MULTISYSTEMIC THERAPY (MST) Potential Provider Forum JULY 2025

Presented by

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What is Multisystemic Therapy (MST)?

MST serves Youth between 12-17 years of age at risk of severe system consequence due to serious externalizing, anti-social, and/or delinquent behaviors including substance use

Community-based, family-driven treatment with a focus on empowering caregivers to solve current and future problems

Treatment is tailored to family's context, culture, religion, norms and values

Highly structured clinical supervision and quality assurance processes





MST Referral Criteria: Inclusionary Criteria

Youth between 12-17* years of age at risk of severe system consequence due to serious externalizing, anti-social, and/or delinquent behaviors

Common Behaviors	Common System Consequences
Theft or other criminal behavior Aggressive/violent/assaultive behavior Substance use or selling substances Running away Chronic school absences and/or behavioral problems	Out-of-home placement (detention, RTC, etc.) Arrest and/or charges Violation of probation School suspensions or expulsion Child welfare involvement

^{*}Exceptions for youth ages 10, 11, or 18 can be requested from your MST Expert Consultant





Exclusionary Criteria

Youth living independently

Sex offending in the absence of other antisocial behavior

Actively homicidal, suicidal or psychotic

Youth with moderate to severe autism

Youth whose psychiatric problems are the primary reason leading to referral





MST Research

35+ years of Science

55 Published Outcome, Benchmarking, and Implementation Studies

Including **25** randomized trials and **28** independent evaluations

Consistent Outcomes with High Quality Implementation

>100 peer-reviewed journal articles





Very Long-Term Outcomes











22 year post treatment

(n= 148, 84% tracking success)





MST Outcomes in Colorado

The outcomes below represent the overall outcomes for MST teams in Colorado in 2024 (N=373)

90.6% of youth live at home

Target: 90%



86.9% of youth in school or working

Target: 90%



91.3% of youth have no juvenile arrests

Target: 90%







MST Clinical Model 9 Principles of MST

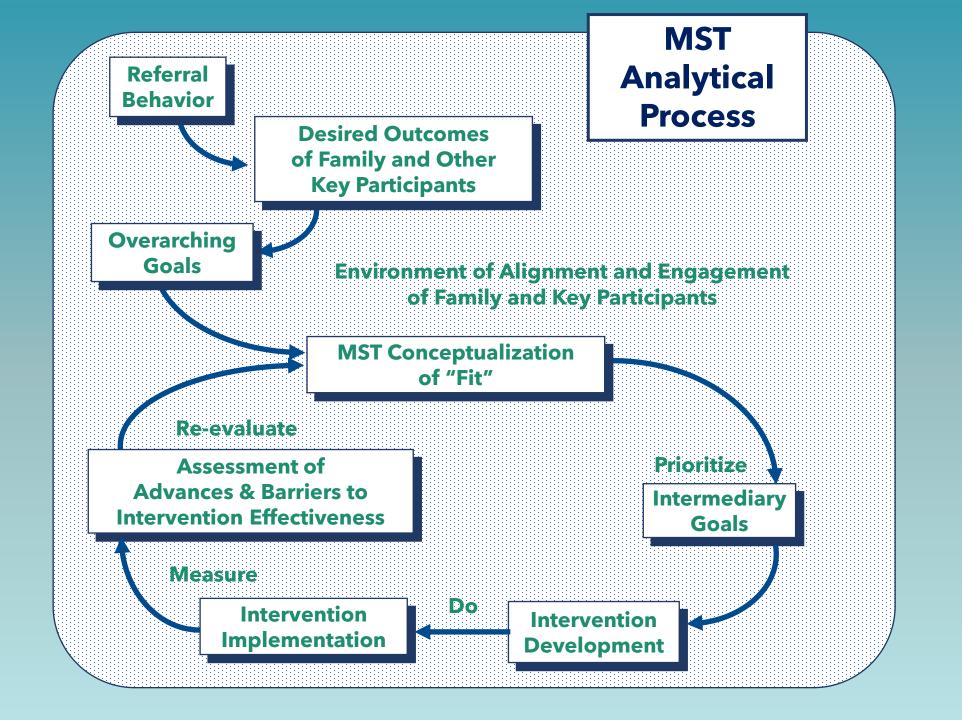
9 Principles of MST

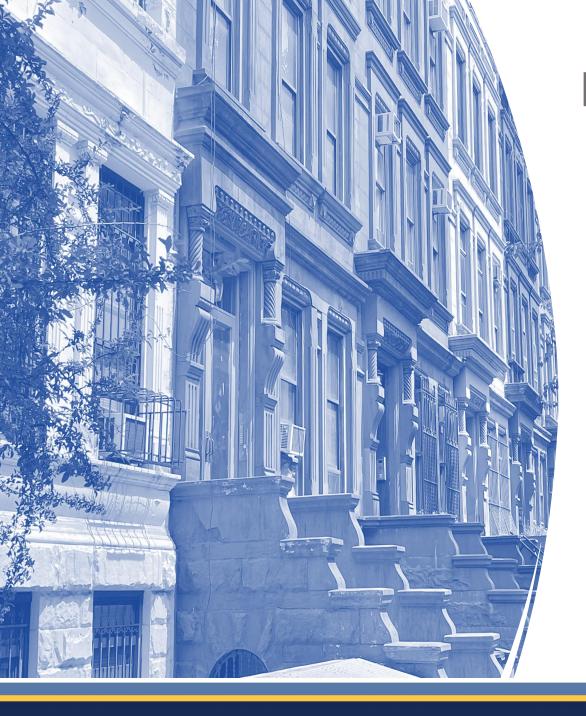
- 1. Finding the Fit: The primary purpose of assessment is to understand the "fit" between the identified problems and their broader systemic context
- 2. Positive & Strength Focused: Therapeutic contacts should emphasize the positive and should use systemic strengths as levers for change.
- 3. Increasing Responsibility: Interventions should be designed to promote responsibility and decrease irresponsible behavior among family members.
- **4. Present-focused, Action-oriented & Well-defined:** Interventions should be present-focused and action-oriented, targeting specific and well-defined problems.
- **5. Targeting Sequences:** Interventions should target sequences of behavior within and between multiple systems that maintain identified problems.

9 Principles of MST (continued)

- **6. Developmentally Appropriate:** Interventions should be developmentally appropriate and fit the developmental needs of the youth.
- 7. Continuous Effort: Interventions should be designed to require daily or weekly effort by family members.
- **8. Evaluation and Accountability:** Intervention efficacy is evaluated continuously from multiple perspectives, with providers assuming accountability for overcoming barriers to successful outcomes.
- **9. Generalization:** Interventions should be designed to promote treatment generalization and long-term maintenance of therapeutic change by empowering care givers to address family members' needs across multiple systemic contexts.







How is MST Delivered?

Therapist working intensively with 4 to 6 families at a time

Team of 2 to 4 therapists + supervisor

Session frequency determined based on family need (avg 2-4hrs/week, more if crisis)

24 hours & 7 day/week team availability: on call system

Work is done in the community, home, school, neighborhood

> removes barriers to service access





MST Quality Assurance & Quality Improvement

Goal of MST Implementation:

Ensure positive, MST-aligned outcomes for youth and their families

QA/QI Process:

- Training and ongoing support (orientation training, boosters, weekly expert consultation, and weekly supervision)
- Organizational support for MST programs
- Implementation monitoring (measure adherence and outcomes, and work sample reviews)
- Improve MST implementation as needed, using feedback from training, ongoing support, and measurement



QA & QI Strategies



Fidelity Monitoring: TAM-R; SAM, CAM

Inclusion of family voice and perspective via TAM-R



Expert Consultant and MST Services Coach provide ongoing consultation and support (accountability for all roles)



Regular data monitoring of implementation and clinical outcomes



Program Implementation Review: Every 6 months





Deciding if MST is a good fit

Is MST a good fit for you?

Organizations

- Desire to utilize intervention strategies guided by science
- Culture of accountability for outcomes
- Desire to collaborate with an assortment of community partners to achieve outcomes
- Willingness to commit to implementing MST-required program practices



Is MST a good fit for you?

Clinicians

- Passionate about working with youth and families
- Comfortable working in homes and the community
- Willing and able to work a non-traditional schedule
- Open to supervision and feedback
- Analytic/logical thinking
- Ability to see others in a strength-based way
- Desire to work with a variety of community partners



MST Feasibility



- ✓ Population of focus
- ✓ Program funding for sustainable implementation
- ✓ Community partner collaboration and support
- ✓ Program practices





MST Program Development

- 1. Initial Informational Meeting
- 2. Feasibility Assessment
- 3. Program Development
 - a. Develop Policies & Procedures
 - b. Recruitment & Hiring
- 4. License with MST Services
- 5. Launch team



Interested in learning more about starting an MST team or have other questions?

Contact RockyMountainMST@ucdenver.edu

