

Multisystemic Therapy for Externalizing Youth



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KEYWORDS

- Multisystemic therapy • Externalizing problems • Substance abuse
- Physical abuse and neglect • Juvenile offenders

KEY POINTS

- Externalizing problems are multidetermined and related to individual, family, peer, school, and community risk factors.
- Multisystemic therapy (MST) is an evidence-based treatment for adolescents with serious clinical problems who are at-risk for out-of-home placement.
- MST targets the multiple determinants of externalizing problems using a home- and community-based intervention model to decrease barriers to service access.
- Adaptations of MST have been shown to be effective for problems related to externalizing behaviors, including substance use and parental physical abuse and neglect.
- Treatment fidelity has been linked to positive outcomes across MST delinquency studies, highlighting the importance of quality assurance through ongoing supervision and support.

Multisystemic therapy (MST) is a family- and community-based intervention originally developed for juvenile offenders.¹ It has since been adapted and evaluated for a range of serious externalizing problems, including violent offending and substance abuse. Of note, some adaptations fall beyond the scope of this review, including MST for psychiatric problems, problem sexual behaviors, and chronic health conditions. The aims of the current article are to describe MST's clinical procedures and

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Abbreviations	
CM	Contingency Management
CPS	Child Protective Services
EOT	Enhanced Outpatient Therapy
MST	Multisystemic therapy
MST-BSF	MST-Building Stronger Families
MST-CAN	Multisystemic Therapy for Child Abuse and Neglect
MST-SA	Multisystemic Therapy for Substance Abuse
PTSD	Posttraumatic stress disorder
RCTs	Randomized clinical trials

the substantial support for its effectiveness and provide an overview of 2 adaptations of MST related to externalizing behaviors.

EXTERNALIZING BEHAVIORS: NATURE OF THE PROBLEM

MST targets the types of serious clinical problems that put adolescents at risk for out-of-home placements, including serious externalizing behaviors. Prospective studies have concluded that externalizing behaviors are multidetermined and have identified specific family (eg, parental supervision and skills), school (eg, academic achievement, poor home-school link), peer (eg, deviant peer associations), and neighborhood (eg, high crime rates) factors that increase risk for these behaviors.^{2,3} However, before MST, interventions for externalizing youth typically focused on one or a few of these risk factors and produced few positive outcomes. Thus, MST was the first treatment for externalizing problems to use this empirical framework to inform intervention.

MULTISYSTEMIC THERAPY CLINICAL PROCEDURES

Theoretic Underpinnings

MST is based on the theoretic underpinnings of Bronfenbrenner's social ecological framework, which posits that individuals' behaviors are influenced directly and indirectly by the multiple systems in which they are imbedded.⁴ Youth are conceptualized as embedded in their family, peer, school, and community systems. In addition, MST recognizes that effects within these systems are reciprocal in nature (eg, youth both are influenced by their peers and have influence on their peer group). Strategic⁵ and structural⁶ family therapies also inform MST.

Model of Service Delivery

MST uses a home-based model, delivering services where problems occur (ie, homes, schools, and neighborhoods). Such service delivery removes barriers to treatment common to traditional outpatient settings, including transportation problems, lack of childcare, and restricted hours of operation. Furthermore, interacting with families in their homes and communities builds rapport and allows for observation of youth and family behaviors in real-world settings. MST programs include treatment teams, each composed of 3 to 4 Master's-level therapists supervised by a half-time advanced Master's-level or Doctoral-level supervisor. Each therapist carries a caseload of 4 to 6 families, and treatment duration is 4 to 6 months. The MST team is available to families 24 hours per day, 7 days per week through an on-call rotation. This model allows for scheduling appointments at times that are convenient to families, effective crisis management, and high levels of direct service for each family (ie, an average of 60 hours over the course of treatment).

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