

MULTISYSTEMIC THERAPY (MST)

Multisystemic Therapy (MST) - Youth

Program Description

Multisystemic therapy (MST) is an intensive family and home-based treatment that aims to promote prosocial behavior in adolescents. MST is designed to treat youth who exhibit a pattern of aggression, that places the youth at high risk for out-of-home (OOH) treatment. The multisystemic approach views the youth's behavioral challenges 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 intervention is available to youth and families 24 hours a day, seven (7) days a week. The duration of MST treatment is an average of four (4) months with an expected range of three (3) to five (5) months.

MST addresses the many factors that are known to contribute to functional impairment across the key settings, or systems, within which youth live, work, and play. MST strives to promote more positive behavior 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 utilize systemic strengths to address behavioral challenges. Interventions promote behavior change among family members and are present-focused, action-oriented, and developmentally appropriate. In addition, the interventions target specific, well-defined challenges 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.

MST incorporates evidenced based treatments, cognitive behavioral approaches, and behavioral management parent training. Evidenced-based pharmacological interventions are also part of the treatment plan, as clinically indicated.

Criteria

Admission Criteria

All of the following criteria are necessary for admission:

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 5 diagnosis that requires MST intervention.
4. The youth must meet any **one** of the following criteria:
 - a. The youth exhibits challenging behaviors, which may include any of the following:

	<ul style="list-style-type: none"> i. The youth is physically aggressive at home, at school, or in the community. ii. The youth exhibits verbal aggression, which may include verbal threats of harm to others. b. The youth is at imminent risk of OOH treatment due to the severity of their aggressive, high-risk behaviors. c. The youth is adjudicated. d. The youth demonstrates substance use challenges in the context of their behavioral challenges, but substance use is not the primary treatment need.
Exclusion Criteria	<p>Any of the following are sufficient for exclusion from this level of care:</p> <ul style="list-style-type: none"> 1. The youth and/or the parent/guardian/caregiver does not voluntarily 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 has a history of Intellectual/Developmental Disability (I/DD), and the severity of their intellectual, cognitive impairment does not allow them to benefit from the MST therapeutic interventions. 7. 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. 8. The youth is a juvenile sex offender or primarily exhibits problematic sexual behaviors. 9. The youth is living independently or in a CSOC OOH treatment setting. 10. Youth is open to another Care Management entity such as Mobile Response Stabilization Services (MRSS) or the Care Management Organization (CMO).

	<p>11. 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.</p>
Continued Stay Criteria	<p>All of the following criteria are necessary for continuing treatment at this level of care:</p> <ol style="list-style-type: none"> 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 challenges 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 transition planning.
Transitional Criteria	<p>If the MST care management entity is requesting transition from MST services via Needs Assessment, all of the additional following criteria must be met.</p> <p>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:</p> <ol style="list-style-type: none"> 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.

	<ol style="list-style-type: none"> 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.
Transition Criteria	<p>Any of the following criteria are sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 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 family is able to effectively manage any recurrent behavioral challenges that the youth exhibits. 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. Youth is now open to another Care Management entity such as Mobile Response Stabilization Services (MRSS) or the Care Management Organization (CMO). 7. The youth and/or the parent withdraw consent for treatment and there is no court order requiring such treatment. 8. The youth meets criteria for a higher intensity or a lower intensity of care and youth has been linked to the appropriate services.

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