



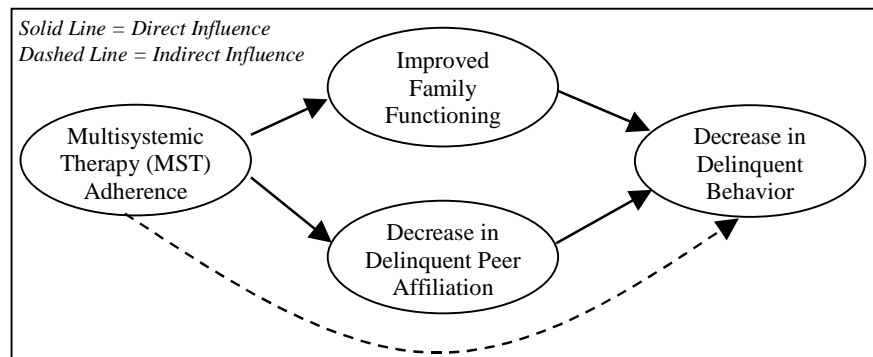
## Mechanisms of Change in Multisystemic Therapy

Source: Huey, S.J. Jr., Henggeler, S.W., Brondino, M.J., Pickrel, S.G. (2000). Mechanisms of change in multisystemic therapy: Reducing delinquent behavior through therapist adherence and improved family and peer functioning. *Journal of Consulting and Clinical Psychology*, 68 (3), 451-467.

This article presents findings from a recent study that attempted to determine the effective components of multisystemic therapy (MST) in the treatment of delinquent juvenile behavior. At its core, MST assumes that problems are multidetermined and that in order to be effective, treatment needs to impact multiple systems, such as a youth's family and peer group. Accordingly, MST is designed to increase family functioning through improved parental monitoring of children, reduction of familial conflict, improved communication, etc. Additionally, MST interventions focus on increasing youths' interaction with "prosocial" (p. 452) peers and a reduction in association with "deviant" (p. 452) peers, primarily through parental mediation.

Using a sophisticated research methodology and statistical evaluation, this study assessed three primary hypotheses related to the degree to which therapists adhered to MST treatment protocol and the resulting level of youth and family outcomes. Specifically, the authors hypothesized that adherence to MST would result in changes in family, peer, and youth functioning.

These changes in family and peer functioning were hypothesized to cause a subsequent decline in youth delinquent behavior. The authors also hypothesized that there would be an indirect, causal relationship between successful therapist application of MST and reduction of delinquency, as a result of the direct influence on family and peer functioning (see diagram).



To test their hypotheses, the authors used two independent samples of juvenile offenders, which were labeled as the Diffusion project and the Charleston Drug Abuse (CDA) project. The Diffusion sample consisted of rural, violent, and chronic juvenile offenders who were referred for treatment by the juvenile justice system. The CDA sample was composed of adjudicated youth who met criteria for drug abuse or dependence.

Therapists, youth, and family caregiver participants in the study completed a questionnaire that evaluated, from their varying perspectives, the extent to which therapists were accurately utilizing MST. Results from this measure were eventually compared to assessments of family functioning/cohesion, parent monitoring, delinquent peer affiliation, and delinquent behavior in order to test the hypotheses.

The results confirmed the authors' hypothesis that there seems to be a causal pattern in which improved family functioning (i.e. increased parental monitoring, reduction of conflict, improved communication, etc.) leads to decreased delinquent peer affiliation, causing a subsequent decrease in delinquent behavior. Although agreement on therapists' adherence to MST protocols varied depending on the perspective of the rater (therapist, caregiver, and youth), the results nevertheless supported the hypothesis that MST results in improved family functioning. Therefore, the authors concluded that the successful implementation of MST leads to improved family functioning, and indirectly to a decrease in peer affiliation and youth delinquency.



## ***DATA TRENDS: October 2000 #15***

*Summaries of research on mental health services for children and adolescents and their families*



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One additional finding was related to the directiveness of therapists. Although MST requires therapists to take an active and directive therapeutic position, results indicated that therapists who are directive without first gaining the trust and support of family members may be less effective or even detrimental. It would seem that an initial focus on collaborative, relationship building elements is necessary before the more active components of MST can be effectively applied.

Although this study was based on a relatively small sample, and used a MST adherence measure that has not been extensively validated, the results nevertheless demonstrate the effectiveness of a systemic approach (MST) in the treatment of juvenile clients, as well as evidence of outcome gains based on improvement in family functioning.

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*Funds to support this activity come from the Child, Adolescent and Family Branch, Federal Center for Mental Health Services, Substance Abuse Mental Health Services Administration*