



Kansas MST

Multisystemic Therapy

What is Multi-systemic Therapy (MST)?

An intensive family and community-based treatment program that focuses on addressing all environments that impact juvenile offenders. We get the schools, teachers, neighborhoods and peers involved. We engage families by helping parents and caregivers set boundaries and rules and then give them the strength to follow through. We also give families a voice by giving them a way to provide feedback about their therapist and treatment.

What is Multi-systemic Therapy (MST)?



Community-based, family-driven treatment for antisocial/delinquent behavior in youth, with highly structured clinical supervision and QA

- The MST “client” is entire ecology of youth
- Focus is on empowering caregivers to solve current and future problems
- Treatment is delivered in close partnership with the family
- Treatment is tailored to family’s context, culture, religion, norms and values



How can the MST therapist help?

- MST therapist is going to focus on parental empowerment: goal is to increase parental accountability.
- MST therapist wants to field all crisis phone calls and decrease/eliminate police involvement.
- MST therapist wants to help parents problem solve rather than look for you to solve their problems.
- ~~MST therapist~~ wants to make your job easier by empowering the parent to take control.

Underpinnings & Beliefs

- Adolescent's behavior is strongly influenced by their families, friends and communities (and visa versa)
- Families are key to success
- Families can live successfully without formal, mandated services
- Change can occur quickly
- Science/research can provide guidance

MST Program Goals



- Reduction in oppositional/defiant/antisocial behaviors for any identified youth at risk.
- Reduction in recidivism of illegal behaviors
- Improvement in school performance, family and social functioning.

How is MST Implemented?

- Single therapist working intensively with 4 to 6 families at a time
- Team of 2 to 4 therapists plus a supervisor
- 24 hr/ day and 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

What does 24/7 actually mean?

- Therapists are on call Monday to Friday for their own caseloads
- Reports are sent out weekly with updates for on-call coverage highlighting how to help each family and the likelihood of each family calling
- Team rotates weekend/holiday on call coverage
- Clinical Supervisors rotate weekend/holiday on call coverage
- Program Director/Assistant Program Directors rotate on call coverage
- State Director remains on call

Families can ALWAYS reach someone

- 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
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What can you expect from MST?

- A LOT of communication
- Tons of collaboration
- Weekly updates on treatment goals
- Absolute desire to be a team player
- Individualized treatment plans
- Court reports, court attendance
- 40 to 60 hours of direct therapist-family contact over
4 months

What Does An MST Client Look Like?

- Needs to be between the ages of 12 to 17.
- Needs to have an identified family system to work with.
- Needs to be exhibiting some form of oppositional/defiant/antisocial behaviors in multiple systems.
 - (Running away, curfew, substance use, aggression, truancy, oppositional/defiant to authority, criminal or illegal behaviors.)

MST Client Should Not Be:

- A sex offender with the absence of other anti-social behaviors
- Having intellectual abilities so severe that cognitive behavioral interventions would not be comprehended.
- Be actively suicidal/homicidal/psychotic.
- ~~Living on~~ their own without a caregiver

What makes MST different?

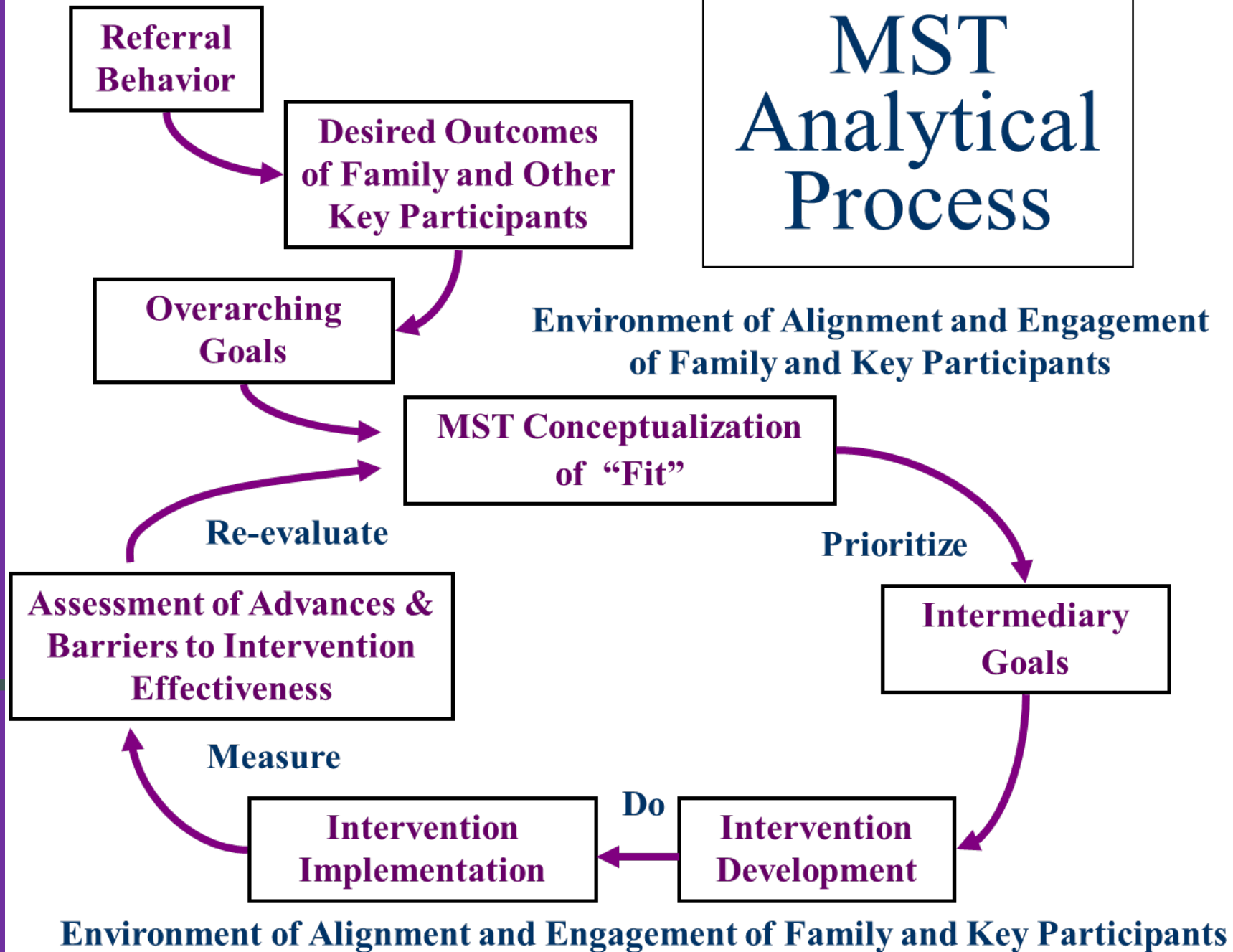
- Consistent Outcomes
 - MST Analytical Process
 - 9 Principles
 - Quality Assurance
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Consistent Outcomes



But, none of this happens without adherence to MST model

MST Analytical Process



Principles For Designing Interventions

1. Finding The “Fit”
2. Positive & Strength Focused
3. Increasing Responsibility
4. Present-Focused, Action-oriented, Well Defined
5. Targeting Sequences
6. Developmentally Appropriate
7. Continuous Effort
8. Evaluation And Accountability
9. Generalization

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, monthly individual therapist 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

CSI Program Contact Information



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Questions?
