

MULTISYSTEMIC THERAPY FOR CHILD ABUSE AND NEGLECT (MST-CAN)

Model Approach: Community-based, family-driven treatment for families experiencing physical abuse and or neglect of a child between the ages of 0 and 17. Model provides highly structured clinical supervision and quality assurance processes. MST-CAN team provides most of treatment; there are minimal referrals to outside sources.

Model Activities: Functional assessments are completed in order to create safety plans. MST-CAN 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, 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).

Underlying Logic: The focus is to provide treatment to the entire family with special attention given to caregivers to overcome parenting challenges including substance misuse, mental health difficulties, and post-traumatic stress.

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.		Increased capacity of caregivers to provide safety for their children. Increased capacity of family members to interact and solve problems with no conflict.		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 leads to an understanding of where to focus interventions and to development of meaningful treatment goals. Ongoing assessment of barriers to following Interventions promotes successful interventions. Ongoing assessment of factors that promote 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 aggression and family conflict. Assessment of parenting, and beliefs about use of force in parenting		Functional assessment identifies the sequence in a violent event or family conflict that helps clients and therapists understand when and where interventions need to occur. Conducting an abuse clarification/healing ceremony where the caregiver addresses responsibility for CAN and for change.		Reductions in harsh parenting and in verbal and physical aggression in the family. Reductions in 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		Evidence-based 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, behavioral 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
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-CAN 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