Multisystemic Therapy for Emerging Adults (MST-EA):
Treating Emerging Adult Offenders Who Have Mental Health Conditions

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Thank You!

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- Collaborators:
  - Sara Lourie & Anne McIntyre-Lahner, Connecticut Dept. of Children and Families
  - Charles Lidz, Edward Mulvey, Mary Evans, & Scott Henggeier
  - MST-EA/TAY Team - North American Family Institute
  - The emerging adult participants and their social network members

Malleable Causes of Offending & Desistance – General Population

**JUVENILES**
- Antisocial peers
- ↓ Parental supervision/monitoring
- Unstructured time (school & afterschool)
- Substance Use
- Rational choice/distorted cognitions
- Attachment to school, prosocial peers, family

**ADULTS**
- Peers influence less
- Parental influence lessened/indirect
- Unstructured time (work)
- Substance Use
- Rational Choice/distorted cognitions
- Attachment to work, spouse
Transition-Age Offenders with SMHCs

- Simply addressing mental health needs found unsuccessful in reducing offending in adults
- Wraparound approaches have had good outcomes in reducing antisocial behavior in youth with SMHC but is designed for children, not young adults

Standard MST
(with juveniles 12-17yo, no SMHC)

- Intensive home-based treatment
- Team of 3-4 therapists; 1 therapist = 4-6 families
- Promote behavioral change by empowering caregivers/parents
- Individualized interventions target comprehensive set of identified risk factors across individual, family, peer, school, and neighborhood domains
- Interventions integrate empirically-based clinical techniques from the CBT and behavioral therapies
- Duration: 3-5 months
MST-EA Treatment Focus

- Treatment of the EA’s antisocial behavior & serious mental health conditions
- Leveraging and developing the EA’s social network
- Integrating a Life Coach & Psychiatrist for EA’s into the MST Team
- Mental Health, Substance Use, and Trauma interventions
- Targeting housing & independent living skills
- Targeting career goals
- Improving relationship skills
- As needed, teaching parenting curriculum

MST-EA Team

- 3 Therapists
- On-Site Supervisor
- Off-Site Consultant
- 0.2 Psychiatrist/Nurse Practitioner
- Life Coaches (4, totaling 1.0FTE)
- Full Team Caseload = 12
Target Population

- 17-20 year olds with a diagnosed serious mental health condition
- Recent arrest or release from incarceration
- Living in stable community residence (i.e., not homeless)

Demographics
Research retention

- 90% completed the post tx interview
- Reasons for missing:
  - 1 not locatable
  - 1 formally withdrew
  - 2 completed last interview but tx no complete
- 91% of all interviews were completed

Treatment Retention

Incomplete Tx minimum # weeks of treatment = 6.5

Complete Tx ranged from 4 to 12 months

- Completed Treatment (goals met & sustainable) 51%
- Mutual agreement 15%
- Engagement Lost 20%
- Restrictive Placement 12%
- Moved 2%
Recidivism -
Arrests 6 months Pre vs. 6 month Post treatment (N=41)

Mean # Charges

PreTx: 1.60
Post Tx: 0.40

Arrested PreTx=29%
Arrested Post Tx=12%

Outcomes

MH Symptoms** Peer Delinquency* Substance Use Out-of-home

* p<.05, **p<.001 (Related Samples Wilcoxon)
Substance Use

Majority of the cases (84%) have presented in need of treatment for substance-related problems.

NOTES: 22+ screens: 21 THC, 3 opiate, 1 cocaine

Fidelity Scores
(possible score 1[never]- 4 [always])

Thpst 1 (N=15)  Thpst 2 (N=20)  Thpst 3 (N=18)

Positive Urine Screens

NOTES: 22+ screens: 21 THC, 3 opiate, 1 cocaine
Conclusions

- The adaptations to MST for Emerging Adults with Serious Mental Health Conditions successfully engage and retain youth
- Outcomes are in the desired direction
- Large scale randomized control trial is needed