

## An Independent Effectiveness Trial of Multisystemic Therapy with Juvenile Justice Youth: Clinical and Policy Considerations

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This presentation will be based on the current article 'An Independent Effectiveness Trial of Multisystemic Therapy with Juvenile Justice Youth' in the Journal of Clinical Child and Adolescent Psychology, 2006, Vol. 35, No. 2, 227-236, by Dr. Jane Timmons-Mitchell, et. al. It will also include data related to the adolescent female population, looking at data from 1,000 girls who received MST. The presentation will examine the effectiveness of an evidence based practice, MST, conducted in a real world mental health setting in Stark County, Ohio. Youth, and their families, enrolled in the treatment were all involved with the local Family (Juvenile) Court system. The primary questions addressed by the study are: 1) are MST effects on rearrest results achieved in previous clinical trials replicable in an independent trial; and 2) what are the effects of MST on youth functioning? The research design was a 2 (treatment conditions: MST vs. TAU) x 3 (time: pretreatment, intermediate post treatment, and a 6 month post treatment follow up). It is important to note that this is the first randomized clinical trial of MST with juvenile offenders, in the United States, conducted without direct oversight by the model developers. The presentation will highlight outcomes achieved for 93 youth randomly assigned to or MST or treatment as usual (TAU) through an 18-month follow up post treatment for offense data, and a 6 month follow up post treatment for ratings of the Child and Adolescent Functional Assessment Scale (CAFAS). The outcomes which will be described include significant reduction in rearrest and improvement in 4 areas of functioning measured by the CAFAS for youth who received MST. Adherence to MST in this site was supported by similar findings in another MST real world setting (Halliday-Boykins et. al in press). The results related to reduced arrest rates, improved functioning during treatment, and the performance of the MST youth in home, at school, and in the community. These are particularly significant given the ecological basis for MST.

While girls have been included in all MST clinical trials and real-world summaries of MST implementation, since there have never been sex difference in outcomes or functional improvement, none have been reported. A summary of previous findings for 1,000 girls receiving MST will be reported. The question of the need for gender-specific treatment will be addressed. Since MST is an individualized treatment, it is able to address the individual needs of girls, and the data support this conclusion. Rather than attempting to prove the null hypothesis (there is no difference between the responses of boys and girls to MST), perhaps an alternative hypothesis should be examined: girls respond positively to MST, achieving high rates of remaining in the community, staying in school, and not committing additional offenses. Some of the treatment delivery strategies that may contribute to these positive outcomes, and how they are particularly effective for treating the needs of girls, will be discussed.

The presentation will identify key implementation, infrastructure, and sustainability issues that are crucial to the installation and adoption of evidence based practices on real world community settings. Relevant data from the Innovation, Diffusion, and Adoption Research Project-IDARP (Panzano et. al. in press) will be used to demonstrate the implementation issues. This presentation addresses the NRI goals of a completed project with specific outcomes on two target populations of youth involved in the juvenile justice system and outcomes and issues related adolescent females enrolled in MST.