

MST Outcomes for Troubled Adolescents and Their Families

Between January 1 and December 31, 2023, there were 16,730 young people referred for Multisystemic Therapy (MST®) or one of its treatment types. Outcome data was available on 14,393 (86%) * young people who had an opportunity for a full course of treatment (e.g., cases were clinically closed) and were discharged by August 17, 2024. This report focused on outcomes of 13,716** young people referred to MST, MST-ID, MST-PRV, MST-PSB, or MST-SA treatment types with similar performance expectations. Adolescents referred to MST present with multiple problems (for example, aggression, truancy, substance use, and problem sexual behavior) and are frequently at risk of out of home placement.

At Home	92.3%	Even with ten percent growth from last year in the number of young people referred to MST, MST teams continue to provide high quality treatment and maintain excellent outcomes for the young people referred. These outcomes are achieved through the standardized training protocols and ongoing support received by all MST Teams from licensed MST Network Partners throughout the world.
In School/Working	86.1%	
No Arrests	90.7%	

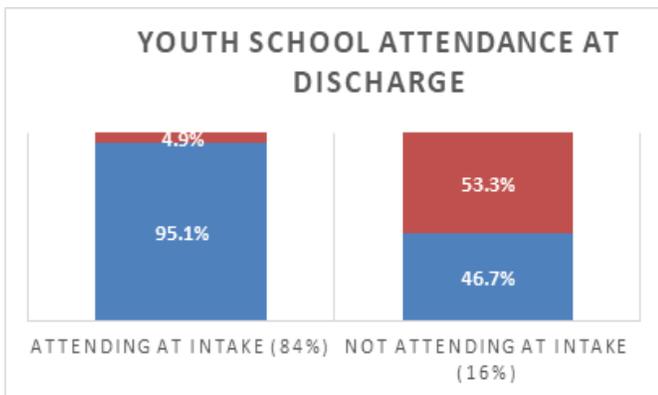
*Cases not included either received no services (3.6%), were closed for administrative reasons (7.9%) or were still receiving services (2.5%).
 **Outcomes do not include 677 youth receiving another MST Treatment Type or youth in programs with international data sharing restrictions.

Diversity in Families Served by MST

Demographically, these young people were identified as White (33.7%), Black (26.1%), Hispanic/Latino (30.2%) or Other (10%). Their average age was 14.9 years. Biological sex was reported as male (65.3%), female (34.3%), intersex (0.2%) and other/decline to respond (0.3%). Of these cases, 35% (4,794) were served by non-US teams and 65% (8,922) received MST within the U.S. Sixteen different languages were identified as the caregivers' primary language with English spoken by 69.8% of caregivers, Spanish by 20.4% of caregivers and 9.8% of caregivers spoke one of the other fourteen languages identified. The families served came from a variety of referral sources: Court/probation/parole (26.7%), Social services (27.1%), Mental health or substance abuse programs (17.5%), Other (18.5%), Education (5.2%), self-referred (3.5%), and police (1.5%).

Understanding School Outcomes

Truancy is a very frequent referral problem for MST teams and some of the young people have not been to school in a long time. While helping young people go to school and stay in school is an important outcome, it's sometimes difficult to achieve. Two independent effectiveness studies looked at the effects of MST on school outcomes. One study of violent adolescent offenders found a significant decrease in school problems as reported by parents on the Child and Adolescent Functional Assessment Scale compared to the control group¹. Another compared two groups of adolescents in behavior intervention classrooms and found a significant decrease in school absences for adolescents receiving MST but not for the adolescents receiving usual services². While these results are promising, we could learn more about what helps these young people stay in school. A new report examining attendance at intake and discharge is now available to MST programs to assist with ongoing monitoring.



Attendance data was available at intake and discharge for 7,342 young people included in this report. At intake 84% were attending school and 16% were not attending. Discharge attendance data shows that there is some success getting truant young people back in school (46.7% of youth not attending at intake are attending at discharge) and keeping kids in school. Only a small percentage of young people attending school at intake are not attending at discharge (4.9%).

MST Performance Dashboard

Results from standard MST performance measures demonstrate the effectiveness of MST teams worldwide. MST Performance Dashboard target scores, based on results from numerous clinical studies, set a standard that MST programs aim to meet despite implementation in a variety of settings that may differ from the controlled settings of the clinical studies.

Item	Team Performance Indicator	Target	Overall Average	Project Range (SD) ^a
ULTIMATE OUTCOMES REVIEW				
1	Percent of youth living at home	90%	92.6%	70.4% - 100% (6.7)
2	Percent of youth in school and/or working	90%	86.1%	57.1%-100% (9.7)
3	Percent of youth with no new arrests	90%	91%	65% - 100% (7.8)
THERAPIST ADHERENCE DATA				
4	Overall average adherence score ^b	0.61	0.77	.41 - 1.0 (.12)
5	Percent of clients reporting adherence above threshold (>0.61) ^b	80%	76.8%	23.1% - 100% (17.6)
6	Percent of youth with at least one TAM-R interview	100%	90.1%	52.9%-100% (10.2)
CASE CLOSURE DATA				
7	Percent of youth completing treatment	85%	89.8%	62.9%-100% (8.2)
8	Percent of youth closed due to lack of engagement	<5%	5%	0% - 20% (5.0)
9	Percent of youth placed during treatment	<10%	5.6%	0%-24.3% (5.7)
10	Average length of treatment in days	100-140	127.8	86.9 -186.8 (15.6)
^a Ranges for key indicators were calculated by team. The Project Range represents scores within 3 standard deviations of the mean on these indicators achieved by teams with more than 15 cases.				
^b Therapist adherence data were available on 12,230 youth.				

MST Treatment Types

During this reporting period, a total of 14,393 young people received one of the MST treatment types and were closed for clinical reasons. MST treatment types address specific needs for special populations or stakeholder requirements.

Number of Clinically Closed Cases that Were Served by MST Treatment Types in 2023

	MST	MST-PSB	MST-SA	MST-PRV	MST-FIT	MST-CAN	MST-BSF & IPV	MST-PSYCH	MST-ID
Number of youth (%)	11,881 (82.5%)	853 (5.9%)	485 (3.4%)	188 (1.3%)	160 (1.1%)	253 (1.8%)	44 (0.4%)	220 (1.5%)	309 (2.1%)

Note. MST-PSB (Problem Sexual Behavior); MST-SA (Substance Abuse); MST-PRV (Prevention); MST-FIT (Family Integrated Transitions); MST-CAN (Child Abuse and Neglect); MST-BSF (Building Stronger Families); MST-IPV (Interpersonal Violence); MST-Psych (Psychiatric); MST-ID (Intellectual Disability)

References

- Timmons-Mitchell, J., Bender, M., Kishna, M. & Mitchell, C. (2006). An independent effectiveness trial of multisystemic therapy with juvenile justice youth. *Journal of Clinical Child and Adolescent Psychology*, 35, 227-236.
- Weiss, B., Han, S., Harris, V., Catron, T., Ngo, V., Caron, A., Gallop, R., & Guth, C. (2013). An independent randomized clinical trial of multisystemic therapy with non-court-referred adolescents with serious conduct problems. *Journal of Consulting and Clinical Psychology*, 81, 1027-1039.