

MST[®]

Multisystemic Therapy

Multisystemic Therapy[®] (MST[®]) Research at a Glance

**Published MST Outcome,
Implementation and
Benchmarking Studies**

Breaking the Cycle of Criminal Behavior
by keeping teens at home, in school and out of trouble

January 2017

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MST is an internationally recognized program for at-risk youth and their families. For more than 30 years, MST has consistently demonstrated positive outcomes with chronic juvenile offenders. Based on the program's success, rigorous randomized trials were conducted to explore the feasibility and effects of adaptations of MST with other target populations. Results have been positive for treating problem sexual behavior, child abuse and neglect, substance abuse, serious emotional disturbances and chronic health care conditions. This document highlights the many areas of MST research and proven outcomes with traditional MST and MST clinical adaptations as well as research on the transport of MST to community practice settings.

RESEARCH HIGHLIGHTS

- **62** published outcome, implementation and benchmarking studies
- Yielding more than **120** published, peer-reviewed journal articles
- More than **48,000** families included across all studies
- **25** randomized trials
- **41** of the **62** studies conducted by independent researchers (not involving an MST model developer)
- **16** outcome studies using MST with serious juvenile offenders:
 - *11 randomized trials*
 - *7 independent studies*
 - *2 international studies*
- **12** outcome studies using MST with adolescents with serious conduct problems
 - *4 randomized trials*
 - *11 independent studies*
 - *6 international studies*
- **2** outcome studies with substance-abusing or -dependent juvenile offenders (MST-Substance Abuse)
- **3** outcome studies with juvenile sexual offenders (MST-Problem Sexual Behavior)
- **3** outcome studies with youths presenting serious emotional disturbance (MST-Psychiatric)
- **3** outcome studies with maltreating families (MST-Child Abuse and Neglect)
- **6** outcome studies with adolescents with chronic health care conditions (MST-Health Care)
 - *5 independent*
- **15** implementation studies
 - *11 independent*
- **13** treatment process studies
 - *10 independent*
- **10** cost related studies
 - *5 independent*

More than 48,000 families included across all studies

62 outcome, implementation and benchmarking studies, yielding more than 120 peer reviewed journal articles

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MST research demonstrates

- Long-term re-arrest rates in studies with serious juvenile offenders reduced by median of **42%**
- Out-of-home placements, across all MST studies, reduced by a median of **54%**
- Improved family functioning
- Decreased substance use among youth
- Fewer mental-health problems for youth
- Higher levels of client satisfaction
- Considerable cost savings

MST's positive results are long lasting

A 22-year, follow-up study by the Missouri Delinquency Project showed youths who received MST had

- **36%** fewer felony arrests
- **75%** fewer violent felony arrests
- **33%** fewer days incarcerated
- **37%** fewer divorce, paternity and child support suits
- **56%** fewer felony arrests for siblings

MST has proven the importance of treatment adherence

A large, 45-site study on the transport of MST involving almost 2,000 families, and more than 450 therapists and 80 supervisors, concluded:

- High therapist adherence can reduce the number of youth criminal charges by **36 percent** at 2.3 years after treatment.
- High supervisor adherence can reduce the number of youth criminal charges by **53 percent** at 2.3 years after treatment.

(See publications in Study #11)

MST has been effectively transported to community practice settings

- MST currently has more than **500** active programs.
- Adherence measures demonstrate that MST is being delivered with high levels of fidelity.
- Outcomes in community practice settings are similar to those of university-based trials.

MST theory of change has been supported by treatment process research

- Mediation and qualitative studies have demonstrated the importance of improving family relations as the mechanism to reduce youth antisocial behavior.

(See publications in Studies #8, #22, #26, #29, #31, #39 and #54)

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

MST with Serious Juvenile Offenders			
Study #	Authors	Design	Population
1	Henggeler et al. (1986)	QE	Delinquents and their families
3	Borduin, Henggeler, Blaske & Stein (1990)	RCT	Adolescent sexual offenders and their families
4	Henggeler, Melton & Smith (1992)	RCT	Violent and chronic juvenile offenders and their families
5	Borduin et al. (1995)	RCT	Violent and chronic juvenile offenders and their families
6	Henggeler, Melton et al. (1997)	RCT	Violent and chronic juvenile offenders and their families
8	Henggeler, Pickrel & Brondino (1999)	RCT	Substance-abusing and -dependent delinquents and their families
9	Borduin, Schaeffer & Heiblum (2009)	RCT	Juvenile sexual offenders and their families
16	Timmons-Mitchell et al. (2006)	RCT—Independent	Juvenile offenders (felons) at imminent risk of placement and their families
17	Henggeler et al. (2006)	RCT	Substance-abusing and -dependent juvenile offenders in Drug Court and their families
21	Curtis, Ronan, Heiblum & Crellin (2009)	BM—Independent	Juvenile offenders in New Zealand and their families
22	Letourneau et al. (2009)	RCT	Juvenile sexual offenders and their families
25	Glisson et al. (2010)	RCT/CRO—Independent	Juvenile offenders and their families
26	Butler et al. (2011)	RCT—Independent	British juvenile offenders and their families
40	Fain et al. (2014)	QE—Independent	Chronic juvenile probationers
42	Baglivio et al. (2014)	QE—Independent	Juvenile offenders
49	Trupin et al. (2011)	QE—Independent	Incarcerated juvenile offenders and their families

QE=Quasi-experimental
RCT=Randomized clinical trial
BM=Benchmarking
IR=Implementation Research
CRO=Counties randomized to organizational intervention conditions, youth in counties to MST or usual care

MST with Adolescents with Serious Conduct Problems			
Study #	Authors	Design	Population
12	Ogden & Halliday-Boykins (2004)	RCT—Independent	Norwegian youth with serious antisocial behavior and their families
18	Ogden, Hagen & Andersen (2007)	BM—Independent	Norwegian youth with serious antisocial behavior and their families
20	Sundell et al. (2008)	RCT—Independent	Swedish youth with conduct disorder and their families
27	Boonstra et al. (2009)	BM—Independent	Dutch seriously antisocial behavior and delinquent juveniles and their families
28	Boxer (2011)	Treatment process—Independent	Adolescents in MST Programs and their families
29	Asscher et al. (2013)	RCT—Independent	Dutch youth with severe and violent antisocial behavior and their families
31	Glebova et al. (2012)	Treatment process	Youth with serious antisocial behavior and their families treated by 51 MST therapists
34	Weiss et al. (2013)	RCT—Independent	Adolescents with serious conduct problems in self-contained classrooms and their families
37	Painter (2009)	QE—Independent	Youth with externalizing disorders
39	Gervan et al. (2012)	Treatment process—Independent	Youth who were physically aggressive or at imminent risk of placement and their families
47	Smith-Boydston et al. (2014)	QE—Independent	Youth with behavior problems
48	Lofholm et al. (2014)	QE—Independent	Swedish youth with severe behavior problems
51	Boxer et al. (2015)	Treatment process—Independent	Adolescents and their families in MST programs
54	Paradisopoulos et al. (2015)	Treatment process—Independent	British youths who completed MST
56	Barth et al. (2007)	QE—Independent	Behaviorally troubled youth and their families

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January 2017

MST Child Abuse and Neglect Studies (MST-CAN)			
Study #	Authors	Design	Population
2	Brunk, Henggeler & Whelan (1987)	RCT	Maltreating families
24	Swenson et al. (2010)	RCT	Physically abused adolescents and their families
33	Schaeffer et al. (2013)	Pre-post and QE	Families with co-occurring parental substance abuse and child maltreatment

MST-Psychiatric Studies			
Study #	Authors	Design	Population
7	Henggeler, Rowland et al. (1999)	RCT	Youth presenting psychiatric emergencies and their families
15	Rowland et al. (2005)	RCT	Youth with serious emotional and behavioral disturbances and their families
19	Stambaugh et al. (2007)	QE—Independent	Youth with serious emotional disturbance and antisocial behavior at risk for out-of-home placement and their families
36	Tolman et al. (2008)	BM—Independent	Youth with serious emotional and behavioral disturbances

MST-Health Care Studies (MST-HC)			
Study #	Authors	Design	Population
13	Ellis et al. (2004)	RCT—Independent	Adolescents with poorly controlled type 1 diabetes and their families
14	Ellis, Frey et al. (2005a)	RCT—Independent	Inner city adolescents with chronically poorly controlled type 1 diabetes and their families
23	Naar-King et al. (2009)	RCT—Independent	African-American adolescents with primary obesity and their families
30	Ellis et al. (2012)	RCT—Independent	Adolescents with poorly controlled type 1 or type 2 diabetes and their families
38	Letourneau et al. (2012)	RCT	HIV infected youth with poor medication adherence
43	Naar-King et al. (2014)	RCT—Independent	African-American adolescents with poorly controlled asthma

MST-Problem Sexual Behavior Studies (MST-PSB)			
Study #	Authors	Design	Population
3	Borduin, Henggeler, Blaske & Stein (1990)	RCT	Adolescent sexual offenders and their families
9	Borduin, Schaeffer & Heiblum (2009)	RCT	Juvenile sexual offenders and their families
22	Letourneau. et al. (2009)	RCT	Juvenile sexual offenders and their families

Implementation Studies			
Study #	Authors	Design	Population
10	Henggeler, Schoenwald, Liao, Letourneau & Edwards (2002)	Implementation research	Youth referred to standard MST and their families
11	Schoenwald, Sheidow, Letourneau & Liao (2003)	Implementation research	Youth referred to standard MST and their families
32	Ogden et al. (2012)	Implementation research—Independent	Norwegian therapists, supervisors, and agency leaders
35	Stout & Holleren (2013)	IR—Independent	MST and FFT programs
41	Westin et al. (2014)	IR—Independent	Youth referred to MST or FFT
44	Brunk et al. (2014)	Implementation research	Youth referred to standard MST
45	Hebert et al. (2014)	IR—qualitative	Child protection team members
47	Smith-Boydston et al. (2014)	IR—QE—Independent	Youth in MST programs
48	Lofholm et al. (2014)	IR—Independent	Swedish youth in MST programs
50	Hendriks et al. (2014)	IR—Independent	MST and FFT programs
52	Welsh & Greenwood (2015)	IR—qualitative—Independent	Stakeholders in 5 states
53	Lange et al. (2015)	IR—Independent	Dutch and US families
55	Pantoja (2015)	IR—qualitative—Independent	Chilean government documents
60	Van der Rijken et al. (2016)	IR—QE—Independent	Dutch adolescents and families
61	Bruns et al. (2016)	IR—Independent	U.S. state mental health systems

Most of the research publications listed in this document can be requested online from MST Services (MSTS). To request a publication, simply send an email with the publication number in the subject line (e.g., *FSRC #104, MSTS #1095, etc.*) to Network.Partner@mstservices.com. The publication number is listed after each citation in this document. The requested publication will be emailed directly to you.

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January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(+) & Findings	Therapists/ Provider Organization
1 MST	Henggeler et al. (1986)	Quasi-experimental	Delinquents and their families N=80	Diversion services	Post treatment	Improved family relations; decreased behavior problems and association with deviant peers	Graduate students/ University

Henggeler, S. W., Rodick, J. D., Borduin, C. M., Hanson, C. L., Watson, S. M., & Urey, J. R. (1986). Multisystemic treatment of juvenile offenders: Effects on adolescent behavior and family interactions. *Developmental Psychology*, 22, 132–141. **FSRC Publication #104**

2 MST- Child Abuse and Neglect*	Brunk, Henggeler & Whelan (1987)	Randomized clinical trial	Maltreating families N=33	Behavioral parent training	Post treatment	Improved parent-child interactions	Graduate students/ University
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Brunk, M., Henggeler, S. W., & Whelan, J. P. (1987). A comparison of multisystemic therapy and parent training in the brief treatment of child abuse and neglect. *Journal of Consulting and Clinical Psychology*, 55, 311–318. **FSRC Publication #103**

3 MST- Problem Sexual Behavior*	Borduin, Henggeler, Blaske & Stein (1990)	Randomized clinical trial	Adolescent sexual offenders and their families N=16	Individual counseling	3 years	Reduced sexual offending (93%) and other criminal offending (72%)	Graduate students/ University
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Borduin, C. M., Henggeler, S. W., Blaske, D. M. & Stein, R. (1990). Multisystemic treatment of adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, 35, 105–114. **FSRC Publication #102**

4 MST	Henggeler, Melton & Smith (1992)	Randomized clinical trial	Violent and chronic juvenile offenders and their families N=84	Usual community services—high rates in incarceration	59 weeks	Improved family relations and peer relations; decreased recidivism (43%) and out-of-home placement (64%)	Community therapists/ Community provider
	Henggeler et al. (1993)		Same sample		2.4 years	Decreased recidivism (24%) (doubled survival rate)	
	Henggeler et al. (1991)		Subsamples of present study N=47 and Borduin et al. (1995) N=200 (Study #5)		Post treatment for present study and 4-year follow-up for Borduin et al. (1995)	Reduced self-reported alcohol/marijuana use and fewer substance-related arrests	

Henggeler, S. W., Melton, G. B., & Smith, L. A. (1992). Family preservation using multisystemic therapy: An effective alternative to incarcerating serious juvenile offenders. *Journal of Consulting and Clinical Psychology*, 60, 953–961. **FSRC Publication #4**

Henggeler, S. W., Melton, G. B., Smith, L. A., Schoenwald, S. K., & Hanley, J. H. (1993). Family preservation using multisystemic treatment: Long-term follow-up to a clinical trial with serious juvenile offenders. *Journal of Child and Family Studies*, 2, 283–293. **FSRC Publication #13**

Henggeler, S. W., Borduin, C. M., Melton, G. B., Mann, B. J., Smith, L., Hall, J. A., Cone, L., & Fucci, B. R. (1991). Effects of multisystemic therapy on drug use and abuse in serious juvenile offenders: A progress report from two outcome studies. *Family Dynamics of Addiction Quarterly*, 1, 40–51. **FSRC Publication #101**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(+) & Findings	Therapists/ Provider Organization
5 MST	Borduin et al. (1995)	Randomized clinical trial	Violent and chronic juvenile offenders and their families N=176	Individual counseling	4 years	Improved family relations, decreased psychiatric symptomatology for parents, youth behavior problems, and recidivism (63%)	Graduate students/ University
	Schaeffer & Borduin (2005)		Same sample		13.7 years	Decreased rearrests (54%) and days incarcerated (57%)	
	Klietz et al. (2010)	Cost-benefit analysis	Same sample		13.7 years	Cost benefits ranged from \$75,110 to \$199,374 per MST participant	
	Sawyer & Borduin (2011)		Same sample		21.9 years	Decreased felony arrests (36%), violent felony arrests (75%), and days in adult confinement (33%)	
	Wagner, Borduin et al. (2014)		Closest-in-age sibling N=110		25 years	Decreased felony (56%) and misdemeanor (38%) convictions as well as years sentenced to incarceration (27%) and probation (60%)	
	Dopp, Borduin et al. (2014)	Cost-benefit analysis	Same sample N=176 and closest-in-age sibling N=110		25 years	Cost benefit of \$35,582 per juvenile offender and \$7,798 per sibling	

Borduin, C. M., Mann, B. J., Cone, L. T., Henggeler, S. W., Fucci, B. R., Blaske, D. M., & Williams, R. A. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology*, 63, 569–578. **FSRC Publication #25**

Schaeffer, C. M., & Borduin, C. M. (2005). Long-term follow-up to a randomized clinical trial of multisystemic therapy with serious and violent juvenile offenders. *Journal of Consulting and Clinical Psychology*, 73(3), 445–453. **FSRC Publication #261**

Klietz, S. J., Borduin, C. M., & Schaeffer, C. M. (2010). Cost-benefit analysis of multisystemic therapy with serious and violent juvenile offenders. *Journal of Family Psychology*, 24, 657–666. **FSRC Publication #383**

Sawyer, A.M., & Borduin, C.M. (2011). Effects of MST through midlife: A 21.9-year follow up to a randomized clinical trial with serious and violent juvenile offenders. *Journal of Consulting and Clinical Psychology*, 79, 643–652. **FSRC Publication #396**

Wagner, D. V., Borduin, C. M., Sawyer, A. M., & Dopp, A. R. (2014). Long-term prevention of criminality in siblings of serious and violent juvenile offenders: A 25-year follow-up to a randomized clinical trial of multisystemic therapy. *Journal of Consulting and Clinical Psychology*, 82, 492–499. **MSTS Publication #1091**

Dopp, A. R., Borduin, C. M., Wagner, D. V., & Sawyer, A. M. (2014). The economic impact of multisystemic therapy through midlife: A cost-benefit analysis with serious juvenile offenders and their siblings. *Journal of Consulting and Clinical Psychology*, 82, 694–705. **MSTS Publication #1093**

6 MST	Henggeler, Melton et al. (1997)	Randomized clinical trial	Violent and chronic juvenile offenders and their families N=155	Juvenile probation services—high rates of incarceration	1.7 years	Decreased psychiatric symptomatology, incarceration (53%), and recidivism (26%, nonsignificant); treatment adherence linked with recidivism outcomes	Community therapists/ Community providers—two sites
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Henggeler, S. W., Melton, G. B., Brondino, M. J., Scherer, D. G., & Hanley, J. H. (1997). Multisystemic therapy with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination. *Journal of Consulting and Clinical Psychology*, 65, 821–833. **FSRC Publication #55**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(*) & Findings	Therapists/ Provider Organization
7 MST- Psychiatric*	Henggeler, Rowland et al. (1999)	Randomized clinical trial	Youth presenting psychiatric emergencies and their families N=116	Psychiatric hospitalization	4 months post recruitment	Decreased externalizing problems (CBCL); improved family relations; increased school attendance; higher consumer satisfaction	Community therapists/ University
	Schoenwald et al. (2000)		Same sample		4 months post recruitment	73% reduction in days hospitalized; 49% reduction in days in other out-of-home placements	
	Henggeler, Rowland et al. (2003)		Same sample		16 months post recruitment	Favorable 4-month outcomes, noted above, dissipated; 15% decrease in days in out-of-home placement (non-significant)	
	Huey et al. (2004)		Same sample		16 months post recruitment	Decreased rates of attempted suicide	
	Sheidow et al. (2004)	Cost analysis	Same sample		16 months post recruitment	MST cost savings at 4 months, but equivalent costs at 16 months	

Henggeler, S. W., Rowland, M. R., Randall, J., Ward, D., Pickrel, S. G., Cunningham, P. B., Miller, S. L., Edwards, J. E., Zealberg, J., Hand, L., & Santos, A. B. (1999). Home-based multisystemic therapy as an alternative to the hospitalization of youth in psychiatric crisis: Clinical outcomes. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38, 1331–1339. **FSRC Publication #88**

Schoenwald, S. K., Ward, D. M., Henggeler, S. W., & Rowland, M. D. (2000). MST vs. hospitalization for crisis stabilization of youth: Placement outcomes 4 months post-referral. *Mental Health Services Research*, 2, 3–12. **FSRC Publication #64**

Henggeler, S. W., Rowland, M. D., Halliday-Boykins, C., Sheidow, A. J., Ward, D. M., Randall, J., Pickrel, S. G., Cunningham, P. B., & Edwards, J. (2003). One-year follow-up of multisystemic therapy as an alternative to the hospitalization of youths in psychiatric crisis. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42, 543–551. **FSRC Publication #231**

Huey, S. J. Jr., Henggeler, S. W., Rowland, M. D., Halliday-Boykins, C. A., Cunningham, P. B., Pickrel, S. G., & Edwards, J. (2004). Multisystemic therapy effects on attempted suicide by youth presenting psychiatric emergencies. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43, 183–190. **FSRC Publication #247**

Sheidow, A. J., Bradford, W. D., Henggeler, S. W., Rowland, M. D., Halliday-Boykins, C., Schoenwald, S. K., & Ward, D. M. (2004). Treatment costs for youths in psychiatric crisis: Multisystemic therapy versus hospitalization. *Psychiatric Services*, 55, 548–554. **FSRC Publication #253**

8 MST- Substance Abuse*	Henggeler, Pickrel & Brondino (1999)	Randomized clinical trial	Substance-abusing and -dependant delinquents and their families N=118	Usual community services	11 months post recruitment	Decreased drug use at post treatment, days in out-of-home placement (50%), and criminal arrests (19%, nonsignificant); treatment adherence linked with decreased drug use and other outcomes	Community therapists/ University
	Henggeler, Pickrel, Brondino & Crouch (1996)		Same sample		11 months post recruitment	98% rate of treatment completion for youth in MST	



Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(+) & Findings	Therapists/ Provider Organization
8 MST-Substance Abuse* (CONTINUED FROM PAGE 7)	Schoenwald et al. (1996)	Cost analysis	Same sample		11 months post recruitment	Incremental cost of MST nearly offset by between-groups differences in out-of-home placement	
	Brown et al. (1999)		Same sample		6 months	Increased attendance in regular school settings	
	Huey et al. (2000)	Treatment process	Same sample as well as sample from Study #6		Post treatment	MST theory of change supported: favorable changes in family relations and deviant peer associations mediated association between treatment adherence and decreased delinquency	
	Henggeler, Clingempeel et al. (2002)		Same sample		4 years	Decreased violent crime (74%); increased marijuana abstinence	

Henggeler, S. W., Pickrel, S. G., & Brondino, M. J. (1999). Multisystemic treatment of substance abusing and dependent delinquents: Outcomes, treatment fidelity, and transportability. *Mental Health Services Research*, 1, 171–184. **FSRC Publication #85**

Henggeler, S. W., Pickrel, S. G., Brondino, M. J., & Crouch, J. L. (1996). Eliminating (almost) treatment dropout of substance abusing or dependent delinquents through home-based multisystemic therapy. *American Journal of Psychiatry*, 153, 427–428. **FSRC Publication #40**

Schoenwald, S. K., Ward, D. M., Henggeler, S. W., Pickrel, S. G., & Patel, H. (1996). MST treatment of substance abusing or dependent adolescent offenders: Costs of reducing incarceration, inpatient, and residential placement. *Journal of Child and Family Studies*, 5, 431–444. **FSRC Publication #54**

Brown, T. L., Henggeler, S. W., Schoenwald, S. K., Brondino, M. J., & Pickrel, S. G. (1999). Multisystemic treatment of substance abusing and dependent juvenile delinquents: Effects on school attendance at posttreatment and 6-month follow-up. *Children's Services: Social Policy, Research, and Practice*, 2, 81–93. **FSRC Publication #71**

Huey, S. J., Henggeler, S. W., Brondino, M. J., & Pickrel, S. G. (2000). Mechanisms of change in multisystemic therapy: Reducing delinquent behavior through therapist adherence and improved family and peer functioning. *Journal of Consulting and Clinical Psychology*, 68, 451–467. **FSRC Publication #91**

Henggeler, S. W., Clingempeel, W. G., Brondino, M. J., & Pickrel, S. G. (2002). Four-year follow-up of multisystemic therapy with substance abusing and dependent juvenile offenders. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41, 868–874. **FSRC Publication #223**

9 MST-Problem Sexual Behavior	Borduin, Schaeffer & Heiblum (2009)	Randomized clinical trial	Juvenile sexual offenders and their families N=48	Usual community services	9 years	Decreased behavior problems and symptoms; improved family relations, peer relations and academic performance; decreased caregiver distress, sex offender recidivism (83%), recidivism for other crimes (50%), and days incarcerated (80%)	Graduate students/ University
	Borduin & Dopp (2015)	Cost-benefit analysis			9 years	Cost benefit of \$343,455 per MST participant	

Borduin, C. M., Schaeffer, C. M., & Heiblum, N. (2009). 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*, 77, 26–37. **FSRC Publication #335**

Borduin, C. M., & Dopp, A. R. (2015). Economic impact of multisystemic therapy with juvenile sexual offenders. *Journal of Family Psychology*, 29, 687–696. **MSTS Publication #1107**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(*) & Findings	Therapists/ Provider Organization
10 MST	Henggeler, Schoenwald, Liao, Letourneau & Edwards (2002) Initial transportability study	Implementation research	Youth referred to standard MST and their families N=285	No comparison group	No follow-up	Supervisor behavior linked with therapist behavior	Community therapists/ Community providers— nine sites
	Schoenwald, Halliday-Boykins & Henggeler (2003)		Same sample		No follow-up	Therapist adherence associated with certain family characteristics	

Henggeler, S. W., Schoenwald, S. K., Liao, J. G., Letourneau, E. J., & Edwards, D. L. (2002). Transporting efficacious treatments to field settings: The link between supervisory practices and therapist fidelity in MST programs. *Journal of Clinical Child and Adolescent Psychology*, 31, 155–167. **FSRC Publication #215**

Schoenwald, S. K., Halliday-Boykins, C. A., & Henggeler, S. W. (2003). Client-level predictors of adherence to MST in community service settings. *Family Process*, 42, 345–359. **FSRC Publication #244**

11 MST	Schoenwald, Sheidow, Letourneau & Liao (2003)	Implementation research	Youth referred to standard MST and their families Sub sample N=666	No comparison group	Post treatment	Decreased externalizing and internalizing symptoms, and improved functioning; therapist adherence predicted youth outcomes	Community therapists/ Community providers— 39 sites
	Schoenwald, Sheidow & Letourneau (2004)		Same sample		Post treatment	Consultant adherence predicted therapist adherence and youth outcomes	
	Halliday-Boykins, Schoenwald & Letourneau (2005)		Final sample N=1,979		6 months post treatment	Therapist-caregiver ethnic similarity predicted treatment length, discharge, and behavior problem reduction	
	Schoenwald, Carter, Chapman & Sheidow (2008)		Same sample		1 year post treatment	Therapist adherence predicted youth behavior problem reduction	
	Schoenwald, Sheidow & Chapman (2009)		Same sample		1 year post treatment	Two supervisor adherence scales predicted youth outcomes and one predicted therapist adherence	



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January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(+) & Findings	Therapists/ Provider Organization
11 MST (CONTINUED FROM PAGE 9)	Schoenwald, Chapman, Sheidow & Carter (2009)		Same sample		4 years post treatment	Therapist adherence predicted lower rates of criminal charges	
	Schoenwald et al. (2012)		Same sample		1 year post treatment	Organizational effects on youth outcomes were limited	

Schoenwald, S. K., Sheidow, A.J., Letourneau, E.J., & Liao, J. G. (2003). Transportability of Multisystemic Therapy: Evidence for multi-level influences. *Mental Health Services Research*, 5, 223–239. **FSRC Publication #235**

Schoenwald, S. K., Sheidow, A. J., & Letourneau, E. J. (2004). Toward effective quality assurance in evidence-based practice: Links between expert consultation, therapist fidelity, and child outcomes. *Journal of Child and Adolescent Clinical Psychology*, 33, 94–104. **FSRC Publication #242**

Halliday-Boykins, C.A., Schoenwald, S.K., & Letourneau, E.J. (2005). Caregiver-therapist ethnic similarity predicts youth outcomes from an empirically based treatment. *Journal of Consulting and Clinical Psychology*, 73, 808–818. **FSRC Publication #256**

Schoenwald, S. K., Carter, R. E., Chapman, J. E., & Sheidow, A. J. (2008). Therapist adherence and organizational effects on change in youth behavior problems one year after Multisystemic Therapy. *Administration and Policy in Mental Health and Mental Health Services Research*, 35, 379–394. **FSRC Publication #326**

Schoenwald, S. K., Sheidow, A. J., & Chapman, J. E. (2009). Clinical supervision in treatment transport: Effects on adherence and outcomes. *Journal of Consulting and Clinical Psychology*, 77, 410–421. **FSRC Publication #344**

Schoenwald, S.K., Chapman, J.E., Sheidow, A.J., & Carter, R.E. (2009). Long-term youth criminal outcomes in MST transport: The impact of therapist adherence and organizational climate and structure. *Journal of Clinical Child and Adolescent Psychology*, 38, 91–105. **FSRC Publication #337**

Schoenwald, S. K., Chapman, J. E., Henry, D. B., & Sheidow, A. J. (2012). Taking effective treatments to scale: Organizational effects on outcomes of multisystemic therapy for youths with co-occurring substance use. *Journal of Child & Adolescent Substance Abuse*, 21, 1–31. **FSRC Publication #401**

12 MST	Ogden & Halliday-Boykins (2004)	Randomized clinical trial—Independent	Norwegian youth with serious antisocial behavior and their families N=100	Usual child welfare services	6 months post recruitment	Decreased externalizing and internalizing symptoms; decreased out-of-home placements (78%); increased social competence and consumer satisfaction; differential site effects	Community therapists/ Community providers—four sites
	Ogden & Hagen (2006)		Sample from three sites with fidelity		24 months post recruitment	Decreased internalizing symptoms and out-of-home placements (56%)	

Ogden, T., & Halliday-Boykins, C. A. (2004). Multisystemic treatment of antisocial adolescents in Norway: Replication of clinical outcomes outside of the US. *Child & Adolescent Mental Health*, 9(2), 77–83. **FSRC Publication #248**

Ogden, T., & Hagen, K. A. (2006). Multisystemic therapy of serious behaviour problems in youth: Sustainability of therapy effectiveness two years after intake. *Journal of Child and Adolescent Mental Health*, 11, 142–149. **FSRC Publication #264**

13 MST-Health Care	Ellis et al. (2004)	Randomized clinical trial—Independent	Adolescents with poorly controlled type 1 diabetes and their families N=31	Standard diabetes care	6 months post recruitment	Improved diabetes adherence and metabolic control; decreased hospital admissions (100%)	Community therapists/ University
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Ellis, D. A., Naar-King, S., Frey, M. A., Templin, T., Rowland, M., & Greger, N. (2004). Use of Multisystemic Therapy to improve regimen adherence among adolescents with type 1 diabetes in poor metabolic control: A pilot study. *Journal of Clinical Psychology in Medical Settings*, 11, 315–324. **FSRC Publication #357**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(*) & Findings	Therapists/ Provider Organization
14 MST- Health Care	Ellis, Frey et al. (2005a)	Randomized clinical trial—Independent	Inner city adolescents with chronically poorly controlled type 1 diabetes and their families N=127	Standard diabetes care	7 months post recruitment	Increased blood glucose testing; decreased inpatient admissions; improved metabolic control	Community therapists/ University
	Ellis, Naar-King et al. (2005)	Cost analysis	Subset of sample N=31		9 months post recruitment	Decreased medical charges and direct care costs	
	Ellis, Frey et al. (2005b)		Same sample		7 months post recruitment	Decreased diabetes stress	
	Ellis, Templin et al. (2007)		Same sample		12 months post recruitment	Decreased inpatient admissions sustained (43%); favorable metabolic control outcomes dissipated	
	Naar-King et al. (2007)		Same sample		12 months post recruitment	Parents improved awareness of adolescent adherence	
	Ellis, Naar-King et al. (2007)		Subsample of youth in MST condition N=40		7 months post recruitment	Treatment fidelity to MST predicted adherence to diabetes care regimen	
	Ellis, Naar-King et al. (2008)		Same sample		24 months post recruitment	Decreased hospitalizations (47%)	

Ellis, D. A., Frey, M. A., Naar-King, S., Templin, T., Cunningham, P. B., & Cakan, N. (2005a). Use of multisystemic therapy to improve regimen adherence among adolescents with type 1 diabetes in chronic poor metabolic control: A randomized controlled trial. *Diabetes Care*, 28, 1604–1610.

FSRC Publication #268

Ellis, D. A., Naar-King, S., Frey, M. A., Templin, T., Rowland, M., & Cakan, N. (2005). Multisystemic treatment of poorly controlled type 1 diabetes: Effects on medical resource utilization. *Journal of Pediatric Psychology*, 30, 656–666. **FSRC Publication #278**

Ellis, D. A., Frey, M. A., Naar-King, S., Templin, T., Cunningham, P. B., & Cakan, N. (2005b). The effects of multisystemic therapy on diabetes stress in adolescents with chronically poorly controlled type 1 diabetes: Findings from a randomized controlled trial. *Pediatrics*, 116, e826–e832.

FSRC Publication #267

Ellis, D. A., Templin, T., Naar-King, S., Frey, M. A., Cunningham, P. B., Podolski, C., & Cakan, N. (2007). Multisystemic therapy for adolescents with poorly controlled type I diabetes: Stability of treatment effects in a randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 75, 168–174.

FSRC Publication #297

Naar-King, S., Ellis, D. A., Idalski, A., Frey, M. A., & Cunningham, P. B. (2007). Multisystemic therapy decreases parental overestimation of adolescent responsibility for type 1 diabetes management in urban youth. *Families, Systems, & Health*, 25, 178–189. **FSRC Publication #343**

Ellis, D. A., Naar-King, S., Templin, T., Frey, M. A., & Cunningham, P. B. (2007). Improving health outcomes among youth with poorly controlled type 1 diabetes: The role of treatment fidelity in a randomized clinical trial of multisystemic therapy. *Journal of Family Psychology*, 21, 363–371.

FSRC Publication #304

Ellis, D. A., Naar-King, S., Templin, T., Frey, M. A., Cunningham, P., Sheidow, A., Cakan, N., & Idalski, A. (2008). Multisystemic therapy for adolescents with poorly controlled type 1 diabetes: Reduced diabetic ketoacidosis admissions and related costs over 24 months. *Diabetes Care*, 31, 1746–1747.

FSRC Publication #380

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(*) & Findings	Therapists/ Provider Organization
15 MST- Psychiatric	Rowland et al. (2005)	Randomized clinical trial	Youth with serious emotional and behavioral disturbances and their families N=31	Hawaii's intensive Continuum of Care	6 months post recruitment	Decreased symptoms and arrests (34%, nonsignificant); increased days in regular school (42%, marginally significant); increased social support (marginally significant); decreased days in out-of-home placement (68%)	Community therapists/ Community provider

Rowland, M. R., Halliday-Boykins, C. A., Henggeler, S. W., Cunningham, P. B., Lee, T. G., Kruesi, M. J. P., & Shapiro, S. B. (2005). A randomized trial of multisystemic therapy with Hawaii's Felix Class youths. *Journal of Emotional and Behavioral Disorders*, 13, 13–23. **FSRC Publication #262**

16 MST	Timmons-Mitchell et al. (2006)	Randomized clinical trial—Independent	Juvenile offenders (felons) at imminent risk of placement and their families N=93	Usual community services	18-months post-treatment	Improved youth functioning; decreased substance use problems; improved school functioning; decreased re-arrests (37%)	Community therapists/ Community provider
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Timmons-Mitchell, J., Bender, M. B., Kishna, M. A., & Mitchell, C. C. (2006). An independent effectiveness trial of multisystemic therapy with juvenile justice youth. *Journal of Clinical Child and Adolescent Psychology*, 35, 227–236. **FSRC Publication #291**

17 MST- Substance Abuse	Henggeler et al. (2006)	Randomized clinical trial	Substance-abusing and -dependent juvenile offenders in Drug Court and their families N=161	Four treatment conditions: Family Court with Usual Services, Drug Court (DC) with Usual Services, DC with MST, and DC with MST and contingency management	12 months post recruitment	MST enhanced substance use outcomes for alcohol and marijuana; Drug Court was more effective than Family Court at decreasing self-reported substance use and criminal activity	Community therapists/ University
	Rowland et al. (2008)		Nearest-age siblings N=70		18 months post recruitment	Evidence-based treatment decreased siblings' substance abuse	
	Sheidow et al. (2012)	Cost-effectiveness analysis	128 youth from same sample		12 months post recruitment	Cost effectiveness tended to improve with increasing intensity of interventions	

Henggeler, S. W., Halliday-Boykins, C. A., Cunningham, P. B., Randall, J., Shapiro, S. B., & Chapman, J. E. (2006). Juvenile drug court: Enhancing outcomes by integrating evidence-based treatments. *Journal of Consulting and Clinical Psychology*, 74, 42–54. **FSRC Publication #270**

Rowland, M. R., Chapman, J. E., & Henggeler, S. W. (2008). Sibling outcomes from a randomized trial of evidence-based treatments with substance abusing juvenile offenders. *Journal of Child & Adolescent Substance Abuse*, 17, 11–26. **FSRC Publication #320**

Sheidow, A. J., Jayawardhana, J., Bradford, W. D., Henggeler, S. W., & Shapiro, S. B. (2012). Money matters: Cost effectiveness of juvenile drug court with and without evidence-based treatments. *Journal of Child & Adolescent Substance Abuse*, 21, 69–90. **FSRC Publication #402**

18 MST	Ogden, Hagen & Andersen (2007)	Benchmarking—Independent	Norwegian youth with serious antisocial behavior and their families N=55	Study 12	Post treatment	Outcomes as favorable or better than Study 12	Community therapists/ Community provider
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Ogden, T., Hagen, K. A., & Andersen, O. (2007). Sustainability of the effectiveness of a programme of multisystemic treatment (MST) across participant groups in the second year of operation. *Journal of Children's Services*, 2, 4–14. **FSRC Publication #312**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(*) & Findings	Therapists/ Provider Organization
19 MST- Psychiatric	Stambaugh et al. (2007)	Quasi-experimental—Independent	Youth with serious emotional disturbance and antisocial behavior at risk for out-of-home placement and their families N=267	Wraparound	18-month follow-up	Decreased symptoms, improved functioning; decreased out-of-home placements (54%)	Community therapists/ Community provider

Stambaugh, L. F., Mustillo, S. A., Burns, B. J., Stephens, R. L., Baxter, B., Edwards, D., & DeKraai, M. (2007). Outcomes from wraparound and multisystemic therapy in a center for mental health services system-of-care demonstration site. *Journal of Emotional and Behavioral Disorders*, 15, 143–155. **FSRC Publication #303**

20 MST	Sundell et al. (2008)	Randomized clinical trial—Independent	Swedish youth with conduct disorder and their families N=156	Usual child welfare services in Sweden	7 months post recruitment	No outcomes favoring either treatment condition; low treatment fidelity; treatment fidelity associated with arrest	Community therapists/ Community providers—four sites
	Olsson (2009)	Cost analysis	Same sample		6 months post treatment	MST associated with net economic loss	
	Olsson (2010)	Cost analysis	Same sample		2 years post recruitment	MST associated with net economic loss	
	Gustle et al. (2007)	Implementation research, cross-sectional—Independent	Same sample plus youths and their mothers in FFT, MTFC, inpatient care, outpatient care, and normal comparison N=about 1500	FFT, MTFC, inpatient, outpatient, and normal comparison	Baseline comparison	Youths in MST, MTFC, and inpatient had similar symptom loads, and each was higher than FFT. Mothers in MST and MTFC had the highest symptom loads, and each was higher than FFT	Community therapists/ Community providers across numerous sites

Sundell, K., Hansson, K., Lofholm, C. A., Olsson, T., Gustle, L. H., & Kadesjo, C. (2008). The transportability of MST to Sweden: Short-term results from a randomized trial of conduct disordered youth. *Journal of Family Psychology*, 22, 550–560. **FSRC Publication #330**

Olsson, T. M. (2009). Intervening in youth problem behavior in Sweden: a pragmatic cost analysis of MST from a randomized trial with conduct disordered youth. *International Journal of Social Welfare*, 19, 194–205. **FSRC Publication #417**

Olsson, T. M. (2010). MST with conduct disordered youth in Sweden: Costs and benefits after 2 years. *Research on Social Work Practice*, 20, 561–571. **FSRC Publication #418**

Gustle, L. H., Hansson, K., Sundell, K., Lundh, L. G., & Lofholm, C. A. (2007). Blueprints in Sweden. Symptom load in Swedish adolescents in studies of functional family therapy (FFT), multisystemic therapy (MST) and multidimensional treatment foster care (MTFC). *Nordic Journal of Psychiatry*, 61, 443–451. **MSTS Publication #1020**

21 MST	Curtis, Ronan, Heiblum & Crellin (2009)	Benchmarking—Independent	Juvenile offenders in New Zealand and their families N=65	Other MST trials	12 months	Higher rate of treatment completion; effect sizes equivalent to other MST trials	Community therapists/ Community provider
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Curtis, N. M., Ronan, K. R., Heiblum, N., & Crellin, K. (2009). Dissemination and effectiveness of multisystemic treatment in New Zealand: A benchmarking study. *Journal of Family Psychology*, 23, 119–129. **FSRC Publication #341**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(+) & Findings	Therapists/ Provider Organization
22 MST- Problem Sexual Behavior	Letourneau et al. (2009)	Randomized clinical trial	Juvenile sexual offenders and their families N=127	Usual sex offender-specific treatment	12 months post recruitment	Decreased sexual behavior problems, delinquency, substance use, externalizing symptoms, and out-of-home placements (59%)	Community therapists/ Community provider
	Henggeler et al. (2009)	Treatment process	Same sample		12 month follow-up	MST theory of change supported: favorable outcomes mediated by improved parenting practices	
	Letourneau et al. (2013)				2 years	Favorable results sustained for problem sexual behavior, self-reported delinquency, and out-of-home placements. Treatment effects not found for criminal recidivism	

Letourneau, E. J., Henggeler, S. W., Borduin, C. M., Schewe, P. A., McCart, M. R., Chapman, J. E., & Saldana, L. (2009). Multisystemic therapy for juvenile sexual offenders: 1-year results from a randomized effectiveness trial. *Journal of Family Psychology*, 23, 89–102. **FSRC Publication #336**

Henggeler, S. W., Letourneau, E. J., Chapman, J. E., Borduin, C. M., Schewe, P. A., & McCart, M. R. (2009). Mediators of change for multisystemic therapy with juvenile sexual offenders. *Journal of Consulting and Clinical Psychology*, 77, 451–462. **FSRC Publication #345**

Letourneau, E. J., Henggeler, S. W., McCart, M. R., Borduin, C. M., Schewe, P. A., & Armstrong, K. S. (2013). Two-year follow-up of a randomized effectiveness trial evaluating MST for juveniles who sexually offend. *Journal of Family Psychology*, 27, 978–985. **MSTS Publication #1081**

23 MST- Health Care	Naar-King et al. (2009)	Randomized clinical trial—Independent	African-American adolescents with primary obesity and their families N=48	Family group weight-management program	7 months post recruitment	Decreased percent overweight, body fat and body mass index	Community therapists/ University
	Carcone, MacDonell et al. (2011)	Qualitative	Same sample: Adolescents in the MST condition		7 months post recruitment	Instilling hope associated with treatment engagement	

Naar-King, S., Ellis, D., Kolmodin, K., Cunningham, P., Jen, K. L. C., Saelens, B., & Brogan, K. (2009). A randomized pilot study of multisystemic therapy targeting obesity in African-American adolescents. *Journal of Adolescent Health*, 45, 417–419. **FSRC Publication #352**

Carcone, A. I., MacDonell, K. E., Naar-King, S., Ellis, D. E., Cunningham, P. B., & Kaljee, L. (2011). Treatment engagement in a weight-loss intervention for African-American adolescents and their families. *Children's Health Care*, 40, 1–21. **FSRC Publication #395**

24 MST- Child Abuse and Neglect	Swenson et al. (2010)	Randomized clinical trial	Physically abused adolescents and their families N=86	Group-based parent training and enhanced outpatient treatment	16 months post recruitment	Decreased symptoms for youth and caregiver; improved parenting behaviors, increased social support; decreased out-of-home placements (63% fewer days)	Community therapists/ Community provider
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Swenson, C. C., Schaeffer, C., Henggeler, S. W., Faldowski, R., & Mayhew, A. M. (2010). Multisystemic therapy for child abuse and neglect: A randomized effectiveness trial. *Journal of Family Psychology*, 24, 497–507. **FSRC Publication #382**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(+) & Findings	Therapists/ Provider Organization
25 MST	Glisson et al. (2010)	Randomized clinical trial/ CRO ² — Independent	Juvenile offenders and their families N=615	Usual services	18 months post recruitment	Reduced out-of-home placements (53%); reduced symptoms (internalizing and externalizing combined) in sites with organizational intervention, but dissipated at 18-month follow-up	Community therapists/ Community providers

Glisson, C., Schoenwald, S. K., Hemmelgarn, A., Green, P., Dukes, D., Armstrong, K. S., & Chapman, J. E. (2010). Randomized trial of MST and ARC in a two-level EBT implementation strategy. *Journal of Consulting and Clinical Psychology*, 78, 537–550. **FSRC Publication #381**

26 MST	Butler et al. (2011)	Randomized clinical trial— Independent	British juvenile offenders and their families N=108	Tailored range of extensive and multicomponent evidence-based interventions	18 months post recruitment	Reduced offenses (41%) and placements (41% during last 6 months); reduced self-reported and parent-reported delinquency; reduced psychopathic symptoms; improved parenting	Community therapists/ Community provider
	Tighe et al. (2012)	Qualitative research on treatment process— Independent	Subset of sample: N=21 families in MST condition			Findings support MST intervention foci and theory of change by emphasizing the impact of enhanced parenting skills and improved family relationships	
	Cary et al. (2013)	Cost-offset analysis	Subset of sample with full economic data N=91		18 months post treatment	MST associated with cost savings related to crime reduction	

Butler, S., Baruch, G., Hickley, N., & Fonagy, P. (2011). A randomized controlled trial of MST and a statutory therapeutic intervention for young offenders. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50, 1220–1235. **FSRC Publication #398**

Tighe, A., Pistrang, N., Casdagli, L., Baruch, G., & Butler, S. (2012). Multisystemic therapy for young offenders: Families' experiences of therapeutic processes and outcomes. *Journal of Family Psychology*, 26, 187–197. **FSRC Publication #408**

Cary, M., Butler, S., Baruch, G., Hickey, N., & Byford, S. (2013). Economic evaluation of multisystemic therapy for young people at risk for continuing criminal activity in the UK. *PLoS ONE* 8(4): e61070. **MSTS Publication #1082**

27 MST	Boonstra et al., (2009)	Benchmarking— Independent	Dutch seriously antisocial and delinquent juveniles and their families N=194	Pretreatment base rate	2 years post treatment	Decreased recidivism, truancy, and out-of-home placements	Community therapists/ Community provider
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Boonstra, C., Jonkman, C., Soeteman, D., & van Busschbach, J. (2009). Multisystemic therapy for seriously antisocial and delinquent juveniles: two-year follow-up study. *Systemic Therapy*, 21, 94–104. **FSRC Publication #420**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(+) & Findings	Therapists/ Provider Organization
28 MST	Boxer (2011)	Treatment process—Independent	Adolescents in MST programs and their families N=1,341	No comparison condition	Post treatment	Treatment failure associated with negative peer involvement, especially gang affiliation	Community therapists/Community providers

Boxer, P. (2011). Negative peer involvement in multisystemic therapy for the treatment of youth problem behavior: Exploring outcome and process variables in “real-world” practice. *Journal of Clinical Child & Adolescent Psychology*, 40, 848–854. **FSRC Publication #419**

29 MST	Asscher et al. (2013)	Randomized clinical trial—Independent	Dutch youth with severe and violent antisocial behavior and their families N=256	Usual services	6 months post recruitment	Decreased youth antisocial behavior; increased parental sense of competence, positive discipline, relationship quality, and youth association with prosocial peers	Community therapists/Community provider
	Dekovic et al. (2012)	Treatment process—Independent	Same sample		6 months post recruitment	MST theory of change supported: Increased parental sense of competence predicted improved discipline which, in turn, predicted decreased youth antisocial behavior	
	Manders et al. (2013)	Treatment process—Independent	Same sample		6 months post recruitment	Favorable MST effects on externalizing problems were moderated (attenuated) for youth with high narcissism and callous traits	
	Asscher et al. (2014)		Same sample		1 year post recruitment for self-report measures, 3 years post recruitment for recidivism	Further decreases in externalizing symptoms and self-reported offenses at 1 year follow-up, but no effects on recidivism at 3 years	
	Asscher et al. (2016)	Treatment process—Independent	Same sample		6 months and 3 years post recruitment	6-month outcomes for antisocial behavior attenuated (moderated) by youth impulsivity and low agreeableness	

Asscher, J. J., Dekovic, M., Manders, W. A., van der Laan, P. H., & Prins, P. J. M. (2013). A randomized controlled trial of the effectiveness of multisystemic therapy in the Netherlands: Post-treatment changes and moderator effects. *Journal of Experimental Criminology*, 9, 169–187. **MSTS Publication #1083**

Dekovic, M., Asscher, J. J., Manders, W. A., Prins, P. J. M., & Van der Laan, P. (2012). Within-intervention change: Mediators of intervention effects during multisystemic therapy. *Journal of Consulting and Clinical Psychology*, 80, 574–587. **FSRC Publication #413**

Manders, W. A., Dekovic, M., Asscher, J. J., van der Laan, P. H., & Prins, P. J. M. (2013). Psychopathy as predictor and moderator of multisystemic therapy outcomes among adolescents treated for antisocial behavior. *Journal of Abnormal Child Psychology*, 41, 1121–1132. **MSTS Publication #1084**

Asscher, J. J., Dekovic, M., Manders, W., van der Laan, P. H., Prins, P. J. M., & van Arum, S. (2014). Sustainability of the effects of multisystemic therapy for juvenile delinquents in the Netherlands: effects on delinquency and recidivism. *Journal of Experimental Criminology*, 10, 227–243. **MSTS Publication #1092**

Asscher, J. J., Dekovic, M., van den Akker, A. L., Manders, W. A., Prins, P. J. M., van der Laan, P. H., & Prinzie, P. (2016). Do personality traits affect responsiveness of juvenile delinquents to treatment? *Journal of Research in Personality*, 63, 44–50. **MSTS Publication #1513**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(+) & Findings	Therapists/ Provider Organization
30 MST-Health Care	Ellis et al. (2012)	Randomized clinical trial—Independent	Adolescents with poorly controlled type 1 or type 2 diabetes and their families N=146	Standard medical care with telephone support	12 months post recruitment	Improved metabolic control; improved youth adherence to diabetes care regimen based on parental report	Community therapists/ University
	Carcone et al. (2015)		Primary caregivers of the adolescents		1 month post treatment	MST improved the families' relationship with their diabetes care providers	

Ellis, D. A., Naar-King, S., Chen, X., Moltz, K., Cunningham, P. B., & Idalski-Carcone, A. (2012). Multisystemic therapy compared to telephone support for youth with poorly controlled diabetes: Findings from a randomized controlled trial. *Annals of Behavioral Medicine*, 44, 207–215. **FSRC Publication #412**

Carcone, A. I., Ellis, D. A., Chen, X., Naar, S., Cunningham, P. B., & Moltz, K. (2015). Multisystemic therapy improves the patient-provider relationship in families of adolescents with poorly controlled insulin dependent diabetes. *Journal of Clinical Psychology in Medical Settings*, 22, 169–178. **FSRC Publication #469**

31 MST	Glebova et al. (2012)	Treatment process	Youth with serious antisocial behavior and their families treated by 51 MST therapists N=185	No comparison condition		Low therapist feelings of comfort/safety associated with low therapeutic alliance, working in low-income neighborhoods, and having less favorable attitudes toward MST	Community therapists/ Community providers
	Schechter et al. (2012)		Subsample of male adolescents with serious antisocial behavior N=120			Complex associations between youth stress, cortisol, and externalizing behaviors	
	Ryan, Brennan et al. (2013)		Subsample of male adolescents with serious antisocial behavior N=112		Post treatment	High testosterone and high deviant peer affiliation predicted less of a decline in aggression and delinquency during treatment	
	Ryan, Cunningham et al. (2013)		Families treated by 52 MST therapists N=185		Post treatment	Neither problem severity, race/ethnicity, nor their interaction predicted therapist adherence or family-therapist bond beyond chance probability of occurrence	
	Tiernan et al. (2014)		Families of adolescents with serious antisocial behavior N=185		3, 10, and 16 weeks post intake	Decreased antisocial behavior by 10 weeks post intake; decreased antisocial behavior associated with absence of drug use, high parental monitoring, and low association with deviant peers	



Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(+) & Findings	Therapists/ Provider Organization
31 MST (CONTINUED FROM PAGE 17)	Robinson et al. (2014)		Same sample		Post treatment	Improved parental monitoring associated with decreased externalizing behavior in better neighborhoods, but not in worse neighborhoods	
	Crandal et al. (2015)	Measurement instrument development	Subsample of 163 youths and families and the 44 therapists serving them		Mid-treatment and post treatment	A 14-item questionnaire that assessed therapist ratings of youth behavior outcomes and caregiver parenting outcomes was developed and validated	

Glebova, T., Foster, S. L., Cunningham, P. B., Brennan, P. A., & Whitmore, E. (2012). Examining therapist comfort in delivering family therapy in home and community settings: Development and evaluation of the therapist comfort scale. *Psychotherapy, 49*, 52–61. **FSRC Publication #406**

Schechter, J. C., Brennan, P. A., Cunningham, P. B., Foster, S. L., & Whitmore, E. (2012). Stress, cortisol, and externalizing behavior in adolescent males: An examination in the context of multisystemic therapy. *Journal of Abnormal Child Psychology, 40*, 913–922. **FSRC Publication #405**

Ryan, S. R., Brennan, P. A., Cunningham, P. B., Foster, S. L., Brock, R. L., & Whitmore, E. (2013). Biosocial processes predicting multisystemic therapy treatment response. *Biological Psychology, 92*, 373–379. **FSRC Publication #453**

Ryan, S. R., Cunningham, P. B., Foster, S. L., Brennan, P. A., Brock, R. L., & Whitmore, E. (2013). Predictors of therapist adherence and emotional bond in multisystemic therapy: Testing ethnicity as a moderator. *Journal of Child and Family Studies, 22*, 122–136. **FSRC Publication #455**

Tiernan, K., Foster, S. L., Cunningham, P. B., Brennan, P., & Whitmore, E. (2015). Predicting early positive change in multisystemic therapy with youth exhibiting antisocial behaviors. *Psychotherapy, 52*, 93–102. **FSRC Publication #466**

Robinson, B. A., Winiarski, D. A., Brennan, P. A., Foster, S. L., Cunningham, P. B., & Whitmore, E. A. (2015). Social context, parental monitoring, and multisystemic therapy outcomes. *Psychotherapy, 52*, 103–110. **FSRC Publication #468**

Crandal, B. R., Foster, S. L., Chapman, J. E., Cunningham, P. B., Brennan, P. A., & Whitmore, E. A. (2015). Therapist perception of treatment outcome: Evaluating treatment outcomes among youth with antisocial behavior problems. *Psychological Assessment, 27*, 710–725. **MSTS Publication #1201**

32 MST	Ogden et al. (2012)	Implementation research—Independent	Norwegian therapists, supervisors and agency leaders N=218	Oregon model of Parent Management Training (PMTO)	10 years after nationwide introduction of MST and PMTO programs	MST evidenced superior recruitment, supervision, performance assessment, data systems, administrative support, systems interventions and leadership	Community professionals/ Community providers
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Ogden, T., Bjernebekk, G., Kjobli, J., Patras, J., Christiansen, T., Taraldsen, K., & Tollefsen, N. (2012). Measurement of implementation components ten years after a nationwide introduction of empirically supported programs – a pilot study. *Implementation Science, 7*, 49. **FSRC Publication #416**

33 MST-CAN Building Stronger Families Adaptation	Schaeffer et al. (2013)	Single group pre-post; and quasi-experimental	Families with co-occurring parental substance abuse and child maltreatment N=43	Comprehensive community treatment	Post treatment for single group design; 24 months for quasi-experimental design	Post treatment: Mothers reduced substance use and depression, improved parenting; youth decreased anxiety. 24-month follow-up: decreased maltreatment and time youth spent in out-of-home placement	Community therapists/ Community provider
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Schaeffer, C. M., Swenson, C. C., Tuerk, E. H., & Henggeler, S. W. (2013). Comprehensive treatment for co-occurring child maltreatment and parental substance abuse: Outcomes from a 24-month pilot study of the MST-Building Stronger Families program. *Child Abuse and Neglect, 37*(8), 596–607. **FSRC Publication #462**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(+) & Findings	Therapists/ Provider Organization
34 MST	Weiss et al. (2013)	Randomized clinical trial—Independent	Adolescents with serious conduct problems in self-contained classrooms and their families N=164	Usual services	18 months post recruitment for self-report measures and 2.5 years for arrests	Reduced externalizing problems but not arrests, decreased school absences, improved parenting and parental mental health symptoms	Community therapists/ University
	Weiss et al. (2014)		Same sample			Favorable MST effects were larger among families with higher levels of positive family relationships and parental mental health as well as with families high in ineffective parenting	

Weiss, B., Han, S., Harris, V, Catron, T., Ngo, V. K., Caron, A., Gallop, R., & Guth, C. (2013). An independent randomized clinical trial of multisystemic therapy with non-court-referred adolescents with serious conduct problems. *Journal of Consulting and Clinical Psychology, 81*, 1027–1039. **MSTS Publication #1085**

Weiss, B., Han, S. S., Tran, N. T., Gallop, R., & Ngo, V. K. (2015). Test of “facilitation” vs. “proximal process” moderator models for the effects of multisystemic therapy on adolescents with severe conduct problems. *Journal of Abnormal Child Psychology, 43*, 971–983. **MSTS Publication #1089**

35 MST	Stout & Holleran (2013)	Implementation research—Independent	Youth recommended for out-of-home placement statewide	Time series analysis	Data examined from 2005 to 2011	Addition of MST and FFT programs associated with reduced out-of-home placement and estimated \$18,000,000 in annual cost savings	Community therapists/ Community providers
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Stout, B. D., & Holleran, D. (2013). The impact of evidence-based practices on requests for out-of-home placements in the context of system reform. *Journal of Child and Family Studies, 22*, 311–321. **MSTS Publication #1080**

36 MST	Tolman et al. (2008)	Benchmarking—Independent	Youth with serious emotional and behavioral disturbances and their families in the state system of care N=254	Four outcome studies conducted by MST developers	Post treatment	Outcomes almost as favorable as those achieved by MST developers; therapist rated outcomes validated as indicators of treatment success	Community therapists/ Community providers
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Tolman, R. T., Mueller, C. W., Daleiden, E. L., Stumpf, R. E., & Pestle, S. L. (2008). Outcomes from multisystemic therapy in a statewide system of care. *Journal of Child and Family Studies, 17*, 894–908. **MSTS Publication #1040**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(*) & Findings	Therapists/ Provider Organization
37 MST	Painter (2009)	Quasi-experimental—Independent	Youth with externalizing disorders and their families N=174	Case management and Barkley family skills training	Post treatment	Improvement across a combination of life domains, decreased mental health symptoms, less juvenile justice involvement	Community therapists/ Community provider

Painter, K. (2009). Multisystemic therapy as community-based treatment for youth with severe emotional disturbance. *Research on Social Work Practice, 19*, 314–324. **MSTS Publication #1045**

38 MST-Health Care	Letourneau et al. (2012)	Randomized clinical trial	HIV infected youth with medication adherence problems and their families N=34	Usual medical care including motivational interviewing	9 months post baseline	Greater reduction in viral load (improved health)	Community therapists/ University
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Letourneau, E. J., Ellis, D. A., Naar-King, S., Chapman, J. E., Cunningham, P. B., & Fowler, S. (2013). Multisystemic therapy for poorly adherent youth with HIV: Results from a pilot randomized controlled trial. *AIDS Care, 25*, 507–514. **FSRC Publication #464**

39 MST	Gervan et al. (2012)	Treatment process—Independent	Youth who were physically aggressive or at imminent risk of placement and their families N=99	No comparison group	Post treatment	Paternal participation in treatment was associated with greater decreases in youth externalizing and internalizing symptoms	Community therapists/ Community providers
	Granic et al. (2012)		Families of youth who were physically aggressive or at imminent risk of placement and their families N=89 and their therapists N=21		Mid treatment and post treatment	Therapeutic alliance impacted decreased adolescent externalizing behavior, in part, through reducing mothers' depressive symptoms	

Gervan, S., Granic, I., Solomon, T., Blokland, K., & Ferguson, B. (2012). Paternal involvement in multisystemic therapy: Effects on adolescent outcomes and maternal depression. *Journal of Adolescence, 35*, 743–751. **MSTS Publication #1070**

Granic, I., Otten, R., Blokland, K., Solomon, T., Engels, R. C. M. E., & Ferguson, B. (2012). Maternal depression mediates the link between therapeutic alliance and improvements in adolescent externalizing behavior. *Journal of Family Psychology, 26*, 880–885. **MSTS Publication #1071**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(+) & Findings	Therapists/ Provider Organization
40 MST	Fain et al. (2014)	Quasi-experimental and single group pre-post—Independent	Chronic juvenile probationers and their families N=1,137 (74% Hispanic, 20% Black)	Usual services	6 months post recruitment	Quasi-experimental: Decreased arrests (36%) and incarceration (58%) and increased completion of probation for Hispanic youth, but not for Black youth. Pre-post: Improved parenting skills, family relations, social supports, educational/vocational success, and involvement with prosocial peers for MST participants	Community therapists/ Community providers

Fain, T., Greathouse, S. M., Turner, S. F., & Weinberg, H. D. (2014). Effectiveness of multisystemic therapy for minority youth: Outcomes over 8 years in Los Angeles County. *OJJDP Journal of Juvenile Justice*, 3, 24–37. **MSTS Publication #1099**

41 MST	Westin et al. (2014)	Implementation research—Independent	Youth referred to either MST or FFT and their families statewide N=2,054	FFT	Post treatment	Waiting time associated with treatment refusal for MST and FFT; African-American youth were more likely to drop out of treatment from FFT	Community therapists/ Community providers
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Westin, A. M. L., Barksdale, C. L., & Stephan, S. H. (2014). The effect of waiting time on youth engagement to evidence based treatments. *Community Mental Health Journal*, 50, 221–228. **MSTS Publication #1088**

42 MST	Baglivio et al. (2014)	Quasi-experimental—Independent	Youth (2/3 low risk) and their families referred to MST or FFT programs N=2,203	FFT	Post treatment and 1 year post treatment	Increased arrest or violation of probation (16%) for MST during treatment, but MST treatment length was 25% longer than FFT; no difference after treatment	Community therapists/ Community providers
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Baglivio, M. T., Jackowski, K., Greenwald, M. A., & Wolff, K. T. (2014). Comparison of multisystemic therapy and functional family therapy effectiveness: A multiyear statewide propensity score matching analysis of juvenile offenders. *Criminal Justice and Behavior*, 41, 1033–1056. **MSTS Publication #1097**

43 MST-Health Care	Naar-King et al. (2014)	Randomized clinical trial—Independent	African-American adolescents with poorly controlled asthma and their families N=167	Home-based supportive counseling	Post treatment	Improved asthma medication adherence and lung functioning	Community therapists/ University
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Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(*) & Findings	Therapists/ Provider Organization
43 MST-Health Care (CONTINUED FROM PAGE 21)	Ellis et al. (2014)		Same sample		Post treatment	Increased parental beliefs in the value of asthma-related positive parenting behaviors and greater parental self-efficacy for these behaviors	
	Ellis et al. (2016)		Same sample		12 months post recruitment	Increased asthma knowledge and skill using controller device; improved illness management was mediated by these increases	

Naar-King, S., Ellis, D., King, P. S., Cunningham, P., Secord, E., Bruzese, J-M, & Templin, T. (2014). Multisystemic therapy for high-risk African-American adolescents with asthma: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 82, 536–545. **MSTS Publication #1094**

Ellis, D. A., King, P., Naar-King, S., Lam, P., Cunningham, P. B., & Secord, E. (2014). Effects of family treatment on parenting beliefs among caregivers of youth with poorly controlled asthma. *Journal of Developmental and Behavioral Pediatrics*, 35, 486–493. **MSTS Publication #1098**

Ellis, D. A., King, P., & Naar-King, S. (2016). Mediators of treatment effects in a randomized clinical trial of multisystemic therapy-health care in adolescents with poorly controlled asthma: Disease knowledge and device use skills. *Journal of Pediatric Psychology*, 41, 522–530. **MSTS Publication #1512**

44 MST	Brunk et al. (2014)	Implementation research	MST teams N=496 and 25,114 families and youth served by these teams	No comparison group	Post treatment for youth arrests and 2 years for team closure	Higher overall program fidelity associated with fewer youth arrests and team closures	Community therapists/ Community providers
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Brunk, M. A., Chapman, J. E., & Schoenwald, S. K. (2014). Defining and evaluating fidelity at the program level in psychosocial treatments. *Zeitschrift fur Psychologie*, 222, 22–29. **MSTS Publication #1090**

45 MST-Child Abuse and Neglect	Hebert et al. (2014)	Implementation research— Qualitative	Child protection team N=5	No comparison group	Interviews at conclusion of 3-year pilot project	Strong endorsement of MST-CAN clinical emphases with families and collaborative approach with child protection	Community professionals/ Community providers
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Hebert, S., Bor, W., Swenson, C. C., & Boyle, C. (2014). Improving collaboration: a qualitative assessment of inter-agency collaboration between a pilot multisystemic therapy child abuse and neglect (MST-CAN) program and a child protection team. *Australasian Psychiatry*, 22, 370–373. **FSRC Publication #465**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(+) & Findings	Therapists/ Provider Organization
46 MST	Curtis et al. (2004)	Meta-analysis	7 MST outcome studies including 708 participants			The overall average effect of MST was significant across different samples and measures; efficacy studies had larger effects than effectiveness studies	
	Van der Stouwe et al. (2014)	Meta-analysis—Independent	22 MST outcome studies including 4,066 juveniles and their families			Significant treatment effects on delinquency, psychopathology, substance use, family functioning, peer relations, and out-of-home placements; efficacy studies had larger effects than effectiveness studies	

Curtis, N. M., Ronan, K. R., & Borduin, C. M. (2004). Multisystemic treatment: A meta-analysis of outcome studies. *Journal of Family Psychology*, 18, 411–419. **FSRC Publication #255**

Van der Stouwe, T., Asscher, J. J., Stams, G. J. J. M., Dekovic, M., & Van der Laan, P. H. (2014). The effectiveness of multisystemic therapy (MST): A meta-analysis. *Clinical Psychology Review*, 34, 468–481. **MSTS Publication #1100**

47 MST	Smith-Boydston et al. (2014)	Implementation research—Quasi-experimental—Independent	Youth with behavior problems and their families in MST programs N=147	MST program after quality assurance from MST Services is removed	1-year post treatment	Removal of oversight from MST Services resulted in program drift (e.g., 50% fewer family contacts) and previously favorable juvenile justice outcomes no longer being achieved	Community therapists/ Community provider
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Smith-Boydston, J. M., Holtzman, R. J., & Roberts, M. C. (2014). Transportability of multisystemic therapy to community settings: Can a program sustain outcomes without MST Services oversight? *Child Youth Care Forum*, 43, 593–605. **MSTS Publication #1101**

48 MST	Lofholm et al. (2014)	Implementation research—Independent	Swedish youth with severe behavior problems and their families N=973 and therapists N=68	Early MST programs compared with later MST programs	Post treatment outcomes examined 2003–2009	High adherence associated with more favorable youth outcomes; greater therapist experience associated with low out-of-home placements; years of team activity predicted better youth outcomes; worst outcomes occurred during MST start up years, when Sundell et al. (2008, #20) randomized trial was conducted	Community therapists/ Community providers
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Lofholm, C. A., Eichas, K., & Sundell, K. (2014). The Swedish implementation of multisystemic therapy for adolescents: Does treatment experience predict treatment adherence. *Journal of Clinical Child & Adolescent Psychology*, 43, 643–655. **MSTS Publication #1095**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(*) & Findings	Therapists/ Provider Organization
49 MST-Family Integrated Transitions	Trupin et al. (2011)	Quasi-experimental—Independent	Incarcerated youths with co-occurring substance use and mental health disorders transitioning to home N=274	Treatment as usual	3 years	30% reduction in felony convictions	Community therapists/ University

Trupin, E. J., Kerns, S. E. U., Walker, S. C. DeRobertis, M. T., & Stewart, D. G. (2011). Family integrated transitions: A promising program for juvenile offenders with co-occurring disorders. *Journal of Child & Adolescent Substance Abuse*, 20, 421–436. **FSRC Publication #399**

50 MST	Hendriks et al. (2014)	Implementation research—Independent	Dutch families referred to either MST or FFT N=1098	FFT	Baseline comparison	MST, the more intensive treatment, was used for youths most at risk	Community therapists/ Community providers
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Hendriks, M. E. D., Lange, A. M. C., Boonstoppel-Boender, M., & van der Rijken, R. E. A. (2014). Functional family therapy and multisystemic therapy: a comparison of target populations. *Orthopedagogiek: Onderzoek en Praktijk*, 53, 355–366. **MSTS Publication #1109**

51 MST	Boxer et al. (2015)	Treatment process—Independent	Adolescents and their families in MST programs N=421	No comparison group	Post treatment	Gang involvement, especially current gang membership, significantly reduced successful treatment completion	Community therapists/ Community providers
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Boxer, P., Kubik, J., Ostermann, M., & Veysey, B. (2015). Gang involvement moderates the effectiveness of evidence-based intervention for justice-involved youth. *Children and Youth Services Review*, 52, 26–33. **MSTS Publication #1103**

52 MST	Welsh & Greenwood (2015)	Qualitative implementation research—Independent	Key stakeholders in the 5 states with the most MST, FFT, and MTFC teams N=59	State-by-state availability of MST, FFT, and MTFC teams per million population	Data examined 2011	States making the most progress in implementing MST, FFT, and MTFC included structured involvement of all stakeholders, effective champions, special funding and pilot testing of new programs, and technical assistance for adopters	Community therapists/ Community providers
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Welsh, B. C., & Greenwood, P.W. (2015). Making it happen: State progress in implementing evidence-based programs for delinquent youth. *Youth Violence and Juvenile Justice*, 13, 243–257. **MSTS Publication #1204**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(*) & Findings	Therapists/ Provider Organization
53 MST	Lange et al. (2015)	Implementation research - Study 1: Cross sectional Study 2: Experimental—Independent	Study 1: 580 Dutch families providing TAM-Rs and the US TAM-R data base Study 2: 237 Dutch families providing TAM-Rs and the US TAM-R data base	Study 1: Dutch TAM-R vs. US TAM-R Study 2: Dutch TAM-R vs. two adaptations of the Dutch TAM-R vs. USTAM-R	TAM-Rs collected during treatment	Study 1: US TAM-R scores were more positively skewed than Dutch counterparts Study 2: Adaptations of item translations and response categories did not improve equivalence between the Dutch and US TAM-Rs	Community therapists/ Community providers

Lange, A. M. C., Scholte, R. H. J., van Geffen, W., Timman, R., Busschbach, J. J. V., & van der Rijken, R. E. A. (2016). The lack of cross-national equivalence of a therapist adherence measure (TAM-R) in multisystemic therapy (MST). *European Journal of Psychological Assessment*, 32, 312–325. **MSTS Publication #1507**

54 MST	Paradisopoulos et al. (2015)	Qualitative treatment process research—Independent	British youths who completed MST N=8	No comparison group	From 5–21 months post treatment	Sustained positive change was attributed to the therapeutic alliance, improved awareness of self and others, removing negative peer influences, and actively building a positive future	Community therapists/ Community providers
	Kaur et al. (2015)		Caregivers of British youths who completed MST N=12			Sustained change attributed to the therapeutic alliance, shifting to a more interpersonal perspective, and increasing family resilience in facing difficulties	

Paradisopoulos, D., Pote, H., Fox, S., & Kaur, P. (2015). Developing a model of sustained change following multisystemic therapy: young people's perspectives. *Journal of Family Therapy*, 37, 471–491. **MSTS Publication #1102**

Kaur, P., Pote, H., Fox, S., & Paradisopoulos, D. A. (2015). Sustaining change following multisystemic therapy: caregiver's perspectives. *Journal of Family Therapy*. Advance online publication. doi: 10.1111/1467-6427.12093 **MSTS Publication #1104**

55 MST	Pantoja (2015)	Qualitative implementation research—Independent	Chilean government documents	No comparison group	From 2004 to 2015	The large scale implementation of MST in Chile was a case of public sector innovation facilitated by pre-existing knowledge and data; collaboration among central government, police, municipalities, and MST Services; and the leadership of the Undersecretariat for Crime Prevention	Community therapists/ Community providers
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Pantoja, R. (2015). Multisystemic therapy in Chile: A public sector innovation case study. *Psychosocial Intervention*, 24, 97–103. **MSTS Publication #1108**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(*) & Findings	Therapists/ Provider Organization
56 MST	Barth et al. (2007)	Quasi-experimental—Independent	Behaviorally troubled youth and their families N=786	Residential treatment	1-year post discharge	Greater tendency toward living with family, progress in school, no arrest, and placement stability at less than 25% of the cost of residential treatment	Community therapists/Community providers

Barth, R. P., Greeson, J. K. P., Guo, S., Green, R. L., Hurley, S., & Sisson, J. (2007). Outcomes for youth receiving intensive in-home therapy or residential care: A comparison using propensity scores. *American Journal of Orthopsychiatry*, 77, 497–505. **MSTS Publication #1021**

57 MST	Connell et al. (2016)	Treatment process—Independent	Juvenile offenders returning from or at risk of out-of-home care N=633	No comparison group	34 months	Criminal rearrest associated with younger age, African American, behavior disorder, and prior arrests	Community therapists/Community providers
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Connell, C. M., Steeger, C. M., Schroeder, J. A., Franks, R. P., & Tebes, J. K. (2016). Child and case influences on recidivism in a statewide dissemination of multisystemic therapy for juvenile offenders. *Criminal Justice and Behavior*, 43, 1330–1346. **MSTS Publication #1514**

58 MST	Fox et al. (2016)	Qualitative treatment process research—Independent	British ethnic minority caregivers of youths who completed MST N=7	No comparison group	From 0 to 12 months post treatment	Therapist consideration of cultural differences facilitated engagement; therapist acting as cultural mediator facilitated favorable change	Community therapists/Community providers
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Fox, S., Bibi, F., Millar, H., & Holland, A. (2016). The role of cultural factors in engagement and change in multisystemic therapy (MST). *Journal of Family Therapy*. Advance online publication. doi: 10.1111/1467–6427.12134 **MSTS Publication #1505**

59 MST	Lange et al. (2016)	Treatment process—Independent	Dutch adolescents with severe externalizing behavior problems and their families N=1970	No comparison group	Data collected monthly during treatment	Bidirectionally, client-therapist alliance promoted treatment adherence, and adherence supported the alliance	Community therapists/Community providers
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Lange, A. M. C., van der Rijken, R. E. A., Delsing, M. J. M. H., Busschbach, J. J. V., van Horn, J. E., & Scholte, R. H. J. (2016). Alliance and adherence in a systemic therapy. *Child and Adolescent Mental Health*, Volume **, No. *, 2016, pp. **-*** **MSTS Publication #1515**

Published MST Outcome, Implementation and Benchmarking Studies

January 2017

Study # & Name	Publication	Design	Population (N)	Comparison	Follow-up	Treatment Effects(*) & Findings	Therapists/ Provider Organization
60 MST	Van der Rijken et al. (2016)	Implementation research— Quasi-experimental— Independent	Dutch adolescents with severe externalizing behavior problems receiving MST and their families N=182	Outcomes compared with an interpreter vs. without an interpreter	3.3 years	Outcomes of cases in which interpreters (either professional or family members) were used were similar to counterparts without interpreters	Community therapists/ Community providers

van der Rijken, R. E. A., Bijlsma, E., Wilpert, J., van Horn, J. E., van Geffen, W. and van Busschbach, J. J. (2016). Using Interpreters in Mental Health Care: An Exploration of Multisystemic Therapy Outcomes. *Journal of Emotional and Behavioral Disorders*, 24(2), 92-100. **MSTS Publication #1503**

61 MST	Bruns et al. (2016)	Implementation research— Independent	U.S. state mental health systems	Availability of 6 child and adult EBTs, including MST, across state mental health systems	Data examined from 2001 to 2012	In general, state mental health system investment in EBTs, including MST, increased until the economic crisis of 2008 and has since leveled off.	Community therapists/ Community providers
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Bruns, E. J., Kerns, S. E. U., Pullman, M. D., Hensley, S. W., Lutterman, T., & Hoagwood, K. E. (2016). Research, data, and evidence-based treatment use in state behavioral health systems, 2001–2012. *Psychiatric Services*, 67, 496–503. **MSTS Publication #1510**

62 MST	Vermeulen et al. (2016)	Cost-effectiveness study— Independent	Dutch adolescents chronically antisocial and seriously violent N=116	Treatment as usual consisting mainly of FFT	6 months post treatment	Overall costs from a societal perspective were about 50% less for MST	Community therapists/ Community providers
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Vermeulen, K. M., Jansen, D. E. M. C., Knorth, E. J., Buskens, E., & Reijneveld, S. A. (2016). Cost-effectiveness of multisystemic therapy versus usual treatment for young people with antisocial problems. *Criminal Behaviour and Mental Health*. Advance online publication. doi: 10.1002/cbm.1988 **MSTS Publication #1506**

Listing of published, peer-reviewed journal articles by study number

- 1 • Henggeler, S. W., Rodick, J. D., Borduin, C. M., Hanson, C. L., Watson, S. M., & Urey, J. R. (1986). Multisystemic treatment of juvenile offenders: Effects on adolescent behavior and family interactions. *Developmental Psychology*, 22, 132–141. **FSRC Publication #104**
- 2 • Brunk, M., Henggeler, S. W., & Whelan, J. P. (1987). A comparison of multisystemic therapy and parent training in the brief treatment of child abuse and neglect. *Journal of Consulting and Clinical Psychology*, 55, 311–318. **FSRC Publication #103**
- 3 • Borduin, C. M., Henggeler, S. W., Blaske, D. M. & Stein, R. (1990). Multisystemic treatment of adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, 35, 105–114. **FSRC Publication #102**
- 4 • Henggeler, S. W., Melton, G. B., & Smith, L. A. (1992). Family preservation using multisystemic therapy: An effective alternative to incarcerating serious juvenile offenders. *Journal of Consulting and Clinical Psychology*, 60, 953–961. **FSRC Publication #4**
 - Henggeler, S. W., Melton, G. B., Smith, L. A., Schoenwald, S. K., & Hanley, J. H. (1993). Family preservation using multisystemic treatment: Long-term follow-up to a clinical trial with serious juvenile offenders. *Journal of Child and Family Studies*, 2, 283–293. **FSRC Publication #13**
 - Henggeler, S. W., Borduin, C. M., Melton, G. B., Mann, B. J., Smith, L., Hall, J. A., Cone, L., & Fucci, B. R. (1991). Effects of multisystemic therapy on drug use and abuse in serious juvenile offenders: A progress report from two outcome studies. *Family Dynamics of Addiction Quarterly*, 1, 40–51. **FSRC Publication #101**
- 5 • Borduin, C. M., Mann, B. J., Cone, L. T., Henggeler, S. W., Fucci, B. R., Blaske, D. M., & Williams, R. A. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology*, 63, 569–578. **FSRC Publication #25**
 - Schaeffer, C. M., & Borduin, C. M. (2005). Long-term follow-up to a randomized clinical trial of multisystemic therapy with serious and violent juvenile offenders. *Journal of Consulting and Clinical Psychology*, 73(3), 445–453. **FSRC Publication #261**
 - Klietz, S. J., Borduin, C. M., & Schaeffer, C. M. (2010). Cost-benefit analysis of multisystemic therapy with serious and violent juvenile offenders. *Journal of Family Psychology*, 24, 657–666. **FSRC Publication #383**
 - Sawyer, A.M., & Borduin, C. M. (2011). Effects of MST through midlife: A 21.9-year follow up to a randomized clinical trial with serious and violent juvenile offenders. *Journal of Consulting and Clinical Psychology*, 79, 643–652. **FSRC Publication #396**
 - Wagner, D. V., Borduin, C. M., Sawyer, A. M., & Dopp, A. R. (2014). Long-term prevention of criminality in siblings of serious and violent juvenile offenders: A 25-year follow-up to a randomized clinical trial of multisystemic therapy. *Journal of Consulting and Clinical Psychology*, 82, 492–499. **MSTS Publication #1091**
- 6 • Henggeler, S. W., Melton, G. B., Brondino, M. J., Scherer, D. G., & Hanley, J. H. (1997). Multisystemic therapy with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination. *Journal of Consulting and Clinical Psychology*, 65, 821–833. **FSRC Publication #55**
- 7 • Henggeler, S. W., Rowland, M. R., Randall, J., Ward, D., Pickrel, S. G., Cunningham, P. B., Miller, S. L., Edwards, J. E., Zealberg, J., Hand, L., & Santos, A. B. (1999). Home-based multisystemic therapy as an alternative to the hospitalization of youth in psychiatric crisis: Clinical outcomes. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38, 1331–1339. **FSRC Publication #88**
 - Schoenwald, S. K., Ward, D. M., Henggeler, S. W., & Rowland, M. D. (2000). MST vs. hospitalization for crisis stabilization of youth: Placement outcomes 4 months post-referral. *Mental Health Services Research*, 2, 3–12. **FSRC Publication #64**
 - Henggeler, S. W., Rowland, M. D., Halliday-Boykins, C., Sheidow, A. J., Ward, D. M., Randall, J., Pickrel, S. G., Cunningham, P. B., & Edwards, J. (2003). One-year follow-up of multisystemic therapy as an alternative to the hospitalization of youths in psychiatric crisis. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42, 543–551. **FSRC Publication #231**
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- 21 • Curtis, N. M., Ronan, K. R., Heiblum, N., & Crellin, K. (2009). Dissemination and effectiveness of multisystemic treatment in New Zealand: A benchmarking study. *Journal of Family Psychology*, 23, 119–129. **FSRC Publication #341**
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- 25** • Glisson, C., Schoenwald, S. K., Hemmelgarn, A., Green, P., Dukes, D., Armstrong, K. S., & Chapman, J. E. (2010). Randomized trial of MST and ARC in a two-level EBT implementation strategy. *Journal of Consulting and Clinical Psychology, 78*, 537–550. **FSRC Publication #381**
- 26** • Butler, S., Baruch, G., Hickley, N., & Fonagy, P. (2011). A randomized controlled trial of MST and a statutory therapeutic intervention for young offenders. *Journal of the American Academy of Child & Adolescent Psychiatry, 50*, 1220–1235. **FSRC Publication #398**
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- 30** • Ellis, D. A., Naar-King, S., Chen, X., Moltz, K., Cunningham, P. B., & Idalski-Carcone, A. (2012). Multisystemic therapy compared to telephone support for youth with poorly controlled diabetes: Findings from a randomized controlled trial. *Annals of Behavioral Medicine, 44*, 207–215. **FSRC Publication #412**
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- 31** • Glebova, T., Foster, S. L., Cunningham, P. B., Brennan, P. A., & Whitmore, E. (2012). Examining therapist comfort in delivering family therapy in home and community settings: Development and evaluation of the therapist comfort scale. *Psychotherapy, 49*, 52–61. **FSRC Publication #406**
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- 32** •Ogden, T., Bjernebekk, G., Kjobli, J., Patras, J., Christiansen, T., Taraldsen, K., & Tollefsen, N. (2012). Measurement of implementation components ten years after a nationwide introduction of empirically supported programs – a pilot study. *Implementation Science, 7*:49. **FSRC Publication #416**
- 33** •Schaeffer, C. M., Swenson, C. C., Tuerk, E. H., & Henggeler, S. W. (2013). Comprehensive treatment for co-occurring child maltreatment and parental substance abuse: Outcomes from a 24-month pilot study of the MST-Building Stronger Families program. *Child Abuse and Neglect, 37*(8), 596–607. **FSRC Publication #462**
- 34** •Weiss, B., Han, S., Harris, V., Catron, T., Ngo, V. K., Caron, A., Gallop, R., & Guth, C. (2013). An independent randomized clinical trial of multisystemic therapy with non-court-referred adolescents with serious conduct problems. *Journal of Consulting and Clinical Psychology, 81*, 1027–1039. **MSTS Publication #1085**
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- 35** •Stout, B. D., & Holleran, D. (2013). The impact of evidence-based practices on requests for out-of-home placements in the context of system reform. *Journal of Child and Family Studies, 22*, 311–321. **MSTS Publication #1080**
- 36** •Tolman, R. T., Mueller, C. W., Daleiden, E. L., Stumpf, R. E., & Pestle, S. L. (2008). Outcomes from multisystemic therapy in a statewide system of care. *Journal of Child and Family Studies, 17*, 894–908. **MSTS Publication #1040**
- 37** •Painter, K. (2009). Multisystemic therapy as community-based treatment for youth with severe emotional disturbance. *Research on Social Work Practice, 19*, 314–324. **MSTS Publication #1045**
- 38** •Letourneau, E. J., Ellis, D. A., Naar-King, S., Chapman, J. E., Cunningham, P. B., & Fowler, S. (2013). Multisystemic therapy for poorly adherent youth with HIV: Results from a pilot randomized controlled trial. *AIDS Care, 25*, 507–514. **FSRC Publication #464**
- 39** •Gervan, S., Granic, I., Solomon, T., Blokland, K., & Ferguson, B. (2012). Paternal involvement in multisystemic therapy: Effects on adolescent outcomes and maternal depression. *Journal of Adolescence, 35*, 743–751. **MSTS Publication #1070**
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- 41** •Westin, A. M. L., Barksdale, C. L., & Stephan, S. H. (2014). The effect of waiting time on youth engagement to evidence based treatments. *Community Mental Health Journal, 50*, 221–228. **MSTS Publication #1088**
- 42** •Baglivio, M. T., Jackowski, K., Greenwald, M. A., & Wolff, K. T. (2014). Comparison of multisystemic therapy and functional family therapy effectiveness: A multiyear statewide propensity score matching analysis of juvenile offenders. *Criminal Justice and Behavior, 41*, 1033–1056. **MSTS Publication #1097**
- 43** •Naar-King, S., Ellis, D., King, P. S., Cunningham, P., Secord, E., Bruzzese, J-M, & Templin, T. (2014). Multisystemic therapy for high-risk African-American adolescents with asthma: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 82*, 536–545. **MSTS Publication #1094**
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- 44** •Brunk, M. A., Chapman, J. E., & Schoenwald, S. K. (2014). Defining and evaluating fidelity at the program level in psychosocial treatments. *Zeitschrift fur Psychologie, 222*, 22–29. **MSTS Publication #1090**
- 45** •Hebert, S., Bor, W., Swenson, C. C., & Boyle, C. (2014). Improving collaboration: a qualitative assessment of inter-agency collaboration between a pilot multisystemic therapy child abuse and neglect (MST-CAN) program and a child protection team. *Australasian Psychiatry, 22*, 370–373. **FSRC Publication #465**

Listing of published, peer-reviewed journal articles by study number

- 46** • Curtis, N. M., Ronan, K. R., & Borduin, C. M. (2004). Multisystemic treatment: A meta-analysis of outcome studies. *Journal of Family Psychology*, 18, 411–419. **FSRC Publication #255**
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- 47** • Smith-Boydston, J. M., Holtzman, R. J., & Roberts, M. C. (2014). Transportability of multisystemic therapy to community settings: Can a program sustain outcomes without MST Services oversight? *Child Youth Care Forum*, 43, 593–605. **MSTS Publication #1101**
- 48** • Lofholm, C. A., Eichas, K., & Sundell, K. (2014). The Swedish implementation of multisystemic therapy for adolescents: Does treatment experience predict treatment adherence. *Journal of Clinical Child & Adolescent Psychology*, 43, 643–655. **MSTS Publication #1095**
- 49** • Trupin, E. J., Kerns, S. E. U., Walker, S. C. DeRobertis, M. T., & Stewart, D. G. (2011). Family integrated transitions: A promising program for juvenile offenders with co-occurring disorders. *Journal of Child & Adolescent Substance Abuse*, 20, 421–436. **FSRC Publication #399**
- 50** • Hendriks, M. E. D., Lange, A. M. C., Boonstoppel-Boender, M., & van der Rijken, R. E. A. (2014). Functional family therapy and multisystemic therapy: a comparison of target populations. *Orthopedagogiek: Onderzoek en Praktijk*, 53, 355–366. **MSTS Publication #1109**
- 51** • Boxer, P., Kubik, J., Ostermann, M., & Veysey, B. (2015). Gang involvement moderates the effectiveness of evidence-based intervention for justice-involved youth. *Children and Youth Services Review*, 52, 26–33. **MSTS Publication #1103**
- 52** • Welsh, B. C., & Greenwood, P. W. (2015). Making it happen: State progress in implementing evidence-based programs for delinquent youth. *Youth Violence and Juvenile Justice*, 13, 243–257. **MSTS Publication #1204**
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Footnotes:

1. All treatment effects pertain to MST unless otherwise noted.
2. Counties randomized to organizational intervention conditions, youth in counties randomized to MST or usual care.
*Early explorations with adaptations of standard MST for the population prior to formalizing the model adaptation in the form in which it exists today

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Listing of MST Clinical Texts and Single Group Pilot Studies and Case Studies

MST Clinical Texts (available only from publishers)

- Henggeler, S. W., & Borduin, C. M. (1990). *Family therapy and beyond: A multisystemic approach to treating the behavior problems of children and adolescents*. Pacific Grove, CA: Brooks/Cole.

- Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (1998). *Multisystemic treatment of antisocial behavior in children and adolescents*. New York: Guilford Press. Also published in Norwegian (2000). *Multisystemisk behandling av barn og unge med atferdsproblemer*. Oslo, Norway: Kommuneforlaget; and in Japanese (2009).

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 - Tuerk, E. H., McCart, M. R., & Henggeler, S. W. (2012). Collaboration in family therapy. *Journal of Clinical Psychology: In Session*, 68, 168–178. **FSRC Publication #471**
 - Ali, R. K., & Bachicha, D. L. (2012). Systemic supervision practices compared: A closer look at 'reflection' and 'self' in multisystemic therapy and family therapy supervision. *Clinical Child Psychology and Psychiatry*, 17, 192–207. **MSTS Publication #1072**
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- Rowland, M. D., Henggeler, S. W., Gordon, A. M., Pickrel, S. G., Cunningham, P. B., & Edwards, J. E. (2000). Adapting multisystemic therapy to serve youth presenting psychiatric emergencies: Two case studies. *Child Psychology & Psychiatry Review*, 5, 30–43. **FSRC Publication #96**.
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