



Proven Results
for Families and Communities



Multisystemic Therapy (MST)

Scientifically-proven to Transform the Lives of Youth and Families

3.26.2021 Webinar Objectives

I. Our Priorities

I. Introductions from MST Staff

- I. Tom Pietkiewicz (Director of Business Development)
- II. Dr. Melanie Duncan (Program Development Leader for MST Services TSS Division)

II. Answer the following questions:

- I. Provide an overview of Multisystemic Therapy.
- II. Explain the framework for the MST model.
- III. Review outcomes and core components of an MST Program.

II. Question and Answer session

- I. What is MST?
- II. Requirements for Clinicians
- III. Considerations for Provider Agency
- IV. MST Program Development Method
- V. Appendix-Reference Information

What is MST?

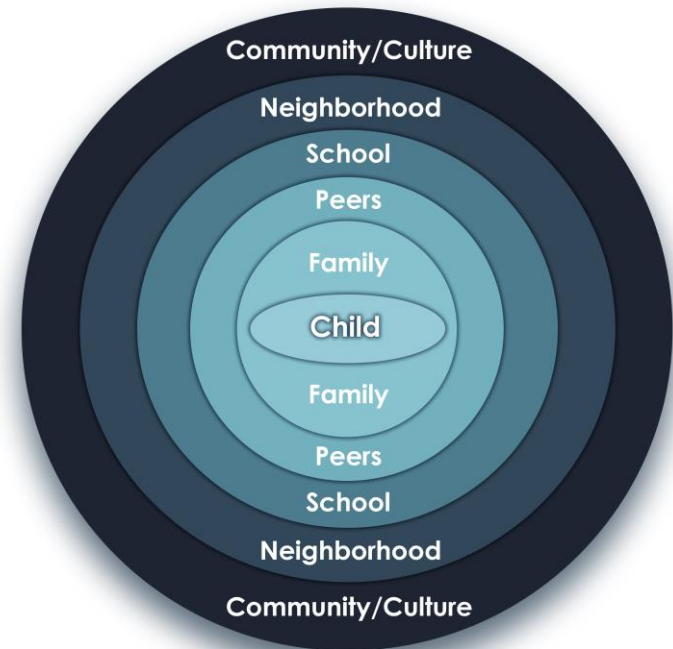
What is Multisystemic Therapy: Overview

MST is an evidence-based program that empowers at-risk youth and their families to function responsibly over the long term.

MST reduces delinquent and antisocial behavior, child maltreatment, and substance use by addressing the core causes of behavior, and views the client as a network of systems including:

- family
- peers
- school
- community

Ecological Model



Bronfenbrenner (1979)

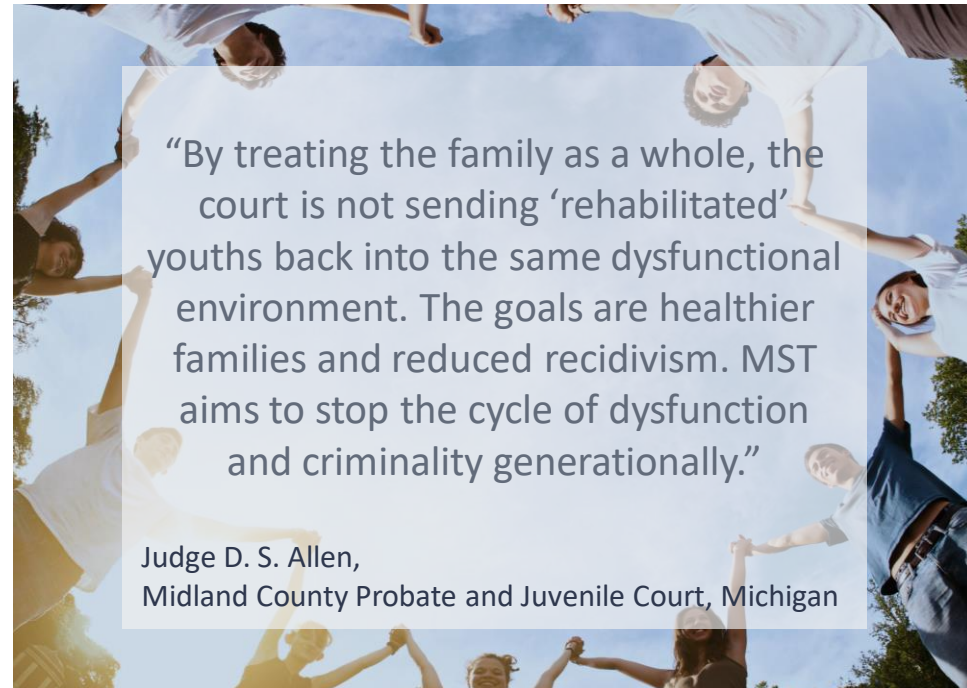
How MST Empowers Families



MST treatment is **specifically tailored** to the strengths & needs of each individual youth & family, with **family members playing an integral role** in helping plan & implement interventions.

MST interventions aim to:

- Improve how the caregiver disciplines
- Enhance family relations
- Decrease a youth's association with negative 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 achieve and maintain changes



Multisystemic Therapy (MST)

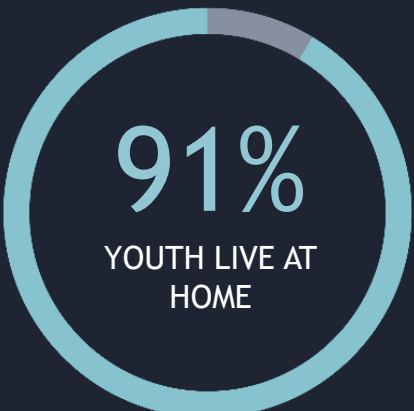
An Effective Alternative to Incarceration



MST Therapists work in the home, school and community and are on-call 24/7 to provide caregivers with the tools they need to transform the lives of troubled youth.

MST is the **only intervention for high risk youth** where results have been repeatedly replicated by independent research teams

At the close of treatment (data for over 13,800 youth served in 2018)...



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GLOBAL REACH



15
COUNTRIES



34
STATES



2,500+
CLINICIANS



200,000+
YOUTH

MST FEATURES THE LARGEST BODY OF EVIDENCE, BY FAR, OF SUCCESSFUL INTERVENTIONS FOR HIGH RISK YOUTH



74
STUDIES



\$75m+
RESEARCH
FUNDING



140+
PEER-REVIEWED
JOURNAL ARTICLES



57,000+
FAMILIES INCLUDED
ACROSS ALL STUDIES

Targeted Population

- 12-17 years old
- At risk of being removed from home due to delinquent and antisocial behavior
- DJJ populations

Exclusionary Criteria

- 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

Staffing:

2 to 4 full-time therapists and a full-time supervisor;
Masters-prepared staff (MSW or MA in clinical fields)

Treatment Length:

4 months on average, range 3-5 months;
All treatment provided in the home and community

Caseloads:

Each therapist has a caseload of 5 youth/families on average, and serves an average 15 families a year

MST Delivery:

- Therapy delivered within the referred youth's ecology (home, school, community, and neighborhood)
- Team on call 24/7

Intensive and Ongoing Training:

- 5-day initial training
- Quarterly ongoing trainings
- Weekly case review and consultation with MSTS Expert

Consistent Outcomes



But, none of this happens without adherence to MST

MST Ultimate Outcomes – 2020 MSTI Data Report



AT HOME	92%	These results are based on a comprehensive review of the 13,866 cases* (83.8%) of the 16,544 cases referred for treatment) that were closed for clinical reasons (i.e., completed treatment, low engagement, or placed).
IN SCHOOL/ WORKING	87%	
NO ARRESTS	89%	

Requirements for Clinicians?

Education

- Supervisors are, at minimum, highly skilled master's-prepared clinicians with training in behavioral and cognitive behavioral therapies and pragmatic family therapies.
- Therapists are usually masters-level clinicians with degrees in counseling or social work.

Requirements for MST Clinicians: Time and Location Commitments

Time Commitment

- Therapists have small caseloads and provide services in the home at times convenient to the family. The average length of treatment is between 3 and 5 months.
- Therapists are fulltime and are assigned to work on MST cases.

Location Commitment

- MST Therapists work in the home, school and community and are on call 24/7 to provide caregivers with the tools they need to transform the lives of troubled youth.



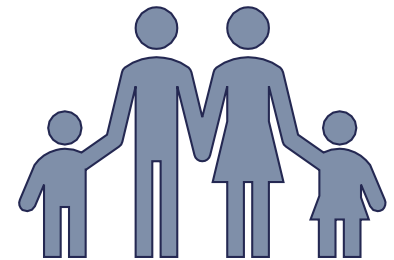
Considerations for Provider Agency

- Assess population of MST and your service focus
 - 12 to 17 year olds at risk of out of home placement due to anti-social or delinquent behavior.
- Identify whether your target community has adequate referrals
 - Service area should be within a 90-minute drive time of service office.
 - Assess your network of referral sources.
 - Develop a strategy to promote your MST Program.
- Program Staffing and Capacity
 - Can you support team of 2-4 therapists and a supervisor.
 - MST Staff need to be dedicated to only MST cases in order to deliver the program with fidelity.

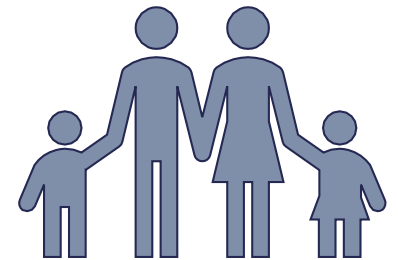
Stages of Program Development

Stages of Program Development

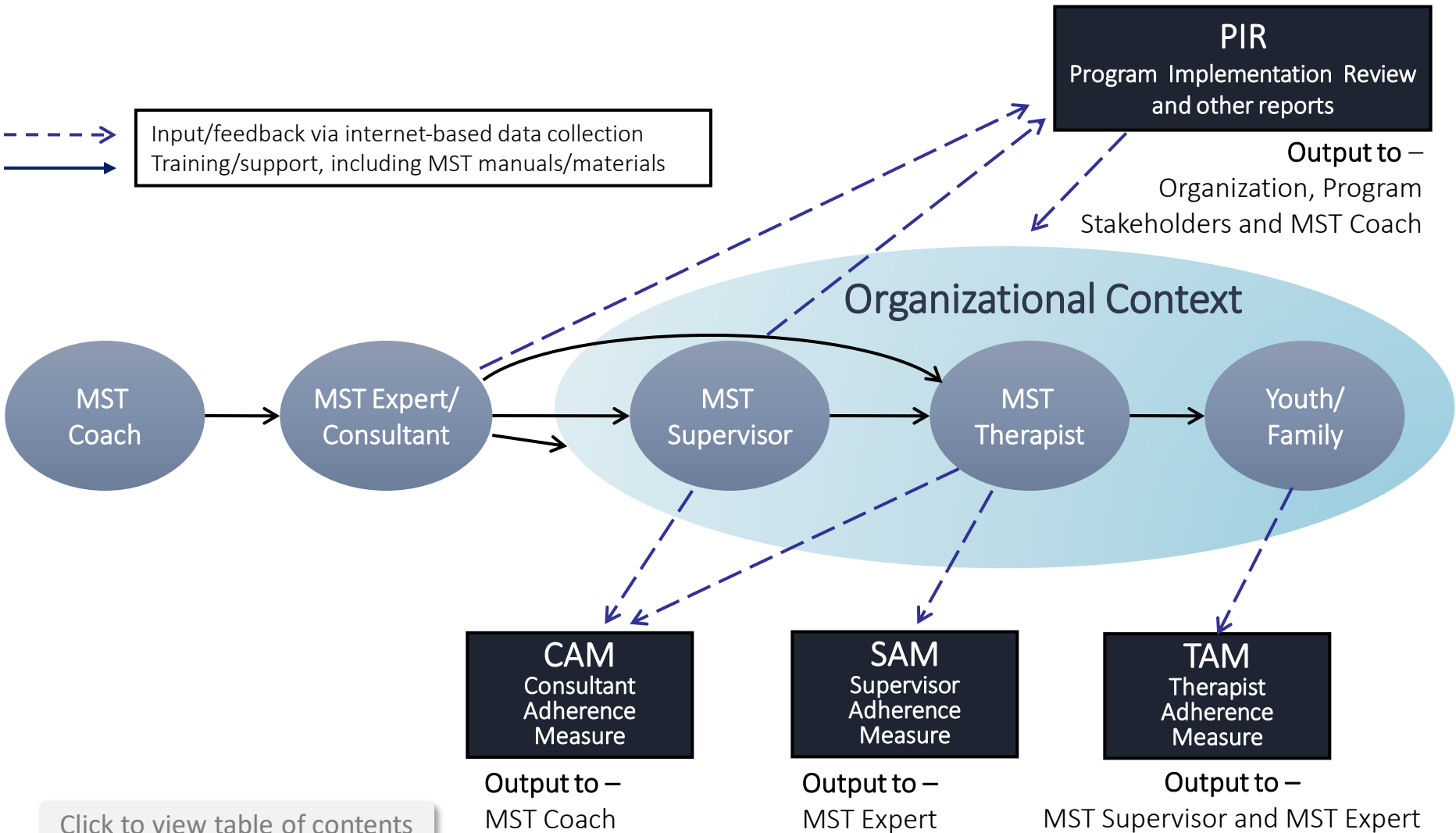
- **Timing**
 - Normally a 4-6 month process
 - Can be completed in as little as 2 months
- **Stage A**
 - Initial information collection (Happening now)
- **Stage B**
 - MST needs assessment
- **Stage C**
 - MST Critical Issues Session
- **Stage D**
 - Site Readiness Review Meeting (on-site)
- **Stage E**
 - Staff Recruitment and Orientation Training
 - Complete MST 5-Day Orientation for all program staff



- Stage F
 - On-going Program Implementation Support
 - Commence referral process and client treatment
 - Initiate data collection at MSTI website
 - Commence weekly team consultation on all open cases
 - Commence quarterly team booster training
 - Conduct periodic program review of process and outcome goals



MST QA/QI Overview



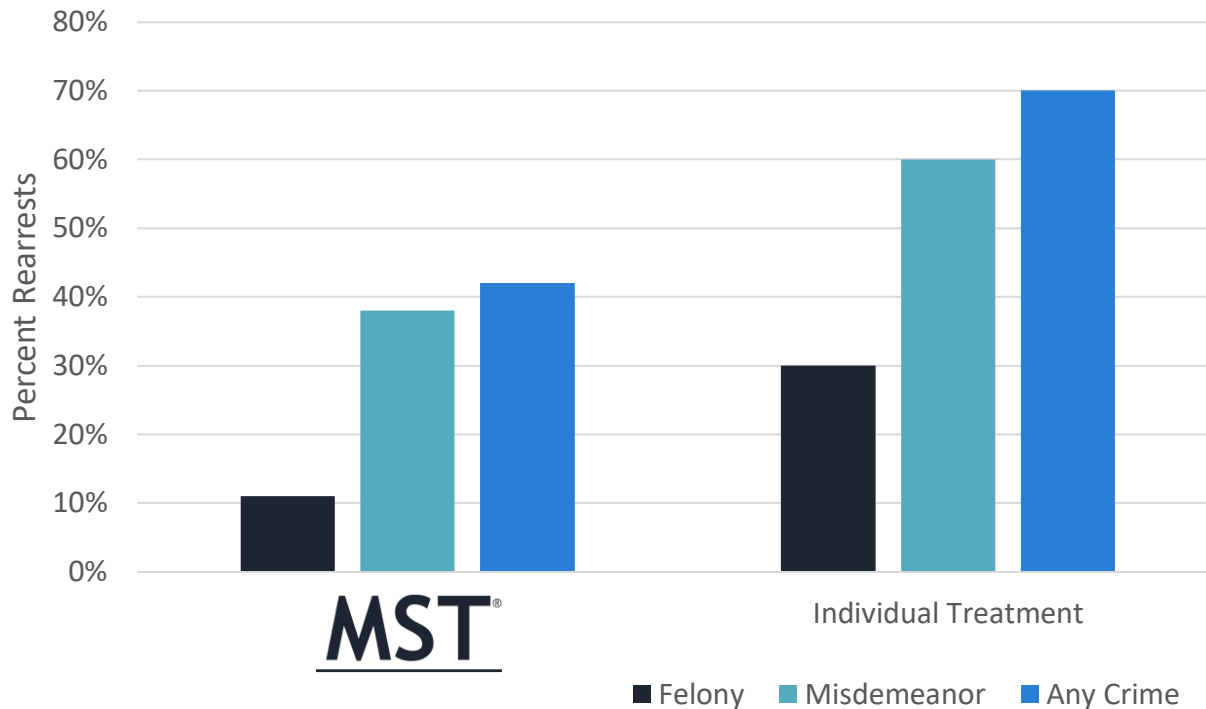
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Questions? (Question and Answer forum)

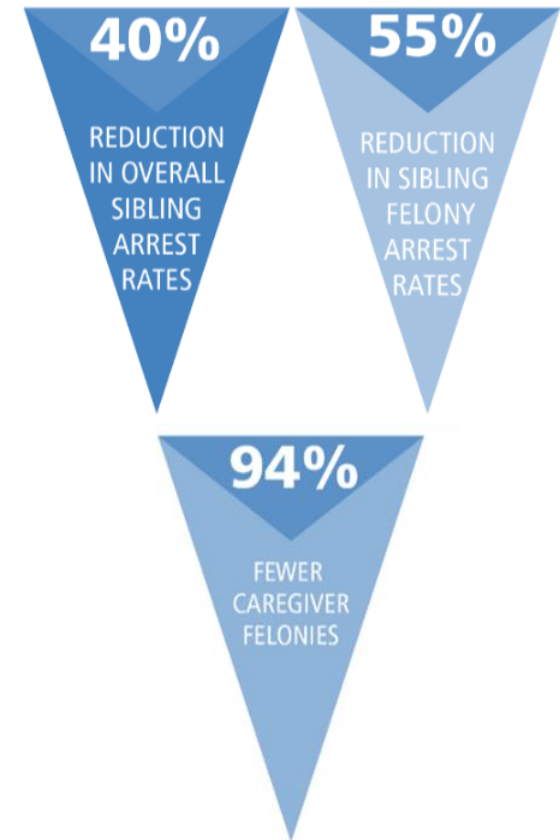
Appendix-Reference Information

How MST Empowers Families

MST produces positive outcomes for the **entire family**.



Source: The Journal of Consulting and Clinical Psychology



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How to Implement MST in Your Community



CONVENE

stakeholders to ensure collaboration and engagement in starting a successful MST program

ASSESS

level of service needed in your community to determine the number of teams to start

IDENTIFY

a provider organization

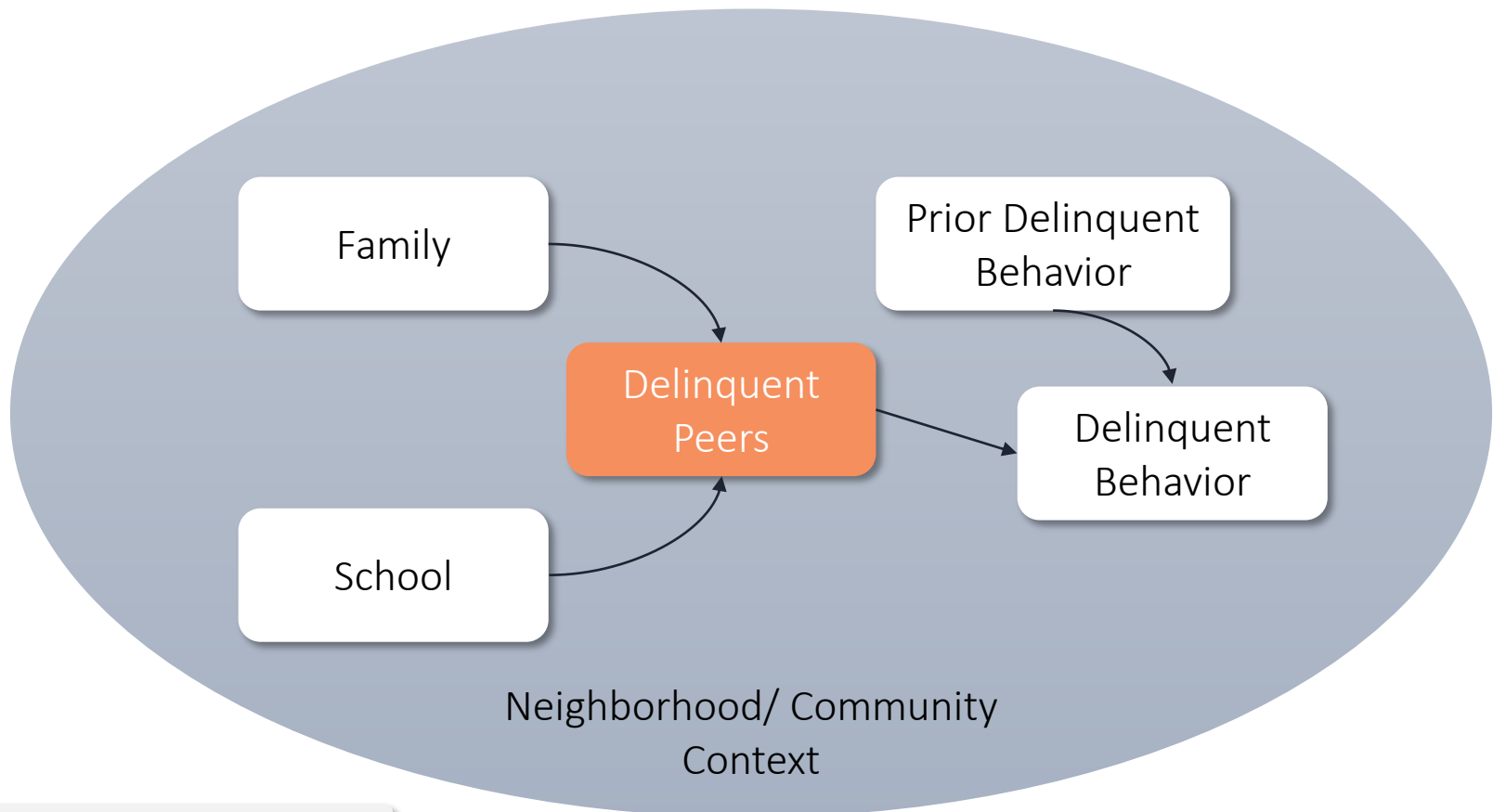
SECURE

sustainable funding sources and develop a comprehensive budget for your program

Our Program Development staff will walk you through all aspects of team start-up, from estimating costs, to assessing site readiness, to hiring and training quality team members

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Common Findings of 50+ Years of Research



Proven Results

for Families and Communities

MST[®]
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