

FSRC Update & Publications



Highlighted article or topic -

Multisystemic Therapy for Problem Sexual Behavior (MST-PSB): Dissemination and Research Update

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MST Associates Clinical Training



Purpose: To achieve positive clinical outcomes through the implementation of training and supervision protocols used in the clinical trials of MST-PSB (i.e., quality assurance)

Transportability Pilots: We initially tested the feasibility of the adaptation (MST-PSB) in MST community programs in Connecticut (2004), Maine (2005), and Colorado (2006) under close oversight by the adaptation developer. We also evaluated whether we could develop/train a 2nd generation expert in the adaptation.

Clinical Adaptations of MST for Treating Problem Sexual Behavior Youth

- ◆ Ensuring community safety by helping the family to develop a comprehensive plan for risk reduction and relapse prevention
- ◆ Recognizing and handling denial about problem sexual behavior and its consequences by caregivers and the youth
- ◆ Evaluating and addressing the youth's grooming strategies and cognitions that may contribute to problem sexual behavior
- ◆ Assessing within-family victimization issues and determining related treatment needs
- ◆ Interventions that focus on developing social skills and friendships may be required

Mature Transport: Toward Broader Dissemination



Purpose: To evaluate whether we can more broadly replicate 2nd generation transport (and eventually 3rd generation transport) with adherence to the model/adaptation and with high quality outcomes

Licensed MST-PSB Sites

- Connecticut (Wheeler Clinic, 1 team, year 5, funded by Connecticut DCF)
- Maine (Kennebec Behavioral Health, 3 teams, year 4)
- Colorado (Savio House, 2 teams, year 3)
- Ohio (Nationwide Children's Hospital, 1 team, year 2)
- Ohio (Crisis Intervention and Recovery Center, 1 team, year 2)
- Ohio (Applewood Centers, 1 team, year 1)
- Pennsylvania (Family Services of Northwestern Pennsylvania, 1 team, year 1)

MST-PSB Sites Planned

- Arizona
- New Mexico
- Colorado
- New York

Questions or More Information



Dissemination/Site Development:

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New Findings from Randomized
MST Efficacy and Effectiveness Studies with
Problem Sexual Behavior Youth
(Juvenile Sexual Offenders)

Efficacy Trial: Missouri Delinquency Project

- Borduin, C. M., Schaeffer, C. M., & Heiblum, N. (2008). A randomized clinical trial of multisystemic therapy with juvenile sexual offenders: Effects on youth social ecology and criminal activity. *Journal of Consulting and Clinical Psychology*.

Sample Characteristics

- ◆ 48 sexual offenders and their families participated
 - 24 had one or more arrests for sexual offenses against peer or adult victims (i.e., sexual assault, rape)
 - 24 had one or more arrests for sexual offenses against younger (by 3 or more years) child victims (i.e., molestation)
- ◆ Youths averaged 4.3 arrests (all offenses)
- ◆ Mean age of youths was 14.0 years; 66.7% were White and 33.3% were African American; 70.8% lived with one parent

Method

Design:

- ◆ Pretest--posttest control group design
- ◆ Eligible youths were randomly assigned to MST or usual services (sex-offender-specific, cognitive-behavioral group and individual therapy)
- ◆ Average length of MST = 30.8 weeks
- ◆ Follow-up into early adulthood (*M* age = 23.4 years)

Multi-agent, multi-method battery used to assess:

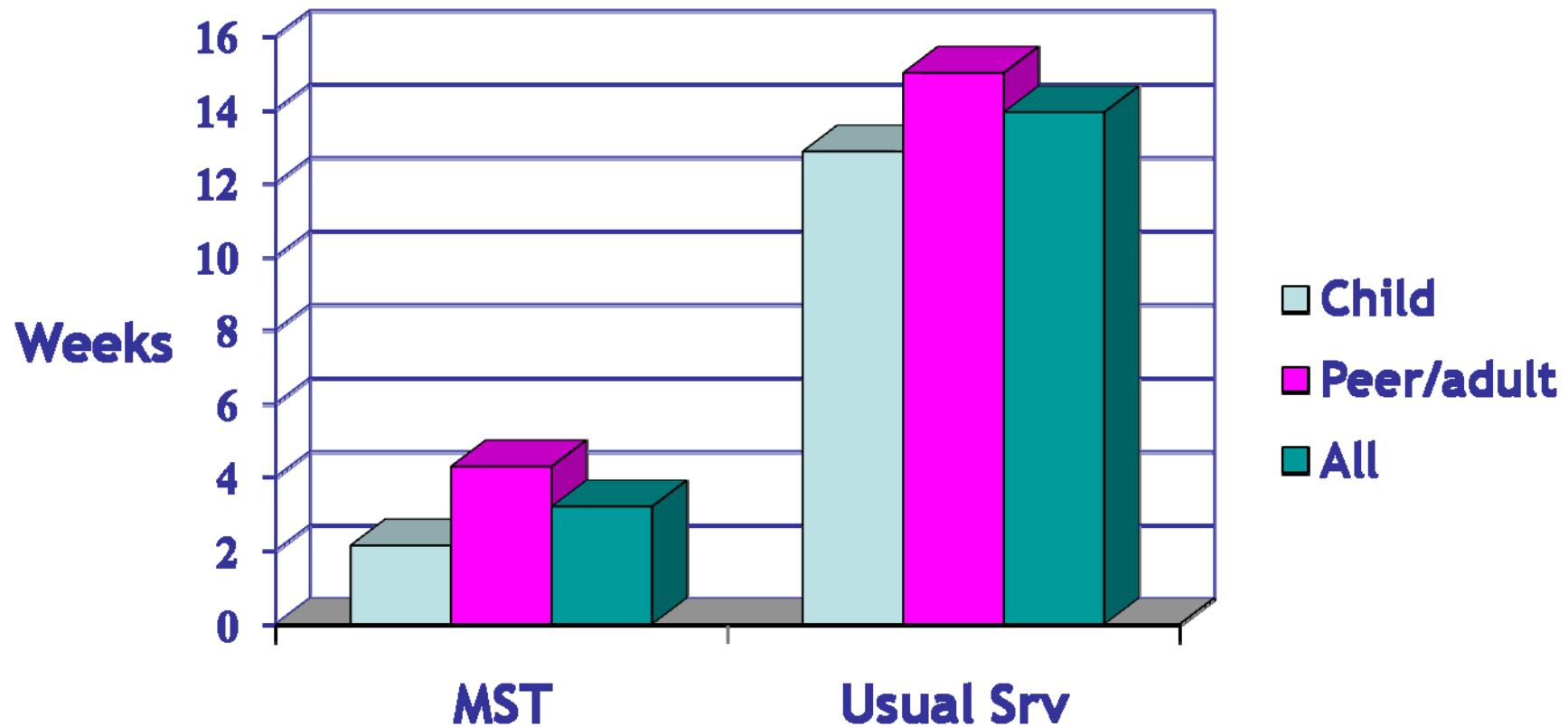
- ◆ Instrumental outcomes (youth, family, peer, school)
- ◆ Ultimate outcomes (criminal activity, incarceration)

Instrumental Outcomes at Post-treatment

MST was significantly more effective at:

- ◆ Decreasing behavior problems in youth
- ◆ Decreasing youth criminal offending (self-reported)
- ◆ Decreasing parent and youth symptoms
- ◆ Increasing family cohesion and adaptability
- ◆ Decreasing youth association with deviant peers
- ◆ Increasing youth emotional bonding and social maturity in relations with prosocial peers
- ◆ Decreasing youth aggression in relations with peers
- ◆ Improving youth grades in school

Time In Out-of-Home Placements One Year after Referral

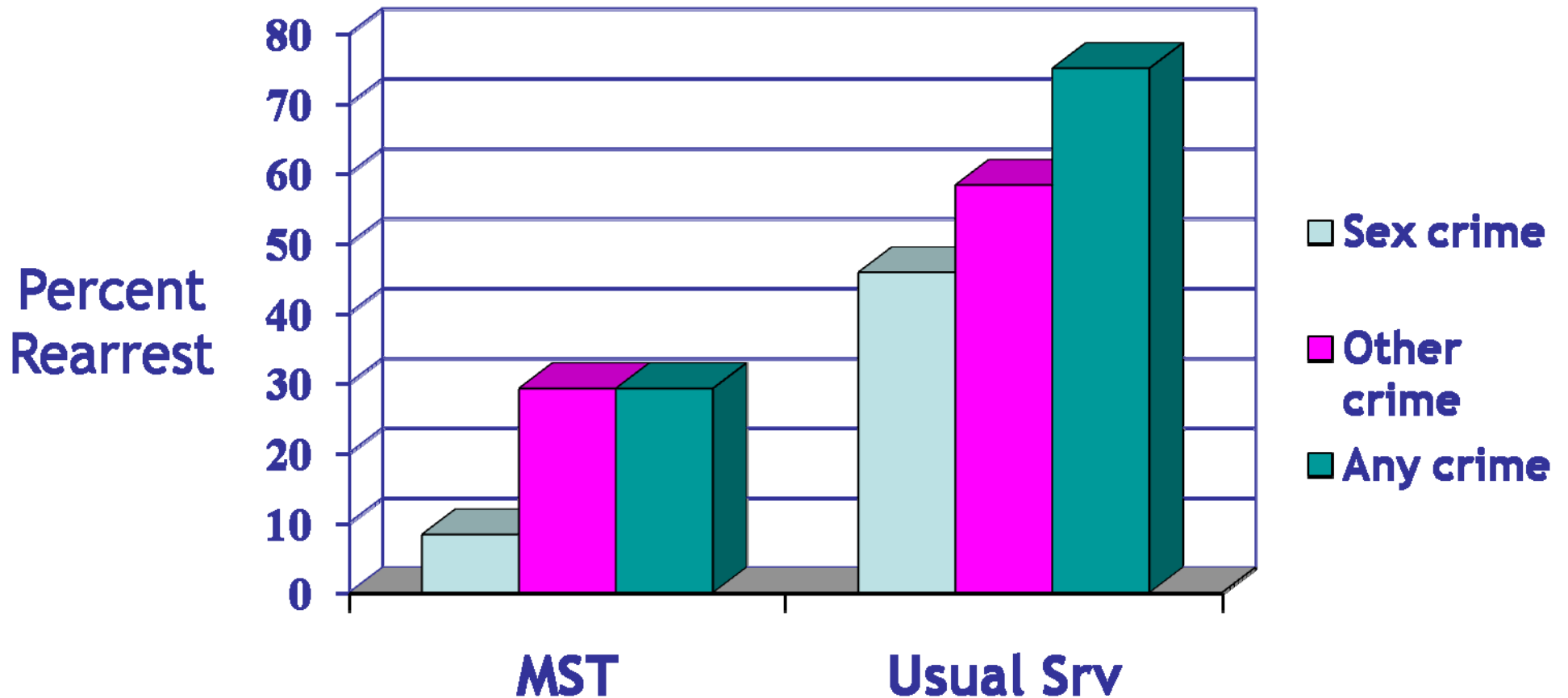


Arrest and Incarceration Outcomes at 8.9-Year Follow-Up

MST was significantly more effective at:

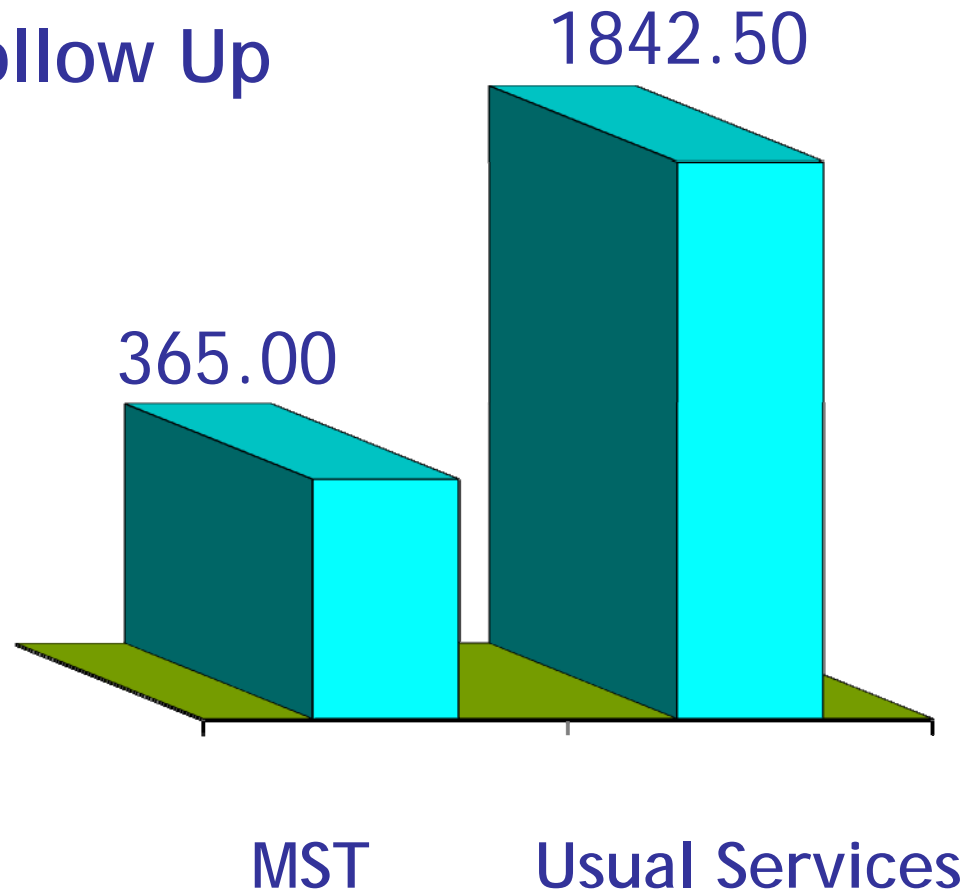
- ◆ Preventing sexual offending (recidivism was 8.3% for MST vs. 45.8% for usual services)
- ◆ Preventing other criminal offending (29.2% vs. 58.3%)
- ◆ Decreasing days incarcerated during adulthood (by 80%)

Recidivism Rates at 8.9-Year Follow-Up



Adult Days Confined

- 8.9-Year Follow Up



Average Costs Per Offender at 8.9-Year Follow-Up



	MST	Usual Services
Taxpayer Costs	\$33,278	\$153,027
Crime Victim Costs (assumes one victim per arrest)	\$13,783	\$76,824
Total Costs	\$47,062	\$229,852

MST Benefit-to-Cost Ratio at 8.9-Year Follow-Up



- ◆ The estimated benefit-to-cost ratio for MST ranges from:

\$12.40

to

\$38.52

Taxpayer Benefits
Only

Taxpayer & Crime Victim
Benefits

That is, **\$1.00** spent on MST today can be expected to return **\$12.40** to **\$38.52** to taxpayers and crime victims in the years ahead.