

EFFECTIVE TREATMENTS FOR CONDUCT DISORDERS

Multisystemic Therapy (MST)

MST is an intensive family-based and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders. These environmental systems include the juveniles' homes and families, schools and teachers, neighborhoods and friends. Multisystemic therapy works with juveniles ages 12 through 17 who have had a very long history of arrests. Clinicians work in the child's environment; allowing parents and caregivers to be in control. The goal of the clinician and caregiver is to keep the adolescent focused on school and gaining job skills, and to introduce youth to sports and/or other recreational activities as an alternative to "hanging out" (MST Services, Inc., 2010).

MST blends cognitive behavioral therapy, behavior management training, family therapies, and community psychology. There are specific interventions for child abuse and neglect victims, for adolescents with psychiatric problems, for those with substance abuse and for youth with problem sexual behavior. The main goal is to keep adolescents who have exhibited serious clinical problems (e.g., drug abuse; violence; severe emotional disturbance) at home, in school, and out of trouble. In order to achieve these objectives, therapists and agencies must be well trained in all of the combined therapies that comprise MST. The Medical University of South Carolina licensed MST Services in 1996 to publicize MST technologies. MST Services trains therapists in MST, and surrounds them and their supervisors with support, resources, and ongoing coaching. The continuing support that MST Services provides is crucial to the success of programs (MST Services, Inc., 2010).

Published outcome studies have shown reductions in long-term re-arrest rates and out-of-home placements, better family functioning, decreased substance abuse, and fewer mental-health problems for serious juvenile offenders (MST Services, Inc., 2010).

The California Evidence-Based Clearinghouse (CEBC) rated MST in the areas of disruptive behavior treatment (child and adolescent), substance abuse treatment (adolescent), and behavioral management for adolescents in child welfare. MST was given a rating of 1 or “well-supported” by research evidence (The California Evidence-Based Clearinghouse for Child Welfare, 2009).

Multidimensional Treatment Foster Care (MTFC)

MTFC is a clinically-effective and cost-effective alternative to residential treatment facilities. The treatment combines technologies typically associated with more restrictive settings with nurturing family environments (Landsverk et al., 2006). Highly individualized and intensive treatment plans are created with input from screening assessments. Parents or foster parents are trained and receive ongoing consultation and support. Youth are provided with structured daily feedback and a point system. A youth therapist and a family therapist work with a psychiatrist and a case manager to provide integrated service. Although MTFC was once an intervention used solely for teens, it has now been adopted for younger maltreated children with serious emotional, behavioral, and developmental problems.

Cost savings can be substantial if residential placement is avoided. Savings can total from over \$20,000 per youth to over \$87,000 per youth (studies cited by Chamberlain, Leve, & DeGarmo, 2007). Chamberlain et al. completed a two-year follow up study of 81 girls with serious and chronic delinquency, comparing MTFC to group care. Participation in the MTFC

condition resulted in better outcomes than group care at both the 12-month and the 24-month follow ups. Youth were more effectively treated for delinquency in well-trained and well-supervised community foster homes.

An example of MTFC is Oregon's Social Learning Center. Each foster parent is extensively trained in behavior modification. Families are trained to supervise closely (allowing less exposure to troubled peers), to offer fair and consistent limits, to give predictable consequences, and to foster a supportive relationship between the child and at least one adult.

Treatment specifically for preschool children is also available. MTFC-P combines three interventions. First, there is training, support, and consultation to foster parents. Second, are services to children that decrease problem behaviors, promote attachment to caregivers, and enhance school readiness. Third is family therapy and parent training for biological and adoptive parents. With programs such as Oregon's Early Intervention Foster Care program, highly individualized and intensive treatment plans are created based on in-depth assessments done during screening (Wiggins, et al., 2007).

MTFC-P has been evaluated in a randomized clinical trial with funding from the National Institute of Health. Compared to regular foster care, MTFC-P was effective at increasing secure attachments and decreased the risk of re-entry into child welfare following a foster care placement.