MULTISYSTEMIC THERAPY (MST)

Multisystemic Therapy (MST) - Youth

Program Description

Multisystemic therapy (MST) is an intensive family and community-based treatment that addresses multiple aspects of serious antisocial behavior in adolescents. MST typically targets youth who exhibit a pattern of aggression, which places him/her at high risk for out-of-home treatment. The multisystemic approach views the youth's behavior as being influenced by the surrounding "systems" – family, peer, school and neighborhood – as well as by the youth's thoughts and feelings about those systems.

MST addresses the many factors that are known to contribute to delinquency across the key settings, or systems, within which youth live, work and play. MST strives to promote behavior changes in the youth's natural environment, using the strengths of each system (e.g., family, peers, school, neighborhood) to facilitate change. Therapeutic contacts emphasize the positive and use systemic strengths as levers for change. Interventions promote responsible behavior among family members and are present-focused, action-oriented and developmentally appropriate. In addition, the interventions target specific, well-defined problems and are designed to require daily or weekly effort by family members. They incorporate strategies that promote treatment generalization and long-term maintenance of therapeutic change.

The primary goals of MST programs are to decrease rates of antisocial behavior and other clinical problems - to give parents the skills and resources necessary to help them independently address the difficulties that arise in raising teenagers - to improve functioning by empowering youth to cope with family, peer, school and neighborhood problems - and to achieve these outcomes at a cost savings by reducing the use of out-of-home treatment (e.g., incarceration, residential treatment, hospitalization).

MST incorporates empirically-based treatments insofar as they exist. MST programs include cognitive behavioral approaches, the behavior therapies, behavioral management parent training, pragmatic family therapies, and certain pharmacological interventions that have a reasonable evidence base.

MST is a home-based therapy. It is designed to overcome barriers to service, to increase family retention in treatment, to allow for the provision of intensive services (i.e., therapists have low caseloads), and to enhance the maintenance of successful behavior changes. MST intervention is available to youth and families 24 hours a day, 7 days a week via an on-call system that is staffed by MST team members. The usual duration of MST treatment is an average of four (4) months with an expected range of three (3) to five (5) months.

Criteria	
Admission Criteria	*The youth must meet **1, 2 and 3** and at least **ONE** from **4 through 8.*** 1. The youth is between the ages of 12 and 17. 2. The CSOC Assessment and other relevant information indicate that the youth needs MST treatment. 3. The youth manifests behavioral symptoms consistent with a DSM IV-TR (Axis I through V)/ DSM 5 diagnosis that requires MST intervention (e.g., Conduct Disorder, Oppositional Defiant Disorder, Disruptive Behavioral Disorder Unspecified, etc.). *The youth meets any **ONE** of the following:* 4. The youth manifests negative behaviors which may include any of the following: a. The youth is physically aggressive at home, at school or in the community. b. The youth manifests verbal aggression which may include verbal threats of harm to others. 5. The youth is at imminent risk of out-of-home treatment due to the delinquent or antisocial behaviors. 6. The youth is adjudicated. 7. The youth exhibits a pattern of aggression, which places him/her at high risk for out-of-home treatment. 8. The youth manifests substance use issues in the context of the delinquent or antisocial behavioral problems.
Psychosocial, Occupational, Cultural and Linguistic Factors	*These factors may change the risk assessment and should be considered when making level of care decisions.*
Exclusion Criteria	***Any** of the following is sufficient for exclusion from this level of care:* 1. The youth and/or the parent/caregiver/guardian does not voluntary consent to treatment and/or there is no court order requiring such treatment. 2. There is no identifiable primary caregiver to participate in treatment despite efforts to locate all extended family, adult friends and other potential surrogate caregivers. 3. The CSOC Assessment and other relevant information indicate that the

	youth needs a more intensive or less intensive level of care. 4. The youth is at imminent risk of causing serious harm to self or others, potentially indicating a need for psychiatric hospitalization and stabilization. 5. The youth is actively psychotic or in need of crisis psychiatric hospitalization or stabilization. 6. The youth is experiencing behavioral and or emotional symptoms which seem primarily psychiatric in etiology. 7. The youth has been diagnosed with a sole diagnosis of Autism Spectrum Disorder or Intellectual Disability. 8. The youth's level of cognitive ability does not allow him/her to benefit from the MST therapeutic interventions. 9. The youth's sole diagnosis is Substance Use Disorder, and the emotional or behavioral disturbances appear to be mainly correlated with substance use, intoxication or acute withdrawal effects of substances being used. 10. The youth is a juvenile sex offender or primarily exhibits problematic sexualized behaviors, and h/she does not manifest other delinquent or antisocial behaviors. 11. The youth is living independently or in a CSOC OOH treatment setting. 12. The youth is not a resident of New Jersey. For minors who are under 18 years of age, the legal residency of the parent or legal guardian shall determine the residence of the minor.
Continued Stay Criteria	***All*** *of the following criteria are necessary for continuing treatment at this level of care:* 1. The CSOC Assessment and other relevant information indicate that the youth continues to need the MST level of care. 2. The severity of the behavioral disturbance continues to meet the criteria for this intensity of service. 3. A comprehensive treatment plan has been developed, implemented and updated with realistic goals and objectives clearly stated. The treatment plan is based on the youth's clinical condition, his/her response to treatment and the strengths of the family. 4. Individualized services are tailored to achieve optimal results in a time efficient manner and are consistent with sound clinical practice. 5. Progress in treatment is clearly evident in objective terms but goals of treatment have not yet been fully achieved. In addition, adjustments in the treatment plan are evident to address any lack of progress.

	6. The family is actively involved in treatment. Or, there are active, persistent efforts being made that are expected to lead to engagement in treatment. 7. When clinically necessary, appropriate psychopharmacological treatment has been initiated. 8. There is documented evidence of active, individualized discharge planning.
Transitional Criteria	**If the MST care management entity is requesting transition from MST services via Needs Assessment, ALL of the additional following criteria must be met:** The CSOC Assessment and other relevant information indicate that the youth requires a different clinical treatment focus within a different treatment setting. This documentation must include the following: 1. Treatment needs that were addressed in current episode of care and any previous episodes of MST treatment. 2. Treatment interventions that were successful and/or unsuccessful in current episode of care and any previous episodes of MST treatment 3. Behaviors/needs that warrant a different intensity of service 4. The youth's perspective on proposed transition (applicable based on cognitive abilities) 5. Justification as to why another transition to another treatment service is in the youth's and family's best interest 6. Recommendations for the family in the event that there is a decompensation or escalation of behavioral, emotional difficulties in the future.
Discharge Criteria	***Any*** *of the following criteria is sufficient for discharge from this level of care:* 1. The youth and family have met and sustained a majority of the overarching treatment goals. 2. The CSOC Assessment and other relevant information indicate that the youth no longer needs the MST level of care. 3. The youth has few significant behavioral problems and the family is able to effectively manage any recurring problems. 4. The youth and the family have functioned reasonably well for at least four (4) weeks. The youth is making reasonable educational/vocational efforts. The youth is involved with prosocial peers and is not involved with (or is minimally involved with) problem peers. The therapist and supervisor believe that the caregivers have the knowledge, skills, resources and support needed to handle subsequent problems.

	5. Few of the overarching goals have been met. Despite consistent and repeated efforts by the therapist and supervisor to overcome the barriers to further success, the treatment has reached a point of diminishing returns for the additional time invested. That is, the youth and family have not benefited from treatment despite documented efforts to engage and there is no reasonable expectation of progress at this level of care. 6. The youth and/or the parent withdraw consent for treatment and there is no court order requiring such treatment. 7. The youth meets criteria for a more (or less) intensive level of care.