

Source: Henggeler, S. W., Clingempeel, W. G., Brondino, M. J., & Pickrel, S. G. (2002). Four-year follow-up of Multisystemic Therapy with substance-abusing and substance-dependent juvenile offenders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(7), 868-874.

Multisystemic Therapy (MST) is an evidence-based treatment approach that emphasizes family participation in the treatment of adolescents for criminal and substance abuse problems. In this article, Henggeler and colleagues report on the first long-term study of MST, and provide four-year outcomes of a randomized clinical trial conducted in the mid-1990s. Results of the current study provide initial evidence that some positive treatment effects of MST can endure over time. Participants in the current study ($N = 80$) were young adults who had either received MST treatment ($n = 43$) or services-as-usual for drug problems ($n = 37$) at the beginning of the study.

Initially, the study included 118 juvenile offenders (mean age: 15.7 years) with substance abuse or dependency problems. Participants had a criminal history that averaged 2.9 prior arrests by the time they had entered the study, and almost three-quarters had comorbid psychiatric problems. Over half had substance abuse problems, and 44% had dependency problems. Youth were assessed prior to receiving treatment, shortly after treatment completion, and six and 12 months post-treatment. Short-term results of the study were mixed; significant outcomes were not shown for criminal behaviors or mental health problems, and treatment gains for substance use were not maintained at six-months post-treatment.

For the current investigation, various methods were used to locate the original participants (e.g., visits, calls, directories), and of those located, 80 young adults agreed to participate in the follow-up study. About three-quarters of participants were male, 60% were African American, and 40% were White. As with the original cohort, most were economically disadvantaged. Almost half reported that in the past year they had committed one or more aggressive crimes, while slightly fewer had committed property crimes. Archival records for the previous 2 1/2 years revealed that conviction rates for aggressive and property crimes were 22% and 26%, respectively, for this group. No significant demographic, arrest, or service history differences were found between the young adults who did not participate in this study ($n = 38$) and those who did ($n = 80$).

Assessment instruments for the first study and for the follow-up study were as follows: (a) Self-Report Delinquency Scale (SRD; *criminal behavior*); (b) The Addiction Severity Index, the Youth Risk Behavior Survey (*illicit drug use*); and (c) The Young Adult Self-Report (YAS; *psychiatric symptoms* and *illicit drug use*). In addition, archival records from the State Law Enforcement Division were included to assess criminal behavior within the last year. Finally, participants gave biological samples (urine and hair) to test for current use of marijuana and cocaine.

Results revealed a 75% reduction in convictions for aggressive crimes among MST recipients since the age of 17 years. Biological samples indicated a significant, long-term decrease in the use of marijuana among MST recipients. Reductions in criminal convictions, activities, and drug use were not as marked among services-as-usual recipients as they were among MST recipients (see Table 1).

When reviewing these results, it should be kept in mind that treatment fidelity was low in the original study. In their initial outcome article, Henggeler et al. (1999a) suggested that greater treatment fidelity and a more concentrated focus on drug problems might improve outcomes for youth with substance abuse problems. Nevertheless, the current findings do “support the use of evidence-based, family-oriented treatment for substance-abusing youth” (p. 873), even though a group-oriented model is more common among substance abuse treatments.

With regard to serious mental health issues, participants in both samples continued to experience high rates of internalizing and externalizing behaviors four years post-treatment. Henggeler and colleagues have since adapted the MST model to effectively treat emotional disturbances (see Henggeler et al., 1999b; reviewed in *Data Trends* #18), but those changes were not implemented with the original study participants. Therefore, given the recent inclusion of new treatment modalities to treat externalizing and internalizing problems with MST (Henggeler, Schoenwald, Rowland, & Cunningham, 2002), this study supports the increased development of integrated services for the *combined* treatment of criminal behavior, illicit drug use, and emotional disturbance through evidence-based programs at the community level.

Table 1. Comparison of Multisystemic Therapy and Usual Community Services Participants on Outcome Measures at Four-Year Follow-up

Outcome measures	Multisystemic Therapy (n = 43)			Usual Community Services (n = 37)			Multi-variate F	Uni-variate F	X ²
	Mean	SD	%	Mean	SD	%			
Aggressive Crimes							4.23*		
SRD Aggressive Crimes	0.61	0.90		1.36	2.21			5.70*	
Annualized Convictions	0.15	0.43		0.57	1.80			4.02	
Property Crimes							NS		
SRD Property Crimes	0.89	2.01		1.26	2.39				
Annualized convictions	0.19	0.43		0.20	0.61				
Illicit Drug Use—self report							NS		
Marijuana	4.92	2.35		5.14	2.43				
Cocaine	0.37	0.94		0.40	0.91				
Illicit Drug Use—biological indicators									
Absistent from marijuana			55			28			4.09*
Absistent from Cocaine			53			40			NS
Psychiatric symptoms							NS		
YAS Externalizing	12.50	8.11		11.26	6.85				
YAS Internalizing	12.24	9.36		11.29	6.60				

Note: SRD = Self-Report Delinquency Scale; YAS = Young Adult Self-Report; NS = not significant; * = p < .05

References

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