



# Multisystemic Therapy (MST)

## **Description:**

Multisystemic Therapy (MST) is an intensive family and home-based treatment. It was originally developed to address the limitations of existing mental health services for juvenile offenders, but there has been a recent trend to use it with non-offending adolescents who have substance abuse or conduct-related problems.

The program focuses on substance use and abuse and services are provided in the home and the community. The family collaborates with the therapist on how to best improve the youth's behavior. The primary goals of the program are to help parents develop the skills they need to deal with behavioral concerns that may occur after the therapist has left the home environment. MST also helps parents identify their strengths, develop a natural support system, and remove barriers. At the same time, the therapist aims to give the adolescent coping skills to use with problems they may encounter in their environment. There are three different types of interventions:

### **Individual**

- Institutional placement and/or
- Individual counseling
- Life/social skills training

### **Family**

- Family therapy
- Parent education
- Parenting skills training

### **Peer**

- Peer-resistance education

MST therapists typically have small caseloads to ensure that they are available 24 hours a day, 7 days a week in order to provide services at times that are convenient for the family.

Once the parents have become engaged, they collaborate with the therapist to develop strategies to:

- Set and enforce curfew and rules
- Decrease the youth's involvement with deviant peers
- Promote friendships with pro-social peers
- Improve the youth's academic/vocational performance
- Cope with any criminal subculture that may exist in the neighborhood

## **Treatment Logistics:**

**Appropriate Age Range:** 12-17

**Participants:** Adolescent, family

**Hours of contact:** Average of 60 hours during a 4-month period (ideal treatment cycles are 3-5 months)

To provide MST services, clinicians must become extensively trained in the method. Consistent monitoring of adherence to the model takes place through the use of MST fidelity instruments.

## **Evidence-Base:**

MST has been found to decrease substance use, psychiatric symptoms, associations with negative peers, and antisocial/criminal activities. It also improves family relations/functioning and increases school attendance. Youth who have participated in this treatment have fewer arrests, spend less time in out-of-home placements, and show less aggression towards peers. MST has also been shown to decrease depressive symptoms. Refer to Appendix B for a matrix that lists the organizations that have approved MST as an EBP or go to <http://www.uncg.edu/csr/asatp/ebpmatrix.pdf> to view it online.

## **Reference to Treatment Manual:**

Henggeler, S.W., Schoenwald, S.K., Liao, J.G., Letourneau, E.J., & Edwards, D.L. (2002). *Multisystemic treatment of antisocial behavior in children and adolescents*. New York: Guilford Press.

Agencies must be extensively trained to receive materials and use MST. Info is available at <http://www.mstservices.com/>

## **Additional Resources:**

SAMHSA. "Multisystemic Therapy." <http://www.modelprograms.samhsa.gov/pdfs/model/Bsft.pdf>



NC DHHS  
DMH/DD/SAS  
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