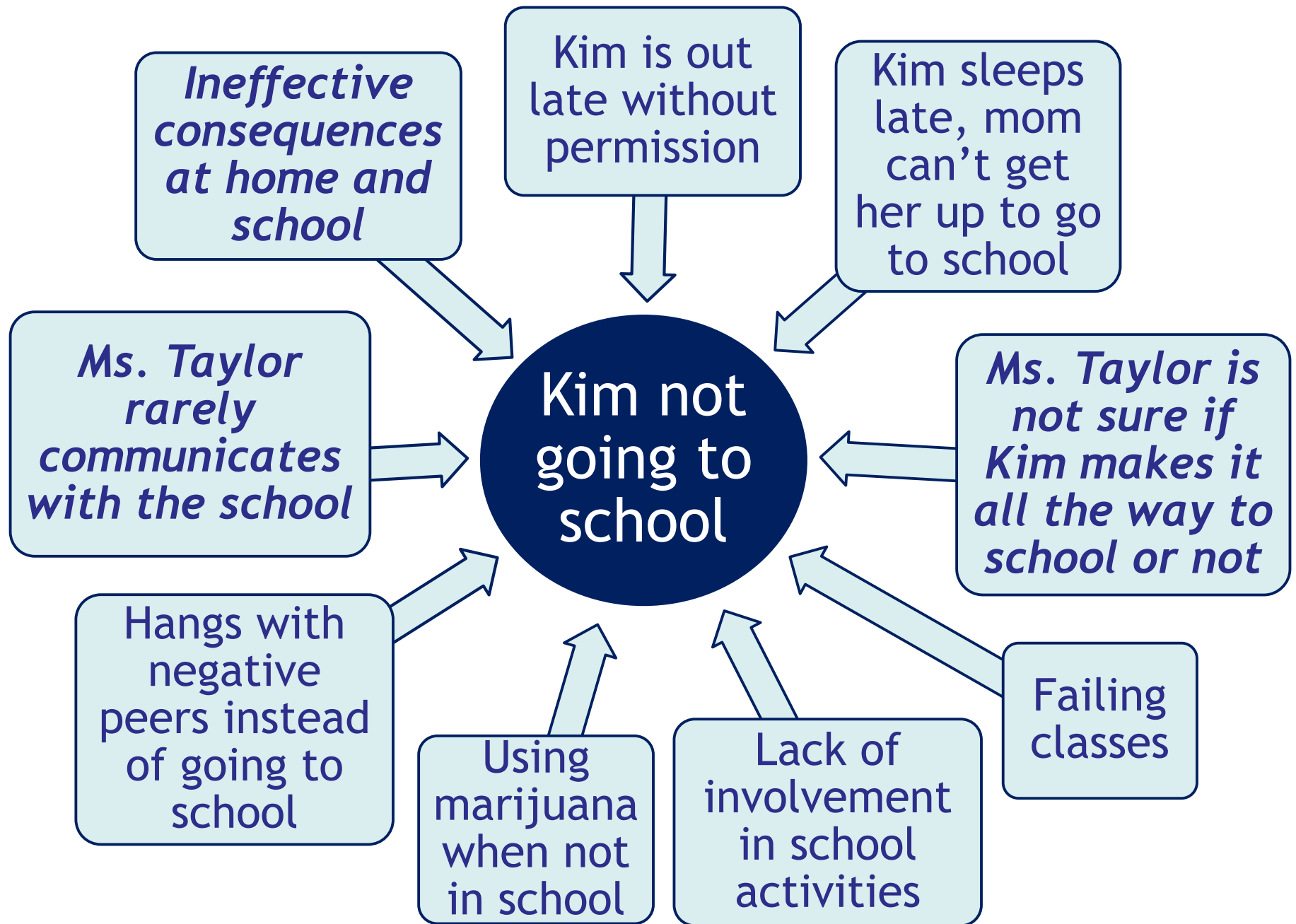
Sample Reasons for Referral

“Case of Kim”



Behavior	Frequency	Intensity	Duration
Truancy	2-3 times a week; last year missed 43 days	Ranges from cutting a class-missing the whole day	Started last school year
Academic Failure	Currently failing 4 classes	Rarely completes homework or class work, sleeps in several morning classes, is currently repeating her grade	Started last school year
Theft	1x in the past 30 days	Misdemeanor charge for shoplifting	One time occurrence
Possession of marijuana	1x in the past 30 days	Arrested for possession of marijuana	One time occurrence
Marijuana use	4x a week	Smokes 1-2 joints at a time	Started 6-9 months ago
Verbal Aggression at home and school	Approximately daily	Yells, curses, and threatens family members; talks back to teachers at school	2 years





Sample Interventions (Intermediary Goals and Action Steps)

- IG 1. Ms. Taylor will establish a set of rules and consequences for Kim, to address school attendance.
 - a) Ms. Taylor and therapist will complete a fit assessment on lack of rules and consequences for school attendance.
- IG 2. Ms. Taylor will give Kim a UDS and apply contingencies as indicated
 - a) Therapist will introduce the drug testing protocol to Ms. Taylor and Kim using the “Therapist Checklist for Introducing Drug Testing Protocol,”
 - b) Therapist and caregiver (without Kim) will then schedule when the next drug test will be done.
- IG 3. Therapist and Ms. Taylor will practice/role play giving a drug test, if needed
 - a) Preview how the drug testing kit will be used, using the “Caregiver Handout for Conducting Drug Screens”

Sample Interventions, cont.

IG 4. Ms. Taylor will complete a drug screen with Kim during session

IG 5. Ms. Taylor will implement consequences per UDS results.

IG 6. Increase Ms. Taylor's communication between home and school regarding Kim's attendance and behaviors per Ms. Taylor's and school's reports.

- a) Therapist will talk to teachers at school to gather information about Kim's behaviors
- b) Ms. Taylor will contact teacher to learn about youth's attendance last week
- c) Ms. Taylor will schedule a meeting with Kim's teachers to establish a specific plan for monitoring Kim's attendance and behaviors

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

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

***** Change can
occur quickly *****



Critical Foundational Elements of Implementation

- Community Stakeholders and MST Program Have Shared Sense of Ownership of Successful Program
- Accessibility of Treatment
- Continuous Focus on Outcomes by All Involved
- Fidelity to the Treatment Model, at Every Level (Therapist, Supervisor, Program Leadership, and Community Stakeholders)
- Sustainable Funding Strategy

How is MST Implemented?

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

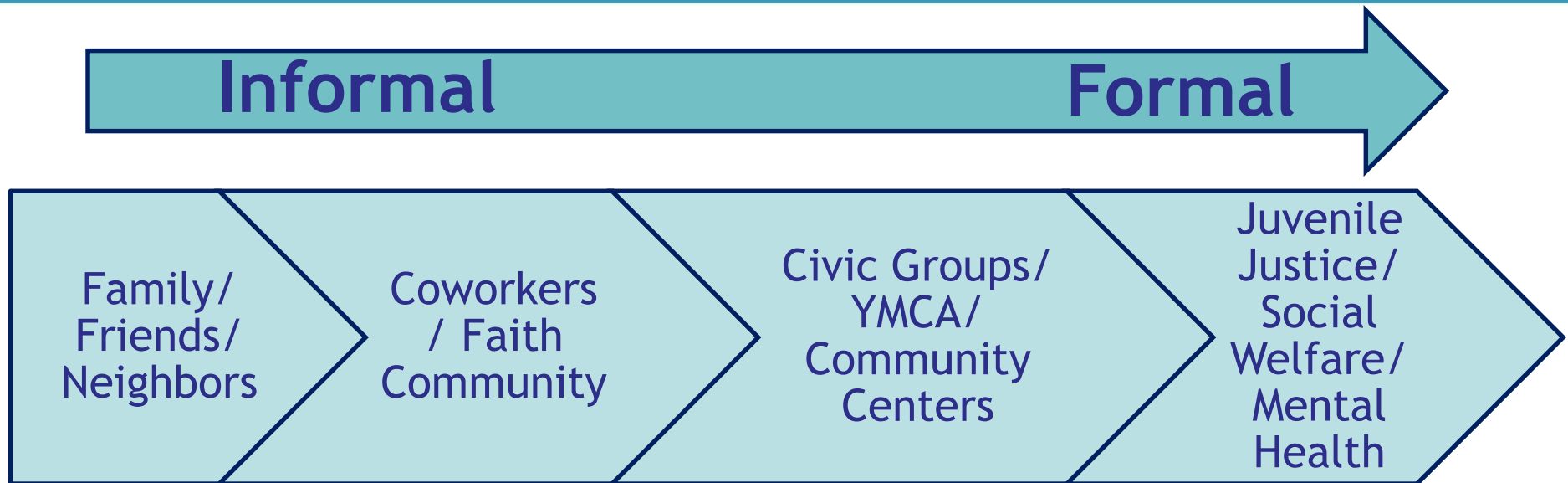


How is MST Implemented? (Cont.)

- Treatment interventions begin quickly, typically the first week of treatment
- MST therapist have a lead clinical role and are held accountable for ensuring comprehensive treatment and coordination with stakeholders involved with the families
- MST staff deliver all treatment - typically no or few services are referred outside the MST team, depending on clinical need
- Building social supports is a critical element of the treatment process
 - Leverage strengths of the family's natural network
 - Leverage strengths of the surrounding community



Ecological Perspective on Social Supports



- All efforts should be made to develop and tap family resources at the informal end of the social support continuum before moving to the formal end.

Keys to MST Engagement

- 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
- Treatment team responsible and accountable for engagement -- thus, therapists are taught to “never give up” on engaging a family
- Treatment is strength-focused
- Family members are viewed as full collaborators, with treatment goals set primarily by family members

Keys to MST Engagement (Con't)

- Services are individualized and comprehensive to meet multiple changing needs of youth and families
- Services are provided in the natural ecology, which decreases barriers to delivery
- Low caseloads provide time needed to establish treatment alliance
- Appointments are at times convenient for the family



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When is it “too late” to refer, or to engage family in MST?

MST Team Creates an Environment of Alignment and Engagement with Community Stakeholders



- MST team facilitates positive relationships with key stakeholders, both between MST team and stakeholders and between families and stakeholders
- MST team is responsible for facilitating joint problem solving with stakeholders, about specific cases and about the overall functioning of the MST team
- Therapists strive to be helpful to stakeholders

Collaboration: Start of Treatment

- Team works with stakeholders to develop strategies for engaging families at point of referral
- Therapist and caregivers establish a plan for regular communication in a form and at a frequency tailored to the level of involvement and desires of key stakeholders
 - Use mechanisms that are efficient and only share information necessary to share with that person

Collaboration: Expectations Regarding Case Progress

- Therapist and referral sources establish clear agreements at the outset of treatment regarding how incidents of antisocial behavior of youth will be handled
 - Start from expectation that progress will be incremental
 - Strive for agreements that the youth will not be placed automatically due to such incidents

Collaboration: Assessment and Interventions

Depending on the degree of involvement necessary and/or desired by key stakeholders, therapist and caregivers:

- Engage in joint problem solving with key stakeholders about each case
- Elicit input on fit assessments and prioritization
- Elicit input into intervention development
- Communicate regarding important advances and barriers in treatment

Collaboration: End of Treatment

Therapists do the following:

- When appropriate, therapists communicate to referral sources about treatment outcomes at discharge
- Overtly solicit feedback from key participants on satisfaction with MST, progress in treatment, etc
 - Ask: “How can we improve our work with the families and you?”
 - Ask: “Is there anything we could do differently?”



Additional & Unique Elements of MST



- Teams held to high standards of accountability for overcoming barriers in treatment, with regular monitoring of team performance & outcomes
- Data about team performance are available to community and state-level stakeholders
- MST has proven its effectiveness through multiple rigorous studies, including by researchers unconnected to the model developers
- MST's effectiveness has been proven through a 22-year follow up study to be long lasting

Additional & Unique Elements of MST (cont.)



- Member of the team on call for all families 24/7
- Teams receive ongoing intensive training and support, including from an MST Expert
- Teams are involved in ongoing quality assurance and quality improvement, including via the MST Expert
- Collaborate with courts for updates (progress & participation)
- Often prepare the youth and caregivers for court appearances
- Work with family to address concerns of the court and to make sure that youth meets conditions of probation

MST is a Proven Treatment for Adolescent Substance Abuse



- NIDA (National Institute on Drug Abuse) names MST among its “effective drug abuse treatment approaches”
- “MST holds the prize for being the optimal treatment of choice for substance abuse treatment among adolescents with conduct problems...”

Substance Abuse: Research and Treatment 2012, page 153

- SAMHSA lists MST as “effective treatment for adolescent alcohol and drug use”

Points to Emphasize When Explaining MST to Families



- MST therapists do whatever it takes to make treatment accessible and helpful to families
- Focus of treatment is on empowering caregivers (parents) to solve current and future problems
- Caregivers are seen as critical part of the solutions to the youth's problem behaviors
- Treatment is strength-focused and non-blaming

VA Testimonials

National Counseling Group – Virginia Beach



Parent reported:

- Her son is currently employed and was released from probation shortly after MST ended
- MST helped her be more of a participant in raising her son despite his age and be an advocate for him
- He is currently on honor roll and is planning to enroll at the local community college to obtain a HVAC certificate
- Changes she sees are that he thinks prior to acting, their communication improved, and she changed her parenting style to meet her son's needs

VA Testimonials Cont.

National Counseling Group – MST Virginia Beach



Parent reported:

- Her son is currently on A/B honor roll in his alternative school with the hopes of returning to his home school in the future
- Her son has not received any new charges and no longer associates with the negative peers that were present when he last received charges
- She improved appropriate communication with her son, implementing interventions to impact his negative peer association and her consistency
- “MST helped me change my behavior as a parent and parent appropriately while dealing with the loss of my spouse and his father”

VA Testimonials Cont.

National Counseling Group – MST Newport News



To whom it may concern:

I enjoyed engaging and working ms. Amber Butler. Ms. Butler was very supportive and provided beneficial information for rewarding and consequences in the home and in the community I can't leave out school.

Ms. Butler provide different strategies when dealing with stressful situation or engagement. with working with Ms. Butler the storm has calmed alot.

VA Testimonials Cont.

—National Counseling Group – MST Newport News



MST Services has been extremely beneficial to our family. We are very appreciative of the services that were provide to us. Not to mention our case worker Miss Howard was amazing! Thanks so much!

I have noticed my son to go into the school year with an more positive mindset, as well as do well with the Goodwill Program. There has been less conflict in the house told since the MST has been assigned to this family. The Support and activities has opened my mind to more options of communication with my son.

Questions?



Questions?

Thank you for having us!

www.mstservices.com

Optional Slides



Optional Slides

Cultural Competency in MST



- MST has been equally effective with African-American families as with White/European American families
 - Findings from randomized trials of MST with violent and chronic juvenile offenders revealed that the favorable effects of MST were not moderated by youth ethnicity (African-American vs. European American/White)
- We recommend that MST team members reflect the cultural make up of the community as much as possible

Cultural Competency in MST



Multiple procedures used in MST to promote and maintain treatment fidelity, including ongoing and continuing evaluation and feedback about the following

- MST treatment is designed to be developmentally appropriate
- Treatment is tailored to the youth and family, and their cultural values
- Therapists view family members as full collaborators in treatment planning and delivery process, with treatment goals driven primarily by parents, with their cultural values
- By definition, the building of indigenous family and informal support networks reflects the culture of the youth and family

Cultural Competency Recommendations in the Literature



From Huey & Polo, 2008

- Approaches that permit clinicians to respond flexibly to circumstances unique to individual client appear to work with ethnic minority youth with clinically significant problems.
- First strategy: maintain evidence based treatment (EBT) in original format, apply only those culture-responsive elements already incorporated into EBT. Otherwise could lead to inefficiencies in conduct of treatment.
- Only make modifications as barriers or opportunities arise in treatment where considerations of client's minority status is warranted.
- Tailor intervention to client / family situation.