MULTISYSTEMIC THERAPY - CONTINGENCY MANAGEMENT

FREQUENTLY ASKED QUESTIONS

Is MST-CM a Blueprints program?

Multisystemic Therapy-Contingency Management (MST-CM) is an adaptation of Multisystemic Therapy (MST), which is one of only 11 programs recognized as a Blueprints Model Program for Violence Prevention. The effectiveness of MST-CM has been evaluated through research, but MST-CM is not currently identified as a Blueprints program.
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What is MST-CM and how does it work?

Multisystemic Therapy-Contingency Management (MST-CM) is an adaptation of Multisystemic Therapy that was developed in order to offer a model specifically focused on addressing substance abuse problems. MST-CM builds upon the "standard" MST model, which is used to treat serious juvenile offenders, by including a contingency management protocol and focusing treatment more specifically on the youth's substance use in cases where such an approach is warranted.

Both in its traditional form and across adaptations, MST draws from social-ecological and family systems theories of behavior. The model views the youth as embedded within a number of interrelated systems (e.g., family, peers, community, neighborhood, school, and individual), each of which has an influence on the youth through both protective and risk factors. MST creates change by identifying the here-and-now factors that "drive" a problem behavior and intervening to modify those factors. The MST therapist may meet with the caregiver, the youth, or the entire family, as well as with relevant staff in schools and community agencies who are involved with the youth and family. Assessment includes "fit circles" (identifying factors driving the referral behavior) and sequencing of problem situations. MST draws from a range of research-supported techniques such as cognitive-behavioral, behavioral, behavioral parent training, and strategic and structural family therapy approaches. More information about standard MST, including a logic model, is available at www.episcenter.psu.edu/ebp/multisystemic .

MST-CM includes as standard certain treatment protocols to address youth substance use, such as functional analysis of the substance use, self-management plans to help the youth avoid substance use, teaching of drug refusal skills, providing incentives or rewards for not using drugs, and random drug

screens. Like standard MST, MST-CM advises against youth receiving other treatment services while involved with MST-CM, strives to keep aftercare services to a minimum, and is a short-term treatment usually completed within 3 to 5 months.
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What is the target population for MST-CM?

MST-CM is intended for youth ages 12-17 that present with chronic or severe delinquent behavior and are also abusing drugs and alcohol. Youth may have comorbid diagnoses related to internalizing symptoms (e.g., mood problems, anxiety) or externalizing behaviors (e.g., defiance, aggression, conduct problems), although youth with serious psychiatric problems are not appropriate for MST or MST-CM. MST-CM has been used as both a step-down and as a diversion from placement out of home. The exclusionary criteria for MST-CM are the same as for traditional MST (e.g., youth who are actively psychotic or acutely suicidal, or who have severe psychiatric problems are not appropriate). If the team providing MST-CM also provides standard MST, the decision whether to utilize the Contingency Management protocol as part of a youth's MST treatment is made by the MST team after careful assessment and in collaboration with the team's MST expert (an external consultant with expertise in MST-CM).
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What does the research say about MST-CM?

Studies have found that traditional MST decreases adolescent substance use (Henggeler, Borduin, Melton, & Mann, 1991; Henggeler , Halliday-Boykins, Cunningham, Randall, Shapiro, & Chapman, 2006). The MST logic model highlights a number of additional outcomes associated with standard MST (see www.episcenter.psu.edu/ebp/multisystemic).

A 2006 study by Henggeler and colleagues compared usual services, MST, and MST-CM for substance abusing juvenile offenders involved with drug court and usual services for youth involved with family court. Findings from the randomized trial indicated that the integration of evidence-based treatments (i.e., MST and CM) improved standard drug court outcomes for substance use. Moreover, the integration of CM accelerated the decrease in substance use achieved by MST. Youth receiving MST-CM had significant decreases in marijuana, alcohol, and poly-substance use at discharge and maintained improvement at 12-months post-referral.
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How is an MST-CM program structured?

Like standard MST, MST-CM is implemented by teams of 2-4 therapists plus a supervisor. Each therapist carries a caseload of 4 to 6 clients.

MST-CM may be offered by a blended team (serving regular MST and MST-CM cases) or a pure MST-CM team (serving only MST-CM cases). The decision is usually made based on the level of community need for MST-CM. MST-CM can begin with a brand-new team, in which case the team completes a 5-day MST orientation and then a 1-day Contingency Management training. Or, an existing MST team can convert

to MST-CM by completing the 1-day Contingency Management training. After being trained in MST-CM treatment protocols, the team receives weekly consultation from an MST-CM Expert. The team also participates in quarterly booster trainings, which may focus on either traditional MST topics or CM components, depending on the team's needs.

Teams trained in MST-CM receive an MST license from MST Services and are listed as an MST-CM team on the MST Services web-site.
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What costs are associated with MST-CM?

An agency implementing MST-CM must pay a licensing fee to MST Services, as well as pay training and consultation costs to the agency providing these. MST-CM teams receive training and consultation from MST Services or from one of several Network Partners specifically trained and certified to oversee the implementation of MST-CM.

Generally, MST-CM costs $10,000/year per team more than the cost of standard MST. For example, if a standard MST team costs $26,000/year, fees for an MST-CM team would be $36,000/year. If two standard MST teams cost $44,000/year, fees for two MST-CM teams would be $64,000/year. MST fees are generally lower per team when a provider has multiple teams. Additional costs associated with MST-CM include the cost of drug screens and the cost of incentives for the youth, estimated at $160 per youth.

MST Services and Network Partner organizations have costs estimators available that can guide interested programs in determining their expenses. Additional information about costs associated with standard MST is also available in Section 7 of the MST Implementation Manual developed by the EPISCenter: http://www.episcenter.psu.edu/ebp/multisystemic/im
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Who can I contact for more information?

Providers or communities interested in learning more about MST-CM should contact:

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- Marshall Swenson, MST Services, marshall.swenson@mstservices.com, (843) 856-8226

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