

# MST Benefits Troubled Youth

This report focuses on youth referred for standard MST, from January 1 until December 31, 2013, who had an opportunity for a full course of treatment (e.g., cases were clinically closed). These results are based on the comprehensive review of the 12,127 cases\* (85.9 percent of 14,123 cases referred for treatment) that were closed for clinical reasons (i.e., completed treatment, low engagement or placed).

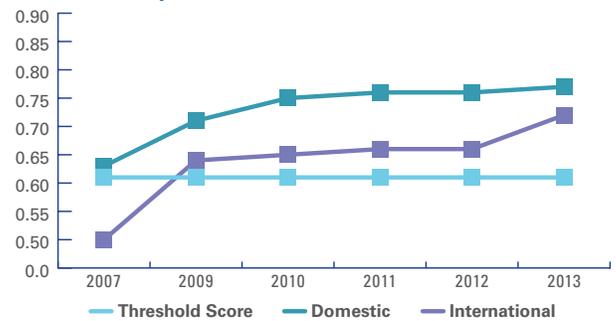
<b>At Home</b>	<b>89%</b>	Comparison to youth served last year indicates that positive outcomes for youth, families and stakeholders have been maintained.
<b>In School/Working</b>	<b>84%</b>	
<b>No Arrests</b>	<b>85%</b>	

\*Cases not included either received no services (1.7 percent), were closed for administrative reasons (9.01 percent) or were not able to provide outcome data due to international data sharing limits (3.3 percent).

A key feature of MST that contributes to the consistent outcomes is the focus on therapist adherence to the model. As adherence increases above threshold, the likelihood that a youth will have positive outcomes also increases.

Both international and domestic providers had satisfactory overall mean scores suggesting that MST can be implemented with adherence in a variety of cultures. Analysis of the increase in therapist adherence by international providers indicated that Spanish-speaking caregivers were likely to perceive therapists as significantly more adherent than English-speaking caregivers. Lowest overall adherence was reported by caregivers who spoke any other language. \*\*Means for Spanish, English and other languages were .79, .73 and .67, respectively.

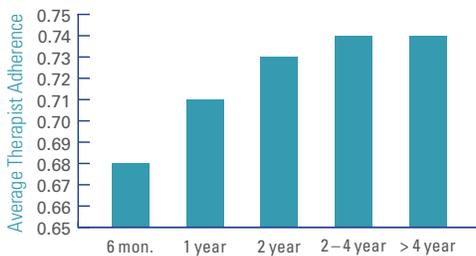
**Therapist Adherence Increased Over Time**



\*\*One-way ANOVA of adherence score by caregiver language group  $F(2, 2825) = 42.37, p < .001$ .

Through program support and staff training and development, MST Services helps programs hire and retain therapists who are likely to be adherent to the treatment model. A study of the 2,298 MST therapists who provided services to youth in this report showed overall average tenure in the position was 2.3 years, and 16 percent of therapists hired left within six months. Seventy-five percent of therapists who served youth in this report were active at the time this report was written.

**Therapist Adherence Improved with Experience**



\*\*\*One-way ANOVA of adherence score by therapist MST experience  $F(4, 2297) = 12.37, p < .001$ .

Significant improvement in therapist adherence was noted after six months and again after one year. Therapists who stayed more than one year had significantly higher adherence scores than therapists who had been in the job six months or less, and therapists with two years or more experience were the most adherent of all groups. \*\*\*In order to support programs to have the best workforce possible, we hope to learn more about strategies to identify and address factors that contribute to turnover among therapists who are performing well and to improve the programs' ability to identify, during the hiring process, therapists who will not perform well.

Similar to the professional groups to which therapists belong, 79 percent of therapists were female. The races and cultures represented by the therapists were diverse, with most therapists being identified as White (55 percent), Black (23 percent) or Hispanic (10 percent). This approached a similar distribution to the youth served, with most youth being identified as White (42 percent), Black (29 percent) or Hispanic (15 percent). The majority of youth were male (66 percent). The average age was 15.1 years. Among caregivers, 15 different primary languages were spoken, with English used by 82 percent.

## MST Performance Dashboard

The data from the 12,127 cases that closed for clinical reasons were used to assess performance of standard MST programs worldwide on the following key performance indicators, known as the MST Performance Dashboard. Of these cases, 26 percent (3,147) were served by international teams and 74 percent (8,980) received MST within the U.S.

Item	Performance Indicator	Target	Overall Average <sup>a</sup>	Project Range (SD) <sup>b</sup>
<b>ULTIMATE OUTCOMES REVIEW</b>				
1	Percent of youth living at home	90%	89.1%	63.6% – 100% (8.45)
2	Percent of youth in school and/or working	90%	84.4%	51.4% – 100% (11.00)
3	Percent of youth with no new arrests	90%	85.3%	49.8% – 100% (10.86)
<b>THERAPIST ADHERENCE DATA</b>				
4	Overall average adherence score <sup>c</sup>	0.61	.76	.40 – 1.0 (.11)
5	Percent of clients reporting adherence above threshold (> 0.61) <sup>c</sup>	80%	76.2%	20.0% – 100% (16.09)
6	Percent of youth with at least one TAM-R interview	100%	91.6%	39.6% – 100% (13.25)
<b>CASE CLOSURE DATA</b>				
7	Percent of youth completing treatment	85%	86.5%	58.2% – 100% (9.41)
8	Percent of youth closed due to lack of engagement	<5%	4.9%	0% – 21.5% (5.50)
9	Percent of youth placed during treatment	<10%	8.7%	0% – 31.7% (7.69)
10	Average length of treatment in days	100 – 140	129.6	96.0 – 174.1 (14.25)

<sup>a</sup> Excluded from this report were 1,925 cases that were referred to MST adaptation programs in 2013.

<sup>b</sup> Key indicators were calculated by team. The project range represents scores within three standard deviations of the mean on these indicators achieved by teams with more than 15 cases.

<sup>c</sup> Therapist adherence data were available on 11,106 youth.

## MST and its Adaptations

Additional youth were served by MST adaptations that provided treatment targeted to specific needs in some communities. See [mstservices.com/MSTadaptations.pdf](http://mstservices.com/MSTadaptations.pdf) for more information about adaptations.

### Number of Clinically Closed Cases that Were Served by MST and its Adaptations

	MST	MST-SA	MST-PSB	MST-FIT	MST-CAN	MST-PSYCH
<b>Number of youth (%)</b>	<b>12,127 (86.3%)</b>	<b>865 (6.2%)</b>	<b>863 (6.2%)</b>	<b>113 (.8%)</b>	<b>49 (.3%)</b>	<b>35 (.2%)</b>

Note. MST-SA (MST-Substance Abuse); MST-PSB (MST-Problem Sexual Behavior); MST-FIT (MST-Family Integrated Transitions); MST-CAN (MST for Child Abuse and Neglect); MST-PSYCH (MST-Psychiatric)