

Schaeffer, C. M., & Borduin. (2005). Long-term follow-up to a randomized clinical trial of multisystemic therapy with serious and violent juvenile offenders. *Journal of Consulting and Clinical Psychology*, 73(3), 445-453.

keywords: Multisystemic Therapy, juvenile justice, adolescents, adults, mental health

This article reports on the longest follow-up study to date on the effects of Multisystemic Therapy (MST) on reducing criminal involvement into adulthood. The authors reviewed arrest records for youth randomly assigned to either MST or individual therapy (IT) an average of 13.7 years after services were administered. MST recipients were significantly less likely to be rearrested after treatment when compared to recipients of IT. Compared to IT recipients, those who received MST were less likely to be arrested for serious, nonviolent, and drug related crimes.

At the time of the initial study, youth ( $N = 176$ ) were between the ages of 12-17 years, and had an average of 3.9 felony arrests. Almost half (47.8%) of the sample had been arrested for a violent crime. Although the average age at first arrest was 11.7 ( $SD = 1.9$ ), youths did not receive services until they were, on average, 14.4 ( $SD = 1.4$ ) years old. Most of the sample was male (70%), and 76% were White. African Americans (22%), Asian Americans (1%) and Hispanics (.09%) comprised the rest of the sample. At the time of sentencing, youth were randomly assigned to receive either MST ( $n = 92$ ) or IT ( $n = 84$ ) interventions. MST interventions are individualized, flexible, offered in the home and community, and address cognitive problems with action-oriented solutions. Like MST, IT interventions focus on personal, family and academic issues, and services are provided in the community in this judicial district. However, IT interventions focus on the individual only, rather than on environmental factors (home, school, community, etc.) highlighted by MST. Youth received an average of 20.7 ( $SD = 7.4$ ) hours of MST services, or 22.5 ( $SD = 10.6$ ) hours of IT services. Seventy-three youth completed the MST program, and 59 youth completed the IT program. Data on those who dropped out of either program were included in the following analysis to “provide a conservative test of MST effects” (p. 446).

The current study was conducted an average of 13.7 ( $SD = 1.2$ ) years after MST and IT services were provided; the mean age of the sample was 28.8 ( $SD = 1.8$ ) years. State arrest records were available for 93.8% of the original sample. State juvenile and adult databases were accessed to determine whether these individuals had been convicted of crimes after leaving MST or IT interventions. Results indicate that 50% of MST recipients continued to commit crimes, versus 81% of IT recipients. IT youth were also over four times more likely to be rearrested compared to MST youth. IT recipients were 2.57 times more likely to be arrested for a violent crime (e.g., assault, rape) and 2.63 times more likely to be arrested for a nonviolent crime (e.g., breaking and entering, theft) and 3.33 times more likely to be arrested for a drug related crime when compared to MST recipients. MST youth were sentenced to 61% fewer days of confinement in adult detention centers and received 37% fewer probation days when compared to IT youth.

Previous research on MST has shown this intervention to be effective in the short term at reducing recidivism in adolescents with delinquency problems (See *Data Trends* #29 and #90). This study suggests that the effects of MST may continue after adolescence. According to the authors, “Information regarding the possible lasting benefits of empirically supported treatments such as MST could greatly assist policymakers and program administrators in selecting and implementing mental health programs for serious juvenile offenders” (p. 445).