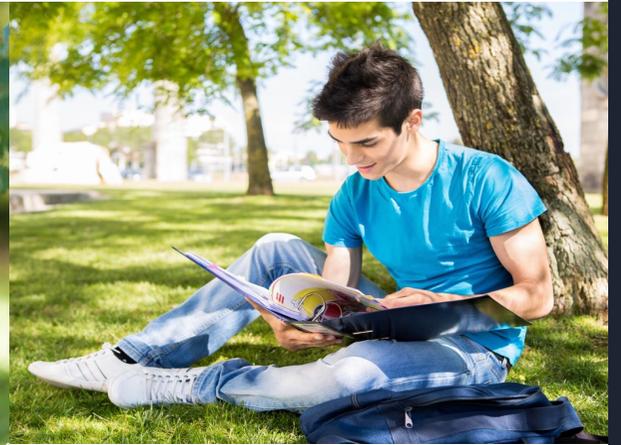


MST[®]
Services

Proven Results
for Families and Communities



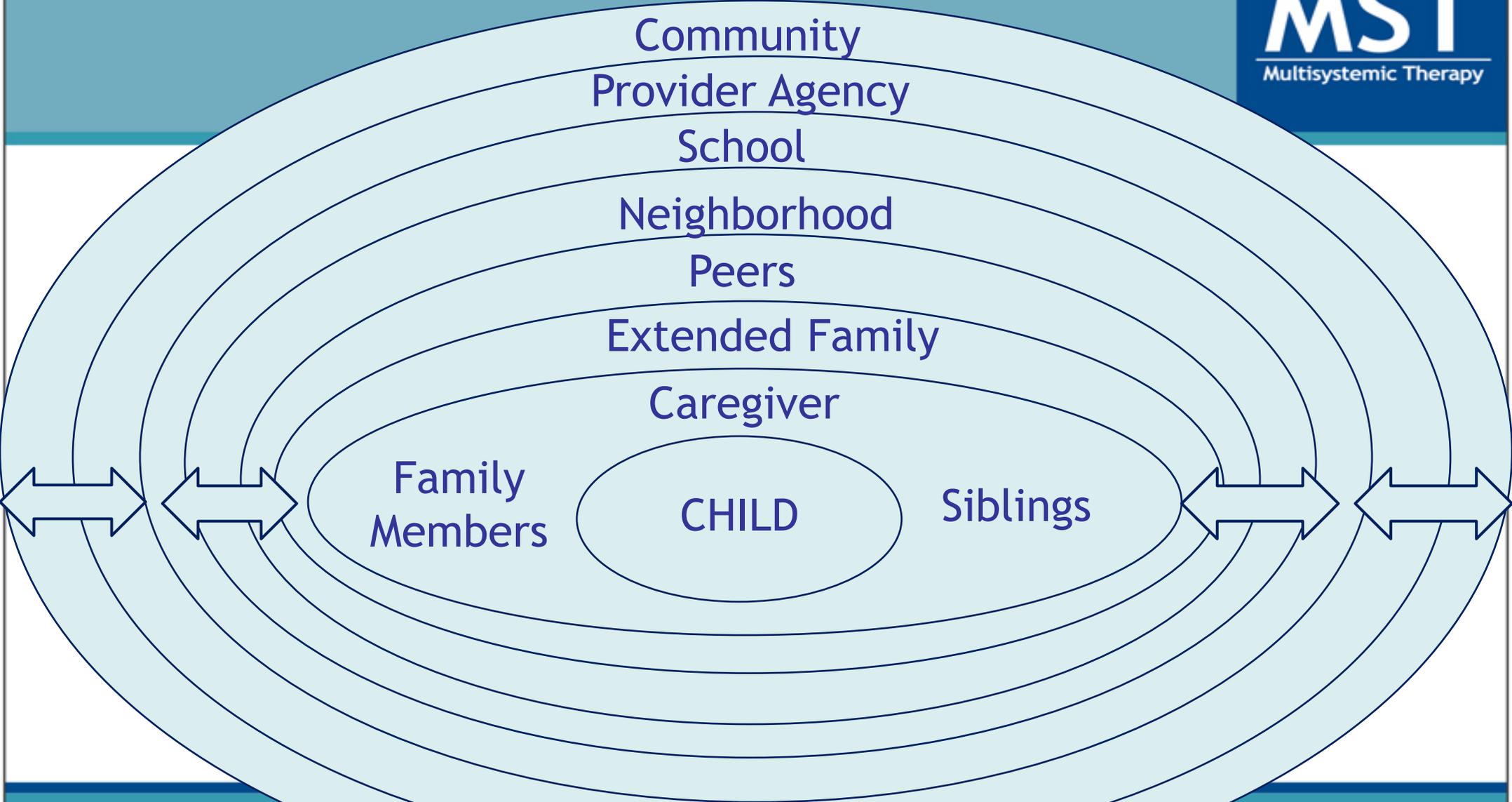
What is “MST”?

- Community-based, family-driven treatment for antisocial/delinquent behavior in youth
- Focus is on “Empowering” caregivers (parents) to solve current and future problems
- MST “client” is the entire ecology of the youth - family, peers, school, neighborhood
- Highly structured clinical supervision and quality assurance processes

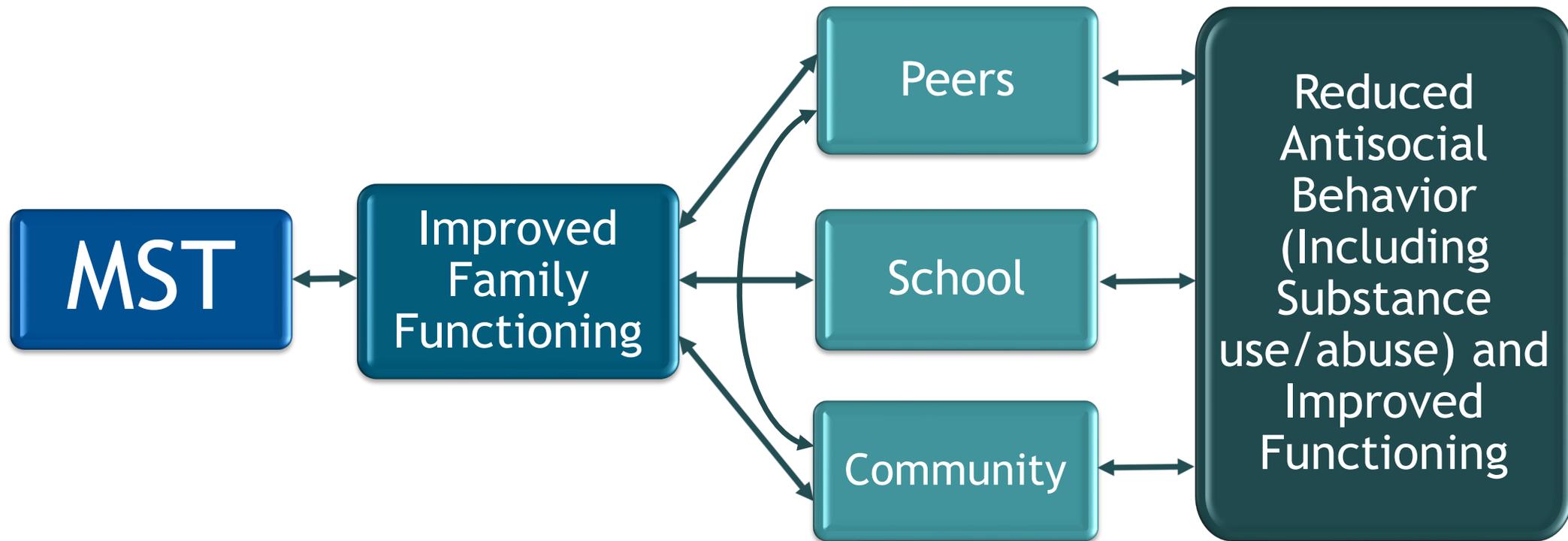
Families as the Solution

- **MST focuses on families as the solution**
- **Families are full collaborators in treatment planning and delivery with a focus on family members as the long-term change agents**
- **Giving up on families, or labeling them as “resistant” or “unmotivated” is not an option**
- **MST has a strong track record of client engagement, retention, and satisfaction**

Social Ecological Model



MST Theory of Change

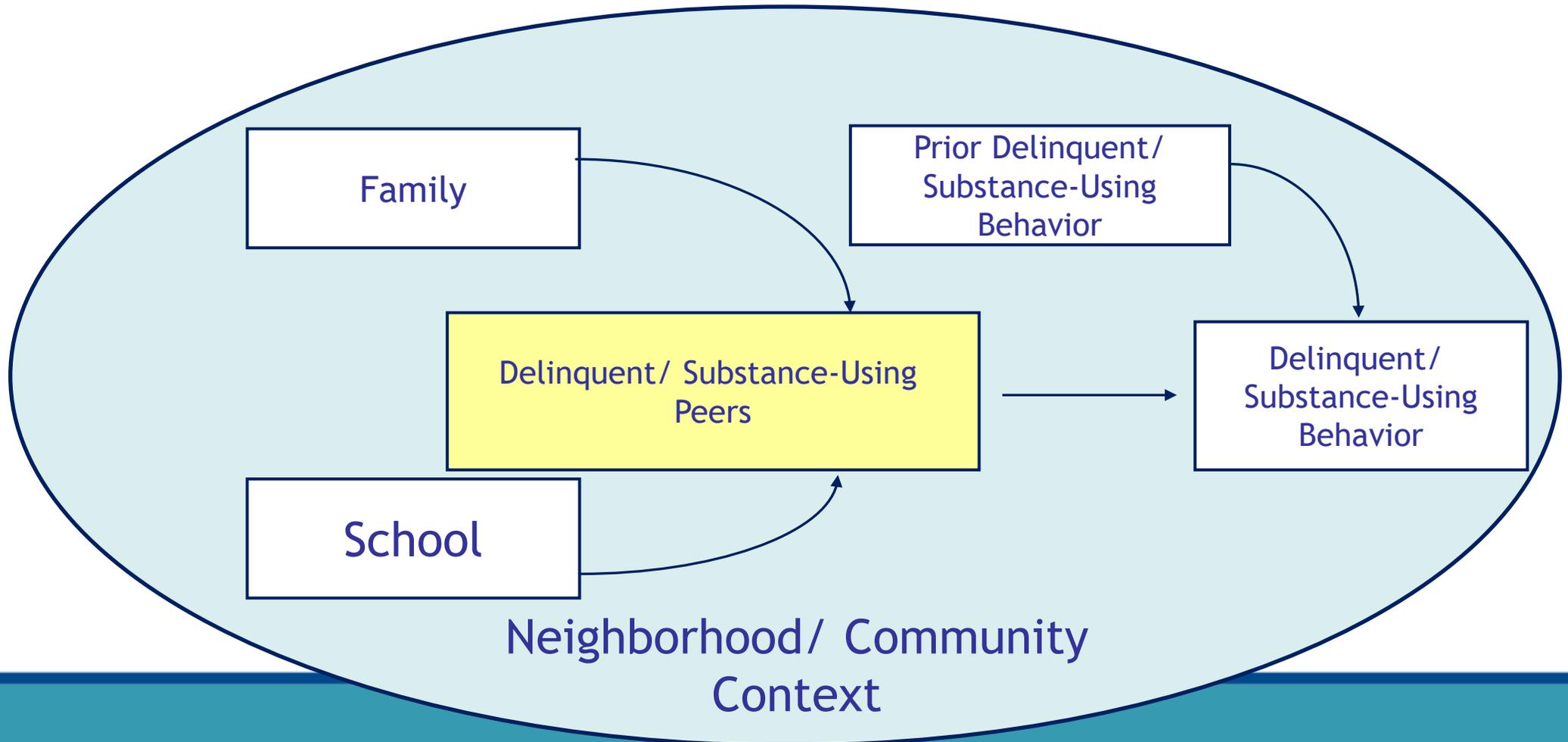


How MST Addresses Youth Substance Abuse



How MST Addresses Youth Substance Abuse

Causal Models of Delinquency and Drug Use:
Common Findings of 50+ Years of Research



Enhancing Our Effectiveness

- MST had solid evidence of effectiveness as a treatment for problematic substance use in adolescents and was recognized by NIDA as an effective treatment, however, many communities were using other treatment methods for youth substance abuse.
- Our goals were to enhance the training on interventions specific to substance use and increase our visibility with this population.



How MST Addresses Substance Abuse

- Strong Engagement of Caregivers and Youth, and their ongoing involvement in working to address the youth's substance abuse problems is key to addressing youth's substance abuse problems.
- MST Keeps Young People in Treatment!



How MST Addresses Substance Abuse

- Assessment of Youth Drug & Alcohol Use
 - Finding the Fit - Assessment is informed by multiple sources to understand the way the youth's use of drugs and/or alcohol fits within the context of the youth and family system, and other elements of the youth's ecology

How MST Addresses Substance Abuse

- **Intervention Strategies:**

- Redirecting the young person away from substance-using peers
- Monitoring the youth's whereabouts closely
- Detecting use with objective mechanisms
(e.g. UA or breathalyzer)
- Reducing family conflict
- Establishing powerful incentives to stay clean
- Helping the youth to develop refusal and coping skills to promote abstinence



How MST Addresses Substance Abuse

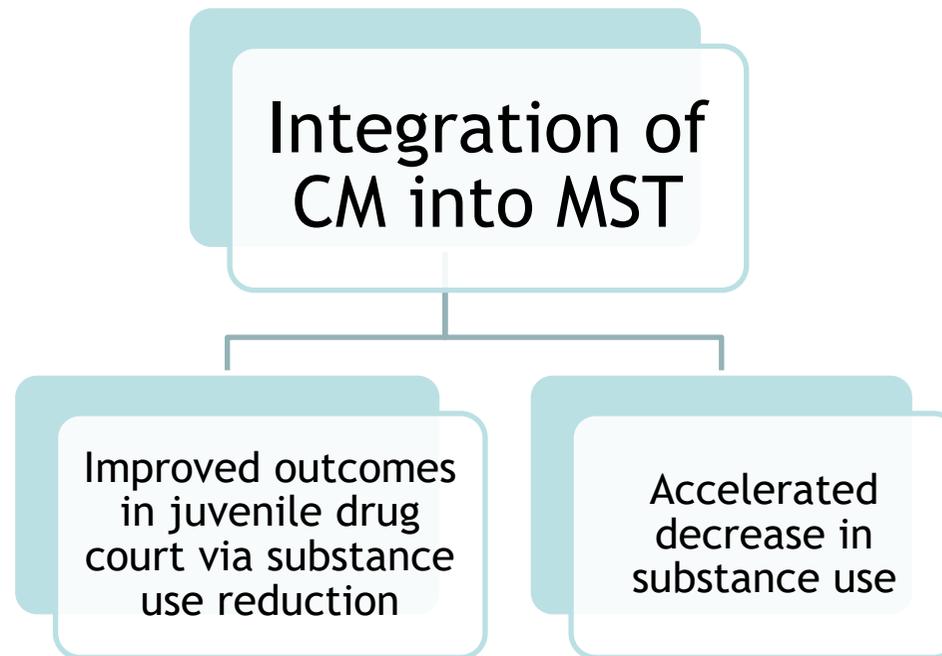
- Quality Assurance and Implementation with Fidelity
 - Therapist adherence to the nine treatment principles has been linked with decreased drug use in youth who receive MST

Henggeler, Pickrel, & Brondino, 1999



Incorporating Contingency Management in MST

Contingency Management is one of the most extensively researched and best validated interventions in the field of substance abuse treatment



Henggeler et al., 2006

Incorporating Contingency Management in MST

- CM is a substance abuse treatment approach based in behavioral and cognitive-behavioral therapy that includes
 - Tailored ABC Assessments of use/non-use conducted with the youth and caregivers
 - Family Drug-Management Planning, including Drug-Refusal Skills Training
 - Point and Level Reward System
 - Drug Testing Protocol used primarily by caregivers
 - Strong focus on engagement and sustainability

Incorporating Contingency Management in MST

CM has strong treatment compatibility with MST

- Areas of Focus

Improved Family Functioning

- increased monitoring of use by parents via drug testing
- increased parental consistency, including use of powerful incentives
- decreased family conflict

Decreased Contact with Negative Peers

- positive replacement activities
- family plans for risk-avoidance
- improved school attendance
- youth drug refusal skills

Measurable Outcomes

- reduced substance use
- generalization of treatment gains
- sustained improvements

MST Substance Abuse Treatment Outcomes

An overview and summary of findings

MST Substance Abuse Treatment Outcomes

MST is cited by the following federal agencies as an evidence-based practice for adolescent substance abuse

- National Institute on Drug Abuse
- Center for Substance Abuse Treatment
- Center for Substance Abuse Prevention

Substance Use Outcomes in Early MST Studies

Two Randomized Trials with Serious Juvenile Offenders.
In comparison with youths in control groups, MST achieved greater:

- Simpsonville Study - Henggeler, Melton, & Smith (1992)
 - Pre-post reductions in self-reported alcohol and marijuana use
- Missouri Delinquency Project - Borduin et al. (1995)
 - Reductions in substance-related arrests at 4-year follow-up (4% for MST vs. 16% for individual therapy)
 - At 14-year follow-up 64% decrease in substance-related arrests - Schaeffer & Borduin (2005)

Substance Abusing Delinquents

Randomized Trial with Substance Abusing/Dependent Offenders (N=118): MST vs. Community Treatment

- Engagement and Retention in Treatment
 - 98% (57 of 58 MST families) treatment completion (4 months)
- Substance Use
 - Greater post-treatment reductions for MST
- School Attendance
 - Significant increase in regular classrooms for MST

Substance Abusing Delinquents (con't)

- Cost Savings
 - Incremental costs of MST offset by savings incurred from reductions in days of out-of-home placement at 12 months
- Favorable Treatment Effects at 4-Year Follow-Up
 - violent criminal behavior (.15 arrests/MST youth per year versus .57 arrests/youth in the control group)
 - higher rates of marijuana abstinence based on urine screens (55% abstinence for MST youth versus 28% in control group)

How MST Addresses Caregivers Substance Abuse



Caregiver Substance Abuse Assessment

- As with adolescents, MST examines the circumstances surrounding parental substance abuse through a multi-systemic assessment of fit
- Adult use is supported by many of the same factors that drive adolescent use, including the effects of the drug itself and the social ecology in which the drug use occurs
- Assess for health risks related to use

Caregivers Substance Abuse Interventions

- Cognitive-Behavioral Strategies
 - Understand sequences of use
 - Alter cognitions about use and leading up to use
 - Skills training
 - Behavioral Reinforcement
- Social Ecological Change
- Access Appropriate Medical Care
- Predict and Plan for Lapses

MST-Building Stronger Families (BSF)

- An adaptation of MST
- Started 14 years ago
- Directly addresses caregiver opioid (and other substances) use, mental health issues for children and adults, trauma, and safety
- Being implemented in 6 areas offices in the state of Connecticut
- Works closely with Child Protection to make solid joint efforts to keep children safely within their families

Substance Abuse Results in MST-BSF

- Current research on MST-BSF demonstrates the model is feasible and acceptable to families, therapists, agencies, and Child Protection
- Quasi-experimental study of families treated for alcohol addition and other drug use, MST-BSF was more effective for preventing re-abuse over a 24 month period
- A randomized trail comparing MST-BSF to Comprehensive Community Treatment recently completed
 - 41% of caregivers were experiencing opioid abuse
 - Clinical Outcomes are under analysis

MST Treatment Types

MST treatment types that currently are being transported to community-based use

- MST-BSF (MST-Building Stronger Families)
- MST-CAN (MST-Child Abuse and Neglect)
- MST-EA (MST-Emerging Adults)
- MST-FIT (MST-Family Integrated Transition)
- MST-ID (MST-Intellectual Disabilities)
- MST-PSB (MST-Problem Sexual Behavior)
- MST-PRV (MST-Prevention)
- MST-Psych (MST-Psychiatric)
- MST-SA (MST-Substance Abuse)

Opportunities

- To educate communities about evidence-based treatment practices
- To use current research-supported models to assure that complex needs and risk factors are addressed in a sustainable way
- To harness new research results to influence treatment options at the community level

*Thank
You*

Questions?

Thank you for your time and attention!

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