It Takes a Village: *MST* from Multiple Perspectives

Evidence-based programs (EBPs) differ from traditional therapeutic approaches in several ways. For example: 1) Interventions used are grounded in sound empirical research that has demonstrated their effectiveness; 2) Therapists practicing the models are held accountable to practicing with high fidelity; and 3) Supervision of these models is often layered, involving a site supervisor as well as supervision from a model expert or consultant. Depending on the individual, working within an EBP can be viewed as either confining or freeing; it's all a matter of perspective and personal preference.

One of the EBPs that we work with is *Multisystemic Therapy* (*MST*), a model designed to treat youth who have mental health needs and are involved in the juvenile justice system. While the "typical" *MST* consumer is a youth exhibiting delinquent behaviors, it is accepted that many times these youth are suffering from mental health issues that also drive their acting out behaviors either directly or indirectly.

MST is an intensive family- and community-based treatment that views individuals as living within a complex network of interconnected systems that encompass individual, family, and extrafamilial (peer, school, neighborhood) factors. *MST* strives to promote behavior change in the youth's natural environment, using the strengths of each system to facilitate that change. *MST* is designed to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers. *MST* also works to empower youth to cope with family, peer, school, and neighborhood problems. Intervention strategies include strategic family therapy, structural family therapy, behavioral parent training and cognitive behavioral therapies.

One of the greatest benefits of working within the *MST* model is the cohesive and supportive team environment. An *MST* team consists of at least two and at most four therapists and one supervisor. Additionally, a consultant is often considered as part of the team. Weekly supervision and consultations are conducted in a team setting. This structure requires a trusting, challenging, and fun team environment in order to effectively encourage growth and retention of *MST* therapists.

Supervisor Perspective: The Importance of Fidelity

Within *MST*, like other EBPs, the standard activities involved in supervision and team building happen within the context of model fidelity. Each therapist receives detailed supervision and consultation on each case weekly in order to ensure adherence to the model. The intensity and directiveness of supervision, along with the high accountability for outcomes, makes the therapist's fit with the model paramount to its success. Progress is monitored using fidelity instruments, measures designed to determine the degree to which therapists are adhering to model principles on a session-by-session basis. It is the supervisor's responsibility, working closely with the consultant, to see the strengths of every therapist and to build on those strengths in order to maximize adherence. The most concrete way this happens is through the clinician development plan.

Effectiveness as an *MST* therapist is measured through multiple sources; it is the supervisor's responsibility to gather the data and present it to the therapist in a manner that minimizes defensiveness and maximizes buy-in to the goals of the development plan. Data are collected monthly from adherence measures, sessions that the supervisor has either observed or listened to on tape, observation during supervision and consultation, and from evidence of ability to engage families. The therapist and supervisor look at the data together, and based on it write goals for the month in order to increase adherence. This is a very similar process to what happens

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when therapists do weekly paperwork on their families. When done correctly, it provides the therapist with a wonderful opportunity to experience the *MST* process from the family's perspective.

Recent research on the *MST* Therapist Adherence Measure (*MST*-TAM) has demonstrated that adherence to the *MST* model impacts the outcomes experienced by families—higher therapist adherence leads to more positive outcomes for families.[1] For this reason, therapist performance on fidelity measures is an important consideration in each and every session and intervention. Fidelity measures traditionally measure what are considered to be indicators that the therapist is abiding by the model principles. For instance, average number of sessions per week/month, perceived compatibility of therapist and family goals, and implementation of interventions that match model principles are periodically measured through interviews with the families. These interviews yield data that provide supervisors and consultants with information regarding areas of strength and need for individual therapists as well as for whole teams. Scores yielded by these measures are often tied to eligibility for wage increases and are based on the perception of the family receiving the services, making the use of fidelity measures a source of either added stress or added security for therapists.

The supervisor follows a similar process with the help of the consultant. Every other month each therapist fills out a Supervisor Adherence Measure (SAM) and the resulting data along with team outcomes, turnover rates, team TAM scores, and recordings of supervisions are compiled. Together, the supervisor and consultant use the data to identify supervisory strengths and needs and write goals based on the assessment. While this process may feel overwhelming at the beginning, effective supervision and team culture reinforce that this process is intended to be supportive rather than punitive.

Professionals choose to be *MST* therapists because they want to work within a well-researched model and want to provide effective services to challenging families. The most successful way to avoid therapist burnout is supervision because it demonstrates to the therapists the effectiveness of their work. Feedback that uses outcomes and builds on the strong work ethic and the desire of success for their clients is used to motivate, challenge and reward therapists. When the team approach is consistently demonstrated to be supportive of and empowering to therapists, much of the resistance to supervision and consultation dissipates and therapists are left open to the guidance that will allow them to provide the most effective therapy of which they are capable.

MST FAMILY MEMBER PERSPECTIVE: "IT'S THE ENCOURAGEMENT THAT HELPS THE MOST"

The number one thing I thought was different with this treatment is that you weren't judgmental, and you didn't take sides. You didn't focus just on me or on Alison; you focused on the family. In other counseling they would just focus on the kids and I didn't get any help out of it in how to parent. They made me feel like I was a bad person. They would blame me for everything, but they wouldn't show me how to correct it. Parents need to know how to discipline their kids instead of doing things the wrong way like I was doing it. You came into my home, saw what I was doing, and showed me a different way that worked better. You taught me to discipline my kids as teenagers, not as little children.

I could call you or whoever was on call anytime I wanted. I called you for everything: my problems, the kids' problems, and problems with my husband—and you were willing to listen. You were a support not just for the children but for everything. When I was out of control saying, "I'm done. I'm done. I'm done," or the kids were out of control, I would call you. You'd calm me down first, then we would talk about the situation—how to handle it and what to say. You'd guide me on what to say while we were on the phone together. Then what really worked—you used to tell me, "Good job." You made me feel proud of myself and how I handled the situation. You didn't rush through it, like some counselors do. I think you like your job and you're not just here for the paycheck.

You've seen Alison—her lying, not coming home, and she and her sister throwing a big fit. You've seen me at my worst, but you kept me in check and I appreciated that. If you weren't in the house you wouldn't have seen the things that led to fights. What helped, too, is that you took time to make a list of all the free activities that were available in town for us to do as a family and even took the time to go with us to see how we interacted in places like that.

You ate my food when you didn't even know me—I thought that if you were willing to eat my food, I could trust you. You were always willing to go to probation meetings and to court and sit with us. You always told them how good Alison and I were when we were doing good. I think it's the encouragement that helps the most.

I remember one time you stayed four hours to calm us down. You made sure there wasn't going to be a fight after you left the house. And when you were not available, the therapist on call was very helpful. I knew I could count on her, too, because you all work as a team. I knew all the therapists meet in a group to discuss our situation and you've told me that you get together and brainstorm how you can help us. Just like they say, it takes a village to raise a kid. It takes a bunch of therapists to raise a kid, not just one.

-Melissa

Therapist Perspective: "Prepared, Supported, and Excited"

"We've been officially brainwashed," I remember a fellow Mulitsystemic Therapist saying as we made our way out of the 5-day *MST* initial training. I remember thinking, "That's funny, I feel really prepared, supported, and excited!" As with most any experience, the way we approach working within evidence-based models and practices is all a matter of perspective.

The transition from working within traditional therapy models to utiliz-

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ing evidence-based models is often rocky because it requires a 180-degree shift in thinking. Therapists making this shift usually feel inadequate for several months; it's a lot like going back to graduate school and wondering if your chosen profession is really a good fit for you because it's so difficult to grasp the necessary concepts and make it all flow in practice. The therapist is no longer conceptualizing cases and developing interventions independently; these processes are dictated by the model within which they have chosen to work. Each EBP has an analytic process that therapists utilize to determine appropriate next steps/interventions in treatment, and depending on the perspective of the therapist, this devotion to a model of treatment can either feel like a safety net or like a shackle. A common misperception of therapists considering work in an evidence-based model is that the therapy within these models is "prescribed." While a newer therapist might feel that *MST* is scripted and they are not allowed to think "outside the box," a more experienced *MST* therapist will undoubtedly argue that within the model you may use almost any intervention. It was helpful when I was first learning *MST* to think of the model as a guide, like a roadmap—a way to get from A to Z (current state to goal state), all while driving the car of my choice. I knew I had to get to Z and as long as I could demonstrate how I would use model principles to get there, my interventions would be approved and I could hop in my car and begin the journey!

MST works with difficult families. Often the challenges are too much for therapists to manage on their own. Thankfully, one of the greatest benefits of working with *MST* is the cohesive and supportive team environment. The accountability model, when managed effectively, can be one of the most effective methods of building a team. A large majority of therapists new to *MST* have never previously worked in a therapeutic model where they are responsible for outcomes. This gives supervisors an opportunity to frame the focus on outcomes and accountability in any way they choose. If, from the beginning, accountability is explained as the method of achieving the common goal of success for families, the whole process becomes significantly less threatening and shifts to being supportive. Each therapist has the responsibility of engaging the family.

When this is difficult there is a whole team to offer ideas, support, and experience in building on strengths even in the most challenging situation. It is for that reason that positive climate should be a part of regular team discussions and individual therapists should be accountable to their role in developing and maintaining it on their teams.

The most tangible support that both the supervisor and the team can offer fellow therapists is through the supervision process. Often, the families served in *MST* have very good reason to distrust the system and the greatest tools in engaging the family are the ideas offered by the rest of the team. Even after the therapist has effectively engaged the family, they will have blind spots. Just as parents experience blind spots with their own children that an objective therapist can help highlight, the therapist experiences blind spots with a family they are well engaged with. Supervision is the first safety net that ensures those blind spots do not become liabilities in the therapeutic encounter. The consultant is the second safety net to help support both the therapist and supervisor when the supervisor might have blind spots because of his or her engagement with the therapist. When the process is both explained and implemented this way, the majority of the therapist's defensiveness is reduced. Additionally, no one on the team is singled out. For new staff, watching a more experienced *MST* therapist receive feedback can provide both excellent role modeling and comfort, as they know that the feedback is an expected part of the process and does not indicate that they are doing anything wrong. An experienced therapist who can explain to a new staff person, "This is where I started and this is the process that helped get me where I am today," is perhaps the most effective way to decrease defensiveness and feelings of vulnerability on the part of the new staff.

When I began working in the *MST* model I had six years of post-Masters work under my belt as a traditional therapist in residential treatment settings with youth and their families. I was well trained in traditional therapy and I firmly believed in the notion that therapists are not responsible for their clients' lack of progress."People will change when they're ready," is what I was taught and what I believed. It's been a year and a half since my initial 5-day *MST* training; I am now the *MST* and *Functional Family Therapy* (*FFT*) Director at a community mental health center in rural Colorado, and I can't imagine going back to practicing traditional therapy.

Reference

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Melissa* and her family were referred to *MST* by a placement evaluator at Social Services. Permission has been granted by Melissa to share her experiences.

**Name has been changed to protect the privacy of the author.*

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