Multisystemic Therapy (MST)

Multisystemic Therapy for Antisocial Behavior in Children and Adolescents (2009) Henggeler, Schoenwald, Borduin, Rowland, & Cunningham

Logic Model created by the Evidence-based Prevention and Intervention Support Center (EPISCenter) at Penn State University

Key Program Components

- Improve Family Functioning
  - Intervene in Peer Ecology
  - Intervene in School Ecology
  - Intervene in Community Ecology

Proximal (Short-Term) Outcomes

- Decrease Risk Factors
- Increase Protective Factors
- Youth Remains in Home & School
- Improved Peer Relations
- Improved Family Functioning
- Fewer Behavior Problems
- Reduced Youth Substance Use

Distal (Long-Term) Outcomes

- Reduction in Criminal Recidivism, Arrests, & Incarceration
- Fewer Days Out-Of-Home
- Decreased Behavior Problems
- Decreased Substance Use

MST targets youth ages 12-17 years old who exhibit chronic or serious antisocial behavior.

Developed in collaboration with MST Services, January 2011
**Program Components**
MST is delivered over 3-5 months. An MST Therapist meets with the caregiver, family, and/or youth, as well as others in the youth's ecology, as frequently as needed to achieve treatment goals. Services are delivered in the home, school, and community, at times convenient for the family.

**Interventions**
Specific strategies and techniques are selected and tailored after careful assessment of the “fit” of factors driving the problem behavior. Interventions are closely monitored for effectiveness and modified as needed. Listed below are a sample of possible strategies.

**Targeted Risk & Protective Factors**
Risk factors, which increase the likelihood of negative outcomes (e.g., drug use, delinquency, school dropout, violent behavior, incarceration) are targeted for a decrease. Protective factors, which exert a positive influence and buffer against negative outcomes, are targeted for an increase.

**Proximal Outcomes**
Outcomes impacted by the program *immediately following* program completion that have been demonstrated through research. Studies compared MST to “usual services” and individual therapy.

**Distal Outcomes**
Outcomes impacted by the program from months to years *following* program completion that have been demonstrated through research. Studies compared youth receiving MST to “usual services” and individual therapy. Significant findings are highlighted below.

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**Risk Factors:**
- **Peer**
  - Association with antisocial peers
  - Peer rejection / poor peer relationships
- **Family**
  - Poor affective relations between youth and family members
  - Harsh, inconsistent, or lax discipline
  - Lack of supervision
  - Parent psychopathology
  - Low social support for family
- **School**
  - Low family-school bonding
  - Academic problems
  - Behavior problems at school
  - School does not flex to student needs
- **Community**
  - Neighborhood transience
  - Availability of weapons and drugs
  - High community stress / violence
- **Individual**
  - Antisocial attitudes
  - Impulsivity
  - Negative affect

**Protective Factors:**
- **Association with prosocial peers**
- **Engagement in prosocial activities**
- **Positive relations with caregivers**
- **Supportive family environment**
- **Marital harmony**
- **Natural support network**
- **Commitment to schooling**
- **Conventional attitudes**
- **Problem-solving skills**

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**Youth Remains In Home and School**
- Decreased out-of-home placement
- Improved school attendance
- Improved school performance

**Improved Peer Relations**
- Decreased association with deviant peers
- Decreased aggression with peers
- Improved social competence

**Improved Family Functioning**
- Increased family cohesion and adaptability
- Increased supportiveness
- Decreased conflict-hostility
- Reduced parent psychiatric symptoms

**Fewer Behavior Problems**
- Significant improvement in both internalizing and externalizing problems

**Reduced Substance Use**
- Decreased alcohol use
- Decreased marijuana use
- Decreased hard drug use

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**Fewer Days Out-Of-Home**
- 47 – 64% reduction in days spent in out-of-home placement for 6 to 12 months post-discharge

**Decreased Behavior Problems**
- Fewer internalizing and externalizing problems at 2-year follow-up

**Decreased Substance Use**
- Decreased alcohol and marijuana use at 3-year follow-up
- 75% fewer substance-related arrests at 4-year follow-up