

1 OUTCOMES # 010

2 ABSTRACT

(010) A funded, multi-site (Ontario) study seeking to determine the specific therapeutic processes which underlie successful MST interventions. Will involve a total of approximately 100 cases from 5 Ontario CMH providers; to date, the most recent analysis involved 83 families. Measures of adolescent emotional and behavioural problems are being collected at pre-, mid-, post-treatment and one-year follow-up; preliminary analyses indicate that improvements on these measures are related to the quality of the therapeutic alliance. Also, maternal reports of depression are negatively associated with alliance and adolescent outcomes, and perceived barriers regarding therapy are negatively associated with alliance. (Community Health Systems Resource Group, Hospital for Sick Children, Toronto)

2.1 ABSTRACT DATE / UPDATE

Update: January 2007

3 SERVICE TYPE

Multi-systemic therapy

4 SERVICE / STUDY DESCRIPTION

Therapeutic Processes of Change Inside the “Black Box” of Multisystemic Therapy

The rate of adolescents charged with violent crimes has increased by 77% from a decade earlier (Statistics Canada, 1999). Adolescent antisocial and violent behaviour predicts a host of mental health problems including depression, substance abuse, school drop-out, marital problems, occupational instability and unemployment (Loeber, 1990; Tremblay, et al., 1994). Violence perpetrated by adolescents is also profoundly harmful to the emotional, physical and economic well-being of the victims (Oswald & Singh, 1996). In addition, the public costs associated with antisocial behaviour is enormous (e.g., juvenile justice system, school resources). Effective programs that target these youth benefit not only the adolescent, but also his family, fellow students, and the community.

Several reviews have concluded that one of the only treatment programs that has been successful in changing youths' offending behaviour is Multisystemic Therapy (MST; Kazdin & Kendall, 1998; Weersing & Weisz, 2002). MST therapists work with parents to empower them to change the factors that promote and maintain adolescents' antisocial behaviour. Although there is strong evidence for the general effectiveness of MST, not all families and youth benefit. This variability in treatment outcome is not well understood because research has exclusively focused on *whether* MST works not *how* it works nor for whom (Kazdin, 2002). Understanding the therapeutic mechanisms of change is particularly critical for MST because the therapists combine evidence-based intervention strategies and tailor these strategies to meet the needs of each family. This flexibility is a unique strength of MST, but it also means that the techniques used may be very different from one family to the next. The main premise of the present study is that there are common therapeutic processes that underlie all successful MST interventions. In particular, the therapeutic alliance (the shared emotional bond, tasks and goals between the parent and therapist) may be the key common therapeutic mechanism that has remained in the “black box” of MST.

We have four specific goals:

- (1) examine the relation between the therapeutic alliance, previously established mediators of MST effectiveness (family functioning, parental monitoring and deviant peer association), and successful adolescent outcomes;
- (2) specify the fine-grained parent-therapist interactions that characterize the alliance;
- (3) identify a typical profile of change in therapeutic interactions, over the course of MST, that is associated with positive outcomes;

- (4) examine the role of maternal depression and negative attitudes about therapy on the therapeutic alliance and outcomes. To accomplish these goals, this research will be conducted in partnership with five mental health agencies across Ontario that provide MST services. One of the greatest potential strengths of this study is that it moves research into the community, the context in which most clinical work happens but little data is collected (Kazdin, 2002; Hinshaw, 2002).

To examine the specific behaviours that give rise to the therapeutic alliance, audio-recordings of parent-therapist treatment sessions (over 6 months of MST) are being collected from families. One session per month per family is coded on a fine-grained level, utterance-by-utterance, by trained observers. New methodological tools developed by the principal applicant will be applied to identify the specific parent-therapist behaviours that make up the therapeutic alliance. These novel measures will also be used to test the hypothesis that, when MST works, parent-therapist interactions go through a necessary volatile period that marks the opportunity for new patterns to emerge. **Measures of adolescent emotional and behavioural problems are being collected at pre-, mid-, post-treatment and one-year follow-up.**

If the goals of this proposed study are met, effective and non-effective therapeutic interactions will be specified; thus, supervisors of MST therapists will be better able to train clinicians on what works best, anticipate barriers related to the treatment process, and help therapists overcome unavoidable barriers. By identifying the parent-therapist processes that contribute to successful outcomes in real-world settings, we can help to maximize the effectiveness of MST for diverse youth and parents and move towards more effective program dissemination (Hughes, 2000; Kazdin, 2000).

5 AGENCY CONTEXT: REFERRAL TYPES AND VOLUMES

5 Ontario agencies which provide multi-systemic therapy.

6 OUTCOMES SAMPLE TARGET

A total of 100 successive cases, from across five agencies, who enroll in MST. Pre-post data will be available for entire group. The study will focus on the therapeutic details of cases with more successful outcomes.

7 DATA GATHERING POINTS AND METHODS

Measures of adolescent emotional and behavioural problems are being collected at pre-, mid-, post-treatment and one-year follow-up, via parent report during a series of phone interviews.

Therapy sessions are audio-recorded by the therapist and sent to the researchers for micro-analytic coding.

8 START DATE

Fall 2004.

9 QUARTERLY UPDATES

9.1 PROGRESS (JAN 2007)

Preliminary analyses indicate that, as predicted, **MST effectively reduces adolescent emotional and behavioural problems, as well as difficulties with family functioning and parental monitoring. Adolescent outcomes are more positive when the therapeutic alliance is strong, and when maternal self-reports of depression are low. Stronger alliance appears to be associated with reduced maternal depression** and with fewer perceived barriers to treatment. Analyses to come will test the hypothesis that adolescent emotional and behavioural problems will also be related to observers' global reports and to fine-grained observations of the alliance.

9.2 PROBLEMS

9.3 REVISIONS TO PLAN

10 INTERIM AND FINAL REPORT

10.1 REFERRAL, DISCHARGE AND FOLLOW-UP PROFILES

10.2 CLIENT SATISFACTION UPON DISCHARGE

10.3 EFFECT SIZES FOR CASES WITH HIGH 'BEFORE' SCORES

10.4 EFFECT SIZES COMPARED TO AVAILABLE BENCHMARKS

10.5 SERVICE COST

10.6 CONCLUSIONS

11 CONTACT INFORMATION

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