

## MULTISYSTEMIC THERAPY– BUILDING STRONGER FAMILIES (MST-BSF)

**Model Approach:** Community-based, family-driven treatment for families experiencing physical abuse and or neglect plus parental substance misuse. Families are under the guidance of Child Protection. Children are between the ages of 0 and 17. Model provides highly structured clinical supervision and quality assurance processes. MST-BSF team provides most of treatment; there are minimal referrals to outside sources.

**Model Activities:** Functional assessments are completed in order to create substance misuse safety plans. MST-BSF team includes three therapists, a full-time supervisor, a family resource specialist (FRS) and p/t psychiatrist. Therapists provide parent training, safety planning, substance misuse treatment, relapse prevention group, PTSD treatment for youth and adults, anger management for noninstrumental violence, abuse clarification/healing, partner therapy, and family therapy. The FRS addresses practical needs (e.g., housing, substance-free activities).

**Underlying Logic:** The focus is to provide treatment to the entire family with special attention given to caregivers to overcome substance misuse and neglectful or harsh parenting.

ASSESSMENT	<i>informs</i>	MODEL ACTIVITIES	<i>linked to signs of</i>	MEASUREABLE PROGRESS	<i>and</i>	OUTCOMES
Safety and risk of child abuse and neglect (CAN) at intake and ongoing		Initial safety assessment, ecological safety assessment, practical needs assessment, ongoing safety checklists, and ongoing monitoring of family conflict promote safety with the family. Case management helps address safety issues related to housing and financial needs and helps parent link with sobriety supporting activities such as AA or NA.		Increased capacity of caregivers to provide safety for their children. Increased capacity of parent to reduce substance misuse.		Increased safety, wellbeing and stability for children and families
Fit of referral behaviors, treatment success, and barriers to treatment progress		Assessment of factors that drive child maltreatment and substance misuse leads to an understanding of where to focus interventions and to develop meaningful treatment goals. Ongoing assessment of barriers to following Interventions promotes successful interventions. Ongoing assessment of factors promoting treatment success facilitates sustainability.		Targeting the correct risk factors relates to rapid improvement in target behaviors and promotes timely treatment completion.		Completion of treatment as the family's goals are met
Functional assessment of substance misuse and use of harsh or neglectful parenting		Functional assessment identifies the sequence of behaviors that lead to substance relapse, harsh parenting, or neglectful parenting. This knowledge helps determine when interventions need to occur. The abuse clarification/healing ceremony is held for the parent to take responsibility for their actions and apologize.		Reductions in substance misuse, harsh parenting and neglectful parenting. Parental acceptance of responsibility for maltreatment. Reductions in risk of reabuse.		Reductions in repeat abuse or neglect and out-of-home placement
Trauma and its impact, adult and child mental health functioning, substance misuse		Research-supported treatments to address parenting and mental health difficulties include cognitive behavioral therapy for adult and child trauma and low anger management skills, behavioral parent training, Reinforcement Based Treatment for substance misuse, couples therapy, family therapy, medication assessment and management.		Improved caregiver and youth mental health functioning.		Improved parenting and mental health functioning of parent and child, reduced substance misuse
Fidelity to the treatment model.		Training, rigorous group supervision, and expert consultation are the primary forms of clinical case feedback. Weekly group supervision is a 1 ½ hour format with the entire team that addresses all cases each week. Consultation with the MST-BSF expert is 1-hour weekly for the entire team. The staff complete 13 days of training and attend quarterly booster trainings.		Intensive supervision process results in increased clinician competency and overall agency fidelity to the model.		Improved family environment focused on safety and wellbeing