

Henggeler, S. W., Rowland, M. D., Halliday-Boykins, C., Sheidow, A. J., Ward, D. M., Randall, J., Pickrel, S. G., Cunningham, P. B., & Edwards, J. (2003). One-year follow-up of Multisystemic Therapy as an alternative to the hospitalization of youths in psychiatric crisis. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(5), 543-551.

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The same general intervention may be effective and evidence-based for one population of youth, but not effective with a different population. This is an overall conclusion of this article, which presents a one-year follow-up of multisystemic therapy (MST) as an alternative to psychiatric hospitalization for low-income youth in crisis. The results from the study, which involved random assignment of 160 youngsters either to psychiatric hospitalization and then treatment as usual, or MST, are that there were no major differences between the two groups 12 months after entry into treatment, although there were some differences in the trajectory of change.

The authors report that while four published randomized trials with youth with serious antisocial behavior have shown greater gains with MST than with comparison treatments, “this first MST study with a predominantly mental health population did not achieve such lasting treatment differences” (p. 549).

MST, as employed in this study, had already been adapted compared to its use with youth with anti-social behavior. The adaptations were the integration of additional clinical staff, the integration of evidence-based pharmacological interventions, and the planned and judicious use of out-of-home placements to promote safety or facilitate the attainment of treatment goals. In addition to these changes, the authors indicate that the findings suggest that for this population, “time-limited interventions will not often be adequate” (p. 550), given the chronicity and complexity of the problems. The average length of MST treatment in this study had been 127 days (92 hours of clinical service). The authors further indicate that other services (both more intensive and less intensive) may be needed to meet the ongoing mental health needs of this group of youngsters and their families.

On a positive note, measures of psychiatric symptoms showed a general decrease through the duration of the study. However, key measures of school and community functioning showed deterioration over time.

This is a very significant report, given the importance of MST to the field. The authors are to be commended for offering a direct, straight-forward conclusion indicating a difference in findings for this population of low-income and predominantly African-American (65%) youth who were in psychiatric crisis, compared to the findings for youth whose presenting problem is anti-social behavior. The findings are a reflection of the complexity of developing and implementing effective interventions for diverse populations, and also the complexity of the concept of “evidence-based.”

The authors report that they have made, and will be making changes to the MST model in order to more effectively serve this population. This is a very positive example of the use of research findings to try to strengthen interventions.