

Multi-systemic Therapy for Youth with Problem Sexual Behaviours (MST-PSB) USA



Type of intervention



Individual Work



Family Work

Target group/s, level/s of prevention and sub-group/s:

(Potential)
Offenders

Tertiary Prevention

Children (6-11 Years), Young People (12-17 Years), Adults (21 Years +) | Male & Female | Individualised Work, Family Work | English, Danish, Dutch, Japanese, Spanish

Communities
/ Families

Tertiary prevention

Children (6-11 Years), Young People (12-17 Years), Adults (21 Years +) | Male & Female | Individualised Work, Family Work | English, Danish, Dutch, Japanese, Spanish

Target population

Children or young people who have engaged in sexually abusive behaviour towards others. These individuals may have been through the court system, but this is not a requirement. This is also targeted at the parents and carers of the children and young people.

Delivery organisation

MST Associates, USA.

Mode and context of delivery

Multi-systemic Therapy for Youth with Problem Sexual Behaviours (MST-PSB) is a clinical adaptation of Multisystemic Therapy (MST) that has been specifically designed and developed to treat young people (and their families) for problematic sexual behaviour. The MST-PSB model addresses the multiple determinants underlying problematic juvenile sexual behaviour.

MST-PSB is delivered in the community, occurs with a high level of intensity and frequency, incorporates treatment interventions from MST and places a high premium on approaching each client and family as unique entities. Treatment incorporates intensive family therapy, parent training, cognitive-behavioural therapy, skills building, school and other community system interventions and clarification work. Ensuring client, victim and community safety is a paramount mission of the model.

Each child, young person or family has uniquely and collaboratively designed individual treatment plans and each treatment site is encouraged to jointly develop locally defined outcomes that suit community needs.

There is an associated MST-PSB manual and training programme. The programme is available in English, Danish, Dutch, Japanese and Spanish.

Level/Nature of staff expertise required

Therapists and Supervisors: MST-PSB staff members work on a clinical team of two to four therapists and a supervisor. Therapists will have a Clinical Masters Degree. They are required to complete approved training in MST-PSB. Clinical supervisors are, at minimum, highly skilled clinicians with a Masters Degree and with training in behavioural and cognitive-behavioural therapies and pragmatic family therapies (i.e. Structural Family Therapy and Strategic Family Therapy).

Intensity/extent of engagement with target group(s)

Frequency and intensity of treatment are dependent on the unique needs of the child, young person and family. In general, families receive three or more contacts per week, with the average contact lasting one to two hours. However, if the family is in crisis or urgent needs arise, the amount of contact will likely be even greater. During the latter stages of treatment, session frequency may lessen to promote more autonomy and generalisation of treatment effects. The recommended duration is five to seven months.

Description of intervention

MST-PSB is an adaptation of MST that was developed for children and young people aged 10 to 17.5 years with sexually related delinquent behaviours, including aggressive (e.g. sexual assault, rape) and non-aggressive (e.g. molestation of younger children) sexual offences. Services are provided in the family's home or other convenient places and at times convenient to the family. Services are intensive, with intervention sessions conducted from once a week to every day. A 24 hour/7 day per week on-call schedule is utilised to provide round-the-clock availability of clinical services for families. Interventions are developed using an analytical model that guides the therapist to assess factors that are driving the key clinical problems and then in designing interventions that are applied to these driving factors or "fit factors." Each therapist carries a maximum caseload of four families and case length ranges from five to seven months.

Services Involve Family/Support Structures:

This programme involves the family or other support systems in the individual's treatment family therapy (using a structural and/or strategic family therapy approach) is a primary treatment modality within MST-PSB and the vast majority of treatment sessions focus on the family system. As an in-home, community-based model that focuses on all elements of the youth's natural ecology, the family is engaged as a central change agent for the youth's behaviour. Extended family members are often engaged in treatment interventions along with nuclear family members. Long-

term outcomes and generalisation of acquired skills are hoped to be enhanced by this strength-based, ecological approach in which caregivers are supported in managing youth behaviours across the systemic elements of their ecology (e.g. school, community, peer relationships).

MST-PSB directly provides services to parent and caregivers and addresses the following:

- Denial, minimisation and or victim blaming. Plus general presenting problems/symptoms such as: difficulty managing anger, substance abuse and barriers to effective parenting (e.g., untreated mental illness, excessive stress).

Evaluation

MST-PSB has been rated as ‘well supported by evidence’ by the California Clearing House for Child Welfare. See: www.cebc4cw.org/topic/sexual-behaviour-problems-in-adolescents-treatment-of/. This rating is based on at least two rigorous RCTs and evidence of positive change sustained over 12 months. All information in this template is drawn from the California Clearing House for Child Welfare review.

References

Borduin, C. M., Munsch, R. J., Wagner, D. V., & Taylor, E. K. (2011). Multisystemic treatment of juvenile sexual offenders: Development, validation, and [dissemination](#). In D.P. Boer, R. Eher, L. A. Craig, M.H. Miner, & F. Pfafflin (Eds.), *International perspectives on the assessment and treatment of sexual offenders: Theory, practice, and research* (pp. 263-285). New York: Wiley.

Borduin, C. M. & Schaeffer, C. M. (2002). Multisystemic treatment of juvenile sexual offenders: A progress report. *Journal of Psychology & Human Sexuality, 1*, 25-42.

Letourneau, E. J., Borduin, C. M., & Schaeffer, C.M. (2009). Multisystemic therapy for youth with problem sexual behaviors. In A.R. Beech, L.A. Craig, & K.D. Browne (Eds.), *Assessment and treatment of sex offenders: A handbook* (pp. 453-472). New York: Wiley.

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