

MULTISYSTEMIC THERAPY: COMMUNITY-BASED TREATMENT FOR HIGH RISK YOUNG OFFENDERS

Rationale and Overview from the Randomized Clinical Trials in Canada

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I. THE SYSTEM OF YOUTH JUSTICE IN CANADA

Administration of youth and adult justice in Canada has followed the path of most countries in emphasising the use of incarceration to an ever-increasing extent. Concerns have been expressed not only for the cost but also the questionable effectiveness of imprisoning a proportionately large number of offenders. The Commissioner of the Correctional Services of Canada, in the spring of 1998, convened a world conference studying the issue. This followed a meeting of senior Canadian government officials 18 months earlier who, upon reviewing the increasing reliance of custody in the context of other service and demographic trends and costs, concluded that the country could not support these trends either financially or in the spirit of effective service delivery. This observation is no less true in the youth justice system

A. Policy Implications of the Trends in Young Offender Law

The challenge for policy advocates and service providers has been to achieve a balance between the desirability of the lower costs associated with alternatives to custody while being mindful of the community’s demand for safety and the high profile nature of criminal justice issues. While these challenges may seem demanding and complex, criminal justice professionals are fortunate in having an extensive literature on which to draw in

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providing policy direction for the development of community-based intermediate sanctions that are mindful of both goals of cost-effectiveness and community safety. There is some indication of the government's response to this issue in proposals for reform of the *Young Offenders Act* and the associated processes for youth justice (Department of Justice, 1998). This review of the Canadian situation focuses on levels of custody use and factors that influence the use of custody in the youth justice system. Multisystemic Therapy is one example of an evidenced-based intervention that can guide practice in service selection by appropriately targeting those most likely to be consumers of the most costly and intrusive services.

1. Juvenile Justice Innovation

The guiding philosophy to designing a youth justice system is important to consider appreciating on-going dissatisfaction with what is perceived by many in the public, as a 'soft' on crime approach to young people (Bala and Corrado, 1985). Contemporaneous with other Commonwealth jurisdictions and the United States, Canada created a separate system of youth justice with the enactment of the *Juvenile Delinquents Act* (JDA) in 1908. It took many years for the JDA to be used outside of a few urban centres (Hatch and Griffiths, 1991) but it gradually took hold. The JDA dictated that young people should be responded to not as criminals but rather as 'mis-guided' children in need of 'guidance and assistance' requiring the judge to take the role of a kindly parent in re-directing the behaviour of errant youth.

(i) *Reform in the 1960s to the 1980s*

In the early 1960s, it was recognised that reform of the juvenile system was necessary. Three major

influences can be identified as fuelling the debates that spanned two decades and culminated in the 1984 proclamation of the YOA.

The first was the growing recognition that young people needed to be afforded protection under law to ensure their rights were not being violated at any stage of the proceedings from questioning at arrest through to sentencing (Bala, 1998). This concern grew from the observation that the flexibility afforded by the JDA was being misused to justify more intrusive punishments than an adult would garner for the same behaviour.

Second, there was increasing scepticism about the effects of social re-engineering to reduce conditions that were thought to influence the misbehaviour of some young people (Martinson, 1974, Leschied and Gendreau, 1986). Simply put, there was essentially no empirical evidence that the efforts of the juvenile court had been followed by anything other than steady increases in youth crime.

Third, there was recognition that the offence of 'delinquency' was too broad, encompassing, as was often observed, every act from spitting on the sidewalk to murder. It was felt that violations of the criminal law required a different response from actions and situation that, while 'disturbing' to many, were not criminal. These behaviours, called status offences, included (depending upon the province) incorrigibility, sexual immorality, running away, and truancy.

(ii) *Basic Tenets of Young Offender Law Revisions*

Three prevailing principles can be seen as guiding and finally influencing the YOA. These included:

- Protection under law for the rights of youth in insuring access to legal counsel;
- Making accountability for behaviour a guiding principal for decision making, and
- Attempting to strike a balance between the need to make young people accountable for their behaviour while coincidentally providing appropriate guidance and direction.

Data from the mid-1980s revealed the effects on incarceration of the reforms in the YOA. In several studies, placement in custody in Ontario, Canada's most populated province, showed signs of doubling over rates of training school committals under the JDA (Leschied and Jaffe, 1986; 1991

Despite reporting of the early effects of YOA reform, public attitudes continued to hold that the youth justice system, similar to the adult system, was soft on crime and more emphasis was needed to be make the punishment fit the crime In this spirit, at least four significant revisions were made at different intervals that reflected public demand for a tougher law (see Bala, 1998). Data on trends in sentencing under the YOA supported the belief by many justice professionals that the use of custody had become a 'runaway train' in the justice system (Archambault, 1991).

(iii) *Lack of Custody Alternatives*

Sentencing judges in the youth courts have few disposition alternatives that can be resorted to with confidence when an offender poses a risk to the community. This, along with the re-directed emphasis of much of the human and financial resources committed to the young offender system towards custody, has restricted the development of intermediate community-based alternatives to the court.

The 1996 International Crime Victimization Survey found that Canada had levels of crime close to the average of ten other western industrialized countries, with 25% of respondents reporting a victimization in the previous year from among a selected list of crimes (Besserer, 1998). Compared with a larger list of 34 countries, Canada was in the bottom third. Other 1997 figures pertaining to young offenders, those who were at least 12 but under 18 years of age when the offence was committed, are:

- 15% of all people charged with violent offences were under 18
- 20% of young offenders charged with a criminal offence were charged with a violent crime and 53% were charged with a property offence
- Compared with other forms of violent crime, robbery is more likely to involve young people: almost 40% of persons charged with robbery were youths
- Over the past decade, the rate of female youths charged with violent crimes has increased twice as fast as for male youths
- 54 youths were charged with homicide in 1997, five more than

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in 1996 and slightly above the decade average of 49 per year

Such declines are reflected in the workload of the nation's youth courts. The rate at which young people have been appearing in court has fallen for five years, most especially true for property offences where the number of youth court cases now correspond with slightly more than 2% of the youth population, a drop of 20.6% over four years (Statistics Canada, 1998). Declines are mostly confined to property offences because rates for violent crimes were basically unchanged. Overall, the rate of youths appearing in court per 10,000 youths dropped 8.5% between fiscal years 1992-93 and 1996-97. Using rates is important because post-war demographics are such that the age distribution of the Canadian population varies over time, most recently with the maturing of the so-called echo boom (born 1980 to 1995), the children of the enormous 'baby boom' cohort born between 1945 and 1960 are entering the crime prone age (Correctional Service of Canada, 1998).

Half of youth court cases involve crimes against property (mostly minor thefts and burglaries) while only one in five cases involve an interpersonal offence such as assault or robbery. A significant proportion of offences involve what are called administration of justice charges, where a youth has not abided by a condition of release or sentence. The five most common offences (minor theft, burglary, failure to comply with a court disposition, minor assault, and other non-compliance offences such as failure to appear in court) together comprise 60% of all cases.

(iv) *Exploring the Range of Dispositions*

For youths, the sentencing options (called dispositions) are listed in the *Young Offenders Act*. Options in essence include custody (open, closed, or both), community supervision (probation, community service order) or measures with no correctional intervention (fine, discharge, compensation orders). Orders for community services and restitution are often embedded in probation orders. Non-compliance would therefore comprise the new offence of breach of probation making them more easily enforced than if they stood alone as dispositions.

While a key intention of the YOA was to extend due process protections to youths as they were processed by the courts, vestiges of the former welfare-based juvenile system remain in four areas:

- Caps on maximum sentences significantly lower than for adults;
- Key emphasis on probation as a correctional measure;
- Limitations on the publication of the names of offenders; Record destruction requirements, and
- Sentencing judges are clearly encouraged to consider individualized sanctions rather than attend purely to the severity of the offence.

Nationally, probation is the most serious disposition in 51% of cases and custody in 34%, followed in frequency by community service (6%), fine (5%), and absolute discharge (2%). Since these data were collected, conditional discharge has also become a sentencing option. Other options, which comprise 2% of the most serious dispositions, include

compensation to victim, seizure, forfeiture, essays, apologies and counselling programmes. These figures represent only the most serious measure ordered even though, in many cases, dispositional options are combined. For example, a probation term may follow after release from custody or victim compensation may be a condition of probation. There is some variation in these figures depending on the most serious offence at conviction, as can be seen in Table 1.

Community-based, or non-custodial, dispositions comprise two thirds of those handed down by youth courts, with probation being the most frequently imposed. Terms of probation can also be ordered to follow release from custody. Probationers are supervised by provincial probation officers for terms that can be as long as two years, as determined by the judge. In 1996-97, only 22% were for more than 12 months (Statistics Canada, 1998). Probation as a stand-alone disposition was most common in cases involving minor assault, motor vehicle theft, and trafficking in drugs. Standard conditions of probation include keeping the peace and being of good behaviour. Optional conditions can include attending school, seeking and maintaining employment, or living at home or with an adult the court deems appropriate.

B. Utilizing Custody in Youth Justice

Custodial dispositions have resulted in 34% of cases that ended in conviction (Statistics Canada, 1998). A custody disposition is most likely to be ordered when a young offender has violated an order of the court, such as when a

condition of a probation order is breached. Custody was the most common disposition for being unlawfully at large (89%), escape from custody (88%), manslaughter (87%), aggravated assault (79%) and robbery (57%).

The maximum length of a youth custody sentence is typically two years but, after some public outcry, amendments to the *Young Offenders Act* have permitted longer sentences in some cases such as murder. However, custody sentences are typically short. In 1996/97, 29% were for one month or less and 46% from one to three months. Moreover, there is some evidence to indicate that the length of custody sentences is shortening (Statistics Canada, 1998). Cases with sentence lengths of three months or less now comprise 75% of all custodial sentences, up from 71% in 1992/93. Such figures are matched with decreases in the longer sentences. This trend is observed for both open and closed custody sentences. It is important to note, however, that youth custody sentences are not subject to remission, either statutory or earned. Early release from a custody term is possible under some circumstances by applying to a judge for a review of the sentence.

Young offenders sentenced to custody will generally serve their terms in a stand alone facility for youths, although there are a few places where adults and youth are co-located with strict separation between the two. All young offender facilities are operated by provincial governments. The *Young Offenders Act* differentiates between open and closed custody but each province is free to operationalize those concepts. At the discretion of the sentencing judge, the term can be served in a closed custody facility, an open custody facility, or a specified combination of both. About half

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of youths sentenced to custody are sentenced to begin the term in a closed facility. An unknown proportion of them will graduate to an open facility at a set point in the sentence, to facilitate reintegration into the community. The other half serve their entire sentences in an open facility.

1. General Explanations in the Rise in Custody/Imprisonment Rates

Maur (1998) of the Sentencing Project in Washington, D.C., has linked the increased use of imprisonment in North America to four distinct trends:

- The shift from offender-based to offence-based sentencing;
- Decreased emphasis on rehabilitation;
- Shift of resources to institutions; and,
- Limited consideration for non-custodial sentencing options.

Other explanations for the rate of increase include the proliferation of high mandatory minimum sentences (particularly for drug offences), three strikes laws, and 'truth in sentencing' laws, that typically require an offender to serve at least 85% of a sentence before conditional release (Maur, 1998). Indeed, the number of violent offenders in the federal system is small and dropping, being supplanted by those convicted of drug, weapons and immigration offences (Gilliard and Beck, 1998).

2. Specific Factors Influencing Custody Rates for Youth in Canada

A combination of factors can provide understanding of the rapid increase in the rate of increased use of custody in Canadian youth justice. These would include:

- Public attitudes toward community safety

- Federal-provincial cost sharing arrangements
- Rise in the importance of accountability
- Shift in the mandate for the probation service, and
- The lack of alternatives made available to the courts.

Linking many of these factors has also been the shift in the fundamental premise in managing youth that are in conflict with their communities.

(i) *Public Attitudes Toward Community Safety*

Recent evidence reported by Baron and Hartnagel (1996) suggests that the public's fear of crime, conservative values and victimization experience are useful predictors of attitudes in support of the use of custody for young offenders. Canadian respondents, along with those from the United Kingdom and the United States, overwhelmingly choose imprisonment as the most appropriate sentence for a burglar convicted for the second time when asked as part of the International Crime Victimization Survey (Besserer, 1998). Legislators are clearly aware of these public attitudes (Department of Justice, 1998; National Crime Prevention Centre, 1998).

(ii) *Shifts in the Importance of Accountability*

Youth justice administration in Canada dramatically changed in orientation with the proclamation of the *Young Offenders Act* (YOA) in 1984. While changes in implementation over the years had varied the administration of youth justice, the original legislation of 1908, named the *Juvenile Delinquents*

Act, governed justice for young people without major fundamental change for almost three-quarters of a century. Critics of the YOA suggested that this new legislation heralded an increasing emphasis on incarceration of youth (Leschied and Gendreau, 1986). Growing concern by policy makers for the 'drain' on financial and human resources to support the expanding use of custody is but one major contributor to the re-newed emphasis on community-based interventions.

C. Responses to the Over-reliance on Youth Custody

The irony of the emphasis placed on custody is this: these 'deep-end' services are the most costly, but nowhere in the relatively meagre research on the effects of institutionalisation is there empirical support that custody is an effective way to reduce youth crime and increase public safety (Henggeler, Schoenwald, Borduin, Rowland and Cunningham, 1998). Canada is not experiencing the rapid construction of prisons evident in her close neighbour the United States, but the rate at which incarceration is used is higher than many other Western nations (Maur, 1998; Correctional Service of Canada, 1997).

While the general public seems to support more of the 'get-tough' approach, both levels of government in Canada (federal and provincial) appear to be interested in reducing the use of custody, in part because of the enormous cost and the drain it makes on funds available for community-based resources. The Standing Committee on Justice and Legal Affairs (1997), a group of Parliamentarians charged with reviewing the implementation of the YOA, held hearings in 23 sites across the country. One of their conclusions was that:

"Canada uses imprisonment in response to youth crime more than many other countries. The bulk of financial resources devoted to youth in conflict with the law in this country have gone to build and operate custodial facilities... This over reliance on the formal justice system and imprisonment is an enormous drain on public dollars, introduces minor offenders to more serious, persistent offenders, stigmatizes offenders and reinforces criminal identity in a deviant subculture. Moreover it fails to deter youth crime". (p. 35)

There is little doubt that community safety in the short term is enhanced by custody as it is used. Nationally, more youths are incarcerated for administration of justice offences (the most serious offences in 36% of cases where custody is a disposition) than for interpersonal offences (17%). Such offences include failure to comply with a disposition (mostly breaching conditions of probation), failure to appear in court, escaping custody and being unlawfully at large (Statistics Canada, 1998).

Numerous approaches are currently underway to bring youth justice administration in Canada more into balance. These attempts draw on restorative justice principals and community driven responses addressing the causes of youth crime as well as victim involvement in providing more 'satisfying justice' experiences for all concerned parties.

1. Attempts at Providing Alternative Measures, Intermediate Sanctions and Custody Alternatives

The YOA also reflects the need to provide the least intrusive intervention possible at various stages in the

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proceedings. This recognition is reflected in the mandated use of alternative measures and community service orders. Reflected in these measures are services targeting offenders who commit acts of a minor nature; the imposition of probation for community monitoring of compliance with the terms spelled out by a judge; and bail supervision for youths who would otherwise be held in a detention centre for the duration of the court proceedings. Yet, as Bala (1998) has suggested, legislation alone is not a solution in curtailing the use of custody. Probation continues to be the disposition of choice with judges making orders to a greater extent than competing choices. However, it is in the *proportion* of custody orders relative to the overall number of youths being processed through the justice system that is both driving the high cost of 'deep end' services and restricting the development of suitable alternatives. For example, the cost of a single custody bed is two and a half times the average yearly salary of a probation officer.

2. Increasing the use of Community Alternatives

Currently in Canada, there is interest in developing alternatives to the formal justice system and to increase the range of choices for high-risk young offenders at the disposition stage when custody would be the obvious next step in legal processing. Borrowing primarily from developments in Australia, New Zealand, and practices known to Canada's First Nations People, alternatives to formal court processing have been given impetus in recent proposals for juvenile justice reform (see, for example, Department of Justice, 1998). Examples of such court diversion programmes include; police cautioning, family group conferencing and circle sentencing. Proposals such as these are targeting youth with minor offences to capitalise on the naturally

occurring strengths in a community of committed volunteers. Additionally, these proposals support police discretion in avoiding the use of court for youth that are generally considered as low risk for subsequent offending. In many cases where such diversion programmes are applied, no formal charge is laid.

SECTION SUMMARY

- Rates of custody in nine of ten provinces approximate 34% of youth court dispositions
- 75% of federal to provincial young offender cost sharing funds custody facilities
- Recent amendments to the YOA have focused on increasing severity of sanctions for youth with serious offences while encouraging the use of community-based alternatives

II. EMPIRICAL SUPPORT FOR IMPROVING YOUNG OFFENDER OUTCOMES

A. Revisions to the Young Offender's Act

In the winter of 2001, Canada once again has reviewed legislation that governs the implementation of young offender programmes and policies. Following at least three years of on-going consultation, the revised policy may further the schizophrenic nature of this law in combining *toughness* with *treatment*. Several commentators have already echoed the feelings of then Judge George Thomson in 1982 who noted that the original YOA was attempting to be all things to all people. In the revised Act, now called The *Youth Criminal Justice Act* (YCJA), there is a lowering of the minimum age of the reverse onus provision to fourteen for youth with serious offenses, and a broadening of the basis on which youths can be transferred

to adult court. Coinciding with the “get tough” aspects of the new Act, is the continuing expression of support for rehabilitation as a principal that should guide much of the Act’s implementation. For example, there is an emphasis given to *restorative justice* principals that seek to support communities in finding alternatives to the traditional forum of the court. Additionally, the revisions also support the development of *community alternatives* for moderate and certain higher risk youth in an attempt to decrease this country’s increasing reliance on custody. During the years 1986-96, 27 per cent more youths were charged following police apprehension when compared to the years 1980-83. There is little doubt, that as public opinion continues to demand a tougher Act, and as increasing numbers of youths find themselves in the court system, increasing creativity will need to be brought to address the dilemma of balancing accountability with effectiveness in youth justice.

1. Treatment Directions from Policy Revisions

Legal revisions to the YOA, as this is being written, are now entering first reading in the House of Commons. Changes may continue to be made through to passage of the Bill. Major emphasis from this renewal includes (for more detail see *Youth Justice Renewal Initiative—www.Canada.justice.gc.ca/en/news/nr/2001/doc*):

- Increase in the use of measures outside the formal court process that can often be more effective in addressing some types of youth crime
- Establishment of a more targeted approach to the use of custody for young people

- Improvement in the system’s ability to rehabilitate and reintegrate young offenders
- Increases in the use of community-based alternatives

What seems clear however, is that emphasis on residential custody programmes will continue to be emphasised as sentences are lengthened *but the use of custody will be targeted at the more upper end of violent and persistent young offenders*. Community alternatives will be sought, not only consistent with restorative justice principals, but as a true alternative for the use of custody for certain moderate and high risk youth. In addition, and what could turn out to be not only controversial but also a true test for assessors in youth justice, is the discretion given to non-judicial justice professionals in making judgements regarding placement decisions—use and level of custody—as well as an increasing reliance on early release decisions from custody to community supervision through probation.

2. Accumulating Evidence for Assessment and Treatment in Youth Justice

There is a good deal of research support for some of these federal initiatives in Canadian youth justice reform. For example, in a recently published summary of the accumulation of evidence on assessment and treatment with young offenders, Leschied and Cunningham (1999) noted that more articles have been published regarding young offender assessment and treatment in the past ten years (1988-1998) than were documented on the major literature data bases than during all of the years prior to 1988. What this points to, is not only an increasing empirical basis for decision making

regarding placement and treatment targets, but as well an indication of the vast knowledge base which practitioners can draw, in designing assessment and treatment strategies.

B. General Principles from the Young Offender Treatment and Assessment Literature

There is now considerable dissemination of the meta-analyses regarding the prediction, assessment and treatment literature in youth corrections (see for example Andrews, Leschied and Hoge, 1994; Loeber and Farrington, 1998; Lipsey and Wilson, 1998; Losel, 1997). Some of the major principles that continue to be reinforced in the reporting of the literature suggest the following:

- Delivery of a human service within the court sanction contribute the greatest in explaining reductions in re-convictions
- Sanctions or punishments alone are not associated with meaningful reductions in recidivism
- High risk offenders benefit most from greater intensity of service
- Certain interventions are associated with greater reductions in offending
- Clinically relevant targeting of interventions is essential to increasing the likelihood of effective outcomes
- Community-based interventions are superior in their ability to reduce offending that residentially-based interventions

There is now a body of literature that is strong enough to suggest that *evidence-based interventions* should provide the basis for deciding on programmes of choice for child and family interventions. The following section regarding Multisystemic Therapy provides just such a context in drawing on the research

literature in addressing the challenge of providing an effective intervention for high risk youth within the youth justice system.

C. Developing Intensive Community-Based Services for Higher Risk Youth

While considerable emphasis is currently being given to front end services targeting lower risk offenders (e.g. diversion, community/family group conferencing), there is also support for developing services addressing the needs of higher risk cases who would otherwise be heading towards a custody disposition. Justification for community-based services must first have, as its yardstick, the ability to deliver cost-effective service that does not compromise the community's safety. A key intention of the Department of Justice (1998) with its proposed framework for youth justice reform is to lower the rates of custody ordered in Canadian youth courts. This cannot be accomplished through law reform alone. Members of the public in general, and sentencing judges specifically, must be convinced of several things.

- Incapacitation through custody may protect the public in the short term but not in the long term.
- There are viable community-based alternatives to custody that can both protect the public in the short term and reduce recidivism in the long term.
- The expensive option of custody will not 'purchase' as much reduction in offending as these other non-custodial sentencing options.

Providing empirical evidence of these three factors was one of the principle intents of selecting Multisystemic Therapy (MST). The following review of

effective service outlines the choice of MST as a viable alternative to custody for high-risk young offenders and the implementation of the clinical trial of MST in four Ontario communities.

D. Systemic and Programmatic Requirements for the Choice of a Community-Based Option for High Risk Youth

Lessons learned from the meta-analysis on systemic variables in effective programming for youth corrections suggest that:

- Lower risk cases can be safely assigned to less intensive services
- Higher risk cases are more effectively dealt with in more intensive services
- The differential assignment of youth according to risk is critical in the appropriate delivery of effective service

Accordingly, a spectrum of services to address youths at all levels of risk and need would be a desirable characteristic of any youth correctional system.

1. Effective Programmatic Requirements

Researchers have also addressed the programmatic components of correctional interventions for youth by identifying the content and quality of effective programmes. The components of effective programmes are assessed in relation to their ability to meaningfully reduce recidivism within the targeted group. Programmes assessed as effective were considered as those that:

- systematically assess risk in clients,
- use the risk principle of case classification,
- adopt programme orientations known to be effective,

- employ well educated and well trained staff,
- monitor programme integrity and adherence to the intervention model used,
- and rigorously evaluate the extent to which programme goals are met

A review of literature for effective service in youth justice served as the beginning point in developing the MST clinical trial in Ontario. The search for an alternative to custody for high-risk youth began with the understanding that any service model considered had to match the eight integrity issues summarized by Andrews *et al.* (1990). According to these authors, a coherent and empirically defensible model:

- empirically links interventions with desired outcomes;
- assesses risk and need levels of clients and targets them for intervention;
- has a detailed programme manual outlining the discreet steps involved in the intervention;
- ensures that therapists have structured and formal training in relevant theory and practice;
- ensures that therapists are supervised in a meaningful manner;
- assesses the therapeutic process as delivered to monitor the adherence to key principles and the employment of techniques claimed to be employed;
- conducts assessments of intermediate changes in values, skills or circumstances of clients that are presumed to relate to desired outcome(s); and
- associates level and intensity of intervention to risk, need and responsivity.

The MST approach represented a community-based option that parallels

many of these characteristics and for these reasons was chosen for the current clinical trial. The following section provides a detailed overview of MST.

III. The Multisystemic Therapy Approach

MST was developed by the Family Services Research Centre at the Medical University of South Carolina. It had been become apparent to these researchers, that mental health services for serious young offenders were minimally effective at best, extremely expensive and not accountable for outcomes. They reviewed the research literature and looked for interventions with documented success in shaping good outcomes for anti-social youth. They also noted which interventions, some quite popular, had no empirical support. This process of discarding ineffective techniques while gleaning those most effective means that MST is more an amalgam of best practices than a brand new method.

A. A Social Ecological Understanding of Behaviour

MST adopts a social-ecological approach to understanding anti-social behaviour. The underlying premise of MST is that criminal conduct is multi-causal; therefore, effective interventions should recognize this fact and address the multiple sources of criminogenic influence. These sources are found not only in the youth (values and attitudes, social skills, organic factors, etc.) but in the youth's social ecology: the family, school, peer group and neighbourhood. The needs of youths are understood by assessing the 'fit' between them and their immediate social context, a relationship which is seen as adaptive or functional as well as bidirectional. Treating youths in isolation of these other systems means that any gains are quickly eroded upon

return to the family, school or neighbourhood. In fact, it is a key premise of MST that community-based treatment informed by an understanding of a youth's ecology will be more effective than costlier residential treatment. This is even true when selection of MST candidates is made who are bound for residential treatment or custodial placements because of the seriousness of their conduct or emotional problems.

1. Assessing the "Fit" of Targeted Behaviours

The MST process begins with the identification of the problem behaviours, a task, which involves the whole family. In other words, parents are key in identifying treatment targets. Examples of these behaviours include non-compliance with family rules, failure to attend school, failure to complete schoolwork, substance use, disrespect to authority figures, and assaultive behaviour. While the focus of intervention is on the elimination of problem behaviours, this is accomplished in great measure by building on strengths. So the assessment process also involves identifying the strengths in the youth and his or her family, which can include athletic ability, a trusting relationship with an extended family member or teacher, warmth and love among family members, or a hobby.

The next step is an assessment of the factors in the youth's ecology, which support the continuation of the problem behaviours and the factors that operate as obstacles to their elimination. These factors may be found in any sphere of the youth's ecology or the linkages among them. Hence, therapists go to the school, spend time with the peer group, or speak with members of the extended family. Examples of these contributing factors might include; poor discipline skills on

the part of the parents or teachers, marital discord, parental substance use, lack of supervision, peer reinforcement of problem behaviours, neighbourhood culture which condones violence or encourages anti-social values, low commitment to education, chaotic school environment, poor parent-to-school communication, or financial stresses experienced by the family.

By identifying the fit between the problems and the broader systemic context, MST workers are defining both the targets of intervention and the indicators of whether the measures undertaken have been effective. A therapeutic strategy should produce observable results in the problem behaviour or else the strategy is revised. In other words, positive changes in the behaviour (e.g., school attendance) is used as indication that the intervention (e.g., parent contacting the school daily) is on the right track. Failure to achieve positive changes requires a reassessment of the fit and plainly indicates the need to try a new approach. The MST service providers are ultimately accountable for overcoming barriers to change. Blaming language such as sabotage, resistance, and intractable problems, are not permitted. In fact, diagnostic labels of any type are discouraged in favour of a perspective that focuses on challenges and strengths.

2. The Nature of Intervention

MST is designed to be an intense but short-term involvement that can result in the generalization of treatment gains over the long-term. The frequency and duration of contacts will decrease over time, being intense in the beginning but lessening as improvements are observed. No social service intervention can last forever, so the ultimate goal is to empower the family or extended social

support system to continue with the strategies and interventions which were successful. An important goal in this process is to foster in the parents or another caregiver the ability to be good advocates for their children and themselves with social service agencies and to seek out supportive services and networks when they are required. In other words, parents are encouraged to develop the requisite skills to solve their own problems rather than rely on professionals.

MST is a highly individualized, flexible intervention tailored to each unique situation. In other words, there is no one recipe for success. Instead, there are nine principles that guide intervention:

THE NINE MST PRINCIPLES

- 1. The primary purpose of assessment is to understand the 'fit' between the identified problems and their broader context**
- 2. Therapeutic contacts should emphasize the positive and should use systemic strengths as levers for change.**
- 3. Interventions should be designed to promote responsible behaviour and decrease irresponsible behaviour among family members.**
- 4. Interventions should be present-focussed and action-oriented, targeting specific and well-defined problems.**
- 5. Interventions should target sequences of behaviour within or between multiple systems that maintain the identified problems.**
- 6. Interventions should be developmentally appropriate and fit the developmental needs of the youth.**

7. **Interventions should be designed to require daily or weekly effort by family members.**
8. **Intervention efficacy is evaluated continuously from multiple perspectives with providers assuming accountability for overcoming barriers to successful outcomes.**
9. **Interventions should be designed to promote treatment generalization and long-term maintenance of therapeutic change by empowering care givers to address family members needs across multiple systemic contexts.**

The MST-specific training augments the education and experience therapists bring from their chosen fields (usually social work or psychology).

3. Research Evidence

Several randomized and quasi-experimental studies of MST have been conducted in the United States and others are now under way (See Borduin, 1995; Henggeler *et al.*, 1996; Henggeler, 1997; Henggeler *et al.*, 1998). MST has been demonstrated to reduce rates of criminal activity (officially recorded and self-reported), institutionalization, and drug abuse. MST intervention is also successful at engaging and retaining families in treatment and encouraging completion of substance abuse programming. It can result in improvements in family functioning and cohesion. These results are notable in a field where successes are few and far between but especially remarkable because MST has been effective in inner-city urban areas, among youth with serious criminal records, youth identified as high risk to reoffend, and among economically marginal families and those with long histories of unsuccessful interventions.

An American study by the Washington State Institute for Public Policy (1998) rated MST as the most effective and cost efficient of the 16 programmes analysed. Each programme followed youths until the age of 25. None eliminated offending but 15 of the 16 documented lower rates of recidivism among programme participants compared with control youth. After subtracting the cost of the MST intervention itself, MST saved taxpayers on average \$7,881 (U.S.) per youth for services associated with criminal behaviour, such as incarceration. The cost of the intervention was recouped after two years. In addition, the reduction in crime was associated with \$13,982 in savings to potential victims of crime. Five of the programmes reviewed did not reduce crime enough to pay for themselves and none generated the level of savings linked to the MST intervention.

SECTION SUMMARY

- A considerable body of empirically based support now exists to identify programmes that can influence young offender outcomes
- Effective programmes are characterized by clearly articulated components, assessment strategies, and service delivery options
- Community-based services reflecting ecological integrity promote most improved outcomes
- Multisystemic Therapy has shown itself through randomized trials to be an effective means of delivering service to high risk youth
- There now exists a training method to test multisystemic therapy in relatively large scale clinical trials

B. The Ontario Implementation of MST

MST has been implemented in four communities in Ontario, with the co-

operation of nine community agencies. The London Family Court Clinic coordinated the research in association with MST Services Inc. of Charleston, South Carolina. The study began in April of 1997 and concluded in January of 2001. MST Services Inc. has provided initial and on-going training to MST workers and clinical supervisors.

The review by the Washington State Institute for Public Policy (1998) concluded with the observation that most programmes designed to reduce crime are never evaluated. As the Institute (1998: 2) stated: "Some interventions may be working and we don't know it, while others may not be effective yet absorb scarce tax dollars that could better be directed toward effective programmes".

In contrast, the Ontario implementation of MST followed not only the programme integrity issues and knowledge transfer challenges of implementing a complex and rigorous set of programme goals, but also invested heavily in evaluation. An experimental design was used, with random assignment of qualifying cases to either the MST condition or to other services available in the local area. To qualify for the MST trial, referred youth must have been rated as having at least a high moderate to very high chance to offend in the future, a designation made in part on the basis of outcome from the Risk/Need Assessment protocol, past criminal conduct and in consultation with the family and community service providers. A battery of psychological tests was administered at intake before the random assignment was conducted. Parents and teachers completed standardized forms. Those families not assigned to MST carried on with the treatment plan that would have been devised were there no MST. Many of the youths in both groups

were on probation at the time of the referral.

The psychological tests were readministered at discharge from MST or, in the case of the control group, after five months. Intermediate target areas (i.e., areas known empirically to be related to offending rates among youth) were assessed along with outcomes related to re-offending rates (number and severity), service utilization rates and cost effectiveness. The youths in both treatment and control groups were tracked until 2001. Adherence to the MST model was also measured (see Henggeler *et al.*, 1997). The overall goal was to determine if MST can be an effective alternative to custody by controlling risk to the community in the short-term as effectively as other penal sentences, reducing the recidivism of high-risk youth up to three years after discharge from MST, and reduce that rate at which MST recipients are placed outside the home in penal, child protection and therapeutic settings. Among the hypotheses were:

- Recipients of MST will be less likely to commit criminal offences during the follow-up period than are a control group of youths who did not receive MST
- Those who drop out of MST will be more likely to offend than those who complete MST
- Recipients of MST who offend will do so after a longer offence-free period than youths from the control group
- Recipients of MST who offend will commit less serious offences than those who did not receive MST
- Recipients of MST who do offend will spend less time in custody than those who did not receive MST

The study has high ecological validity in that the youths were identified by

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referral sources as being those youths in the local area that presented the greatest challenge to current services. Unlike many programmes, MST does not screen out treatment-resistant youth or those with serious criminal histories, with the exception of sex offenses.

The methodology employed accommodates three different information needs. First, the evaluation charts *outcomes*. Put simply, an evaluation should be able to document the degree of success in achieving stated goals. The benefits of outcome evaluation include accountability to funders, consumers and the public. This information also contributes to the knowledge base in the area of prevention. Outcomes need to be comprehensive and long lasting. That is, the benefits of the programme should not only be observed in the short term but also sustainable over time. Another goal of MST is to decrease the services utilized by such youths. It is here that programme outcomes can be related to cost-effectiveness and service utilization rates.

Second, the evaluation monitored programme delivery to ensure treatment fidelity, a *process* evaluation. Integrity is crucial to any test of a programme; to be able to unambiguously relate outcomes to the programme as defined. It is also important to be attentive to the possibility of programme drift and intervene when it is observed. Especially with a best practice model compiled from the literature, as with MST, drifting from that practice may dilute the success of the programme overall.

Third, the design accommodated the need for *comparative* information, specifically the portability or transferability of the programme components to any community and for

use with any defined group. Comparative information is best gathered by implementing the same programme in several areas. All programmes, even those with demonstrated positive outcomes, do not work equally well in all communities. The four participating sites vary in terms of population size and density, urbanism, ethno-cultural profile, proximity to major centres, and sophistication of social service infrastructure.

SUMMARY

In the context of Canadian juvenile justice reform, community-based alternatives for high-risk young offenders using MST would be most consistent with the goals of cost-efficient and effective service and is consistent with the principles of the administration of justice to youth. These are policy and legislative goals spelled out by both the provincial and federal governments. The major challenge for service providers and policy advocates is to view the use of intermediate sanctions in youth justice processing as being more concerned with community-safety than vested in punishment, consistent with the underlying principles of the *Young Offenders Act*. With these goals in mind, the momentum of debate in young offender services indicates three major conclusions:

- Positive outcomes are best achieved by targeting the needs of high-risk youth,
- Community safety is promoted by addressing the problems of youth in their natural environments, and
- Effectiveness is best achieved using services with clear track records of positive outcomes as identified in rigorous outcome evaluations.

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Hence, it follows that the MST implementation project in Ontario could herald a revised look at the mission to effectively service youths at risk and communities in need while stemming the trend towards continued reliance on custody.

SECTION SUMMARY

- Ontario's randomized clinical trial included four geographic sites involving nine separate agencies
- MST Inc. trained and licensed each of the four sites during the course of implementation
- Evaluation included variables reflecting both process and outcome evaluation
- Cost effectiveness and service utilization rates were factored separately to evaluate outcomes from intervention

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Appendix A

CLINICAL TRIALS OF MULTISYSTEMIC THERAPY WITH HIGH RISK YOUNG OFFENDERS, 1997 TO 2001

FREQUENTLY ASKED QUESTIONS

Coordinated by:

- Centre for Children and Families in the Justice System of the London family Court Clinic

In Partnership With:

- Associated Youth Services of Peel (Mississauga)
- Craigwood Youth Services (London)
- Crossroads Children's Centre (Nepean)
- Eastern Ontario Young Offender Services (Ottawa)
- Kinark Child & Family Services (Barrie)
- Madame Vanier Children's Services (London)
- New Path Youth & Family Counselling Services of Simcoe County
- William E. Hay Centre (Ottawa)

In Association with:

- <http://www.mstservices.com/>, Charleston, South Carolina

Funded by:

- Ministry of Community and Social Services (Ontario)
- Ministry of Correctional Services (Ontario)
- National Crime Prevention Centre (Ottawa)

This document describes a four-year study of the effectiveness of Multisystemic Therapy (MST) in four Ontario communities: Simcoe County, London/ Middlesex, the Mississauga area

(including Peel, Dufferin and Halton), and Ottawa. MST is a home-based, family-based, present-oriented therapeutic intervention using family strengths to attenuate risk factors and improve family relations, peer relations, and school performance among serious young offenders. MST aims to reduce criminal offending by targeting the multiple causes of anti-social behaviour and empowering parents to maintain the gains made in treatment.

Follow-up studies of MST graduates in the United States—over \$10 million of research—have documented re-arrest rates 25% to 70% lower than among control youths. This is followed by significant cost savings in policing, court and correctional budgets. For example, American research has shown that MST can reduce days in out-of-home placements by 47% to 64%. The U.S. Office of Juvenile Justice and Delinquency Prevention asked the Center for the Study and Prevention of Violence at the University of Colorado to identify ten exemplary programmes to promote as models for communities to implement. MST was one of the ten Blueprints for Violence Prevention.

MST is also useful in the treatment of substance abusive youth. The National Institute of Drug Abuse identified MST as one of 12 scientifically based approaches to drug addiction treatment in a 1999 publication called Principles of

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Drug Addiction Treatment: A Research-Based Guide.

As evidence mounted that the MST approach is a cost-effective way to keep serious young offenders out of custody without putting the community at risk, we asked: Will it work in Ontario? That is the question behind this evaluation.

The study began in April of 1997, following several months of site selection and accreditation by Multisystemic Therapy Services from South Carolina. Four clinical supervisors and 13 workers joined the MST project. The Ministry of Community and Social Services has supported the implementation of MST for four years to permit its evaluation for youths aged 10 to 15. Beginning in April of 2000, Phase II young offenders (aged 16 and 17) are also eligible for the clinical trial, through the cooperation of the Ministry of Correctional Services.

The long-term goal of MST is to reduce the future offending of those youths judged by their probation officers or other case managers as highly likely to re-offend. This in turn should be followed by lower rates of custody and incarceration. No intervention has a 100% success rate. It is not realistic to expect all MST recipients to remain offence free. But we want to answer these questions:

- Are recipients of MST less likely to commit future criminal offences than a similar group youth who do not receive MST?
- Do those who re-offend do so after a longer period than if they had not received MST?
- Will the offences they do commit be less serious?
- Will they spend less time in custody as a group than if they had not received MST?

To answer these questions, the research design involves random assignment of referred cases so that half of them receive MST and half of them continue on with their individual case management plans. There will be some pre- and post-testing of the members of both groups. These instruments are administered at intake and again at discharge (or after five months in the case of the control group). The youths in both groups will be tracked for up to three years, to gauge their subsequent offending and levels of service utilization.

Over the four years, we involved over 400 youths, 200 of who will receive MST. The evaluation component is funded by the Ministry of Community and Social Services (Year 1) and Department of Justice Canada (Years 2 to 4) through the National Crime Prevention Centre in Ottawa.

- This document provides answers to these frequently asked questions:
- What is MST?
- What do MST therapists do?
- How do we know that MST works?
- Isn't MST too expensive a service?
- Does MST work with older teens?
- Where can I find more information about MST?
- Who can qualify for MST in the Ontario clinical trials?
- Are some youths not appropriate referrals to MST?
- How do I make a referral to MST?
- Is MST available in other areas of Ontario?
- Why do you need a control group?
- Isn't random assignment of referrals unethical?
- How is "effectiveness" being measured?
- When will the research findings be available?

- Where can I get more information on the research?

What Is MST?

MST was developed by the Family Services Research Center at the Medical University of South Carolina. It was apparent that mental health services for serious young offenders were minimally effective at best, extremely expensive and not accountable for outcomes. They reviewed the research literature and looked for interventions with documented success in shaping good outcomes for anti-social youth. They also noted which interventions, some quite popular, have no empirical support. This process of discarding ineffective techniques while gleaning those most effective means that MST is really more an amalgam of best practices than a brand new method.

MST adopts a social-ecological approach to understanding anti-social behaviour. The underlying premise of MST is that criminal conduct is multi-causal; therefore, effective interventions would recognize this fact and address the multiple sources of criminogenic influence. These sources are found not only in the youth (values and attitudes, social skills, biology, etc.) but in the youth's social ecology: the family, school, peer group and neighbourhood.

It is a key premise of MST that community-based treatment informed by an understanding of the youth's ecology will be more effective than costlier residential treatment. This is true even when you select as candidates for MST those youths that are bound for residential treatment or custodial placements because of the seriousness of their conduct or emotional problems.

Research has shown that treating the youth in isolation of the family, school,

peer and neighbourhood systems means that any gains are quickly eroded upon return to the family, school or neighbourhood. Custody stays could also counter-productive because already troubled youth are immersed in a peer culture where anti-social values predominate.

MST uses the family preservation model of service delivery in that it is home-based, goal-oriented and time-limited. It is present-focused and seeks to identify and extinguish behaviours that are of concern not only to referring agents but also to the family itself. In fact, the entire family is involved with MST, in contrast to many intervention which define the youth as the "identified client." MST involvement will typically be between four to six months.

Collaboration with community agencies is a crucial part of MST. The school is a key player and workers may be in daily contact with teachers and administrators. MST therapists also work in close partnership with probation officers that in many cases are the referral source. There may be a need to involve the youth in substance abuse treatment or seek a psychiatric consultation about a parent, for example. While the initial MST involvement may be intensive, perhaps daily, the ultimate goal is to empower the family to take responsibility for making and maintaining gains. An important part of this process is to foster in the parents the ability to be good advocates for their children and themselves with social service agencies and to seek out their own supports. In other words, parents are encouraged to develop the requisite skills to solve their own problems rather than rely on professionals. MST is a flexible intervention tailored to each unique

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situation. There is no one recipe for success.

The MST-specific training augments the education and experience therapists bring from their chosen fields (usually social work or psychology).

What Do MST Therapists Do?

MST therapists do the work in the family home rather than in the office and are available 24 hours a day if needed. The average caseload is four to six families. Especially in the beginning, the worker may be in the home every day. As needed, they will spend time at school and meet with the youth's peer group and extended family. A key part of the process begins with engaging the family, a significant challenge in some cases. Workers are closely supervised and monitored for adherence to the MST principles and receive weekly guidance and feedback about their interventions with the families on their caseloads.

The MST process begins with the identification of the problem behaviours, a process that involves the whole family. In other words, parents are key in identifying treatment targets. Examples of these behaviours include non-compliance with family rules, failure to attend school, failure to complete schoolwork, substance use, disrespect to authority figures, and assaultive behaviour. While the focus is on elimination of problem behaviours, this is accomplished in great measure by building on strengths. The assessment process also involves identifying the strengths in the youth and his family, which can include a hobby, athletic ability, a trusting relationship with an extended family member or teacher, warmth and love among family members.

The next step is an assessment of the factors in the youth's ecology, which support the continuation of the problem behaviours and the factors which operate as obstacles to their elimination. These factors may be found in any sphere of the youth's ecology: family, peers, school, neighbourhood or the linkages among them. Therefore, therapists are called upon to find information from all of these sources, by going to the school, spending time with the peer group, or speaking with extended family members. Examples of these factors might include poor discipline skills on the part of the parents or teachers, marital discord, parental substance use, poor supervision, peer reinforcement of problem behaviours, neighbourhood culture which condones violence or encourages antisocial values, low commitment to education, chaotic school environment, poor parent-to-school communication, or financial stresses experienced by the family.

By identifying the "fit" between the problems and the broader systemic context, MST workers are defining both the targets of intervention and the indicators of whether the measures undertaken have been effective. A therapeutic strategy should produce observable results in the problem behaviour or else the strategy is revised. In other words, positive changes in the behaviour (e.g., school attendance) is used as indication that the intervention (e.g., parent contacting the school daily) is on the right track. Failure to achieve positive changes requires a reassessment of the "fit" and plainly indicates the need to try a new approach. The MST service providers are ultimately accountable for overcoming barriers to change. Blaming language such as "sabotage," "resistance," and "intractable problems" are not permitted. In fact, diagnostic labels of

any type are discouraged in favour of a perspective that focuses on challenges and strengths.

MST is designed to be an intense but short-term involvement that can result in the generalization of treatment gains over the long-term. Ideally, the frequency and duration of contacts will decrease over time, being intense in the beginning but lessening as improvements are observed. No social service intervention can last forever, so the ultimate goal is to empower the family or other caregiver to continue with the strategies and interventions that were successful. The clearly articulated definition of success permits objective definition of when the case can be closed.

How Do We Know That MST Works?

Several randomized and quasi-experimental studies of MST have been conducted in the United States, in Missouri, South Carolina, and Texas, and others are now under way. MST has been demonstrated to reduce rates of criminal activity (officially recorded and self-reported) and institutionalization. The MST approach is also successful at engaging and retaining families in treatment and encouraging completion of substance abuse programming. It can result in improvements in family functioning and cohesion. These results are notable in a field where successes are few and far between but especially remarkable because MST has been effective in inner-city urban areas, among youth with serious criminal records, youth identified as high risk to re-offend, and among economically marginal families and those with long histories of unsuccessful interventions. However, we cannot simply assume that the success in the U.S. will automatically be replicated in Ontario. That is why we are conducting a clinical trial, to determine if

the use of MST with serious young offenders will produce better outcomes than the services and interventions already available in this province.

Isn't MST too Expensive a Service?

Everyone in the social services system is having to do more with less. With an average worker/client ratio of 1:5, MST is indeed a cost-intensive service. A crucial piece of the evaluation will be to determine cost effectiveness: will spending the money now save money later? A 1998 study by the Washington State Institute for Public Policy rated MST as the most cost effective of the 16 programmes analysed. After subtracting the cost of the MST intervention itself, there was an average saving of \$7,881 (U.S.) per youth for services associated with criminal behaviour, such as incarceration. In addition, the reduction in crime was associated with \$13,982 in savings to potential victims. The study is called Watching the Bottom Line.

Does MST Work With Older Teens?

With the addition of older adolescents to the clinical trial in 2000, some have asked if the MST approach is as effective with young offenders over 15. Reference to the U.S. research indicates that successful outcomes are achieved and maintained for youths of all demographic categories, both males and females, and youths of all ages.

Where Can I Find More Information About MST?

The Family Services Research Center has published many scholarly articles about MST research. See the end of this document for a bibliography. Dr. Scott Henggeler has written an excellent summary called *Treating Serious Anti-Social Behaviour in Youth: The MST Approach* that is available at the web site of the National Criminal Justice

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Reference Service in text and Adobe formats (see here). There is also a great deal of information available at the web site of [MST Services Inc.](#)

Who Can Qualify For MST In The Ontario Clinical Trials?

MST is designed to fit into a community service-delivery spectrum at the high end, where youths have demonstrated severe anti-social behaviour that has proved resistant to other interventions. To qualify for the MST clinical trial, youths must have a high or very high risk of criminal offending in the future. For the younger youth, this determination is made with the Risk/Need Assessment used by the Ministry of Community and Social Services. For youths referred through the Phase II young offender system, the Level of Service Inventory is used. In most cases, future risk is indicated by prior serious offending, which may or may not have resulted in charges. Many youths will have other presenting problems such as school refusal, substance abuse, parent/child conflict or conduct disorders.

Are Some Youths Not Appropriate Referrals To MST?

Yes. We will not screen cases for treatment amenability or exclude those with poor prognosis for success. However, there are two categories of exclusionary criteria:

1. the situation of the youth is inconsistent with a family preservation modality of treatment
2. the presenting issues of the youth are not among those for which MST has been empirically validated

Exclusion of the case means that the youth does not qualify for MST (at least at this point but potentially later if the situation changes).

The **first** category of exclusionary criteria requires consideration of these four factors:

1. **Requisite Level of "Family" Involvement**
MST being a family-based intervention, a youth must have at least one adult caregiver. This may be a parent but could also be an older sibling, grandparent, aunt, uncle or friend of the family. A Crown ward in a stable foster placement could qualify. However, a CAS client in a new placement may not qualify, as there is no way to determine if the placement will break down. Typically, youths in group homes or other residential settings will not be suitable MST candidates unless a family reunification is imminent or a substitute caregiver can be identified.
2. **Current Family Therapy**
If the family were already engaged with a therapist and making gains, the intervention of a MST worker would be neither needed nor appropriate. Should the arrangement break down, however, a referral could be made.
3. **Safety of Youth and Family**
MST uses a family preservation model but some families cannot be preserved safely. When assessing the appropriateness of an MST referral, safety concerns override all others, whether that involves youths who are at risk of abuse, at risk of suicide, or at risk of harming other members of the family. MST is not a substitute for CAS involvement, in-patient hospitalization, or community safety through custody/detention.

4. Risk of Injury to Worker
Clinical supervisors, perhaps in consultation with the police or probation officers, have the discretion to disqualify a case from the clinical trial because of a risk of injury or harm to the MST worker while in the family home. This situation is NOT indicated merely by family violence or assault convictions.

The **second** category of exclusionary criteria pertains to the types of cases with which MST has been demonstrated effective. It has been tested on youths with many presenting problems, all of whom have one thing in common: criminal behaviour.

Based upon clear direction from South Carolina, two groups are ineligible for MST at this point in time:

1. Sex Offenders
Sex offenders must be excluded because MST has not yet been demonstrated as effective with this group (although a project is under way to adapt MST to this purpose).
2. Acute Psychosis
Youths who are acutely psychotic are not candidates for the MST clinical trial. However, a psychiatric diagnosis is not a disqualifying factor in itself.

How Do I Make A Referral To MST?

The MST clinical trials were conducted in four areas of Ontario and the referral process is different in each. Contact the Clinical Supervisor in your area:

Is MST Available In Other Areas Of Ontario?

Not at present. The Government of Ontario is awaiting the results of the clinical trial before making decisions about expansion.

Why Do You Need A Control Group?

The control group is absolutely crucial to the study. Without it, we will never know if MST is more effective than the services already available. We need to determine whether changes we see in the youths over time would have occurred anyway or were the result of other interventions such as probation or conventional therapy. No less important is the fact that MST is a relatively expensive intervention. With the control group, we can document if spending this money now will save money that would otherwise be spent later, on custody and prison stays. This is how it works. Random assignment is used to create two groups of equal size that are identical, especially in terms of the characteristics which might impact future offending (criminal history, etc.). One group continues to receive the services available to them in their communities. The other receives MST. After some time has passed, we examine the members of these two groups to see how they have *changed as a group*. More importantly, we examine how the two groups compare to each other. In the aggregate, they were the same when we started. The only difference is that one half received MST. Therefore, any differences between them can be linked unambiguously to the MST intervention. In short, the control group helps us rule out other possible explanations for observed changes (e.g., they grew out of the behaviour, only treatment-amenable youth received MST, etc.). It also allows a basis of understanding what probably

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would have happened to these youths if they had not had MST.

Isn't Random Assignment Of Referrals Unethical?

No. Most people have an understandable discomfort with this process. It feels like denial of service to a deserving and probably needy family. However, no fewer youths are receiving MST because of the random assignment. There are a set number of MST placements and eliminating the control group would not change that. More importantly, all the families provide informed con-sent. It is explained to them, verbally and in writing that they have a 50/50 chance of being assigned to MST. The assignment is done using a technique much like flipping a coin. No one can control which case goes into which group so the process is completely fair. Everyone has an equal chance. And they are free to decline involvement and continue to receive the services available to them in their home community. The vast majority of qualifying families consent to participate. Further, there is no negative consequence for not getting MST. They are not denied service. In other words, they do not get a placebo. The youths and their families continue to receive the services defined in their case management plans and available in their communities. We are not comparing the efficacy of MST to doing nothing, we are comparing the efficacy of MST to the what we do now to see if it helps us shape better out-comes than what we are already doing.

How Is "Effectiveness" Being Measured?

We hypothesize that the MST group will show both greater improvements in the short-term and lower rates of offending in the long term compared with the control group. In the short term, pre-

and post-testing of both groups will examine changes in internalizing and externalizing symptomatology, social skills, anti-social attitudes, family functioning and parental supervision. As noted above, we will examine both pre and post changes as well as differences between the MST and control groups at the time of post-testing. In the long-term, again using the control group as a comparison, we will look for differences in offending for up to three years after the MST intervention including issues such as patterns of offence seriousness and offence frequency, time until re-arrest, and time spent in both youth custody, residential placements and adult penal institutions.

When Will The Research Findings Be Available?

This study will conclude in March of 2001 and a final report will be prepared for the fall of that year. Annual update reports are prepared for the funding agencies each year in March. These reports are posted on the web site of the Centre for Children and Families in the Justice System of the London Family Court Clinic. An interim report from September of 1999 is now available.

Where Can I Get More Information On The Research?

For more information you can contact:

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