MST-FIT

MULTISYSTEMIC THERAPY-
FAMILY INTEGRATED TRANSITIONS

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WHAT ARE THE CHALLENGES IN WORKING WITH ADOLESCENTS?
TRADITIONAL SUBSTANCE USE TREATMENTS FOR ADOLESCENTS

• RESTRICTIVE TREATMENT SETTINGS

• EMPIRICAL VALIDATION IS NEARLY NON-EXISTENT

• BASED ON ADULT MODELS

• POOR RETENTION RATES (50-90% DROPOUT RATES)

• NOT TAILORED TO MEET INDIVIDUAL NEEDS

• REMOVED FROM NATURAL ENVIRONMENT

• PLACED WITH OTHER SUBSTANCE-ABUSING YOUTH

• TYPICAL FOCUS IS SOLELY ON THE SUBSTANCE USE, NOT CONTEXTUAL FACTORS!
RESEARCH ON DELINQUENCY AND DRUG USE

COMMON FINDINGS OF 50+ YEARS OF RESEARCH: DELINQUENCY AND DRUG USE ARE DETERMINED BY MULTIPLE RISK FACTORS:

- FAMILY
- PEER GROUP
- SCHOOL
- COMMUNITY
- YOUTH
WHAT USUALLY HAPPENS TO YOUTH?

YOUTH GETS IN TROUBLE
SENT TO TREATMENT

CYCLE CONTINUES

Meets other substance using peers

No changes at home

Returns home
WHY USE A SYSTEMIC APPROACH?

Calvin, how did you break this dish?!

I was carrying too much and it dropped.

Your problem is you've got no common sense.

I've got plenty of common sense!

I just choose to ignore it.
AN ECOLOGICAL APPROACH

• BY ADDRESSING THE MULTIPLE SYSTEMS, IT IS POSSIBLE TO MAKE LONGER LASTING CHANGES FOR FAMILIES.

Bronfenbrenner, 1979
Youth Substance Abuse (Common Drivers)
WHAT WOULD YOU DO?

• TAKE THE ‘DRIVER’ THAT YOU IDENTIFIED AS THE MOST POWERFUL, AND IDENTIFY AN INTERVENTION TO ADDRESS THAT PROBLEM (BE BEHAVIORALLY SPECIFIC)
CONDENSED LONGITUDINAL MODEL OF YOUTH SUBSTANCE USE BEHAVIOR

Family
- Low Monitoring
- Low Affection
- High Conflict

Antisocial Peers

School
- Low School Involvement
- Poor Academic Performance

Prior substance behavior

Substance use behavior

Youth Substance Abuse (Common Drivers)

- Access to substances
- Lack of parental/adult monitoring
- Lack of parental consequences
- Associates with peers and/or family members who use
- Use is reinforcing/pleasurable
- Youth limited distress tolerance skills
- Truancy and/or poor school performance
- Lack of involvement with positive activities and positive peers
INTERVENTIONS

KEY POINTS:
• ENGAGE CAREGIVERS
• IDENTIFY SIGNS OF USE
• REDUCE ACCESS TO SUBSTANCES
• ALTER PEER AND COMMUNITY ECOLOGIES
• IMPROVE PARENTAL DISCIPLINE STRATEGIES
• IMPROVE HOME-SCHOOL LINK
• IMPROVE SCHOOL MONITORING AND DISCIPLINE STRATEGIES
• INVOLVE CAREGIVERS IN INDIVIDUAL YOUTH INTERVENTIONS
REDUCE ACCESS TO SUBSTANCES

• THERAPIST HELPS CAREGIVERS TO:
  • ENGAGE IN CLOSE SUPERVISION OF THE YOUTH 24/7, AND YOUTH’S COMMUNICATIONS, TO REDUCE OPPORTUNITY TO ACCESS AND USE DRUGS OR ALCOHOL
  • REMOVE OR SECURE SUBSTANCES IN ALL SETTINGS (HOME, COMMUNITY, PEERS’ HOMES, ETC.,) INCLUDING SUBSTANCES FOUND THROUGH SEARCHES
  • CAREFULLY MANAGE YOUTH’S ACCESS TO MONEY, INCLUDING INCOME FROM JOBS
CHANGE THE YOUTH’S PEER AND COMMUNITY ECOLOGIES

• THERAPIST HELPS CAREGIVERS TO:
  • INCREASE THE YOUTH’S CONTACT WITH PEERS AND COMMUNITY MEMBERS WHO DON’T USE
  • INCREASE YOUTH’S INVOLVEMENT IN PROSOCIAL ACTIVITIES
  • DECREASE CONTACT WITH PEERS AND COMMUNITY MEMBERS WHO DO USE
  • ENGAGE STAKEHOLDERS TO AVOID PUTTING THE YOUTH IN SETTINGS WITH OTHER YOUTH WHO USE, INCLUDING AA

 REMINDER: ADDRESSING NEGATIVE PEER ASSOCIATION IS KEY
IMPROVE PARENTAL DISCIPLINE

- THERAPIST HELPS CAREGIVERS TO IMPLEMENT CONSEQUENCES FOR USE AND NON-USE
  - CLEAR BEHAVIOR PLAN
  - EFFECTIVE CONSEQUENCES
    - POWERFUL INCENTIVES FOR NON-USE BEHAVIORS
    - CLEAR, AGREED UPON SANCTIONS FOR USE, E.G. FOR DIRTY DRUG SCREENS
    - INCREASE INTENSITY OF CONSEQUENCES IF NEEDED TO ADDRESS HIGHER INTENSITY AND HIGHER FREQUENCY USE, INCLUDING USE OF GRADUATED CONSEQUENCES
Environment of Alignment and Engagement of Family and Key Participants

MST Analytical Process

Overarching Goals

Desired Outcomes of Family and Other Key Participants

MST Conceptualization of “Fit”

Assessment of Advances & Barriers to Intervention Effectiveness

Re-evaluate

Prioritize

Intermediary Goals

Measure

Intervention Implementation

Do

Intervention Development

Referral Behavior
MULTISYSTEMIC THERAPY TREATMENT PRINCIPLES

1. FINDING THE FIT
2. POSITIVE & STRENGTH FOCUSED
3. INCREASING RESPONSIBILITY
4. PRESENT-FOCUSED, ACTION-ORIENTED, & WELL-DEFINED
5. TARGETING SEQUENCES
6. DEVELOPMENTALLY APPROPRIATE
7. CONTINUOUS EFFORT
8. EVALUATION AND ACCOUNTABILITY
9. GENERALIZATION
13.7-YEAR FOLLOW-UP: SCHAEFFER & BORDUIN (2005)

- Successfully located 165 (94%) of participants (N = 176) who were randomly assigned to MST or individual therapy in the Borduin et al. (1995) clinical trial.
- Average age at follow-up: 28.8 years.
- Outcomes examined: Criminal recidivism and days incarcerated in adulthood.

Study published in Journal of Consulting and Clinical Psychology.
VIOLENT ARRESTS

- 13.7-YEAR FOLLOW UP
DRUG-RELATED ARRESTS

- 13.7-YEAR FOLLOW UP

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Arrests</th>
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<tbody>
<tr>
<td>MST</td>
<td>0.20</td>
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<tr>
<td>Individual Therapy</td>
<td>0.62</td>
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ADULT DAYS CONFINED

- 13.7-YEAR FOLLOW UP

- MST: 582 days/1.59 years
- Individual Therapy: 1357 days/3.72 years

57% reduction
MST BENEFIT-TO-COST RATIO AT 13.7-YEAR FOLLOW-UP (KLIETZ, BORDUIN, & SCHAEFFER, 2008)

THE ESTIMATED BENEFIT-TO-COST RATIO FOR MST RANGES FROM:

$6.25 TO $27.14

TAXPAYER BENEFITS ONLY

TAXPAYER & CRIME VICTIM BENEFITS

THAT IS, $1.00 SPENT ON MST TODAY CAN BE EXPECTED TO RETURN $6.25 TO $27.14 TO TAXPAYERS AND CRIME VICTIMS IN THE YEARS AHEAD
21.9-YEAR FOLLOW-UP:
SAWYER & BORDUIN (2009)

- Attempted to locate all participants \( (N = 176) \) who were randomly assigned to MST or individual therapy in Borduin et al. (1995) clinical trial.

- Successfully located 148 (84%) of the original participants.

- Average age at follow-up: 37.3 years old (range = 34.6 to 40.8 years).

- Outcomes examined: Criminal recidivism (felonies and misdemeanors), days incarcerated, and family-related civil suits (e.g., divorce, child support, paternity).
VIOLENT ARRESTS

- 21.9-YEAR FOLLOW UP

Comparing the rate of violent arrests under Individual Therapy (1.04) and MST (0.45).
ADULT DAYS (YEARS) CONFINED

- 21.9-YEAR FOLLOW UP

- MST: 2875 (7.87)
- Individual Therapy: 1915 (5.24)

34% reduction
A FAMILY- AND COMMUNITY-BASED TREATMENT FOR YOUTH WITH:

- CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE DIAGNOSES
- BEING RELEASED FROM SECURE INSTITUTIONS
BEGINNINGS OF FIT: A RECOGNIZED NEED FOR TRANSITION SERVICES

• WITHIN 3 YEARS OF RELEASE FROM WASHINGTON’S JUVENILE REHABILITATION ADMINISTRATION, 68-78% OF YOUTH WERE CONVICTED OF NEW FELONIES OR MISDEMEANORS

• 2000: WASHINGTON STATE LEGISLATURE INITIATED PILOT REHABILITATION PROGRAM FOR YOUTH WITH CO-OCCURRING DISORDERS WHO ARE TRANSITIONING BACK TO THE COMMUNITY FROM JRA

• DIRECTED THAT INDEPENDENT EVALUATION BE CARRIED OUT BY WASHINGTON STATE INSTITUTE FOR PUBLIC POLICY (WISPP)
HOW IS MST-FIT DIFFERENT THAN MST?

• STARTS TREATMENT TWO MONTHS PRIOR TO PLANNED RETURN TO HOME

• EMPHASIS IS ON IDENTIFYING TRANSITIONAL NEEDS (ACADEMIC, MONITORING, BEHAVIOR PLANS, PSYCHOLOGICAL/PSYCHIATRIC, MEDICAL, ETC) AND DEVELOPING PLANS
MST-FIT

• ADDED SKILLS FROM DIALECTICAL BEHAVIOR THERAPY
  • MINDFULNESS
  • EMOTIONAL REGULATION
  • INTERPERSONAL EFFECTIVENESS
  • DISTRESS TOLERANCE

• USES MOTIVATIONAL INTERVIEWING SKILLS TO INCREASE ENGAGEMENT/ALIGNMENT

• ADDS ELEMENTS OF RELAPSE PREVENTION
SUCCESSFUL TRANSITION

- **PREPARE YOUTH FOR INCREASED RESPONSIBILITY AND FREEDOM IN THE COMMUNITY**

- **FACILITATE YOUTH-COMMUNITY INVOLVEMENT**

- **WORK WITH COMMUNITY SUPPORT SYSTEMS, LIKE SCHOOL AND FAMILY, ON QUALITIES NEEDED FOR CONSTRUCTIVE INTERACTION WITH YOUTH.**

- **MONITOR AND TEST THE YOUTH AND SUPPORT SYSTEMS ON THEIR ABILITY TO DEAL WITH EACH OTHER PRODUCTIVELY.**
TARGETED IMPACTS

- LOWER RISK OF RE-OFFENDING
- CONNECT YOUTH WITH APPROPRIATE COMMUNITY SERVICES
- ACHIEVE YOUTH ABSTINENCE FROM DRUGS/ALCOHOL
- IMPROVE MENTAL HEALTH STATUS AND STABILITY
- INCREASE PROSOCIAL BEHAVIOR
- IMPROVE YOUTH’S EDUCATIONAL LEVEL AND VOCATIONAL OPPORTUNITIES
- STRENGTHEN FAMILY’S ABILITY TO SUPPORT YOUTH
ELEMENTS OF FIT

• FOCUS ON ENGAGEMENT OF MULTIPLE SYSTEMS INVOLVED IN SUPPORTING YOUTH’S SUCCESSFUL TRANSITION

• YOUTH AND FAMILY ARE ASSESSED TO DETERMINE UNIQUE NEEDS; SERVICES ARE INDIVIDUALIZED

• TREATMENT FOCUSES ON FAMILY STRENGTHS, AND ON GOALS SET BY THE FAMILY

• ATTENTION TO GENERALIZATION
FIT ADDRESSES THE MULTIPLE DETERMINANTS OF BEHAVIOR CHANGE

- **ENGAGEMENT FACTORS**
  - Commitment to Change
  - Participation in Therapy

- **FAMILY FACTORS**
  - Parenting Skills
  - Family Relationships

- **SYSTEMIC FACTORS**
  - School
  - Community
  - Faith-Based Organizations
  - Juvenile Justice

- **INDIVIDUAL FACTORS**
  - Emotion Regulation
  - Interpersonal Effectiveness
  - Substance Use/Abuse
  - Mental Health Problems
  - Prosocial Behavior
FIT THEORY OF CHANGE

FIT

Improved Family Functioning

Peers
School
Community

Reduced Antisocial Behavior and Improved Functioning
FIT: TARGET POPULATION
INCLUSION CRITERIA

• AGES 11 TO 17 AT INTAKE
• SUBSTANCE ABUSE OR DEPENDENCE DISORDER AND
• AXIS I DISORDER OR CURRENTLY PRESCRIBED
  PSYCHOTROPIC MEDICATION OR DEMONSTRATED
  SUICIDAL BEHAVIOR IN PAST 6 MONTHS
• AT LEAST 2 MONTHS LEFT ON SENTENCE IN FACILITY
FIT TEAMS

• 3-4 THERAPISTS PER TEAM
  • 3-5 FAMILIES PER THERAPIST AT ANY GIVEN TIME
  • FREQUENT CONTACT WITH THE FAMILY, ESPECIALLY EARLY ON, TO ESTABLISH ENGAGEMENT AND STRUCTURE

• 1 SUPERVISOR PER TEAM (0.5 FTE)
FIT: TREATMENT

• BEGINS 2 MONTHS BEFORE RELEASE TO ALLOW TIME TO PREPARE FAMILY AND SYSTEMS TO SUPPORT SUCCESSFUL TRANSITION AND LASTS APPROXIMATELY 4 MONTHS POST-RELEASE

• THERAPIST MEETS WITH FAMILY AT LEAST ONCE PER WEEK

• THERAPIST ON CALL 24/7

• TREATMENT TAKES PLACE IN THE COMMUNITY WHERE THE YOUTH LIVES
FIT OVERSIGHT

• WEEKLY GROUP SUPERVISION WITH SUPERVISOR
• INDIVIDUAL SUPERVISION AS INDICATED
• WEEKLY TELEPHONE CONSULTATION WITH FIT CONSULTANTS
• AVAILABILITY OF PSYCHIATRIC CONSULTATION FOR TEAM AND/OR PROVIDERS
CURRENT TEAMS IN WASHINGTON
REFERRALS COME FROM JJRA

EAST SIDE
• YAKIMA
• BENTON
• FRANKLIN
• KITTITAS

WEST SIDE
• KING
FIT BENEFIT-COST ANALYSIS

- TOTAL COST OF FIT PER PARTICIPANT: $9,665
- BENEFITS TO TAXPAYERS IN CRIMINAL JUSTICE SAVINGS PER PARTICIPANT: $19,502
- BENEFITS TO NON-PARTICIPANTS FROM AVOIDED CRIMINAL VICTIMIZATIONS PER PARTICIPANT: $30,708
- TOTAL SAVINGS PER PARTICIPANT = $50,210
- NET GAIN PER PARTICIPANT = $40,545
FIT OUTCOME EVALUATION

  - HTTP://WWW.WSIPP.WA.GOV/RPTFILES/06-10-1201.PDF

WSIPP MODELS FOR THE COST OF CRIME

  - HTTP://WWW.WSIPP.WA.GOV/RPTFILES/04-07-3901A.PDF
"It seems like only yesterday you were a juvenile offender."
QUESTIONS???

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