

Multi-Systemic Therapy (MST)

Source:

Henggeler, S., Borduin, C.M., Schoenwald, S.K., Pickrel, S.G., Rowland, M.D. & Cunningham, P.B.(1998) *Multi-systemic treatment of antisocial behavior in children and adolescents* New York: Guilford Press

Knowledge of systemic principles that inform the therapeutic approach

An ability to draw on knowledge of family systems theory including:	
	the principle that whatever affects one family member will affect all other family members
	an understanding that patterns of interaction within and outside the family affect each member of the family.
	an understanding of the impact of the system on the management of behavioural problems, including child non-compliance
An understanding of the multiple risks factors that determine adolescent delinquency and drug use (e.g. at the level of the individual, family, peer, school and community).	
An ability to draw on knowledge of the principles underpinning MST interventions, including:	
	the concept of 'fit' between the identified problems and their broader systemic context (i.e. the relationship between, systemic factors and the maintenance of the young person's antisocial behaviour)
	an emphasis on positive and systemic levers for change
	the promotion of responsible behaviour,
	a present and action focussed orientation to specific and well defined problems
An ability to draw on knowledge that the intention of MST is to promote treatment generalisation and long term maintenance	
An ability to draw on knowledge that the family is a constant in the child's life while systems and personnel around the child may fluctuate	
An ability to draw on knowledge of key structural family therapy constructs, including:	
	the importance of observing interactional patterns in order to understand sub-systems, boundaries and hierarchy within the family
	the importance of assessing interactional patterns, communication sequences and hierarchies within the family
An ability to draw on knowledge of key behavioural family therapy constructs (including behavioural contingencies and the reinforcing nature of interaction patterns).	
An ability to draw on knowledge of family phenomena commonly associated with the development of serious antisocial behaviour (e.g. family system interactions and parental style, marital interactions, individual parent factors (psychiatric disorders and social, educational and economic factors in an individual's life)	
An ability to draw on knowledge of the importance of peer relations for youth development	
An ability to on knowledge of the types of skills needed for positive peer development (e.g. perspective taking, empathy, capacity for collaboration and for the initiation and reciprocation of interactions).	
An ability to draw on knowledge of factors that make association with negative peers more likely (e.g. low school achievement, harsh or inconsistent parental discipline, poor parental monitoring, low family support or high family conflict, substance use, formal placement with other deviant youth).	

An ability to draw on knowledge that family processes will influence peer relations, and that peer relationships will influence family processes
An ability to draw on knowledge of factors that contribute to rejection by peers (e.g. the youth's aggressive behaviour, their physical appearance, low intellectual/academic abilities, cognitive distortions, deficits in social skills, or the impact of harsh family discipline or family conflict)
An ability to draw on knowledge of the long term economic and social consequences of dropping-out of school (e.g. reduced wages, limited career opportunities, housing restrictions)
An ability to draw on knowledge of the importance of "social capital" (connections within and between social networks) in offering protection to individuals against the normal "ups and downs" of life

Knowledge of MST techniques that facilitate therapeutic change

An ability to draw on knowledge and understanding of key factors that inform or support the delivery of effective MST interventions e.g.:
the interactions between parents and young people that support or maintain antisocial behaviours, such as persistent non-compliance, recurrent conflict and aggression
the need to provide interventions that target not only antisocial behaviour but also the developmental needs of the youth
the importance of consistent effort by family members in implementing agreed interventions and the therapist's role in fostering the family's ability to carry out these interventions
a focus on continued evaluation from multiple perspectives, ensuring that both the young person and parent communicate their respective viewpoints and consider the viewpoint of the other
a focus on the therapist holding accountability for overcoming barriers to success for all interventions.

Knowledge of mental health problems relevant to MST

An ability to draw on knowledge of the effect of marital distress on family problems (e.g. inconsistent parenting practices, child-parent conflict, depression in mothers, behavioural problems in children)
An ability to draw on knowledge of diversity within families (e.g. racial, ethnic, cultural and socioeconomic), the particular context in which families raise children and the expectations of families in general
An ability to draw on knowledge of mental health problems, including those of parents or carers, and their impact on the child and the family e.g.:
the range and nature of any substance misuse
the range and nature of common mental health problems (e.g. depression or anxiety)
the range and nature of parents with severe mental illness and personality problems
An ability to draw on knowledge of the empirically supported treatments for mental health problems and their integration into an MST intervention

BASIC MST TECHNIQUES

Ability to engage the family in an MST intervention

An ability to adopt a family-centred approach and to recognise family strengths and individuality and to respect and promote different methods of coping
An ability to convey respect for, and understanding of, the parent's knowledge of their children
An ability to establish and reinforce contact by making persistent efforts to contact family, providing help with practical needs for the duration of meetings
An ability to encourage full parental participation in any intervention
An ability to share information with parents, in an open and supportive manner,
An ability to maintain a non-judgmental stance while using direct and straightforward language that is understood by the parents
An ability to design interventions that are flexible, accessible, culturally relevant and responsive to family identified needs
An ability to promote engagement by employing core clinical skills (such as empathy, warmth, reflective listening, reframing, flexibility and instilling hope for change)
An ability to continuously monitor and maintain a focus on engagement throughout the treatment process
An ability to encourage and facilitate family-to-family support and networking in order to address parental skills and needs
An ability to facilitate collaboration between parents and professionals at all levels of the service system

Ability to undertake an MST systemic assessment

An ability to gather information about the reasons for referral, including a clear behavioural description of the frequency, intensity, duration of the problem behaviour and the systems affected by the behaviour.
An ability to identify all key participants from the youth's social world who have an investment in the youth's outcomes, including family members and other formal and informal key stakeholders.
An ability to help each of the key participants to identify desired outcomes or initial goals, and to use this information to set overall treatment goals
An ability to conduct a full systemic assessment, with a particular focus on key domains of family, peer, school, community and individual functioning
An ability to conduct a full assessment of family functioning, including patterns of interactions and alliances, and including:
verbal and non-verbal cues and communication
family conflict or low warmth
negative affect between parents and child
problems in family decision making for both parents and children
An ability to use appropriate assessment strategies, including direct family questioning, observation of behaviour within families, identification of the ways in which behaviour and emotional is regulated and managed, and how "rules" are implemented
An ability to provide an overview of extended family and relationships by developing (as a minimum) a three generation genogram
An ability to adopt a strengths-focused approach to assessment and intervention and
An ability to use the family's strengths to increase the probability of change

An ability to assess parental behaviour, including:	
	control strategies (e.g. rules, expectations and parental response to rule violations)
	warmth and affection (e.g. praise of youth and youth's response, expressions of concern, response to youth's positive behaviours)
	impact of family transitions (e.g. divorce, remarriage, single parent families and kin as parent figures)
	different parenting styles (e.g. authoritative, authoritarian, permissive and neglectful styles)
An ability to assess the problems associated with maltreating behaviours, including:	
	abusive or neglectful behaviour on the part of parents
	parental insecurity regarding parenting skills
	the impact of marital discord and marital aggression on child maltreatment
	the ability of the parents to manage impulsive or other difficult behaviours
	the overall level of parental stress
An ability to assess factors which may contribute to ineffective parenting, including:	
	concrete factors (such as poor housing)
	lack of knowledge and/or unhelpful beliefs about the usual patterns of child development and the parenting needs of children at different ages
	parental mental disorder or substance misuse
	poor parental marital relationship(s)
	specific characteristics of the child
	a lack of commitment to child rearing
An ability to assess the youth's peer relationships, including consideration of:	
	the relationships between caregivers (e.g. teachers) and with peers and their parents
	the nature and extent of the child's involvement with both deviant and pro-social networks
	the child's competences in social interaction with peers
	interaction with peers in environments such as home, school and community,
An ability to ascertain the views of other key participants in the social system, such as teachers	
An ability to undertake school-related assessments, including assessment of:	
	the child's functioning in the school, including academic performance and school-related behaviour problems
	school resources (including , leadership, safety, structure, social context, the classroom environment),.
	the relationship of the family to the school
	the value placed on education by parents, and their support of academic work at home.

An ability to undertake an assessment of the stability of the local community, including the level of crime, poverty and population density
An ability to assess the type of support that the family will need to manage the behaviours for which the youth has been referred, and their capacity to sustain changes after treatment.
An ability to identify formal and informal support resources available to the family (with an emphasis on the identification of informal sources)
An ability to assess factors that may limit the use of any support offered including individual factors (e.g. problem solving ability) and contextual factors (e.g. resources in the school or community setting)
An ability to assess the appropriate degree of supervision and degree of autonomy that is given to children at each age level

An ability to identify the minimum necessary conditions that will be needed to allow parents to work effectively with behavioural interventions (e.g. boosting coherence in the family, managing any threats of violence)
An ability to develop (collaboratively with family members) treatment goals that relate to the behaviours identified in the referral, achieve the desired outcomes, guide the direction of treatment and establish clearly defined criteria for termination.
An ability to specify well-defined behavioural targets which reflect the outcomes agreed with key participants (e.g. family members, teachers or probation officers):
An ability to specify targets that can be measured, and to identify the criteria by which they will be measured
An ability to specify goals that are interpretable by external observers (such that they can determine whether or not the goal was met).

Ability to promote engagement and develop partnerships with parents

An ability to help the family set and develop their own treatment plan and to respect their rights to make decisions in this process
An ability to elicit (and respect) each family member's understanding of other family member's beliefs and reactions, and to use this to promote supportive family relationships
An ability to make an alignment with parents role as primary care takers to help them facilitate behavioural change
An ability to communicate knowledge about child development and the key principles of effective parenting, as relevant to the planning and delivery of the intervention

An ability to facilitate parental involvement in decision making about all elements of any intervention by:
developing a relationship with each parent as a person, not based solely on their parenting role
ensuring that parents are included in all planning and that, wherever possible, meetings are not held without them.
ensuring the parent is listened to at all junctures of planning of the intervention
ensuring that wherever possible the parent is in agreement with all decisions, needs, planning, services and outcomes.

An ability to maintain parental involvement by, for example, scheduling meetings at times and in places that are convenient for family members
An ability to identify and focus on changes in parenting that will increase parent confidence and efficacy
An ability to communicate the rationale for focusing on positive and negative parenting practices
An ability to work with families/carers with informal or complex formal relationships (e.g. non-married couples, multiple adults in parenting/caring roles)

Ability to develop the context for an MST intervention

An ability to draw on knowledge of basic MST programme requirements (including eligibility criteria, therapeutic approaches, caseloads, team structure and size, 24-hour availability and relationship of the programme to other services)
An ability to work intensively with families over an extended period of time (following a service model in which teams work intensively with small caseloads)
An ability to work with a team-based assertive approach to engagement (i.e. assuming responsibility for engagement and taking active steps to avoid loss of contact)
An ability to maintain a strong commitment to family involvement throughout the intervention
An ability to assume responsibility for the achievement of change in the family and to avoid blaming the family when change does not occur
An ability to deliver individualized interventions in a flexible manner that is consistent with the overall plan for the MST intervention
An ability to convey the importance of the need for consistent effort on the part of family members in implementing agreed interventions
An ability to foster the family's ability to participate in:
the development of parenting and relationship skills
behavioural management programmes for the child
interventions with which they may be unfamiliar (e.g. special education placements, referral to psychiatrists)
monitoring and evaluation of these interventions from multiple perspectives
An ability to identify drivers for, or barriers to the delivery of, effective care at all levels of the system and:
to identify alternative behaviours or strategies, and where necessary developing interventions to overcome barriers
to work with families, colleagues and agencies to evaluate the success of the intervention(s)

An ability to draw on knowledge of local procedures for confidentiality including communication to third parties and record keeping.
An ability to make active use of feedback from the different levels of MST supervision (including peer supervision, onsite clinical supervision and MST clinical consultation)
An ability to actively participate in professional development activities (including reviews of session tapes, field supervision, adherence data review, booster training, monitoring and participation in continuous quality improvement activities)

Ability to develop “fit circles” and formulations to help identify appropriate goals

An ability to understand the concept of “fit” (i.e. that all behaviour makes sense once it is understood from the perspective of those involved) and of a ‘fit circle’ (a diagrammatic formulation that identifies the factors that drive or maintain a target behaviour across all levels of the environment)	
An ability to develop a fit circle for specific problems by using a brain storming exercise (e.g. with family members or colleagues) to develop testable hypotheses which lead directly to specific and effective interventions	
An ability to develop a fit circle that:	
	identifies well-defined target behaviours in specific and concrete terms
	identifies problems that are considered as such by family members/care givers
	places the behavioural difficulty or target in the centre of the circle
	identifies factors that drive or maintain specific problems/targets
	ensures that drivers (<i>fit factors</i>) are specific and concrete
	collects evidence from multiple sources to support the development of a <i>fit factor</i>
An ability to take into account the full “ecology” of the system when developing fit circles (i.e. the fact that specific problems will have multiple drivers located in a range of systemic domains)	
An ability to revise and further develop and update fit circles as work progresses and new information becomes available.	
An ability to develop hypotheses that are problem-focused and consistent with MST theory, informed by evidence from the family, and written in language which is specific and well-defined	
An ability to derive hypotheses that identify the factors which most likely explain occurrences of target behaviours, and which need to be addressed before success can be obtained (including barriers to change such as marital conflict), ensuring that these factors are:	
	current and located in the family’s current environment
	immediately related to the cause of the problem (i.e. focused on proximal issues)
	amenable to change
An ability to develop incremental or intermediate goals that are logical steps toward an overarching goal(s), and that are rapidly attainable (i.e. over days or in a week).	
An ability to develop intervention steps to meet the intermediary goal which build on systemic strengths, can be carried out simultaneously or sequentially, and include an outcome measurement strategy	
An ability to help the key participants implement the intervention steps by including any necessary practice or role play	
An ability to anticipate and plan for potential barriers that may be encountered in the intervention implementation phase	
An ability carefully to evaluate the outcomes of planned interventions, and to use this information to revise hypotheses and to inform the next steps in treatment planning process	

Ability to identify and promote a safe environment

An ability to assess all potential problems related to aggression and risk of harm in the family (including by the youth or family member; towards the youth by family members or others; or towards self either by youth or family member).
An ability to observe and inquire about risk of harm by youth or family members, toward the youth by family members, or others, or towards self
An ability to gather information about sequences of aggressive behaviour and risks of harm
An ability to form alliances with children, family and members of the wider network in relation to plans to avoid violence
An ability to deliver interventions that reduce the risk to self or others from violence (e.g. domestic violence, suicide), including reducing opportunities to harm self or others, informing others (including other care agencies), and completing written safety plans.
An ability to develop monitoring plans with caregivers to keep the youth and others safe, including tailoring the intensity and frequency of supervision in areas where there are particular safety risks.
Where clear risks have been identified, an ability to develop plans with caregivers to conduct specific searches at an appropriate frequency
An ability to collaborate with caregivers to secure or remove high risk items from the home

SPECIFIC MST TECHNIQUES

Ability to improve family relationships

An ability to improve family relationships and build positive relationships among family members by:
establishing clear and appropriate boundaries
improving family decision making
changing negative patterns of interactions
improving family problem-solving skills
An ability to use a range of techniques to improve family relationships by:
helping family members practise skills within sessions, using role play and offering specific feedback
changing the seating position and space between family members within sessions to facilitate desired changes in boundaries and/or warmth in relationship
identifying homework assignments aimed at reinforcing change.
asking for feedback on homework assignments, and using this to shape further interventions

Ability to improve parent-child relations

An ability to assess the parent's commitment to parental skill development and care-giving

An ability to help parents reappraise their assumptions about interactions between them and their child (by understanding the basis of their beliefs, addressing any cognitive "distortions", building on the strengths of the caregiver, improving knowledge about parenting and how parenting strategies affect children)

An ability to help improve child-parent interactions by:

promoting the parent's understanding of their child's need for affection .

discussing the long-term cost of ignoring the child's needs

garnering social support systems to help caregivers overcome difficulties

reducing parent-child conflict

improving co-parenting

increasing parental monitoring of the child's behaviour and their need for affection

reducing practical challenges faced by the parents(s)

An ability to assess and address specific characteristics of the child that may impact on parental behaviours (e.g. differences in temperament, physical abilities or cognitive abilities)

An ability to help parents focus on their own needs (including psychiatric or substance abuse) and address these to facilitate more effective parenting .

An ability to improve the child's behaviour by helping parents understand and implement behavioural strategies, including:

the use of privileges and of appropriate reinforcement schedules (including punishment and reward)

the importance of clarity and consistency when implementing reinforcement schedules

possible 'paradoxical' patterns of response to these schedules (e.g. an increase in problem behaviour in the initial stages of a reinforcement schedule)

appropriate styles of parenting behaviour that support effective implementation of the schedules (e.g. positive, non-punitive reactions to the child's response to a reinforcement schedule)

An ability to support the parent's capacity to implement behavioural strategies, including:

identifying specific targeted behaviour(s)

facilitating parental involvement in developing clear rules

using reinforcers and developing explicit contracts (which are known to all parties).

using punishment to manage misbehaviour and ensuring that this employed in a timely and consistent manner

Ability to promote effective peer relationships

An ability to draw on knowledge the nature of deviant relationships with peers
An ability to emphasise the central role of parents in promoting effective peer relationships by recognising and reinforcing their place as:
experts in the interests and talents of their child
sources of discipline and monitors of behaviour
primary facilitators of exposure to school and community activities
key individuals in effective liaison with parent peers
being most likely to be able to help the child sustain changes in peer relationships
An ability to develop interventions that improve the parent's link / involvement with the child's peers (e.g. parental support for attending peer social groups, timetabled discussion of peer group activity)
An ability to develop interventions that improve the self-monitoring skills of the youth and their family's (e.g. establishing jointly negotiated timetables for the youth's activity)
An ability to develop interventions which focus on decreasing interactions with deviant peers and increasing affiliation with prosocial peers and activities (including the use of reward and punishment systems)
An ability to recognise the positive role of caregivers beyond the immediate family (e.g. sports clubs, church groups, recreation centres) and to work with them to promote pro-social peer networks
An ability (in collaboration with the caregiver) to enhance the youth's ability to apply problem solving skills in social contexts
When peers are exclusively deviant, an ability to develop peer extraction plans as a last resort (i.e. removal from deviant peer groups).

Ability to work with educational institutions

An ability to develop and deliver interventions for use in an educational setting, and where appropriate to foster the active involvement of teachers, parents and others in the delivery of these interventions, by:
improving the home-school link (by increasing caregiver involvement, developing a home-school communication plan, preparing caregivers for interactions and improving relationships)
focusing on improving academic functioning (e.g. by increased parental monitoring, changes to home environment for school work, increased planning and collaboration with school staff to meet academic needs)
reducing school truancy and improving attendance (e.g. through discipline practices, increased monitoring, leveraging youth's strengths and interests and improved youth relationships at school with staff and peers)
improving youth behaviour at school (e.g. through a joint communication plan between home and school, classroom management, encouraging relationships with positive peers)
connecting youth to educational or vocational alternatives
planning and implementing school meetings to foster collaboration among all key participants

Ability to build sustainable “ecological” supports to address family needs

An ability to help parents obtain appropriate support to facilitate the MST intervention including:

an ability to engage parents in building supports for the child and the family

an ability to help the family identify resources to meet their own support needs

an ability to develop new sources of support for the family when this is needed

an ability to identify ways of overcoming any potential barriers that will make it harder for the family to access support

An ability to prepare the family to accept and make use of support, and to be able to offer support to others in return

Ability to provide specific treatment interventions in an MST context

Cognitive behavioural approaches

An ability to draw on knowledge of the use of individual cognitive behavioural approaches for both children and adults in an MST intervention

An ability to assess the need for individual cognitive behavioural approaches for both children and adults in an MST intervention

An ability to deliver individual cognitive behavioural approaches for both children and adults, making use of appropriate supervision

An ability to understand the limitations of individual interventions for both parents and children including:

the potential limits to the effectiveness of individual CBT in the context of the problems faced by the family

the need to consider a referral for more specialised individual CBT

Couple therapy

An ability to assess couple functioning when this is identified as a barrier to treatment progress on MST goals.

An ability to identify difficulties in the couple relationship and their impact on the implementation of MST interventions (e.g. poor communication skills, inter-parental inconsistency over discipline, no or passive participation from one partner, lack of mutual support or complaints about the other partner)

An ability to assess the couple's commitment to the relationship

An ability to assess intimacy and warmth in the relationship, including observations of verbal and non-verbal cues, positive qualities of each partner and satisfaction with quality of sex life.

An ability to assess decision-making power within the relationship (e.g. who makes decisions and the typical response to such decisions, or the division of household responsibilities) and to identify desirable changes in these areas.

An ability to develop hypotheses about factors contributing to the couple's difficulties

An ability to use the formulation of couple's difficulties to devise an appropriate marital intervention (e.g. improving conflict resolution and promoting compromise, improving intimacy and warmth, increasing positive focus, negotiating roles and responsibilities and facilitating mutual decision making).

An ability to deliver a couple based intervention which should:
identify mutually agreed goals with associated specified outcomes
establish clear pre-conditions for safety and the avoidance of violence
focus on affective relationships, intimacy, and instrumental or power relationships
adopt a problem-solving approach
teach specific communication skills

Substance misuse

An ability to assess substance misuse in the child or parents, where this is determined to be an MST treatment goal for the youth, or when there is evidence that parental misuse creates a barrier to MST treatment progress
An ability to identify difficulties arising from substance misuse and their impact on the implementation of assessment or any subsequent MST intervention
An ability to include substance misuse in the MST conceptualisation and to develop a “fit circle” for the youth’s substance misuse
An ability to deliver systemic substance misuse interventions for both children and adults

Ability to collaborate with all key community stakeholders

An ability to draw on knowledge of the need to collaborate effectively with key stakeholder agency staff in order to obtain positive outcomes for youth in MST (including those agencies with the power to place, and those likely to have significant impact on the youth’s behaviour, funders and referral sources)
An ability to develop mutual understanding and knowledge between key stakeholders in the community (including their legal mandate, mission and desired outcomes)
An ability to follow up interventions with the intention of:
building collaboration and facilitating positive relationships with key participants
developing regular communication in a form and at a frequency tailored to the level of involvement and desires of the key participants.
An ability to explain the MST model to health and social care professionals working in other agencies and be able to work constructively with them in a way that is consistent with the MST model
An ability (from the outset of treatment) to work those professionals responsible for determining “out of home” placement in order to establish clear agreements on the use of such placements in response to incidents of antisocial behaviour
An ability to build and sustain relationships with the criminal justice system and where necessary and appropriate providing reports for criminal justice system