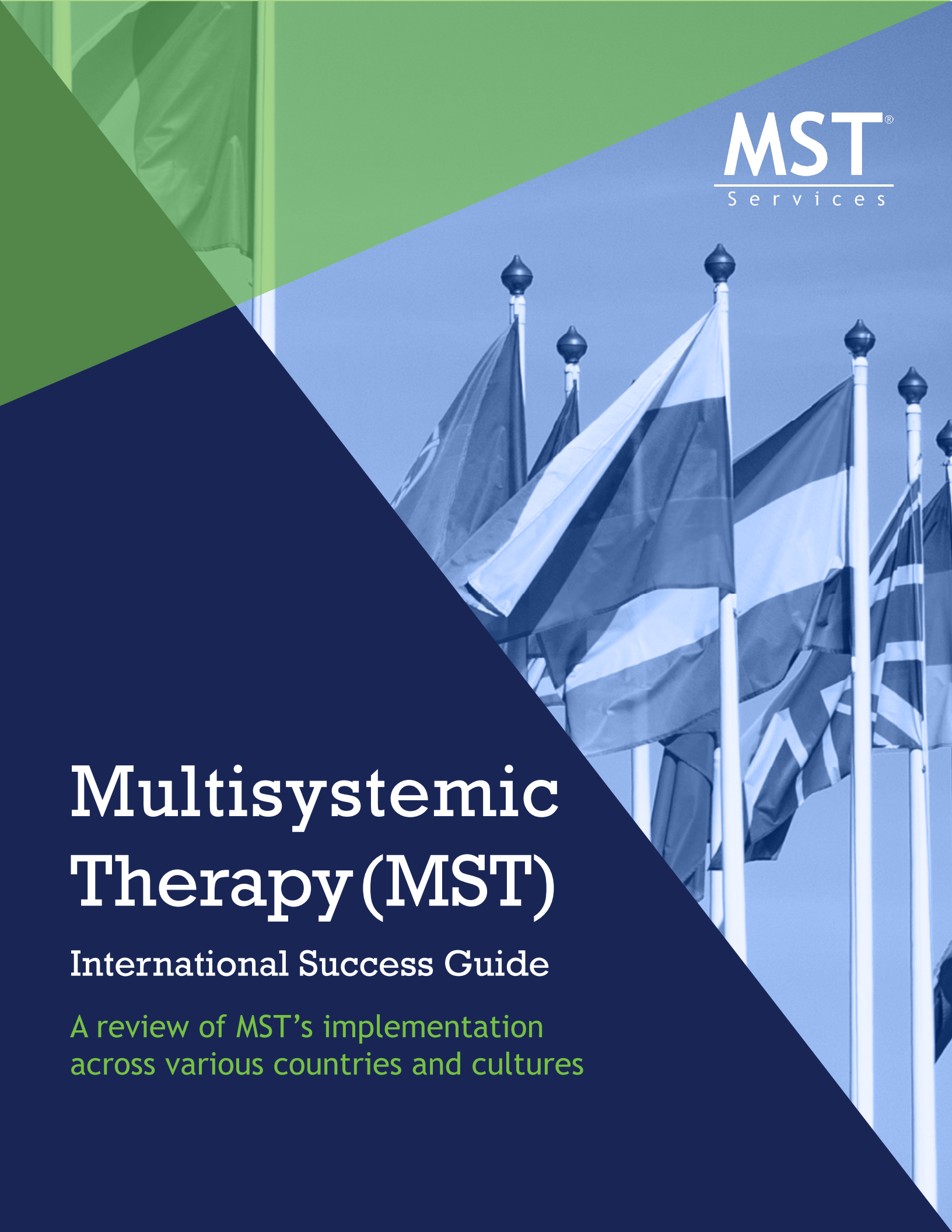


MST®
Services

Multisystemic Therapy (MST)

International Success Guide

A review of MST's implementation across various countries and cultures

Table of Contents

Multisystemic Therapy (MST)

Proven Results for Communities Worldwide

What is MST?

Multisystemic Therapy (MST) is a scientifically-proven intervention for at-risk young people and their families. Therapists work in the home, school and community and are a part of an MST 24/7 on-call system to provide caregivers with the tools they need to transform the lives of troubled youth. Research demonstrates that MST reduces undesirable behaviours such as criminal activity, substance use, and family conflict.

Largest Body of Evidence

MST features the largest body of evidence, by far, of successful interventions for high risk youth.

140+
Peer-reviewed journal articles

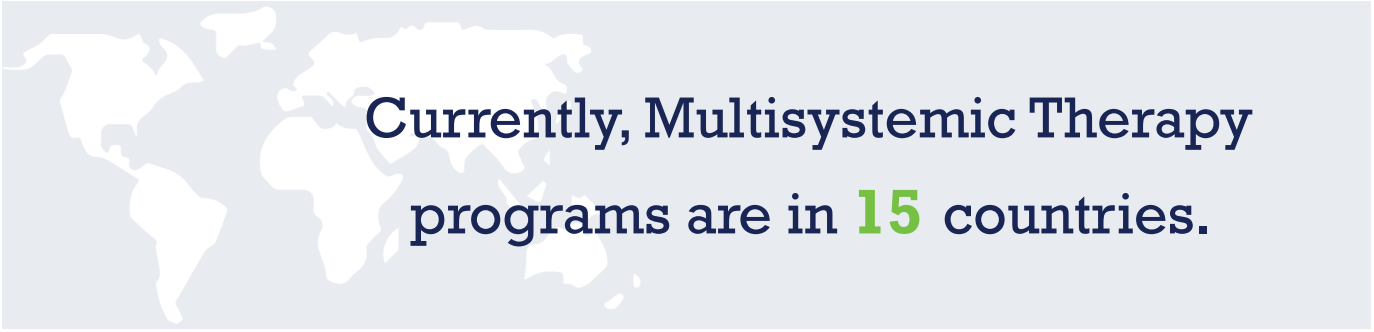
74
Studies

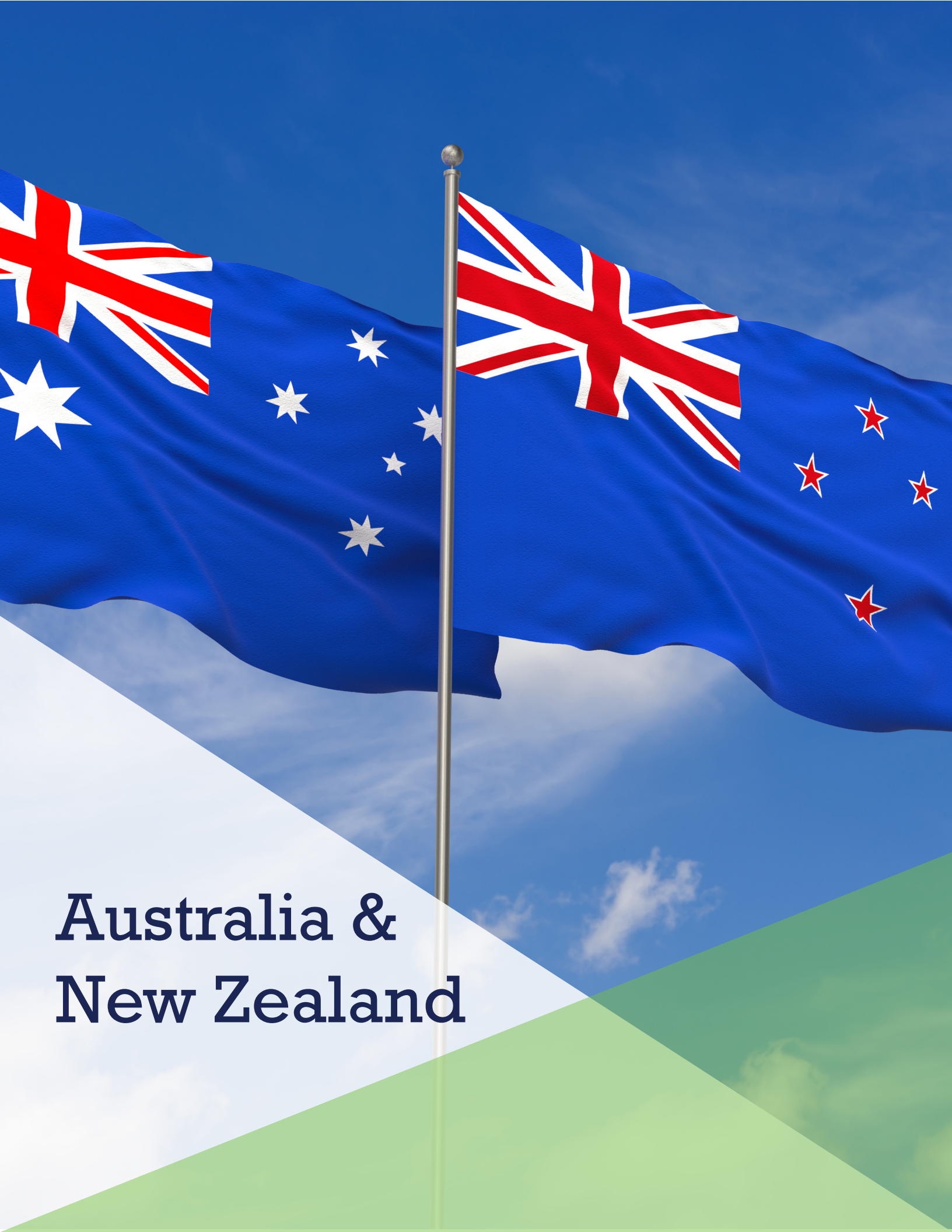
57k+
Families included across all studies

Global Reach

In addition to MST's extensive research base, it is also making an international impact on the lives of young people and their families, schools, and communities.

This guide will dive into 12 different countries that are promoting positive change in their communities through the use of Multisystemic Therapy.





Australia & New Zealand

Australia & New Zealand

History of MST in Australia

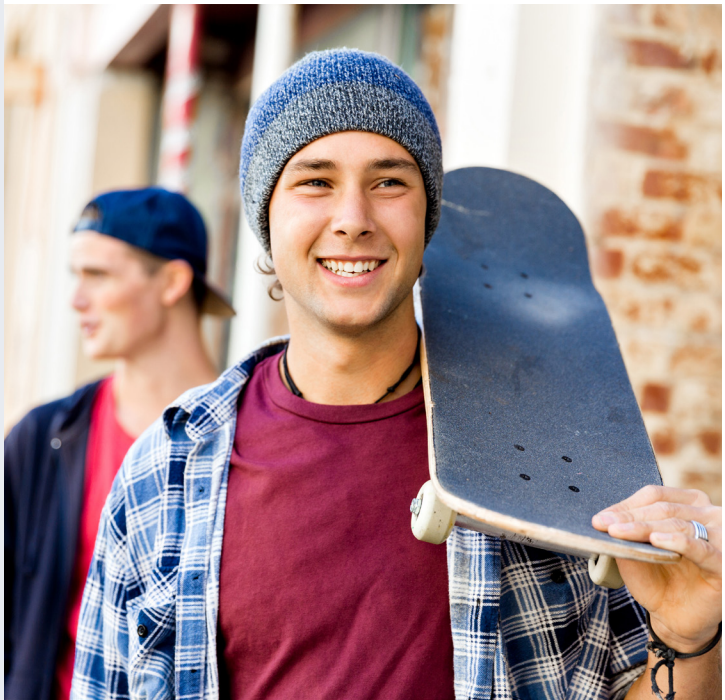
In 2001, two senior medical professionals from Western Australia & Queensland analysed the evidence and outcomes for interventions delivered to various marginalised child & adolescent populations. The focus was on evidence-based practices. Multisystemic Therapy (MST) had an evidence base that was determined to be very strong. The first MST team implemented in Australia was originally based in Queensland (Brisbane Mater Hospital) with a single MST-Child Abuse & Neglect (CAN) team from 2004 – 2007.

In 2005, MST quickly expanded, and the second MST team was born in Western Australia. MST was finally well-established in certain areas of Australia and New Zealand. As of 2021, there are fourteen standard MST teams, six MST-CAN teams and four MST-Psychiatric Care (MST-Psych) teams operating out of a number of agencies across the region. Life Without Barriers became the Network Partner agency for Australia and New Zealand in 2010 and supports the 6 standard MST teams in Australia and 8 in New Zealand.

Strengths of MST in Australia

The interest of stakeholders in evidence-based interventions and demonstrable outcomes has played a crucial role in the implementation of MST. The support of MST "Champions" and the removal of barriers to intervention access have been vitally important as has been ensuring that stakeholders remain well-informed regarding a range of data and outcomes.

In addition, Australia has found it very important to implement and operationalise the MST model in accordance with fidelity guidelines. Helpful strategies have included careful hiring of clinical staff and investing in their onboarding, providing opportunities for both internal and external recognition, and focusing on retention.



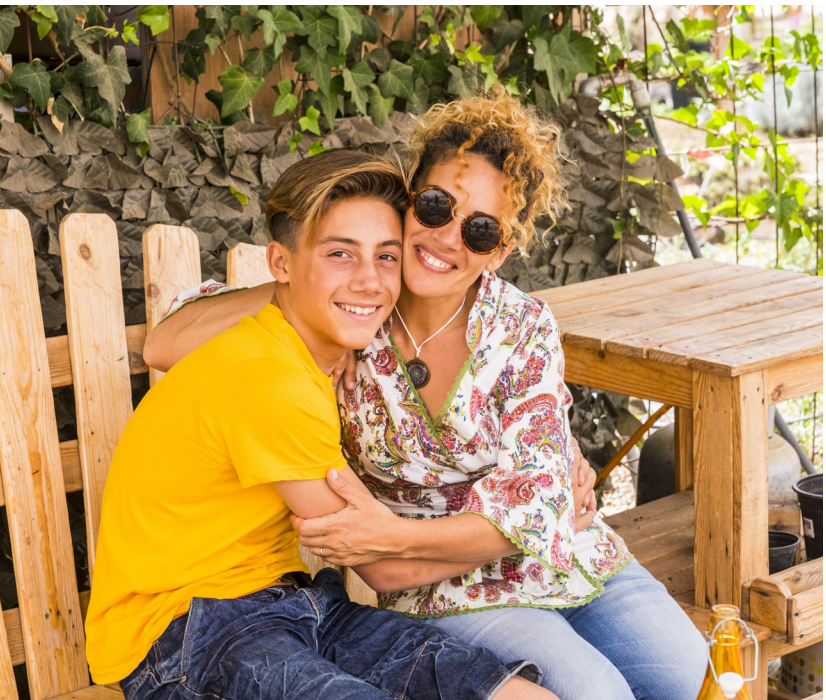
Australia & New Zealand

Success Story: Australia

The following is a brief example of a real Multisystemic Therapy case, and how treatment successfully helped a young person at risk in Australia. Note: names have been changed.

JR, a 15-year-old male living with his maternal sister, sister's partner, child, and mother-in-law had just been released from Supported Bail Accommodation. He had not previously lived with his sister but was placed there at the start of MST's involvement with the family. He previously had not been in significant or consistent contact with his sister.

JR was involved with high risk offending behaviours including: robbery with actual violence and unlawful entry/use of a motor vehicle, frequent absconding, antisocial peer networks and low participation in education and pro-social activities.



MST was able to help address problem behaviours through:

- Establishing clear family roles and routines to provide stability and structure
- Increasing monitoring and supervision of JR to decrease opportunities for offending, absconding and association with antisocial peers. The family also enacted planned retrieval efforts when absconding occurred
- Strengthening communication between family and school, to increase attendance and participation and to collaboratively address school behavioural issues
- Establishing behavioural expectations linked to rewards and consequences, to promote pro-social behaviours

At the end of treatment, JR had sustained positive change for 10 weeks - remaining at home, not committing any further offenses, and attending school full time over this period. A six-week post-MST follow up confirmed that the family had been able to maintain this success, utilising the skills and plans they had gained during the program.

Australia & New Zealand

History of MST in New Zealand

MST was established in New Zealand in 2001 through the help of a Clinical Director at the Richmond Fellowship. The three organisations that first set up teams in New Zealand were Richmond Fellowship (now Emerge Aotearoa), Hutt Valley District Health Board (now Capital & Coast District Health Board) and Youth Horizons Trust (now Youth Horizons Trust Kia Puawai). NZ currently has eight MST teams providing service to families across the North and South Island.

Strengths of MST in New Zealand

The MST programs in New Zealand have had an incredible number of champions who have helped support the delivery of MST in their community. It is these key stakeholders who have also helped contribute to the growth and expansion of the teams since the initial start-up.

Strengths of MST in New Zealand (continued)

We are very fortunate to have an incredibly committed group of provider agencies who support treatment fidelity. They continue to be engaged and aligned to treatment adherence, to ensure the teams are delivering a gold standard evidence-based treatment to families. In New Zealand we have been able to establish a strong MST community, with a team of clinicians and supervisors who are passionate about the model and continue to be enthusiastic about working with families. Last but by no means least, our greatest strength in NZ is our MST families, who continue to take a massive leap of faith, and open their homes to us. It is an absolute privilege to walk alongside whanau who allow us to enter their lives, and who demonstrate strength, resilience, and the courage to make changes. It continues to be a highlight to receive phone calls, emails, or letters once treatment has ended from families who have been positively impacted by MST.

"I'm so happy to have been part of MST. As a family, we can't say enough about it. I'm not sure how families are matched, but our therapist was a perfect fit for ours. As a parent, I got a lot out of it and was really impressed that MST didn't just shut down at 5pm—they were always available to help, especially in a crisis situation. It's great that MST comes into the home and provides support no matter what."

- Parent of an MST youth in New Zealand

Australia & New Zealand

Success Story: New Zealand

The following is a brief example of a real Multisystemic Therapy case, and how treatment successfully helped a parent and son in New Zealand. Note: names have been changed.

"My wonderful son turned eighteen a couple of weeks back. We celebrated him becoming a young adult and the amazing person he has become! Scrolling through the contacts on my phone, I happily deleted so many stored away just in case: Police Youth Aid, Mental Health Crisis Team, AOD Counsellor Youth Workers etc. So much gratitude they had been there and the joy I will never need to contact them again!

I simply could not delete MST's details before getting in contact. I knew they would share the profound relief that my son is loving life and has been completely free of all substances for well over a year. I wanted them to hear my gratitude for the incredible guidance and support they had given me.

They were wild years, often on the knife edge of permanent damage and death often not far away. Excluded from school aged 13, complete estrangement from his father, explorations into the world of psychedelics, a stint in hospital after a music festival gone wrong, six months in alternative education with the adults on parole.

I had been completely out of my depth. Exhausted by adrenal fatigue, no experience to draw on from my own boarding school teen years that had little parental input, the stress and isolation of single parenting with everything that entails.

I cannot express my gratitude for the MST service and the amazing therapists that helped us both through this time. I had never had the experience of such support.

Coming to our flat at least twice weekly with additional availability on the phone. The therapist being completely non-judgmental and so safe to be with due to their dedication and experience. Patiently being taught again and again boundary setting with appropriate consequences and rewards. Helping me see my son's strengths and resilience and express this to him. Problem-solving one step at a time. Teaching me to be present rather than catastrophising the future or imagining worst case scenarios. Free of charge when I needed welfare support. The generosity to have MST over 5 months.

Looking back the greatest gift that came from their service was the restoration of the relationship between myself and my son. Because of that support it feels we came through something profound together. It has left me with a deep sense of love and strength. He is now venturing into the world and away from home…. often sending texts and messages to express his gratitude I was there for him as I am now doing with MST and those who support their fantastic service!

So, thank you (I cannot thank you enough!), and thank you for all the other lives you help transform."

Australia & New Zealand

Treatment Outcomes: Australia & New Zealand

93.7%

of youth living at home

69.3%

of youth in school and/ or working

84.8%

of youth with no new arrests

Chile


ABDICACION DEL JENERAL O'HIGGINS
25 DE ENERO 1823
DESPRECIO AHORA LA MUERTE COMO LA HE DESPRECIADO
EN EL CAMPO DE BATALLA
ALCAZAR
ASTORGA

Chile

History of MST in Chile

This South American country returned to democracy at the end of the 1980s. Since then, under the leadership of President Michelle Bachelet and President Sebastian Piñera, the government has been intent on advancing programs to help its citizens.

A plan, "Security for All," was developed to address problems connected to violence and how it affects people. It aimed to coordinate the efforts of all sectors and state agencies that deal with reduction of crime and the fear it invokes.

As part of this push, the government looked for interventions that would get children and adolescents who already had contact with police off the path to further crime.

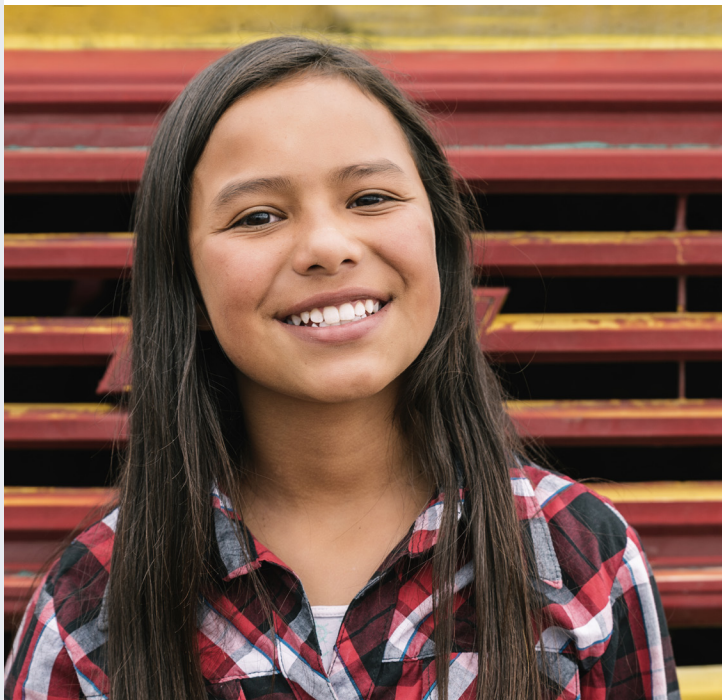
Little wonder then that in trying to deal with youth crime, the country turned to Multisystemic Therapy (MST) in 2012, choosing it over other options. In 2014, Chile became an MST Network Partner, joining many others around the world.

Strengths of MST in Chile

What makes MST so effective in Chile is largely due to the alliance between the government of Chile and MST Services.

The national government provides funding to and contracts with various municipalities to implement MST. The annual funding covers professional fees and operational costs. The municipalities involved are chosen by the Chilean government based on social vulnerability, and the number of children and youth involved in criminal behavior.

Since the beginning of the program in 2012, over 7800 Chilean families were discharged, with over 7300 having the opportunity for a full course of MST treatment.



Chile

Success Story: Chile

The following is a brief example of a real Multisystemic Therapy case told from the therapist, and how treatment successfully helped a young person at risk in Chile. Note: names have been changed.

"This is the story of a teenager nicknamed "Ale," who spent a great deal of time on the streets of Chile when no one was home. He is the son of a struggling mother who works long hours as a construction foreman, where thanks to her physical strength, she learned to live in a "tough man's world" in which she had to defend herself constantly.

I still remember the afternoon when this mother, Fresia, sobbed after recalling her son at a young age crying out of hunger and asking for bread from their neighbor. At that time, Fresia was unable to meet the needs of her son, and she said to herself "never again." To keep that vow, she devoted more time and effort in getting a better job. However, over the years, this brought other consequences and complications. The more effort, time and dedication she gave to her job, the more her children strayed. Ale stopped going to school, spending more time with negative peers and started stealing. The fights at home increased to the point where mom and son weren't speaking to each other.

Then the long journey of 123 days of treatment began, where there were moments of concern, hopelessness and confusion. Fresia thought she was a bad mother because she felt she had tried everything. Work had become her life while she let go of Ale´s hand. She tried to protect her son and to control his behavior. Yet despite all her efforts, Ale only went out more and became involved in even bigger problems.

We looked for a metaphor in session to explain symbolically what was happening in her relationship with Ale, and the mother explained how she identified with a "lioness" who shows her claws to protect her son without realizing these claws were hurting Ale´s heart. With this realization, the mother changed her response toward the boy, increasing her signs of affection, giving a kiss in the morning, sharing, understanding and listening. This was how she began to recover her son. She recognized it wasn't enough to just yell and kick him out. She replaced this with listening to him, taking him in and helping him to change.

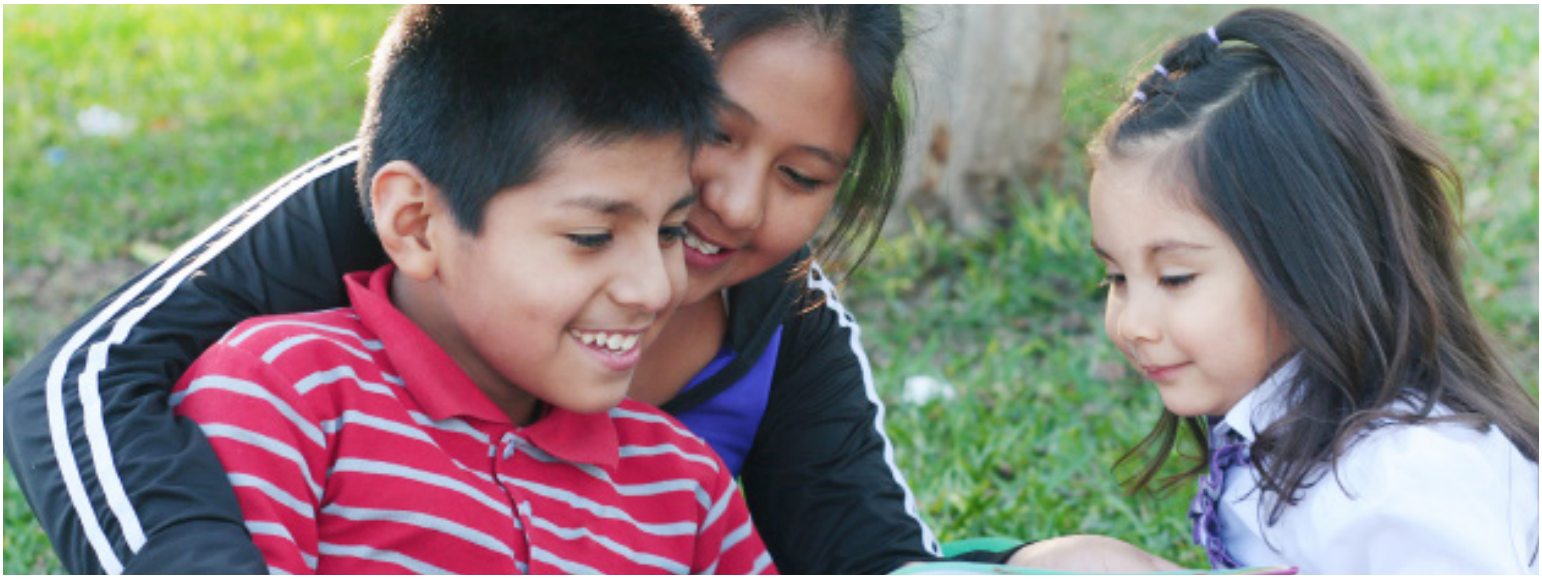
Not everything came easy, although with affection, lots of things were achieved. Others were yet to be reached because Ale kept going out, getting into trouble and using marijuana when the mother could not monitor him. Various action steps were taken in efforts to set limits, and there was lots of practice with trial and error. A breakthrough came when Fresia realized she couldn't do it alone.

Chile

Success Story: Chile (continued)

With the support of her MST therapist, she became stronger and more self-confident. She enlisted the help of family members who spent time during the day with the youth. The family also offered her new ideas on how to care for him, learning and demonstrating actions with firmness and perseverance, making Ale as her top family priority.

At the end, Fresia was very grateful and proud of the process she had made with Multisystemic Therapy. She valued her therapist's company during every step on the journey. Her MST therapist showed her how she could manage and regain her son—and her life. Mom shared with her therapist that she was the protagonist, the one responsible for changing the story of her life and that of her family. She had regained her strength, eliminating guilt to go in a new direction that would lead her and her children to learn new things where she would be able to face new challenges. Just like she said, "The lioness is not asleep. Instead she has learned to use her strength and claws to love and protect her children."



Chile

Treatment Outcomes: Chile

95.6%

of youth living at home

89.2%

of youth in school and/ or working

82.5%

of youth with no new arrests

"This program is an initiative that makes me proud as Undersecretary. The alliance that was established with MST Services in 2012, and the installation of MST in Chile has been carried out successfully. The challenge and commitment of President Sebastián Piñera, and his government is to promote this program for children and families in order to boost their quality of life."

-Katherine Martorell Awad,
Undersecretary of Crime Prevention

Germany

Germany

History of MST in Germany

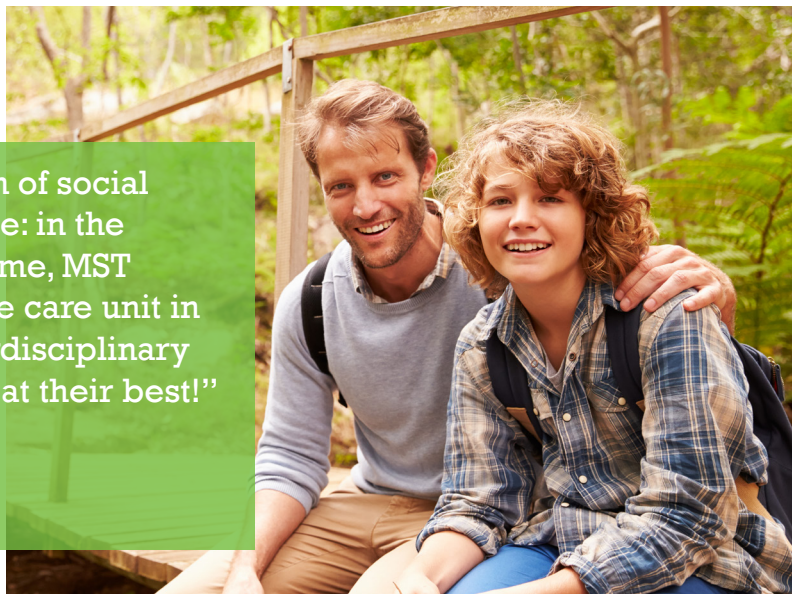
In 2012, a youth welfare program provider in Germany (The Heilpädagogium Schillerhain) was looking to further develop their concept on social therapy residential groups. MST stood out to them because of the direct involvement in the social environment of the youth. MST turned out to be an effective program, and positive outcome lead to the development of additional teams across Germany.

When starting their MST program, Germany worked in close collaboration with MST Services, who provided valuable support in a mutual learning process. Germany also collaborated with several youth welfare offices to spread the word about MST. After exchanging important information about the model and its effectiveness, several other youth welfare offices decided to make use of the MST concept. In particular, the cities of Mainz and Kirchheimbolanden provided extensive cooperation structures for MST such as appointing permanent contact persons who were dedicated to handling MST affairs at their youth welfare offices.

Lessons Learned

Throughout the development process, Germany quickly learned that its approach to feedback meshed well with the MST model's "trial-and-error" style, and that the MST concept could be adapted to its cultural and social context.

Evidence shows that young people engaging in antisocial behavior all across the world look very similar, and the factors contributing to these behaviors can be addressed in each youth's ecology through the MST model. The biggest differences are in organizational structures and how decisions are made in a country's legal system. However, with the commitment of program directors who work with the government agency for social services in Hamburg, these differences are not a barrier to success. In fact, commitment and partnership has led to the expansion of MST and the start-up of Germany's first MST-CAN team in the summer of 2021.



"MST deals with the problems in the tradition of social work in the places where they arise and take place: in the family, in school, and among peers. At the same time, MST unfolds the effect of a psychotherapeutic intensive care unit in your own home. Multi-systemic thinking and interdisciplinary action combine social education and psychology at their best!"

- Susann Ramelow,
Chief Executive of GSI Hamburg

Germany

Treatment Outcomes: Germany

96.3%

of youth living at home

66.4%

of youth in school and/ or working

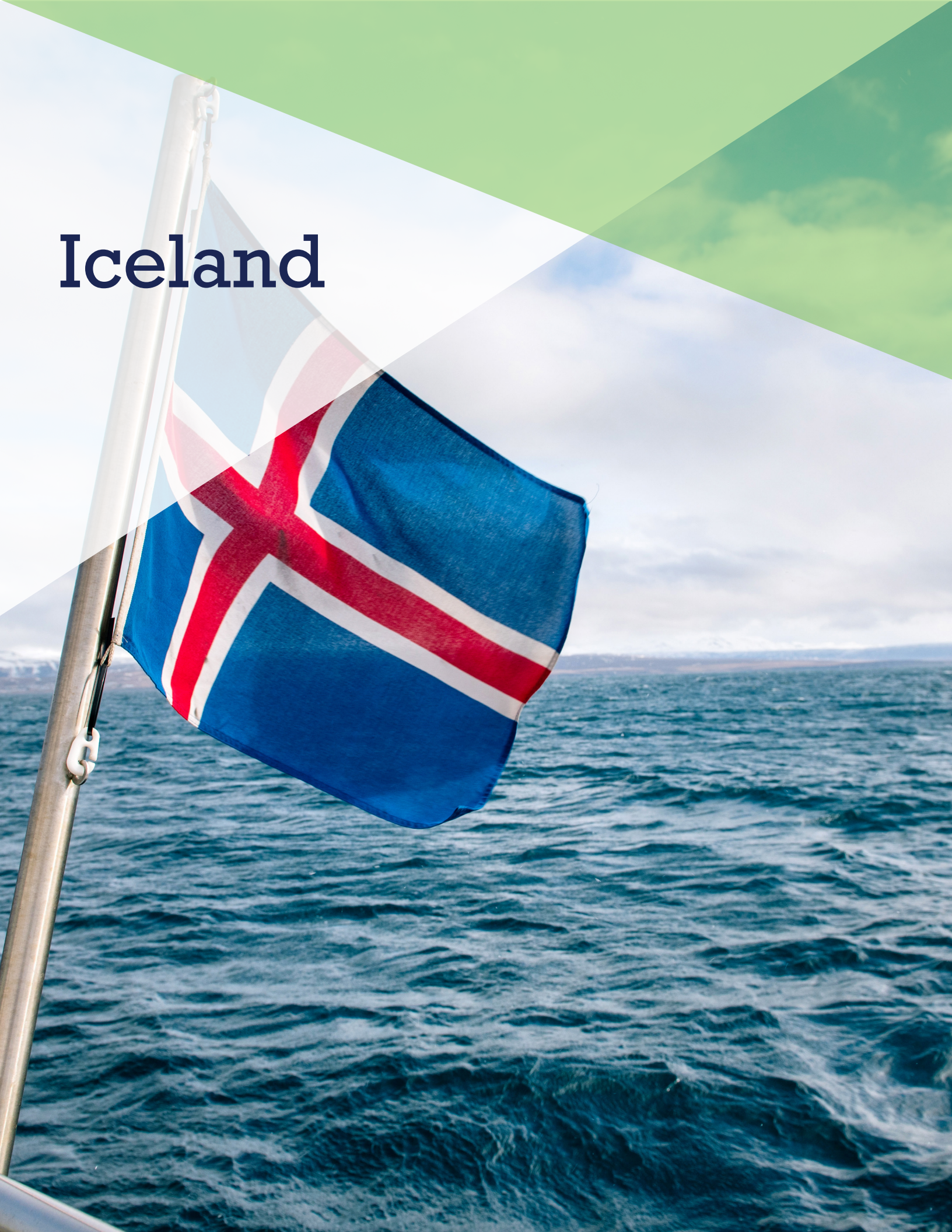
94.4%

of youth with no new arrests

"We are convinced that the MST concept closes a gap in the youth welfare landscape in Germany. Families are able to discover their own resources and become stronger, placements can be avoided, and families of origin can be preserved."

-Sarah Stucky,
Department Head of Psychological Therapeutic Service, Heilpädagogium Schillerhain

Iceland



Iceland

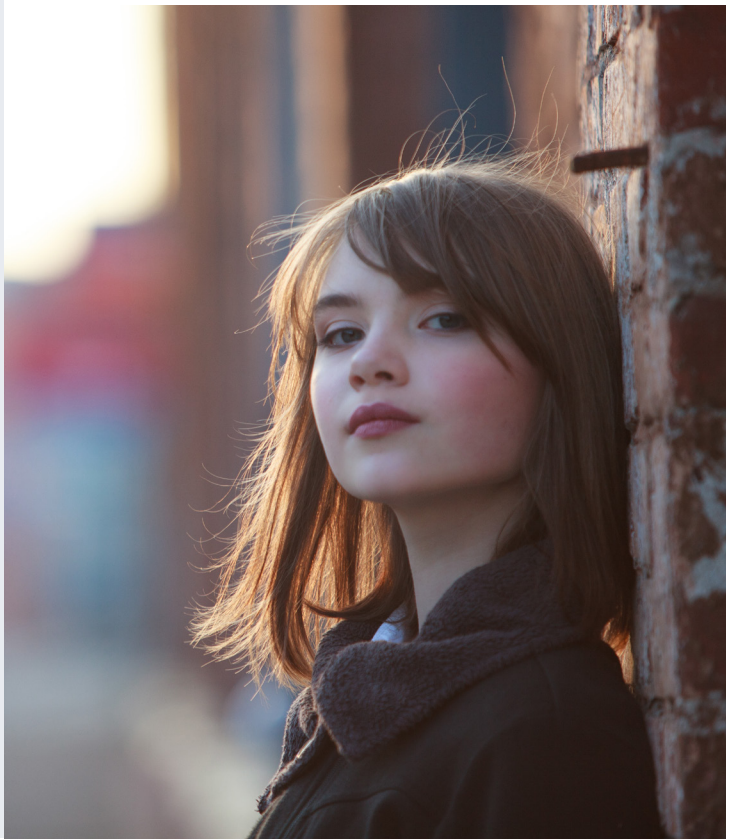
History of MST in Iceland

In 1998, ten years before the implementation of MST, the legal age in Iceland was raised from 16 to 18 years. This change was both a cause and effect of a growing emphasis on alcohol and drug prevention measures for youth in different systems of the Icelandic society, which has later been described under the label "the Icelandic model." This development led to a rapid increase in child protection cases and the need for out-of-home placement. Several new treatment homes were established—most of them on the countryside—based on an older tradition where the countryside was considered the healthiest environment, and treatment was defined as out-of-home placement. Many parents and professionals soon realized the challenge and the negative aspects of out-of-home placement as a main form of treatment. The need for evidence-based programs and in-home treatment began to increase, and in the early 2000s, Iceland noticed the success of MST in Norway and other neighboring countries.

In May 2005, some of the developers of MST and a researcher from Norway presented the therapy model to the child protection services and other specialists of health and child welfare in Iceland. The readiness for systemic change increased, and changes in public and professional opinion led to less demand for out-of-home placement and the closure of some treatment homes. The decision of the Government Agency for Child Protection to implement MST as an integral part of a stepped care treatment system was based on a broad consensus, not only among leaders and workers of the Icelandic child protection system, but also among treatment facilities in mental health and child protective sectors. The first MST team started in September 2008, and the positive effects of MST in Iceland were quickly noticeable as referrals for out-of-home placements decreased. Within the next ten years, two additional teams were started.

Lessons Learned

Iceland believes that a pillar to their success is an excellent group of therapists, social workers, and psychologists. The resilience and devotion of their staff is incredible and creates a successful environment to work with families and other systems in the community. A steady stream of referrals and strong relationships with child protection services have also been pivotal to the accomplishments of MST in Iceland. From the beginning of implementation, MST has been an integral part of stepped care services for at-risk children in Iceland, with the common goal of providing treatment in the best interest of the child. In 2014, the Minister of Social Affairs made a request that MST would be available for all children 12-17 years in Iceland. Due to this mix of successful strategies and support, Iceland provided MST treatment to around 140 families in the year 2020.



Iceland

Treatment Outcomes: Iceland

97.6%

of youth living at home

86.5%

of youth in school and/ or working

91.8%

of youth with no negative police involvement

"We are fortunate in Iceland to have had an excellent group of therapists, social workers and psychologists throughout the years. Their work has reflected the strength-focused MST approach and their resilience and devotion with families is admirable. We are also appreciative for the extensive support from our consultants in the U.S. and Norway. From the beginning, MST in Iceland has had a steady stream of referrals and a good relationship with our child protection system."

-Government Agency for Child Protection, Iceland

Netherlands & Belgium

Netherlands & Belgium

History of MST in The Netherlands and Belgium

Multisystemic Therapy (MST) began in the Netherlands in 2004. Throughout the following years, there was a huge expansion and more than 15 MST teams were put in place. As the MST community grew, the Netherlands sought to expand their MST capacity, in part by internally cultivating the expertise needed to train therapists and supervisors in MST and pursue the development of MST programs in other locales. In 2008, the Netherlands accomplished their desire to expand and became a Network Partner for MST. A couple of years later, MST was recognized by the Justice Department of the Netherlands, which boosted the reputation of the program and helped get the word out to other areas such as Belgium—who implemented its first team in 2011.

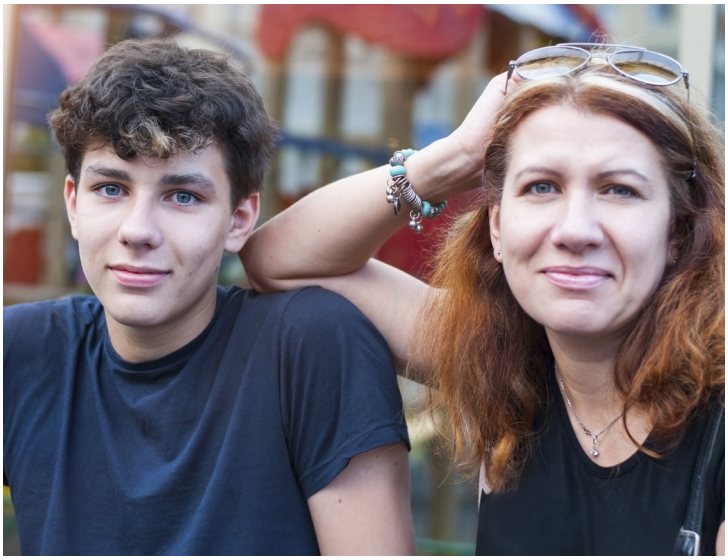
Since the beginning of its implementation in 2004, MST in the Netherlands and Belgium has expanded to a total of 46 teams and 13 provider agencies and has ***helped over 10,000 families in need***.

In addition to offering standard MST, the Netherlands and Belgium address specific needs of youth and families by providing a range of targeted MST programs including: MST-Intellectual Disabilities, MST- Child Abuse and Neglect, MST-Problem Sexual Behavior, MST-Substance Abuse, and MST- Psychiatric Care.

Strengths of MST in The Netherlands and Belgium

The success of MST in the Netherlands and Belgium can be attributed to the way treatment is focused on the known causes of delinquency and is driven by the commitment of the family. MST therapists are well trained and well supported, there is a close collaboration with stakeholders, and attention is paid to the fidelity of the model. This fidelity is important because it leads to strong clinical results and recognition from important organizations. In the Netherlands and Belgium, the Justice Department and the National Youth Care Institute (NJI) have recognized the countries' successful programs.

MST-Nederland/België believes every child and every family is entitled to MST and the best possible future.



Netherlands & Belgium

MST, Viewed by a Juvenile Judge in the Netherlands

“What I particularly noticed during my working visit was the professionalism of the approach, the commitment of the employees, and their availability. Key concepts of the approach are supervision, peer consultation and testability. The MST therapists work in teams of four people with a supervisor. Once a week, all matters are discussed with each other and the approaches are tested, and dilemmas discussed. I saw the same systematic approach in a home visit, during which I was allowed to accompany one of the therapists. A clear plan in advance, a conversation in which the needs of the parent with whom they spoke were well anticipated, and the predetermined goal was not forgotten.

Furthermore, the therapists have a limited number of cases, which means that they are really available for the young person and their parent(s)/ caregiver(s).

I have confidence that MST can mean a trend break for a stalled young person.”

Netherlands & Belgium

Treatment Outcomes: Netherlands & Belgium

93%

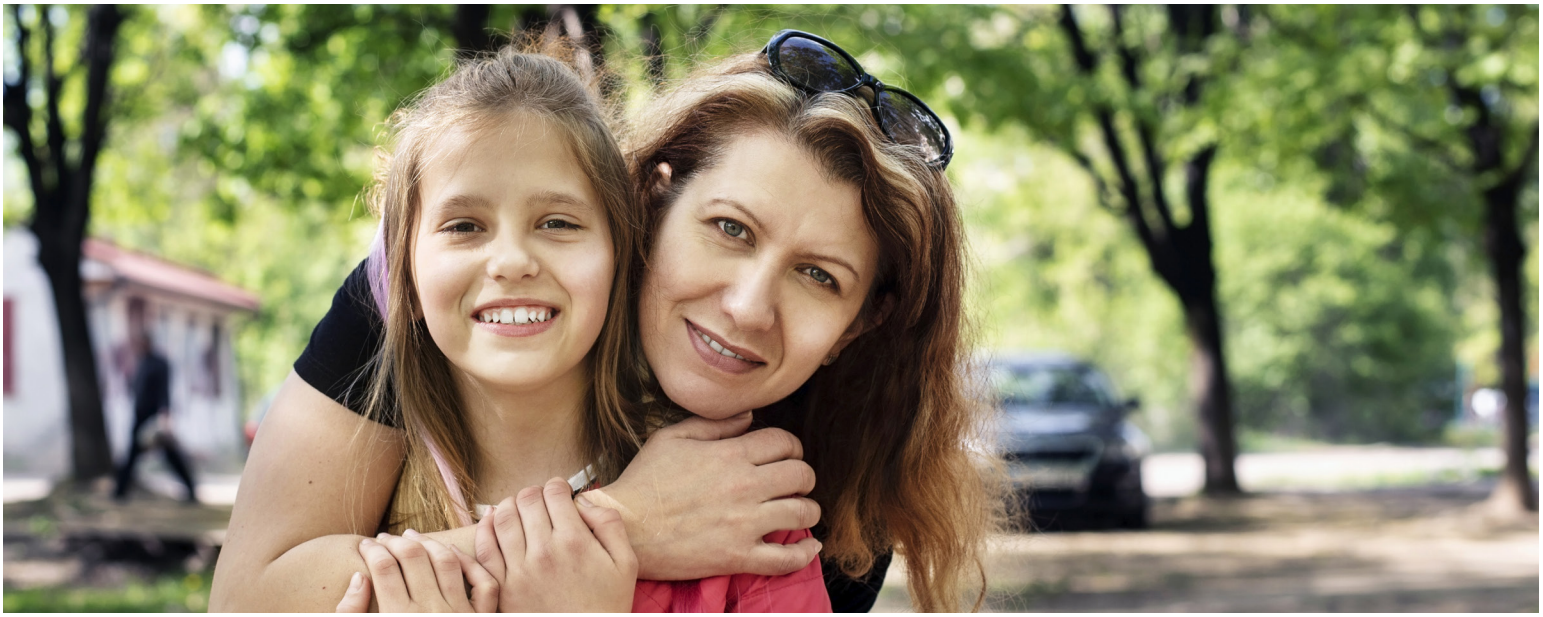
of youth living at home

83%

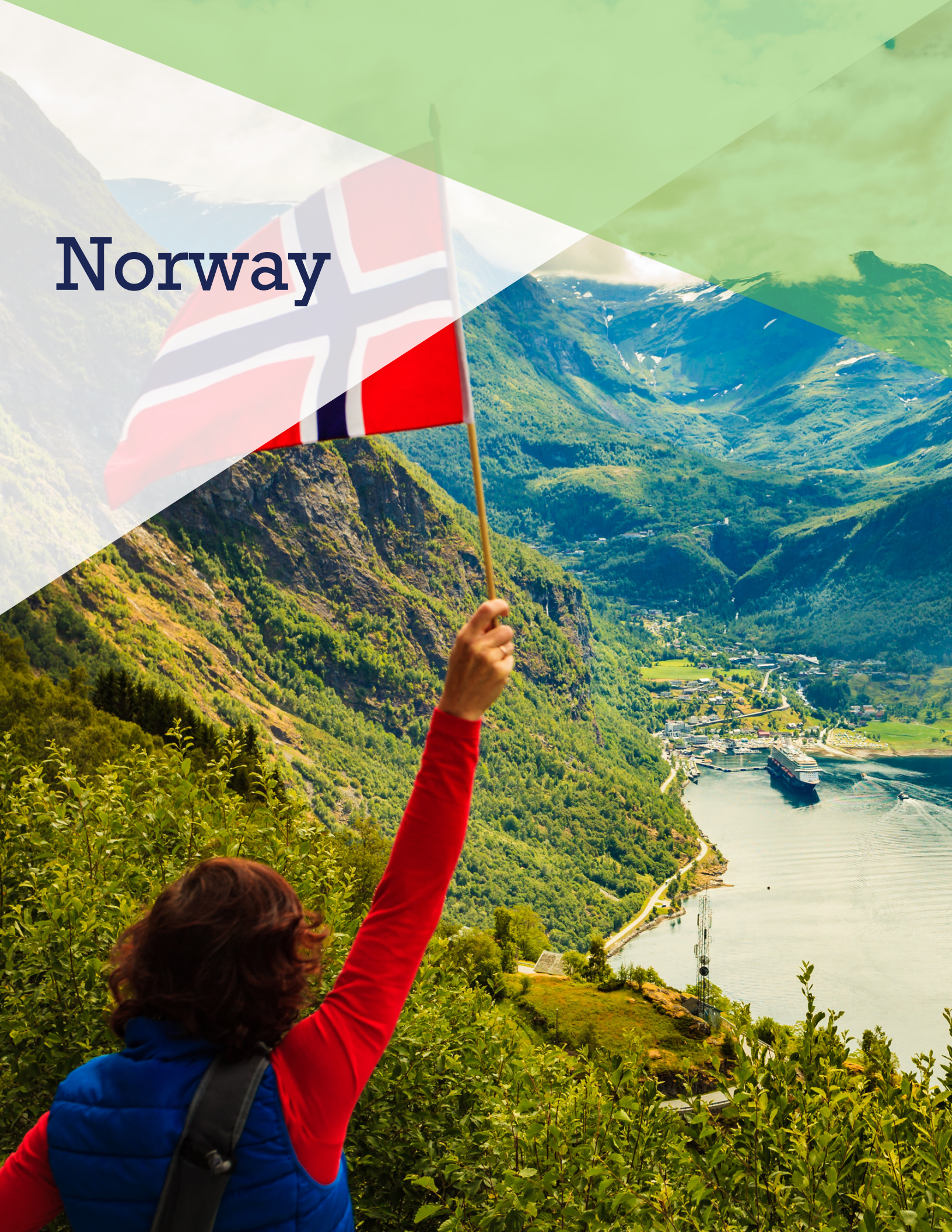
of youth in school and/ or working

95%

of youth with no new arrests



Norway



Norway

History of MST in Norway

In 1999, a nationwide implementation of MST began after the Norwegian government decided that a family-based approach should be tried before children are placed of out the home. Another part of the mission in Norway was to give equal services to families throughout the country. In just 2 years after MST started, 22 additional teams were established in all regions. A few years later, a team providing MST for Child Abuse and Neglect (MST-CAN) was implemented.

Part of the success in Norway is due to the fact that all teams are part of the State Child Welfare System—this means they are all under the same organizational structure, same referral system, and same sources of stable funding. Since 1999, about 10,700 families in Norway have received MST treatment.

MST is now well-integrated and is part of the specialized services within the State Child Welfare System due to the program's ecological approach and the focus on quality-assurance. Furthermore, MST has high stability and low turnover among all levels of employees: therapists, supervisors, and experts.

Support for Multisystemic Therapy in Norway

Norway's intermediary organization, the Norwegian Center for Child Behavior Development, has played a crucial role in MST's success.

A report from the Norwegian Research Council delivered in March 2016 points out the following about the implementation of MST in Norway:

> "The Norwegian Center for Child Behavior Development has enhanced the implementation by ensuring a good context for MST, having a strong focus on establishing a firm foundation in the host organizations. They have communicated clearly what resources are required and at the same time given strong support to their leadership as needed.
>
> The Center is involved in hiring, training and sustaining knowledge in the teams and in that way has ensured the recruitment of highly competent practitioners who maintain high adherence to the model."

Overall, Norway believes that the most important lesson learned is that implementation is constant and that support from an intermediary organization can be very helpful in order to maintain the sustainability of MST.

Norway

Success Story: Norway

The following is a brief example of a real Multisystemic Therapy case, and how treatment successfully helped a young person at risk in Norway. Note: names have been changed.

"Jacob, a 15-year-old boy, was referred to MST for skipping school, drinking, and stealing a car while driving high speed without a license. His life was in great danger. Jacob's dad died when he was an infant, and his young mother had to raise him by herself, with the help of friends and family. Jacob was temporarily placed with his late father's parents when they applied for MST. Jacob's mother and grandfather pulled in different directions—his mother was strong on control, while the grandfather was very accepting and forgiving.

The MST therapist worked with the family, the school, and Jacob's resources. He explored the mother's control and related it to the fear of losing her only child like she lost her husband and also understood the grandfather's lack of consequences as a way of making up for regrets relating to his late son.

The therapist worked with Jacob and the family and made a written plan for breaking the negative patterns and creating an environment where it would be possible for mom and Jacob to live together again. The family realized they worked better together as a team, respecting each other and aiming for the same goal. Outside of the home, they worked together to encourage Jacob to participate more in the sports he was previously engaged in and help the school plan for how they all could meet Jacob's needs in a helpful manner. Jacob moved back in with his mother but keeps close contact with his grandparents. Although the process wasn't easy, it was worth it: during the last week of MST treatment, Jacob won a sports tournament and later was accepted into a top sports school—something that may have never been possible if it weren't for him getting back on track with the help of MST."

Norway

Treatment Outcomes: Norway

93%

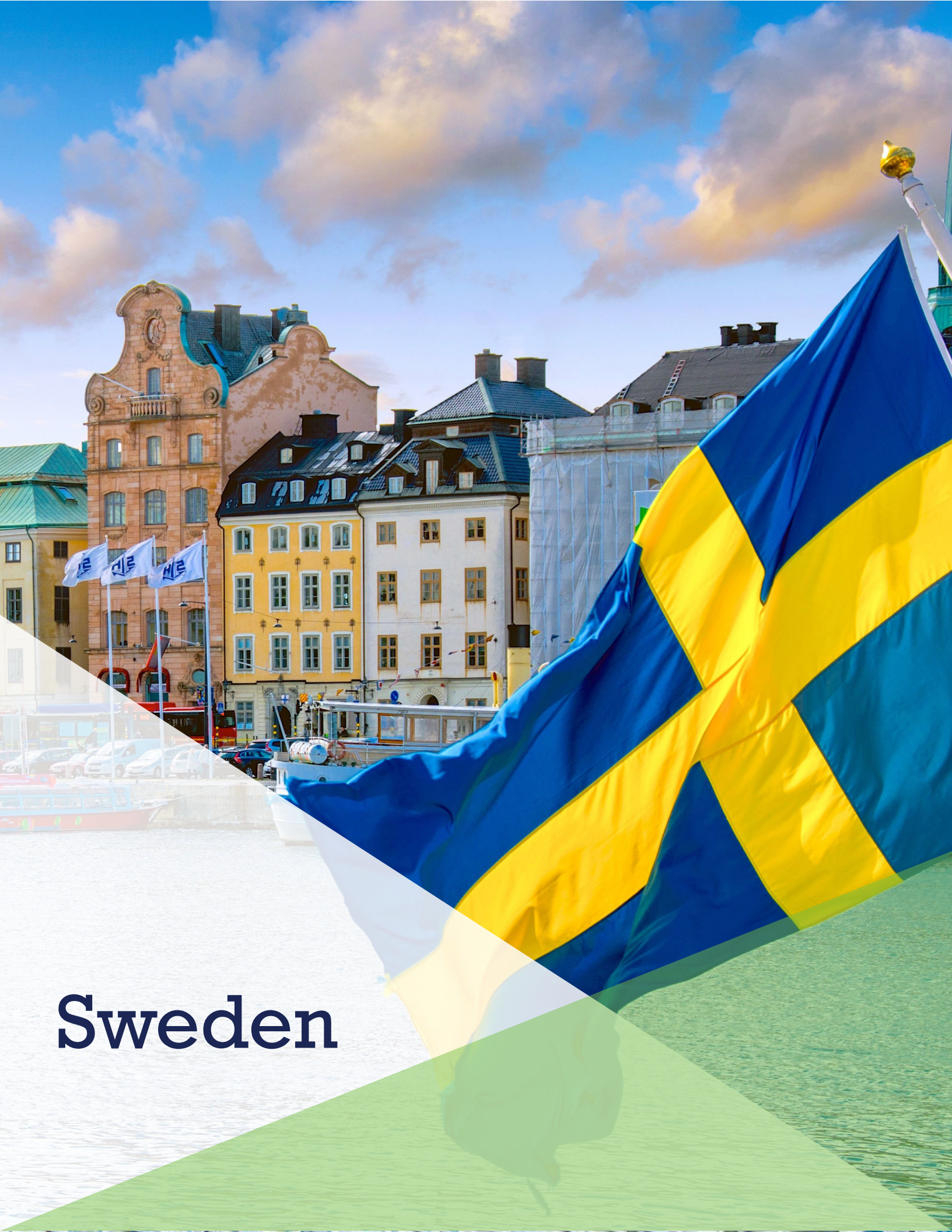
of youth living at home

81%

of youth in school and/ or working

94%

of youth out of conflict with the law



Sweden

Sweden

History of MST in Sweden

In 2003, Multisystemic Therapy (MST) was introduced to help Sweden deal with its juvenile delinquency problems. At first, not everyone was sure that an American-based model would work in the Swedish context, as Sweden's municipalities differed greatly from one another and the governmental structures were all unique. However, Sweden took advice from Norway, who had implemented MST just a few years earlier. Norway's guidance helped Sweden understand the collaboration necessary to effectively start six original teams across the region, and the teams eventually grew to become the MST Sweden Network Partnership four years later.

After becoming an MST Network Partner, Sweden had the resources necessary to hire their first Swedish expert (experts oversee the weekly implementation reports, boosters, and trainings). This helped tremendously, as the language barrier was lowered and the expert was able to engage the community and explain to them the MST process into greater detail.

Improving Over Time

The National Board of Health and Welfare conducted a study on MST in Sweden and found that increased fidelity to the model was leading to greater outcomes, so the programs in Sweden continued to push for model adherence throughout the years in order to continue their direct positive impact on families. Since the start of the first two MST teams in Sweden, the country has tripled their team count.

Throughout the years, Sweden learned to humbly embrace questions about MST and its value by responding with facts and positive stories. Often, families tell their side of a positive change. The country also makes it a point to follow families up to 18 months after treatment to track results. This allows stakeholders to see the benefits of working with MST. Furthermore, Sweden stresses that they always strive to be transparent about how they do things and focus on identifying their strengths—but also areas that need improvement.

Their honesty and level of care has created opportunities for ongoing dialogue as Sweden continues to prove that MST is, in fact, able to work in the Swedish context.

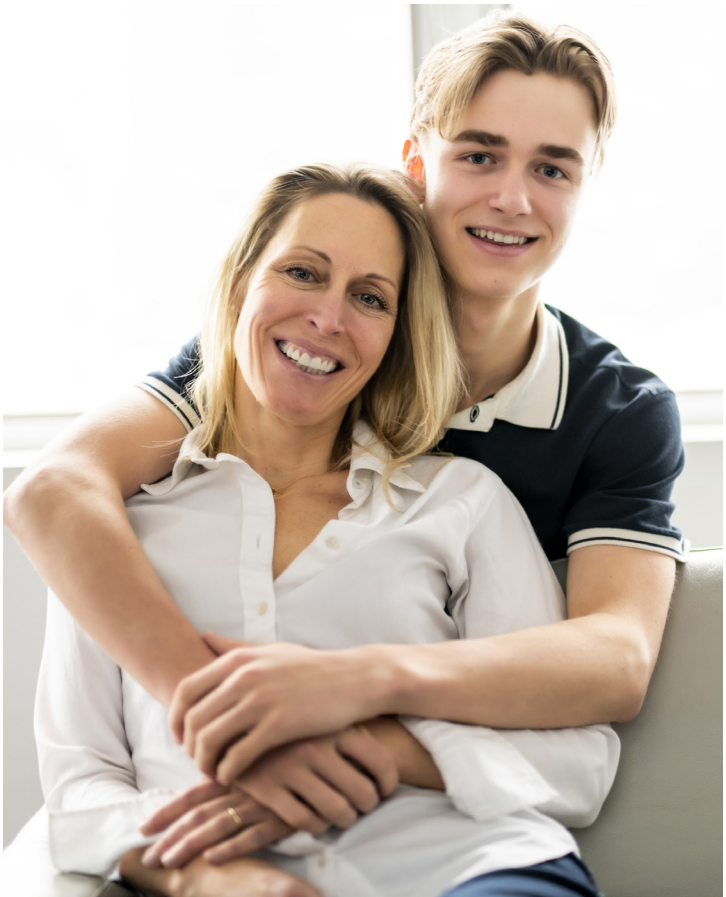
Sweden

Success Story: Sweden

The following is a brief example of a real Multisystemic Therapy case, and how treatment successfully helped a young person at risk in Sweden. Note: names have been changed.

"Viktor was a 15-year-old boy living with his mother who had been using drugs (mostly cannabis) for some time and also had multiple run-ins with the police for assault and drug possession. His mom worked as a preschool teacher and felt very bound by her working hours and afraid to lose her job. In addition, she didn't have much of a network or community and often felt isolated. She needed help, and MST was suggested for the family. Once treatment began for Viktor and his mom, it ended after 8 weeks due to mom not engaging in the MST treatment process and because they were going back to their home country for at least two months. Mom believed that being away from the area would keep Viktor out of trouble. While this did work while they were away, as soon as they got back, Viktor returned to old behaviors.

Once social services were informed that Viktor was using drugs again and had been arrested for theft, the mom was offered to try MST again. This time around, the new therapist chose to start the case with frequent visits in order to eventually create a structure in the home around Viktor's behavior. The therapist quickly noticed that the mom had a hard time keeping up with the demands of her son's needs; this led to the therapist customizing treatment so the mother could keep up. The MST therapist was able to teach the mom about rewards and consequences and the ways they are interconnected. When the mom began to believe in change, this was when things took a positive turn. Throughout the months, she gained confidence and started to use the tools she acquired from MST, which led to positive outcomes in her son's behavior. Although the family went through some barriers at the beginning, MST works to overcome barriers and adapt when needed. This unique approach and persistence helped Viktor and his mother successfully complete treatment and make long-lasting changes."



Sweden

Treatment Outcomes: Sweden

92%

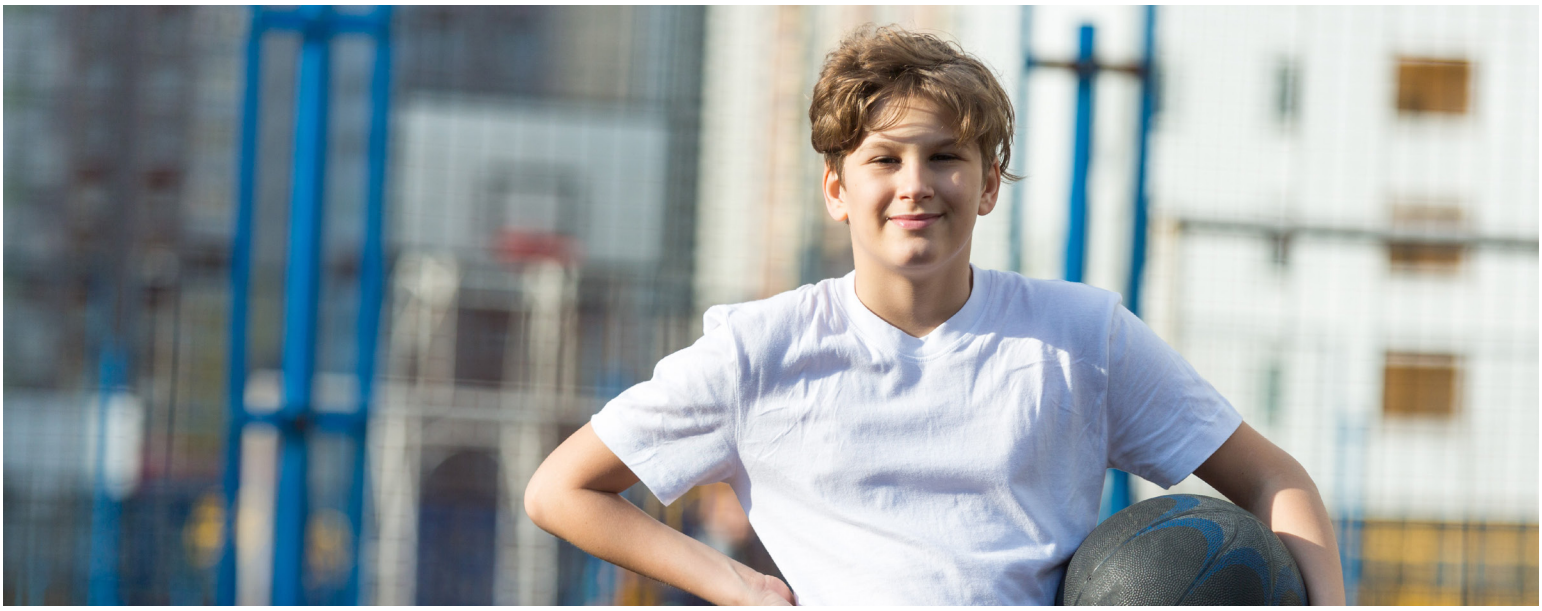
of youth living at home

80.3%

of youth in school and/ or working

87.8%

of youth with no new arrests



United Kingdom & Ireland

United Kingdom & Ireland

History of MST in The UK & Ireland

MST was introduced to the United Kingdom in 2001 through the work of innovative individuals at the local level and has now grown to over 30 teams in England, Scotland, Wales, and the Republic of Ireland. This growth has been a result of both national government investment and local funders investing in MST as part of a wider service transformation.

The UK became a Network Partner of MST Services in 2012, and by 2016, it became the first Network Partner outside of MST Services licensed to offer training and consultation for MST-Child Abuse and Neglect (MST-CAN) teams. In 2017, teams in Scotland joined the MST-UK Network Partnership and a partnership with NHS Education for Scotland (NES) was established to promote MST throughout Scotland. In 2018, the MST team in Dublin, Ireland joined the partnership and MST-UK & Ireland was formed. In 2020, the first MST team in Wales was established as part of a wider service transformation in North Wales.

MST-UK & Ireland continues to look for new opportunities such as forming partnerships with other European countries, strengthening existing partnership relationships, securing long-term funding for teams, and opening new MST adaptations alongside established teams. In 2020, MST-UK & Ireland, in partnership with local areas in England, established four new teams with the help of the Youth Endowment Fund (YEF). The YEF is a government fund focused on preventing children and young people aged 10-14 years from becoming involved in violence and criminal exploitation. This project is also being supported through an external evaluation from Warwick University.

Strengths of MST in The UK & Ireland

MST within the United Kingdom and Ireland has a strong history of research, including some of the first qualitative studies of MST. Most recently, the government of the Republic of Ireland funded research into the outcomes of the Bail Supervision Scheme in Dublin, which provides MST for youth who have committed offenses. Key findings were that MST significantly reduced offending for these young people.

Further details of this research and other research across the UK and Ireland can be found at www.mstuk.org/mst-outcomes/uk-research

MST in the UK and Ireland has been built from both strong local champions and investment at the national level. Further growth has been possible due to the establishment of the Network Partnership. The Network Partnership has been able to attract and retain high-quality staff who understand the communities they serve. The Network Partnership has worked hard to develop and sustain relationships with local MST teams, senior commissioners within local authorities, children's trusts, and colleagues in the national government.

MST-UK and Ireland also pride themselves in supporting local teams who are extremely committed to achieving positive outcomes for children and families, and for their ability to take on new adaptations and continuously learn and develop. A key lesson has been how important it is to listen to the voices of families and young people not only in research but also in providing feedback and input into shaping services.

United Kingdom & Ireland

A Mother's Testimonial

The following is a mother's experience with her family's MST treatment in the United Kingdom.

"My family started MST after my middle child started experiencing huge behavioural problems. I was in a desperate situation and really believed having my son accommodated (placed out of the home) by the local authority was my only option. I couldn't cope. At one point, he had been reported missing up to 12 times, he was smashing my house up, and taking drugs. As his offending became more serious, secure accommodation was really becoming a reality. My whole family was stressed, and it all became unbearable—I had to resign from my job as I was calling in sick continuously due to my child's behaviour. Finally, my son's social worker suggested MST. I researched it online and thought there was no way MST could ever change the situation with my child. In addition to his behavioral issues, he was also diagnosed with Autism Spectrum Disorder (ASD), which added to my belief it would never work for us. I was truly worried as a busy single mum that I couldn't commit to such an intense programme. However, the MST clinician we were assigned listened to my worries and beliefs, spoke to us in a way we understood, and held sessions during times that suited my family. She took into consideration what interventions would work and what would not and altered everything to suit us. Implementing these changes were tough—it would have been easier to stop this program and avoid the trial and error, but I knew that wouldn't help me change my son's behaviours in the long run. I had to carry on through some of the toughest times I've experienced as a mum—many times having to step back, evaluate, and put new plans in place when previous ones were failing. Our MST clinician recognised this, going back to the board and reassessing what was and wasn't working and altering plans to move forward with. There were lots of tears and tantrums along the way, but slowly my family got used to our new way of handling things.

After 5 months of MST treatment, even though my son is not perfect, I now have the tools to deal with problems when they arise, and the confidence I never had before. He hasn't been reported missing at all lately and his offending is almost non-existent—I can't remember the last time he smashed my house up and I have been able to return to work. There are still behaviour issues, which will always exist due to his ASD and his "wild child" nature, but the temporary issues I once faced are now becoming a thing of the past. I can now see the signs before they happen and stop him in his tracks with confidence. Most importantly, my son is still at home where he belongs, my house is a calmer environment than it's been in a long time, and for that I will be forever grateful to MST."

United Kingdom & Ireland

Treatment Outcomes: United Kingdom & Ireland

93.9%

of youth living at home

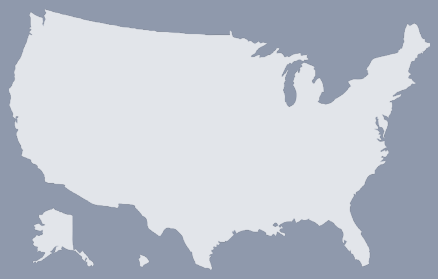
77.7%

of youth in school and/ or working

90%

of youth with no new arrests

United States



United States

History of MST in the United States

MST was developed by Dr. Scott Henggeler in the late 1970s to provide superior outcomes for children and families. In 1992, Henggeler founded the Family Services Research Center (FSRC) within the Medical University of South Carolina to pursue the development and dissemination of treatments for youth with serious clinical problems, including MST.

The first training on MST to an outside organization was given by members of the FSRC research faculty in 1993. However, in 1996, the developers of MST formed a response: a separate, for-profit purveyor organization dedicated to the training and dissemination of MST called MST Services and an independent nonprofit organization dedicated to quality assurance and quality improvement (QA/QI) among MST implementers—the MST Institute.

Soon after MST Services and the MST Institute were formed, several key policy events in various states signaled an increased desire to use evidence-based practices generally, and MST specifically. Early replication (single team) sites were all around the U.S. – California, Tennessee, Louisiana, upstate New York, and Michigan. In 1997, legislation in Washington called for the use of research-informed programs to reduce juvenile crime.

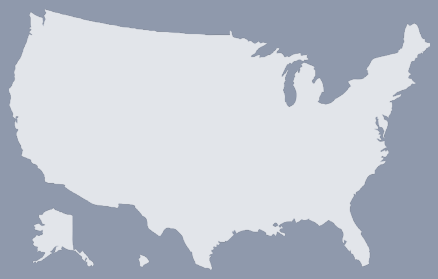
Strengths of MST in the United States

MST has a strong impact in the United States due to the fact of having endorsements from multiple organizations with rigorous standards for evidence-based practices, like Blueprints for Healthy Youth Development.

States' stakeholders have developed strong interests in learning about the MST model and engaging with the MST process. States who have investigated the impact of MST have conclusively found that the program generates substantial savings for taxpayers.

As MST became seen as more successful in the United Sates, public systems began to adopt the model when they needed a program to help with system-wide reform efforts, usually to decrease rates of juvenile incarceration.

The U.S. utilizes Medicaid for some states as a funding source for MST. Medicaid was established in 1965 with the purpose of providing health insurance for low income adults and families. When states begin their own Multisystemic Therapy programs, certain states can elect to use Medicaid as a funding source for them. Though Medicaid insurance cannot cover the entire cost of an intensive and consistent MST program, it can cover 40 to 60%, aiding in the establishment of a thriving state program. MST's strong track record has led many states to include the program in their Medicaid plans as a mental health therapy.



United States

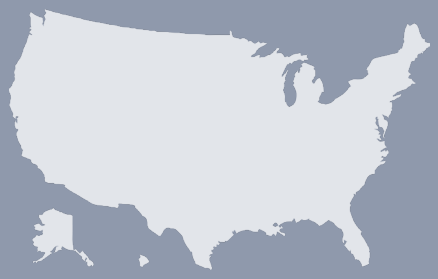
Success Story: USA

The following is a brief example of a real Multisystemic Therapy case, and how treatment successfully helped a young boy at risk and his mother in the United States. Note: names have been changed.

"Prior to Multisystemic Therapy, Jake was struggling with poor school performance for 4 years, had not been compliant with his ADHD medication, was breaking curfew, questioning his mother's authority, smoking marijuana, and being physically aggressive in the home. His mother felt stuck—like she had no other options if the services did not work. She began working with Linda, an MST therapist, in August of 2019. Linda was extremely helpful; she went to the home twice a week and stayed in contact via telephone. When Jake's mother and Linda first applied for Jake to enter a credit recovery program, he was rejected, and they felt disappointed. Their MST therapist refused to take no for an answer. She reached out to the school and advocated on the family's behalf—notifying the school of Jake's ADHD diagnosis, his improvements in treatment, and the plans that were in place to help him get back on the right track. Lastly, she asked that they reconsider his application. The very same day the mom received a call that Jake was accepted. In addition to increasing the home-school link, Linda accompanied them to psychiatric appointments.

Since MST, Jake and his mom have been able to utilize their communication plan to help Jake decrease verbal and physical altercations. Jake is also being a lot more compassionate and loving towards his mother. He asks how she is doing and tries to hug her to the point that she sometimes has to tell him to get off! Jake has been coming home on time and asking permission before going anywhere. He is taking his medication and has improved his grades in all his courses. The first reporting period, Jake scored 87% in math with the 5th highest grade in his class. Recently he brought home 5 papers and very nonchalantly told his mom, "Oh it's just a little something I got at school." She even came home and found him doing homework with his girlfriend; something they never did.

When Jake and his mom first started MST, Jake could not be considered for anything because of his grades and attendance. Today, Jake's grades are so good that he qualified to receive a paid internship through his school. "I don't know what our therapist did to my son, but I feel extremely grateful to her. Not just for the way she was always really committed and supportive of our family, but for the results we were able to accomplish while working with her. I told Jake, 'I feel like I got my son back' and he joked and said, 'I think you did.'"



United States

Treatment Outcomes: United States

90.8%

of youth living at home

88.6%

of youth in school and/ or working

90.7%

of youth with no new arrests

Contact Information

Australia & New Zealand

Organization: Life Without Barriers
Address: 107 Pitt St., Level 6
City: Sydney
Zip Code: NSW 2000
Country: Australia
Phone Number: +61 438781784
Website: www.lwb.org.au

Chile

Organization: Chile Ministry of Interior
Address: Teatinos 92, 5th Floor
City: Santiago Centro
Zip Code: 8340521
Country: Chile
Phone Number: +5622502848
Website: www.lazos.spd.gob.cl

Germany

Network Partner Organization: MST Services
Addresses:

- **Hamburg Location**
  Neuenfelder Strasse 31
  21109
  http://www.gsi-hamburg.de/
  Phone Number: 004940 - 411 8 555 4

- **Mainz Location**
  Saalestraße 1
  55122
  www.mst-mainz.de
  Phone Number: +49 6131/2406836

- **Heilbronn Location**
  August-Mogler-Str. 1-3
  74080
  www.djhn.de
  Phone Number: +49 176 16910034

Iceland

Organization: Government Agency for Child Protection
Address: Borgartun 21
City: Reykjavik
Zip Code: 105
Country: Iceland
Phone Number: +354 530 2600
Website: www.bvs.is

Netherlands & Belgium

Organization: MST-Nederland/België
Address: Daviottenweg 40
City: 5222 BH Den Bosch
Country: The Netherlands
Phone Number: +31 (0)73 2100501
Website: www.multisysteemtherapie.nl

Norway

Organization: The Norwegian Center for Child Behavior Development
Address: Essendropsgt 3, 5. Etasje
City: Oslo
Zip Code: 0368
Country: Norway
Website: www.nubu.no/MST

Contact Information

Sweden

Organization: MST-Sweden
Address: Sankt Sigfridsgatan 71
City: Göteborg
Zip Code: 412 66
Country: Sweden
Phone Number: +46 (0)31 403092
Website: www.mst-sverige.se

UK & Ireland

Organization: MST-UK and Ireland
Address: PO51 Institute of Psychiatry, Psychology & Neuroscience, 16 De Crespigny Park
City: London
Zip Code: SE5 8AF
Country: United Kingdom
Phone Number: +44 7787 510273
Website: www.mstuk.org

United States

Organization: MST Services
Address: 4 Carriage Lane, Suite 102
City: Charleston
State: South Carolina
Zip Code: 29407
Country: United States
Phone Number: 843-856-8226
Website: www.mstservices.com

For more information, visit

www.mstservices.com