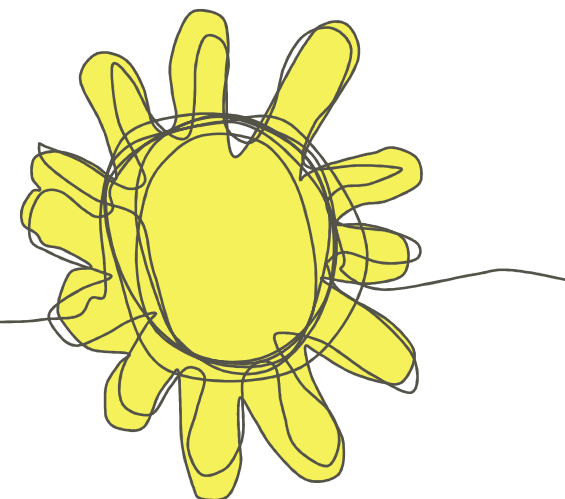


MULTISYSTEMIC THERAPY (MST)

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Derby MST Supervisor and Programme Manager



Saxon House, December 4th 2012

as long as it takes

Agenda

1. What is MST?
 - 1.1. Theory of change
 - 1.2. Areas of intervention
 - 1.3. Derby MST Team
 - 1.4. MST Therapists
2. What makes MST successful?
3. Referral Criteria
4. Referral Process
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1. What is MST?

- MST is an intensive family- and community-based intervention which targets the multiple causes* of serious anti-social behaviour in young people (YP).
- MST is based on a family preservation model of service delivery, thus, seeking to prevent YP from being placed out of home.
- Overall, MST aims: †
 - To maintain YP at home (90%),
 - To maintain YP at school or working (90%),
 - To preventing YP from (re) offending (90%).



1.1. MST Theory of Change

- MST interventions are informed by Bronfenbrenner's socio-ecological model and more than 30 years of research:
 - Socio-ecological model theorizes that human behaviour influences and is influenced by various systems. Those influences can be direct or indirect, and are reciprocal.
 - Borduin *et al.* (1995) : Missouri Delinquency Project and follow-up studies (at year 5, 14 and 22).
 - Brandon Centre RCT study by Butler *et al.* (2011).

Theses and other studies can be found at www.mstservices.com/index.php/proven-results



1.2. Areas of Intervention

- MST uses therapeutic interventions (i.e., CBT, behavioural therapies, and structural and strategic family therapy) to:
 - Improve parents' discipline practices;
 - Improve parents' management of disobedience and aggressive behaviour;
 - Enhance family relationships;
 - Increase young person's association with pro-social peers;
 - Improve young person's school or vocational performance;
 - Improve parents' relationship with school and other systems involved with the young person;
 - Decrease drug and alcohol use;
 - Decrease criminal behaviour.



1.3. Derby MST Team

- Programme commissioned by Derby City Council and delivered by Action for Children (2012-2016)
- The MST team is composed of:
 - 1 MST Supervisor and Programme Manager (Aurora M. da Silva)
 - 4 Therapists (Amy Bell, for now...)
 - 1 Administrator Officer (recruitment in progress)
- With the support of:
 - 1 MST Consultant (Tom Bowerman), and
 - 1 MST Coach (Lori Moore - USA)



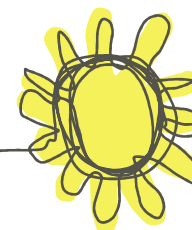
1.4. MST Therapists

- Each therapist has a caseload of 4 to 6 cases at a time;
- MST intervention lasts between 3 to 5 months;
- Therapists meet with the families, in their homes, 3 to 5 times a week, depending on the cases;
- Each therapist is on-call 24/7, one week per month;
- Therapists develop collaborative relationships with all professionals/key people in the YP's life;
- Therapists receive highly structured clinical supervision;
- And, are subject to quality assurance processes, including the supervisor and the consultant.



2. What makes MST successful?

- MST targets known causes of delinquency: family relations, peer relations, school performance, and community factors;
- MST interventions are family-driven and occur in the young person's natural environment;
- MST is committed to developing positive inter-agency relations;
- MST staff are well trained and supported;
- Providers (MST team + Action for Children) are accountable for outcomes;
- Continuous quality improvement occurs at all levels.



3. Referral Criteria

- **INCLUSION CRITERIA:**

- YP between the ages of 12-17 (11 year-olds can be included if in year 7);
- At risk of being placed in care or custody;
- Living at home or with fosters parent/s;
- YP with criminal behaviour;
- YP with serious aggressive behaviour;
- YP with drug and alcohol problems;
- YP with academic problems including truancy;
- Running away.



3. Referral Criteria (cont.)

- **EXCLUSION CRITERIA:**

- YP living independently;
- YP with active suicidal, homicidal and psychotic behaviours;
- YP about to return home after being in care
(decided locally on a case by case basis);
- YP whose primary behaviour problems are sexual offences;
- YP with pervasive developmental delays



4. Referral Process

- The MST Supervisor is contacted for informal discussion of suitability of a case;
- If suitable, referrer fills out a referral form and send it to the Multi-Agency Resource Panel;
- If the case fits criteria, MST Supervisor visits family for assessment of suitability and to obtain consent for MST;
- Referrer and Panel are informed of family engagement;
- A therapist is allocated to the case;
- MST intervention begins (within 72 hours of first contact with the family).

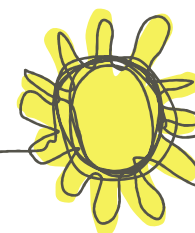


4. Referral Process – additional information

- MST team officially starts on Jan. 14th 2013;
- Briefing sessions occurring on Jan. 15th -17th 2013;
- The “first” Resource Panel meeting on January 23rd 2013;
- Who are the referrers: CAMHS, Children’s Hospital, Social Care and MAT teams, YOS, Education, Police, voluntary agencies...



5. Questions?





Thank you for your time!

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