




# Multisystemic therapy

Intensive, home-based therapy for families with young people who have social, emotional, and behavioural problems.

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Effect scale	Quality of evidence				
	Effect Impact on crime	Mechanism How it works	Moderator Where it works	Implementation How to do it	Economic cost
 Some reduction	 Very strong	No information	No information	 Low	

## Focus of the intervention

Multisystemic therapy (MST) is an intensive, home-based intervention for families with young people who have social, emotional and behavioural problems.

Qualified therapists engage with family members to identify and change individual, family, and environmental factors thought to be contributing to the problem behaviour.

Interventions may include efforts to improve:

- communication
- parenting skills
- peer relations
- school performance
- social networks

This narrative is based on one review covering eight studies.

## Effect – how effective is it?

There is some evidence that the intervention has reduced crime, but overall, compared to the usual services offered to juvenile offenders, the intervention has not had a statistically significant effect on crime.

The overall results of this review are based on the findings from eight primary evaluations, although those regarding the primary outcome of intervention (arrest and reconviction rates) were based on only five.

Individuals allocated to MST were compared to those who received other forms of service, including individual therapy and usual services. Compared to the usual services offered to juvenile offenders, outcomes generally favoured those receiving MST, however.

Overall, there was no significant impact on outcomes related to criminal justice although some of the individual studies reviewed found a statistically significant effect.

- Two of the five studies found that the likelihood of arrest or conviction was significantly lower for those receiving MST.
- One of the five studies reported that the number of arrests was significantly lower for those on the MST programme.
- In the case of incarceration, one of three studies found that those who received MST were significantly less likely to be incarcerated.
- Two of the three studies found that those who had received MST served significantly shorter sentences.

## How strong is the evidence?

The review was sufficiently systematic that most forms of bias that could influence the study conclusions can be ruled out.

Only eight studies were included in the review however, and the authors did not test whether the findings from unpublished studies differed from the overall conclusions discussed above. This is desirable as the findings from published and unpublished studies often differ.

## Mechanism – how does it work?

The review briefly discusses what MST is, but does not discuss how it might work.???

## Moderators – in which contexts does it work best?

There was insufficient data in the primary evaluations to examine under what conditions or for what populations MST might work best.??

## Implementation – what can be said about implementing this initiative?

MST programmes are delivered by teams licensed by the organisation [MST Services](#).

Quality assurance procedures are used to check that programmes are delivered and followed as intended. These include staff training, weekly case consultation and the use of research-validated instruments.

The authors of the review on which this summary is based note that for the primary evaluations reviewed, the average hours of direct contact between MST therapists and family members varies between 23 and 92 hours.

MST does not have a unique set of interventions but is multifaceted and draws on treatments from problem-focused treatment models. Therefore while the general principles might be replicated, there is no universal model.

## Economic considerations – how much might it cost?

There is no economic analysis in the review, but the authors highlight two sources of data regarding the costs of implementation.

1. Aos and colleagues (2001) estimate that the net direct cost of the program was \$4,743 per participant.

2. Unpublished data provided by Leschied (2002) suggests a cost of between \$6-7,000 per case under non-research conditions. A recent estimate of the cost of implementation was produced by the Washington State Institute for Public Policy specifically for Washington State. The estimate was \$7,576 in 2013 dollars.

## General considerations

- In addition to the crime related outcomes, the authors reviewed the impact of MST on a range of non-crime psycho-social outcomes including peer-relations (based on three studies), social competence (based on three studies), and family functioning (based on five studies). They found no significant effects of MST.
- The authors note that the reviewed evaluations varied in important ways including the duration of the follow-up periods used to assess conviction rates for example, which risks making comparisons difficult.
- The licensing authority associated with the delivery of MST is based in the USA, although studies included in the final review were from Canada and Norway.
- Serious doubts have been raised as to whether MST can be replicated faithfully in other settings, away from the direct control of programme developers (Farrington and Welsh, 2003; Baldwin and others, 2012).

## Summary

Considering the studies overall, there was no evidence of a reduction in crime. However, some individual studies showed decreases in the likelihood of arrest or conviction, the number of arrests, the likelihood of incarceration or the length of sentence.

## Reviews

### Review one

### Reference

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Littell, J.H., Campbell, M., Green, S., Toews, B. (2005) [Multisystemic Therapy for social, emotional, and behavioral problems in youth aged 10-17](#). Cochrane Database of Systematic Reviews, Issue 4. Art. No.: CD004797. DOI: 10.1002/14651858.CD004797.pub4.

## Additional resources

Aos S, Phipps P, Barnoski R, Lieb R. (2001) The comparative costs and benefits of programs to reduce crime (Version 4.0). Document Number 01-05-1201. Washington State Institute for Public Policy.

Baldwin, S. A., Christian, S., Berkeljon, A., Shadish, W. R. (2012). The effects of family therapies for adolescent delinquency and substance abuse: A meta-analysis. *Journal of Marital and Family Therapy*. 38(11), pp. 281-304.

Farrington, D. P. and Welsh, B. C. (2003). Family-based Prevention of Offending: A Meta-analysis. *Australian & New Zealand Journal of Criminology*. 36(2), pp. 127-151.

Leschied, A. W. and Cunningham, A. (2002) Seeking effective interventions for young offenders: Interim results of a four-year randomized study of multisystemic therapy in Ontario, Canada. London, Ontario: Centre for Children and Families in the Justice System.

Washington State Institute for Public Policy (2014). Multisystemic Therapy Benefit-Cost Results. Washington State Institute for Public Policy.

## Summary prepared by

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