

## **Multisystemic Therapy**

**[Summary White Paper Developed by Louisiana OCDD Clinical Services Team]**

### **Overview of MST; ID & ASD**

You may be aware of the increased trauma vulnerability folks with ID experience. Here we add that youth with ID have a significant vulnerability too. They are at risk for behavioral problems and criminal justice involvement. Adolescents with IDD can be three times as likely to have severe behavioral problems, are at an increased risk of juvenile justice involvement, and make up upwards to 30% of detention centers residents<sup>1</sup>. You may already be aware that MST is a form of therapy that was originally designed to treat these types of youth. MST is unique because at its root, the **philosophy, principles and structure** of the therapy is recognizable as having applicability to those with IDD. Specifically, the idea that the individual is operating in a community, responding to the world they live in, and are **malleable** by those around them. This idea of **participation and reactivity** to the environment/ecology/system is meaningful to supporting individuals using challenging behavior as a source of meeting their needs. Researchers and clinicians have shown that meeting the needs of those with IDD may best be done with home-based, flexible, integrated and multicomponent service delivery and all these are part of MST. More importantly, research evidence has accumulated that MST, as a **family and home-based treatment, is possible and effective** for individuals with IDD, including those with ASD.

### **Why is it Good for ID & ASD**

Likely the most potent part of MST is that the broad focus of prospective therapeutic targets allows for the **flexibility** to address the diverse variety of challenges experienced by the **entire family unit**<sup>2 & 3</sup>. For example, those with IDD experience a variety of significant challenges including adaptive, cognitive, medical, social, behavioral, and financial challenges. And, those with a loved one with IDD may experience mental health concerns, negative caretaking styles, marital stress/divorce, low family cohesion, sibling behavior problems, and financial challenges.

Especially helpful to **families** is the focus on **strengths and skill building**, which resemble service provider supports found in a treatment plan or individual's ISP (Individual Support Plan)/CPOC (Comprehensive Plan of Care). Focusing and planning supports for the **parents' and siblings'** own **barriers** such as substance abuse, high stress, or poor relationships between partners/family members are a significant part of systems therapy and are beneficial to the family milieu.

MST includes several features that are important to highlight. Of the most important to IDD/ASD service delivery is an examination/assessment of what is driving the challenging behavior/"**finding the fit**". Other key features in MST include, empowering the family/supports members to **strengthen** their **parenting/individual supports skills** to reduce the unwanted behavior, **increasing pro-social** behaviors by **increasing** time with **positive peers and activities** while **decreasing** time spent with **problematic peers**, improving the family/supports members

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relationships, improving performance in **school or work** settings if applicable, developing/improving supports within the **natural supports** community and finally, praising success and **planning** to manage potential **relapse/set-back**.

### Adaptions of MST to folks with ID & ASD

MST adaptions are being developed around the world. These adaptations are evaluated by **MST Services, Inc.**, for **clinical fidelity** (see [mstservices.com](http://mstservices.com)). The most meaningful adaptions here are MST-Intellectual Disabilities and MST-Autism Spectrum Disorder. The focus of **MST-ID**<sup>1</sup> &<sup>3</sup> is on youth with **antisocial** behaviors plus **mild intellectual disabilities**, and their caregivers and/or staff. The adaptions focus on the enhanced implementation of MST through **staff hiring** and **training**, including the development of additional training materials tailored to the needs of this population. The **MST-ASD** adaptions focus of MST-ASD is on youth, ages 10-17 diagnosed with ASD. The adaptions focus on interventions aimed at the “broad range of factors associated with disruptive behaviors,” among those are risk factors linked with ASD (e.g., **caregiver stress** and expectations; youth **cognitive, communicative, and social impairment**), structural/ strategic **family therapy, safety planning, and psychoeducation**.

Outcomes from the research				
	Youth	Family	Moms	Dads
ID <sup>1&amp;4</sup>	<ul style="list-style-type: none"> <li>• ↑Pro-social involvement w/peers</li> <li>• ↑Social support</li> <li>• ↑School/work participation</li> <li>• Remained in the home</li> <li>• ↓“Rule-breaking behavior”</li> <li>• ↓Police contact</li> </ul>	<ul style="list-style-type: none"> <li>• ↑Family relations</li> <li>• ↑Social support</li> </ul>	<ul style="list-style-type: none"> <li>• ↑Parenting skills</li> <li>• ↑Social support</li> </ul>	<ul style="list-style-type: none"> <li>• ↑Parenting skills</li> <li>• ↑Social support</li> </ul>
ASD <sup>3&amp;5</sup>	<ul style="list-style-type: none"> <li>• ↑Emotional bonding w/peers</li> <li>• ↓Internalizing problem behavior</li> <li>• ↓ Externalizing problem behavior</li> <li>• ↓Intensity of aggression</li> </ul>	<ul style="list-style-type: none"> <li>• ↑Family cohesion</li> <li>• ↑Family adaptability</li> </ul>	<ul style="list-style-type: none"> <li>• ↓Psychiatric symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• ↑Social support from friends</li> </ul>

### MST and ID

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General adaptations are guided by adaptation of psychotherapy for individuals with ID<sup>6</sup>. Along with specific recommendations for ID<sup>1&4</sup>. These include;

- **Family** focused adaptations
  - Use simplified **language**
  - Use **visual** cues
  - **Simplify** content
  - **Increased treatment duration** with **shorter sessions**
- **Therapist** focused adaptation/additional training
  - Identification of **parental stress**
  - **Motivation** for **therapy engagement**
  - Creation of **therapeutic alliances** with the family
  - **Generalization** of **learned skills**
  - **Simplification** of treatment **materials**
  - Use of **visual cues**
  - **Strengthening** engagement with **social networks**

### MST and ASD

Adaptation of MST for the ASD population<sup>3&5</sup> include first using the **same** evidence-based interventions **as standard MST** and applying a “particular focus on aspects of the **youth’s ecologies** that are functionally related to their problem behavior,” **i.e. home and school**. Modifications to the protocol are guided by the nine/core treatment principles. The MST-ASD protocol modifications focus the therapist’s/your attention on ASD related characteristics and themes that the therapist/you are expected to encounter. Greater detail is available in the full document *Adaptions to MST for IDD & ASD* by OCDD. This document includes;

- **General Treatment Tips**
- **Treatment Emphasis**
  - Where to **reduce** treatment **emphasis**
  - Where to **increase** treatment **focus**
- **Pre-Treatment Recs**
- **Treatment Recs**
- **Caregiver** Differences & Similarities
- **MST-ASD Therapist Role** (similar to a standard MST therapist!)
- Full description and **application** of the **9 core Principles** for ASD

### REFS

<sup>1</sup>Blanckstein, A., van der Rijken, R., Eeren, H. V., Lange, A., Scholte, R., Moonen, X., De Vuyst, K., Leunissen, J., & Didden, R. (2019). Evaluating the effects of multisystemic therapy for adolescents with intellectual disabilities and antisocial or delinquent behaviour and their parents. *Journal of Applied Research in Intellectual Disabilities*, 32, 575-590. DOI: 10.1111/jar.12551

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<sup>2</sup>Hastings, R. P., Kovshoff, H., Ward, N. J., Espinosa, F., Brown, T., & Remington, B. (2005). Systems analysis of stress and positive perceptions in mothers and fathers of pre-school children with autism. *Journal of Autism and Developmental Disorders*, 35, 635–644.

<sup>3</sup>Wagner, D. V., Borduin, C. M., Kanne, S. M., Mazurek, M. O., Farmer, J. E., & Brown, R. M. A. (2014). Multisystemic therapy for disruptive behavior problems in youths with autism spectrum disorders: A progress report. *Journal of Marital & Family Therapy*, 40, 319 – 331.

<sup>4</sup>Blanckstein, A., Lange, A., van der Rijken, R., Scholte, R., Moonen, X., & Didden, R. (2020). Brief report: Follow-up outcomes of multisystemic therapy for adolescents with an intellectual disability and the relation with parental intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, 33(3), 618-624.

<sup>5</sup>Wagner, D. V., Borduin, C. M., Mazurek, M. O., Kanne, S. M., & Dopp, A. R. (2019). Multisystemic therapy for disruptive behavior problems in youths with autism spectrum disorder: Results from a small randomized clinical trial. *Evidence-Based Practice in Child and Adolescent Mental Health*, 4(1), 42-54.

<sup>6</sup>De Wit, M., Moonen, X., & Douma, J. (2012). Guideline effective interventions for youngsters with MID: Recommendations for the development and adaptation of behavioural change interventions for youngsters with Mild Intellectual Disabilities. Utrecht, The Netherlands: Dutch Knowledge Centre on MID.