

What makes MST such an effective intervention?

**A proven treatment model
for at-risk youth and families**

MST works to break the cycle of criminal behavior by keeping teens at home, in school and out of trouble.

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The MST approach views the individual as being surrounded by a network of interconnected systems that include the teens, their family as well as their peer group, school and neighborhood. Intervention may be necessary in any one or a combination of these systems. In MST, this ecology of interconnected systems is viewed as the client.

MST addresses the multiple factors known to be related to delinquency across the key settings or systems within which a youth lives. Using the strengths of each system (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate positive change, the intervention strives to promote behavioral change in the youth's natural environment.

"By treating the family as a whole, the court is not sending 'rehabilitated' youths back into the same dysfunctional environment. The goals are healthier families and reduced recidivism. MST aims to stop the cycle of dysfunction and criminality-generationally."

Judge Dorene S. Allen

Midland County

Probate Court, *Michigan*

ECOLOGY

**MST views the youth as
embedded within multiple
interconnected systems**



(Bronfenbrenner)

MST GOALS AND TREATMENT TECHNIQUES

The ultimate goals of MST are to provide parents with the skills and resources that they need to address independently the difficulties that arise when rearing teenagers and to give youth the skills necessary to cope with family, school and neighborhood problems. This is done, in part, by mobilizing individual, family, and community resources that support and maintain the long-term behavioral changes that occur during MST treatment. MST is a pragmatic, goal-oriented treatment program that targets factors in the youth's social network that contribute to his or her antisocial behavior.

MST INTERVENTIONS AIM TO:

- Improve caregiver discipline practices
- Enhance family relations
- Decrease a youth's association with deviant peers
- Increase a youth's association with pro-social peers
- Improve a youth's school or vocational performance
- Engage youth in positive recreational outlets
- Develop a natural support network of extended family, neighbors, and friends to help caregivers

MST'S RETURN ON INVESTMENT MODEL



\$1 → \$12.40 to \$28.33

Every \$1 spent on Multisystemic Therapy today can be expected to return \$12.40 to \$28.33 to taxpayers and crime victims in the years ahead.

MST IS DELIVERED IN THE HOME

MST uses a home-based model to deliver services. This helps to overcome barriers to accessing services, increases the likelihood that families will stay in treatment, provides families with intensive services (i.e., therapists are full-time staff who have low caseloads of four to six families per therapist), and helps to maintain treatment gains.

Therapists work with family members daily or weekly to achieve behavior changes that can be observed and measured. The effectiveness of these therapeutic efforts are evaluated continuously from multiple perspectives (e.g., caregivers, the youth, teachers, the MST supervisor and MST consultant).

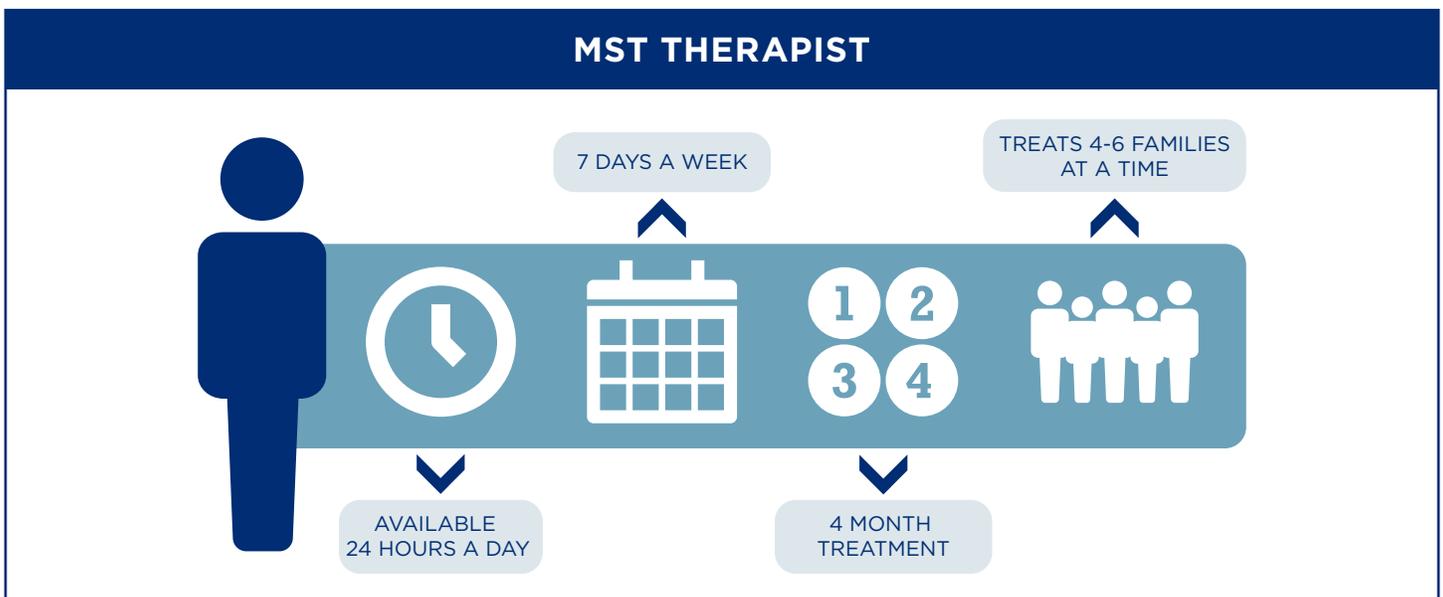
Treatment typically lasts approximately four months, with multiple therapist-family contacts occurring each week. Families usually see their therapist less frequently as they get closer to being discharged from treatment.

THE ROLE OF THE THERAPIST AND THE FAMILY

Family members help therapists to design the treatment plan, which ensures that it will be family-driven rather than therapist-driven. Interventions always target specific, well-defined problems, focus on present conditions, and are action-oriented.

Therapists are responsible for engaging the family and other key participants in the youth's environment (e.g., teachers, school administrators, community members, workers from agencies with mandated involvement). Similarly, therapists and the provider agency are held accountable for achieving change and positive case outcomes.

Within a context of support and skill-building, the therapist places developmentally appropriate demands on the adolescent and family to behave responsibly. Therapists emphasize the positive and use a family's and individual's strengths to bring about change.



MST IS DELIVERED WITH FIDELITY

Adherence to the MST treatment model is essential for positive results. MST has been proven to be a cost-effective program that reduces rearrests and out-of-home placements for chronic, violent juvenile offenders. Research conducted on the effectiveness of MST has demonstrated consistently that strong adherence to the model is correlated with strong case outcomes.

Training, which is key to the success of the model, is intensive and ongoing. Clinical staff training includes a week of introductory training, weekly consultation with an MST expert, weekly on-site clinical supervision for treatment teams and supervisors, and quarterly training update sessions.

MST IS AN EVIDENCE-BASED TREATMENT

MST is evidence based and has been shown in rigorous, scientific, gold-standard tests to be superior to other interventions for adolescents exhibiting severe antisocial and criminal behavior.

The importance of having a clinical treatment undergo

such testing might not, at first glance, seem that crucial. However, it is just as important as the Federal Drug Administration (FDA) approving the drugs you take.

Think about it. When you have a pounding headache, you might reach for Advil, Excedrin or aspirin.

Each drug has been developed and proven to help get rid of a headache and has been shown to be more effective than doing nothing. For a new drug to be used as a treatment, it must establish a track record in clinical trials and be vetted as "safe and effective" by the independent FDA.

MST used the same rigor to develop and test its mental-health treatments that a drug company uses. Unquestionably, MST is based on scientific trials and methodology, and there are independent organizations that have verified MST as an evidence-based treatment.

Evidence-based practices are not cookie-cutter approaches to treatment. On the contrary, they are actually more tailored to the problems of the youth and family than "generic" counseling. And the positive outcomes are backed up by study results. Those paying for the services, whether organizations or taxpayers, know they will get value for their money.

MST'S POSITIVE RESULTS ARE LONG LASTING

A 14-year follow-up study by the Missouri Delinquency Project showed that youths who received MST had:

54%

FEWER RE-ARRESTS

57%

FEWER DAYS OF INCARCERATION

68%

FEWER DRUG-RELATED ARRESTS

43%

FEWER DAYS ON ADULT PROBATION

MST is a model program recognized worldwide

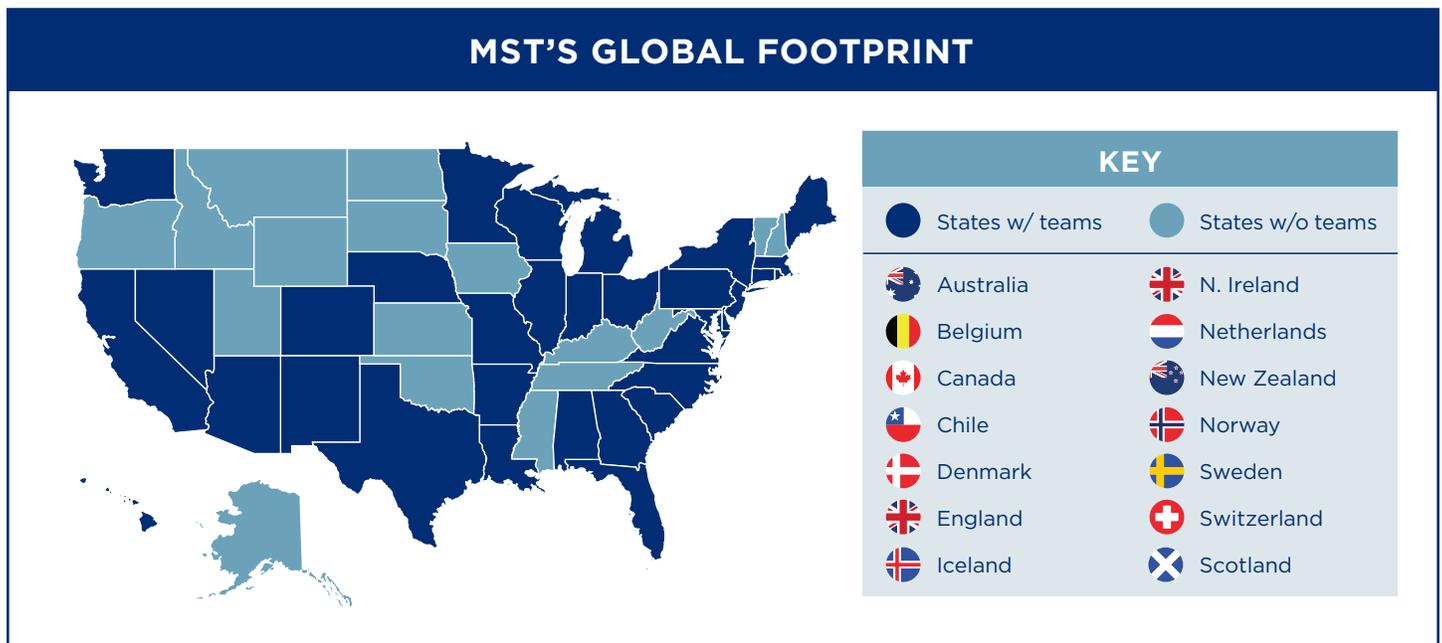
When it comes to treating chronic and violent juvenile offenders, MST is one of the few treatments that has scientific evidence to verify its effectiveness.

That's why MST is considered an evidence-based treatment model endorsed by the following organizations that have the most rigorous standards.

- Blueprints for Healthy Youth Development
- Office of the Surgeon General
- Coalition for Evidence-Based Policy
- SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)
- Among many others...

MST'S GLOBAL FOOTPRINT

There are more than 500 MST teams working in 34 states in the U.S. and 14 other countries treating more than 23,000 families a year.



If you would like to learn more about MST or learn how you can bring MST to your community, please contact:

MST Services

Marshall Swenson

710 J. Dodds Blvd., Suite 200

Mount Pleasant, SC 29464

(843) 284-2215

marshall.swenson@mstservices.com

Connect With Us:

