Evidence-Based Practices

Multisystemic Therapy Shows Positive Outcomes in Treating Delinquent Youth With Substance Abuse Problems

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 precious 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 utilized with juveniles who were adjudicated delinquent and 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 support to families that would result in lasting positive changes.

MST is currently implemented in five Maryland jurisdictions, including Baltimore, Frederick, Montgomery, Prince George’s, and Washington counties. Three providers—Community Counseling & Mentoring Services, Inc., Community Solutions Inc., and Way Station, Inc.—administered MST as of fiscal year 2014 for an estimated annual capacity to serve 180 youth.¹ Across the state, MST is funded by The Department of Juvenile Services (DJS), the Department of Social Services (DSS), and the Children’s Cabinet Interagency Fund (CCIF); funding sources vary by jurisdiction.

MST is typically utilized with adolescents between the ages of 12 and 17 who have long histories of arrest and involvement in 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

¹The 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.
demonstrated its effectiveness in helping families to achieve these goals. Treatment generally lasts, on average, 3-4 months and therapists meet with families weekly, and are available 24 hours a day to respond to crises that may occur.

Across the country and internationally, the program has seen continued successes in treating substance abuse problems for youth. MST can help youth and families to achieve many positive outcomes, but one that may be lesser known is its effectiveness in reducing adolescent drug and alcohol abuse. Numerous studies published by MST Services over the past 20 years have shown that MST reduces substance abuse and antisocial behavior in adolescents with conduct problems. Research conducted in 1999 by Henggeler, Pickerel, and Brondino (as cited by Spas, Ramsey, Paiva, and Stein, 2012) found that the combination of MST and drug court, as opposed to involvement in family or criminal court, is more effective in treating substance abuse behaviors. Further, in 2008, Rowland, Chapman, and Henggeler (as cited by Spas et al., 2012) demonstrated that siblings of MST clients also had reduced levels of substance abuse.

In addition to improved outcomes for clients, MST has also been shown to yield cost savings to the government and private sector organizations that fund and implement this model. In a white paper entitled, “Multisystemic Therapy: A Proven Treatment for Substance-Abusing Teens,” MST Services summarizes the successes of MST in this regard and highlights the above findings, noting that “MST currently holds the prize as being the optimal treatment of choice for substance abuse among adolescents with conduct problems.”

The MST model continues to show significant and repeated successes in reducing the level of substance abuse among youth who complete the program.

To move the successes of MST as a substance abuse intervention forward, all MST therapists will be provided with additional strategies and tools via a Contingency Management booster training to enhance substance use outcomes. Maryland teams will receive this targeted

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5 Multisystemic Therapy: A Proven Treatment for Substance-abusing Teens
training, beginning this spring. 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 (The Institute) will also begin tracking specific substance abuse outcomes, to include whether substance use was a priority MST treatment target for a youth, as well as objective and subjective means to track substance use reduction. Objective measures include documenting biological specimens, such as urine, saliva, hair, sweat, breath, and air. Subjective measures include indicators such as physical appearance, self-report, and school performance. These enhanced substance abuse measures will soon be tracked through MST’s web-based data collection system, to enable stakeholders to evaluate the direct impact MST has on treating youth with substance abuse issues.

Since implementation of MST in Maryland, many youth and their families have celebrated the success of reduction of substance use in their lives. One success was reported this past year by a Maryland MST therapist. Michael (not his real name) is a 16-year-old boy who smoked marijuana on a daily basis, had been arrested on three separate occasions for theft, and frequently stayed out at night well past his curfew. After completing a 60-day inpatient marijuana treatment at the Lois E. Jackson Unit in Cumberland, Michael was referred to MST as part of his aftercare plan. MST worked collaboratively on strategies with all his family members to reduce his curfew violations and substance abuse (which was also driving his theft behaviors), and to support his success. The MST therapist taught Michael’s parents effective rule setting and rewards and consequence methods, which were reinforced throughout treatment. They also set limits on his time spent with friends known to be negative influences. Four months into treatment, Michael and his family achieved all of the goals they established at the start of MST. Michael had not used illegal drugs since starting the inpatient treatment program. Additionally, his parents were working together and supporting each other to ensure they continued implementing all supervision and monitoring strategies taught by their MST therapist to help Michael remain drug free. This is only one story, of many, where MST has effectively impacted a youth’s substance abuse and use behaviors.

The Institute’s MST Expert will continue to support and enhance therapists’ abilities to identify and address drivers that lead to substance use by youth that often include low caregiver monitoring, drug use by peers, boredom, lack of consequences, substance use as a coping skill, and community factors such as culture of use and easy access. As a result, Maryland will

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6 2014 MST Network Partner Conference Handout. Engaging Community Partners: MST as Substance Abuse Treatment Roundtable Discussion
continue to highlight the impact this program has on drug treatment. For additional information, visit the Institute website’s Multisystemic Therapy page by clicking here.

EBPs that impact substance abusing behaviors are of great interest to judges, probation offices, schools, and, most importantly, families. It is of particular interest in Maryland, in light of the concerted behavioral health integration efforts. 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. Washington State Institute for Public Policy (WSIPP) at the University of Washington recently updated their inventory in September 2014. As part of this update, WSIPP made significant improvements to its cost-benefit methodology, which impacted the inventory. Through this recent review, MST targeting substance-using juvenile offenders moved from research-based to evidence-based. This is an important research distinction that Maryland funders, referral agencies, and families should recognize. As part of The Institute’s Center of Excellence mission, we continuously track EBP research studies published nationally as well as internationally, to ensure we are aware of any developments that can be shared with Maryland state leaders and community providers.

It is very important for stakeholders involved in leading, planning, and financing system reform for Maryland’s children’s services to be fully informed about the research outcomes that point to the effectiveness of MST in treating delinquent youth with substance abuse problems. Over 20 years of study on the MST intervention have provided substantial evidence that youth 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, demonstrating significant impact on the family unit and considerable system cost savings. MST’s intended outcomes align well with the State of Maryland’s recent behavioral health integration efforts, which are directed at creating a more streamlined system of accessible, cost effective, and high quality supports and services. MST should be heralded as an integrated community treatment modality available to youth and families that effectively addresses mental health, delinquency, and substance abuse concerns.

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