Evidence-Based Practices

Multisystemic Therapy Shows Positive Outcomes in Treating Youth with Substance Use Disorders and Delinquency Histories

By Jennifer Lowther and Regina Mayers

In 2007, Maryland’s Children’s Cabinet prioritized funding and implementation support for several family-focused evidence-based practices (EBPs), with the goals of reducing the use of out-of-home placements and investing resources into programs that have been proven to achieve positive outcomes for youth and families. The Children’s Cabinet selected Multisystemic Therapy (MST), an intensive family and community-based treatment program, as one of the primary EBPs to be used with juveniles who have been adjudicated delinquent and are at risk for being removed from their homes. Supported by over 30 years of research, MST offers the juvenile justice system an effective approach to reducing the number of youth sent to expensive and often ineffective out-of-home care, reducing rates of recidivism, and providing necessary support to families to maintain positive changes.

Maryland’s recent behavioral health integration has led to increased interest in EBPs that impact substance-using behaviors among youth. The inventory of evidence-based, research-based, and promising practices is continuously under review, as EBPs are implemented and evaluated across the United States and internationally. The Washington State Institute for Public Policy (WSIPP) at The University of Washington recently updated their inventory in September 2014, making significant improvements to its cost-benefit methodology. One of the results of this review was that MST for “substance-using juvenile offenders” moved up from research-based to evidence-based.¹ This is an important research distinction that Maryland funders, referral agencies, and families should recognize.

MST currently is implemented in five Maryland jurisdictions: Baltimore, Frederick, Montgomery, Prince George’s, and Washington counties. Three providers—Community Counseling & Mentoring Services Inc., Community Solutions Inc., and Way Station Inc.—provided MST in Maryland during State Fiscal Year 2014 with an estimated annual capacity of

Funding for MST comes from the Department of Juvenile Services (DJS), the Department of Human Resources (DHR) and local departments of social services, and the Children’s Cabinet Interagency Fund (CCIF).

MST typically is utilized with adolescents ages 12 to 17 who have histories of arrest and involvement with the juvenile justice system. Treatment focuses on addressing all the environmental systems that impact chronic juvenile delinquency, including family structures, schools and teachers, neighborhoods, and friends. Treatment goals may include improved parenting skills, positive family relationships, increased social supports, success in school, and more involvement with prosocial peers — and years of research have demonstrated its effectiveness in helping families achieve these goals. Treatment generally lasts three to four months, on average; therapists meet with families weekly and are available 24 hours a day to respond to crises.

As mentioned, MST can help youth and families to achieve many positive outcomes, including reducing adolescent drug and alcohol use and abuse. Across the country and internationally, the program has seen continued success in treating substance use problems experienced by youth. Over 20 years of study on the MST intervention have provided evidence that youth with substance use problems experience positive outcomes, especially when MST is used in conjunction with drug courts, where a decrease in substance use rates for clients and their siblings was noted (Henggeler, Pickerel & Brondino, 1999; Rowland, Chapman & Henggeler, 2008). These outcomes have demonstrated significant impact on the family unit and considerable system cost savings.

In order to make MST more accessible as a substance use intervention, beginning this spring, Maryland MST therapists will be provided with a Contingency Management Booster Training, which will offer additional strategies and tools to support positive outcomes for substance using youth and their families. The curriculum will include strategies to engage families in assessments, use of point/level systems, and drug-testing refreshers, giving therapists specific skills to address any substance-abuse treatment needs. The Institute for Innovation & Implementation also will begin tracking specific substance use outcomes, including whether substance use was a priority MST treatment target for a youth, as well as objective and subjective means to track substance use reduction. These enhanced substance use measures

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2 The estimated annual capacity is based on the average number of slots funded by DJS, DSS and CCIF during FY14 (n=60). It assumes that each youth will remain in MST for an average length of stay of 120 days (the targeted range is 90 to 150 days), and that three youth can be served in each slot during the course of the year.

soon will be tracked through MST’s web-based data collection system, enabling stakeholders to evaluate the direct impact MST has on treating youth with substance use issues. For additional information, visit The Institute website’s Multisystemic Therapy page by clicking here.

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4 2014 MST Network Partner Conference Handout. Engaging Community Partners: MST as Substance Abuse Treatment Roundtable Discussion