Multisystemic Therapy With Psychiatric Supports (MST-Psychiatric)
Last update – 8/15/2009

Description
Multisystemic Therapy (MST) is a general family and community based treatment for youth with multiple risk factors for many forms of juvenile delinquency. In use for approximately 25 years, MST works by altering the way the adolescent functions at home, in school and in the community by rewarding positive social behavior and decreasing antisocial behavior. Originally developed for high-risk adolescent offenders with multiple arrests for violent offences, gang involvement, multidrug use and dysfunctional home environments, MST has been extended to work with adolescent suicide and suicide attempts.

MST is based on Social Learning Theory (parent training, reinforcement, cognitive restructuring), Family Systems Theory (family roles and interactions), Crisis Theory (coping and social support skills), and Ecological Theory (addressing environmental risk and protective factors). In wide use, several authors note that due to its high expense and resource intensiveness, it is best reserved until other, lower cost, interventions have failed.

The primary goals of MST are to:
- develop parents’ capacity to manage behavioral problems and difficulties
- reduce juvenile criminal activity
- reduce other types of antisocial behaviors, such as drug abuse, negative peer groups, gang involvement, etc.
- avoid incarceration and other out-of-home placements such as hospitalization

Multisystemic Therapy With Psychiatric Supports (MST-P) is an adaptation of MST for young people at risk for out-of-home placement due to a number of serious mental health problems, including suicidality and self-harm, thought disorders, bipolar disorders, depression, anxiety, and impulsivity. The goal of MST-P is reduce or eliminate suicidal behaviors and other mental health symptoms, improve family relations, keep the adolescent in school and avoid institutionalization.

MST-P therapy is primarily focused at the family level to teach or improve parents ability to communicate, monitor and discipline their adolescents. Poor parenting practices are also identified and more effective behaviors are taught. Parents are guided to support prosocial activities and positive peer groups while weaning the youth from deviant peers. The intervention is conducted in the family’s home on a daily basis over a six month period by a team of approximately six team members, including psychiatrists, therapists, and a caseworker.

Characteristics
- Population
  - Gender – male and female
  - Ages – Children (6-12 years old), adolescents (13-17 years old)
  - Races – Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White
- Risk, Protective & Causal Factors
  - Co-occurring mental health symptoms such as thought disorder, bipolar affective disorder, depression, anxiety, suicidality, non-suicidal self harm and impulsivity (R)
• Behavioral and delinquency problems (R)
• Substance use (R)
• Family dysfunction or poor family dynamics (R)
• Sound parenting practices (P)
• Enhanced monitoring and discipline (P)
• Disengagement from negative peers (P)
• Involvement in prosocial activities (P)

• IOM Category (level of care)
  • Indicated – children and adolescents with mental health disorders including suicide and self-harm

Effectiveness
In addition to the large body of research on the effectiveness of MST in general, MST-P has a long history of research-verified results and successful replication. Compared to age matched peers in a variety of control group conditions, adolescents receiving MST-P therapy reported:

• significantly fewer self-reported suicide attempts compared to a control group that was hospitalized for a few weeks, persistent out to 16 months. However, there was no difference between parent-reported suicide attempts between the two groups.
• significant reductions in depression, anxiety, hostility and obsessive-compulsiveness compared to a control group that was hospitalized for a few weeks. Some of the improvements were persistent at a six month follow-up assessment.
• improved family conditions, structure and cohesiveness compared to a control group of youth who were hospitalized
• fewer missed school days compared to a control group that was hospitalized for a few weeks
• 49% fewer days in hospitalization (or other forms of institutionalization) compared to a control group that were hospitalized and released after a few weeks

Program Delivery
MST-P is an intensive family therapy program delivered in the home by a team of six mental health professionals: a consulting child and adolescent psychiatrist, a master's-level clinical supervisor, three master's-level therapists, and a master’s- or bachelor's-level crisis caseworker, all supported by a doctoral- or master's-level MST expert consultant. MST-P sessions are conducted daily for approximately six months. The program addresses family dysfunction and management issues and teaches effective parenting skills to remove family and environmental aspects of the youth’s mental health issues. At the same time, the youth receives mental health services, is guided to more positive social influences and away from high-risk, negative peer groups. The primary goal of the program is to reduce or eliminate the youth’s mental health issues. The reduction in suicide risk or attempts is a secondary but beneficial side effect of MST-P.

Considerations for use in Idaho
MST-P is an effective, well-established, intensive family therapy conducted by a team of mental health professionals during daily in-home visits over the course of six months. Only a small percentage of Idaho’s families could bear the cost of the treatment and many insurance companies would likely opt for less expensive alternatives. The program developer estimates MST-P program costs at $25,162 per person.
Most rural and frontier Idaho communities, in some cases even counties, do not have six qualified mental health professionals to form an MST-P team. It could be implemented in urban communities in conjunction with hospitals, residential treatment centers or other large medical and mental health facilities. Given the high cost and that the impact on suicide attempts is a side benefit of the family therapy, it is difficult to recommend MST-P as a primary method of suicide prevention for Idaho.

Training & costs
The MST-P program developer offers a multitude of trainings, including a 5-day orientation, numerous levels of supervisory training, and more around the country. However, the cost of the trainings parallel the high cost of the program delivery. MST-P estimates that the cost to fully train a team of six mental health professionals is $15,000, with annual support costs running over $100,000. A roster of trainings and fees may be found at: http://www.mstservices.com/training.php.

Delivery costs are primarily due to staff salaries. Because of Idaho’s widely distributed population, the cost of staff time for daily travel to rural homes should also be considered.

Dissemination & support
MST offers many well-developed, reasonably priced program materials through an online store (http://www.mstservices.com/mst_product_order_form.php). Even MST t-shirts, professional wear, totes and coffee mugs are available. Numerous support and continuing education opportunities include regular phone consultation, booster trainings, program start-up supervision and so on. However, these can also be costly services. For example, the annual support package that includes weekly phone consultation costs $96,000.

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Other program synopses
Encyclopedia of Mental Disorders: http://www.minddisorders.com/Kau-Nu/Multisystemic-therapy.html

Selected Bibliography


