

## **MST Guidelines**

- A. The primary goals of MST treatment are to:
- Eliminate or significantly reduce the frequency and severity of the youth's referral behavior(s);
  - Empower parents with the skills and resources needed to independently address the inevitable difficulties that arise in raising children and adolescents, and to empower youth to cope with family, peer, school, and neighborhood problems.
- B. Overarching case-specific goals for treatment:
1. Definition of "overarching goal"  
An overarching goal:
    - a) refers directly to the referral/target behavior,
    - b) incorporates the desired outcomes of caregivers and other key participants, and
    - c) is written objectively, so an outside observer can easily determine whether or not the goal has been met.
  2. Assuring that case-specific overarching goals are always consistent with program goals  
It is the responsibility of each MST therapist and supervisor to ensure that overarching goals for each case are consistent with the overall goals for the MST program. To accomplish this objective, each therapist must be aware of both the contracted goals and the referral criteria for the MST program.  
  
Therapists should fully engage the referral staff to ensure that the goals of their agency or department are reflected in the overarching goals of each case.
- C. Guidelines for length of treatment
1. Standard length of treatment
    - a) Typical duration of treatment is three to five months. From the first meeting the therapist is planning for discharge by establishing overarching goal with clear criteria for success and by facilitating interventions that are carried out, as much as possible, by family members and other key participants.
    - b) The therapist needs to gauge decisions about discharge based upon achievement of overarching goals. The therapist needs to end treatment when:
      - there is evidence *at any point in the treatment* that overarching goals have been sustained over a period of 3-4 weeks, or
      - overarching goals have not been met and treatment has reached a point of diminishing returns.
  2. Extending MST treatment  
Factors affecting the decision to extend treatment
    - What are the identified needs of this specific youth and family, and how do these needs weigh against the needs of youth yet to be served (input from the referral agency will be required)?

- The extent to which the family has been engaged and what other specific strategies can be used to improve engagement.
- What additional investment of time/energy will be needed by therapist to move the case forward?
- What are the projected outcomes of extended treatment time?
- Has the request for additional time been approved through Juvenile Probation's process?

#### D. Discharge criteria

The determination to discharge a youth from MST is based upon evidence of intervention effectiveness as evaluated from multiple perspectives (e.g. youth, parent, school, probation officer) indicating that:

1. a majority of the overarching goals for the case have been met and sustained;
2. the youth has few significant behavioral problems and the family is able to effectively manage any recurring problems and functions reasonably well for at least 3 to 4 weeks;
3. the youth is making reasonable educational/vocational efforts;
4. the youth is involved with prosocial peers and is not involved with, or is minimally involved with problem peers; and
5. the therapist and supervisor feel the caregivers have the knowledge, skills, resources, and support needed to handle subsequent problems.

Discharge from MST may also occur when few of the overarching goals have been met, but that despite consistent and repeated efforts by the therapist and supervisor to overcome the barriers to further success, the treatment has reached a point of diminishing returns for the additional time invested.

#### E. Evaluating case status review

##### 1. At discharge:

When it has been determined that a case will be discharged, the MST team will review the status of the case in three areas: the current status of case progress, the status of key instrumental outcomes and the status of the case relative to four areas of "ultimate," or real-world, outcomes. The information to be collected in these three areas is as follows:

##### a) Case progress review (select the most appropriate item):

- Completion: The youth was discharged based upon the mutual agreement of the primary caregiver(s) and the MST team.
- Lack of engagement: The decision to discharge the youth was made because the MST team was not able to engage the family in treatment, despite persistence on the therapist's part to engage and align with the family.
- Placement: The youth was placed in a restrictive setting (detention center, residential placement) for a duration of time that precluded further MST involvement.

- Placement, prior event: The youth was placed in a restrictive setting (detention center, residential placement) due to an event or offense that occurred prior to the beginning of MST treatment.
- MST Program administrative removal/withdrawal: Youth was removed from the program by the MST program administration due to administrative issues or decisions unrelated to the progress of the case.
- Funding/referral source administrative removal/withdrawal: Youth was removed from the program by the funding or referral source due to administrative issues or decisions unrelated to the progress of the case.
- Moved: The family moved out of the program's service area.

b) Instrumental Outcomes Review (respond to each item):

- Yes  No The therapist and supervisor have evidence that the primary caregiver(s) has improved the parenting skills necessary for handling subsequent problems.
- Yes  No There is evidence of improved family relations specific to the instrumental and affective domains in that family's subsystems that were drivers of the youth referral behavior.
- Yes  No The family has improved their network of informal social supports in the community and has demonstrated skill at successfully accessing a range of supports (informal to formal) as needed.
- Yes  No The youth is showing evidence of success in an educational or vocational setting.
- Yes  No The youth is involved with prosocial peers and activities and is minimally involved with problem peers.
- Yes  No Changes in behavior of the youth and in the systems contributing to the referral problems have been sustained for 3-4 weeks.

c) Ultimate Outcomes Review (respond to each item):

- Yes  No Youth is currently living at home.
- Yes  No Youth is attending school (is not truant) or vocational training or, if of the legally appropriate age to not attend school, has a paying job (≥20 hours/week).
- Yes  No Youth has not been arrested since the beginning of MST treatment, for an offense committed during MST treatment.

2. Longer term outcomes

Refer to program goals listed in the Request for Proposals (RFP)/contract.

F. Communicating outcomes to referral agencies

When reporting to referral agencies, it is the burden of the MST providers to translate outcomes from the clinical terminology used in

case-specific evaluation to the terms being used for program goal setting and program evaluation.  
All case outcomes should be reported in ways that refer to the program goals listed in the RFP/contract.

G. Outcome reporting requirements

Program goals should be reported as required in the RFP/contract.