

EXPLORING MULTISYSTEMIC THERAPY (MST) CLINICAL IMPLEMENTATION: AN OVERVIEW

This overview presents a guide for the cyclical process of clinical assessment, intervention planning, intervention implementation, and intervention evaluation used in the clinical application of MST.

The first step of MST involves identifying specific behaviors exhibited by a young person. These behaviors, along with their frequency, intensity, and duration, are key factors in the referral process to the MST program.

1

REFERRAL BEHAVIOR

Establishing Alignment and Engagement

Creating an environment for engagement and alignment starts at intake and is essential during each step of the treatment process. It involves building trusting relationships with parents and key participants, effective collaboration, and actively involving caregivers in achieving treatment goals.

INITIAL GOALS & DESIRED OUTCOMES

2

This is the step where any changes that parents, caregivers, and key individuals in the youth's ecology want to see established in treatment are discussed and noted.

Here the youth's strengths and needs are assessed across all systems, starting at intake and continuing throughout treatment. This knowledge helps therapists leverage strengths throughout treatment.

3

STRENGTHS AND NEEDS ASSESSMENT

OVERARCHING GOALS

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Overarching goals are set after clarifying desired outcomes and assessing the family's strengths and needs. Here, every referral behavior is addressed, everyone is aligned in achieving outcomes, and the direction of treatment can be made clear.

Identifying the "fit" is a strategy that utilizes and builds upon the youth's strengths and needs to understand behaviors, interaction patterns, or successful interventions by identifying factors sustaining the target behavior and understanding the connection between identified problems and their systemic context.

5

CONCEPTUALIZATION OF "FIT"

INTERMEDIARY GOALS

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These goals describe a specific treatment direction that is linked to an overarching goal and will follow the priority factors from the fit. Typically, intermediary goals concentrate on immediate and influential predictors of behaviors or patterns, which are targeted for change. This, in turn, leads to the formulation of customized steps for further development.

Interventions or "action items" drive change, adhere to the MST treatment principles, use evidence-based methods, leverage family or systemic strengths, and involve daily action plans.

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INTERVENTION DEVELOPMENT

INTERVENTION IMPLEMENTATION

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This is where therapists build on systemic strengths, test hypotheses about relationships between fit factors and target behaviors, and carry out interventions. They also ensure that all participants are ready to undergo implementation.

Advances are completed intervention steps or treatment progress, while barriers represent factors preventing successful completion or overall progress. This assessment step supports or refutes previous hypotheses.

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ASSESSING ADVANCES AND BARRIERS TO EFFECTIVENESS

TREATMENT COMPLETION

10

MST treatment completion occurs when overarching goals are met to the satisfaction of the family and key participants, or it has been determined that the case has hit diminishing returns.