Multisystemic Therapy: Family Integrated Transitions (MST-FIT)

A comprehensive approach to helping youth & families transition after out-of-home placement

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MST-FIT and Juvenile Delinquency in America
A key piece of the puzzle

In 1899, the first exclusively juvenile court was established
in Illinois – and since that point, American attitudes toward juvenile delinquency have gone through several iterations. In the 1960s, the approach to juvenile justice shifted from the rehabilitative nature established in that first juvenile court, to a more punitive approach in response to the so-called "delinquency epidemic." Broadly speaking, society decided youthful offenders should be taken off the streets and locked up, an approach that persisted through the "tough on crime" years in the 80s and 90s.

By the late 1990s and early 2000s, imprisoning juveniles had become an increasingly common approach - according to the Office of Juvenile Justice and Delinquency Prevention, there were more than 100,000 incarcerated juveniles in 2000. However, the new millennium appeared to mark yet another shift in attitude toward juvenile delinquency. From 2000 to 2015, juvenile placement began to decline, as national attention began to focus on both the cost and the ineffectiveness of the approach.

100,000+
incarcerated juveniles in 2000

$148,767
Per-juvenile per-year cost of placement in 2014

Juvenile re-arrest rates as high as

75%

In 2014, the Justice Policy Institute (JPI) reported that, on average, it cost $148,767 to keep a single juvenile confined for one year. Subsequent studies found that re-arrest rates were as high as 75% after being confined – and some found that going to jail actually increased the likelihood of a youth being re-arrested.

More alarming were reports of failure to treat mental illnesses in juvenile residential placement centers, and general mistreatment of youth prisoners. The National Alliance on Mental Illness reports that 70 percent of the 2 million young people arrested each year are suffering from some sort of psychiatric disorder – and they often don't find the treatment they need in confinement.

In its 2011 "No Place for Kids" study, the Annie E. Casey Foundation reported that it found "systemic or recurring maltreatment of confined youth in 22 states and the District of Columbia" during the previous decade – a list that grew by seven more states over the next four years.

All of this is to highlight the fact that the approach to juvenile out-of-home placement in America is flawed – and that youth who have been in placement remain a vulnerable population who need extra resources in their transition back to society – and that's where Multisystemic Therapy – Family Integrated Transition (MST-FIT) comes in.

MST-FIT

MST-FIT serves juveniles who are currently in placement and are at the highest risk of recidivism and in need of complex treatment. The model combines services delivered in the residential treatment setting, an approach called the Integrated Treatment Model (ITM), with MST-based aftercare to provide a smooth transition out of placement and back into the home.

The ITM component of MST-FIT prepares the youth to return to his or her community and provides comprehensive treatment in both individual and group settings. The model identifies deficits typically observed in high-risk adolescents and provide skills that are shown to be useful, not only while living away from home, but more importantly, for life in the community. In particular, the model uses tactics such as motivational interviewing and dialectical behavior therapy to help youth change their attitudes toward destructive habits and give them greater control over their emotions.

When the youth is released, treatment continues in the home for approximately four more months. MST-FIT takes the skills learned in the facility and generalizes them at the community level. The therapist teaches caregivers the same skills that the young person has learned in order to reinforce those skills at home and to encourage continual use of the skills after therapy has concluded. Moreover, a therapist is on call 24 hours a day, seven days a week to provide service in the home and community – and to be proactive in de-escalating problems before they become crises.

With MST-FIT, the youth and family get a jump on making the transition from out-of-home placement to home. The goal is to lower recidivism, connect the family with community supports, remove a youth's dependence on drugs and alcohol, promote pro-social behavior and effectively manage the child's mental-health disorders.

MST-FIT has achieved proven results for both individual families and society at large

30%

Less likely to re-offend than other youthful offenders

$20k

Tax-savings per sucessful MST-FIT youth

Kayla's Story of Success

Kayla* was a 16-year-old with a wide, beautiful smile that people rarely saw. After her mother died, she largely kept to herself. "I didn't like to talk to anybody. I held it inside."

Kayla found herself on a destructive treadmill. She ran away from home, hung around with the wrong "friends," and smoked marijuana. At times, her grandmother Claire wanted to stop trying to help Kayla. "I wanted to give up," Claire remembered, but ultimately she recognized Kayla was on a dangerous path and knew she needed to do something.

Kayla's destructive path peaked when she was arrested for a residential burglary – an assault 2 felony – and was sent to jail. Thankfully, for both Kayla and Claire, her case was assigned to a MST-FIT therapist, and Claire finally had hope.

"I saw someone not just talking with Kayla, but talking with us. It made a big difference to me."
-Claire, grandmother of MST-FIT youth

And it made a big difference to Kayla. She said that her therapist, Katie, helped her use some skills learned in the facility so that she could better communicate and control her anger. "It turned my life around a whole lot," Kayla says about MST-FIT.

Ultimately, Kayla graduated from drug court in a ceremony at which she and her grandmother cried while Katie and the judge smiled broadly. The judge saw Kayla as a great win. "What we have is a repetitive process where many of these young people haven't learned anything," he said. "They have not learned how to behave differently. Their families are not supported with ways in which they can be more effective in parenting. So, what happens is a revolving door into the detention centers on a regular basis, depriving them of opportunities to go to school, to be socialized in effective ways within the community."

This was not the case with Kayla. Thanks to MST- FIT, she was in school full time and looking for a job, on the path to a brighter future.

*names have been changed to protect the identity of the individuals mentioned

What makes MST-FIT so successful?

A huge factor in the success of MST-FIT is its comprehensive and intensive training – both at the start of the program and throughout the existence of the team.

That starts with an initial 5-day MST training and an additional 4-day MST-FIT training for therapists and supervisors. Topics are:

- Orientation covering treatment model and its implementation, DBT, MI, preventing relapse and MST
- Mental health, substance abuse and juvenile-justice cross-training
- Methods for screening and assessing
- Moving youth over to community-based services
- Treatment interventions

After the initial training, supervisors and therapists continue to receive high quality training and assistance in implementing the MST-FIT model.

- Boosters address specific MST-FIT therapists needs, problem-solving system-level barriers, providing feedback on team adherence and fidelity, and other topics as needed.
- MST-FIT consultants conduct weekly meetings by phone or in person with MST-FIT supervisors and therapists. Consultants also offer advice during youth and/or family crises and on a limited basis, set up psychiatric help to answer questions about diagnosis and medication interactions/side effects. Consultants can also connect with medical providers.

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