

The Impact of Multisystemic Therapy on Children Within a System of Care

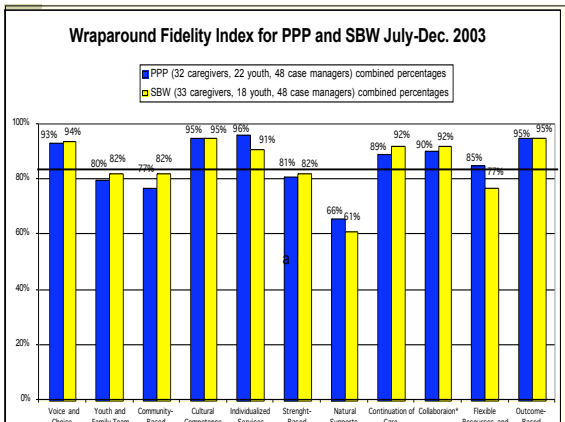
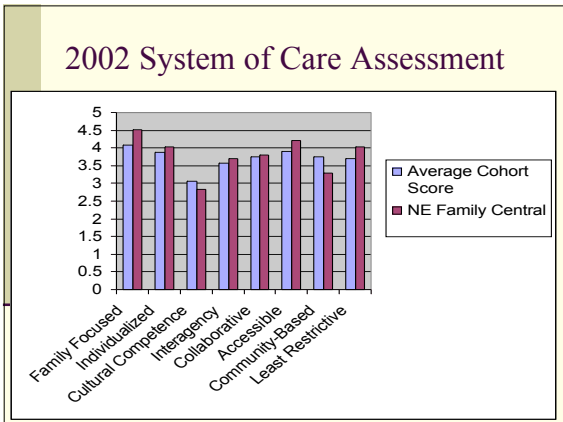
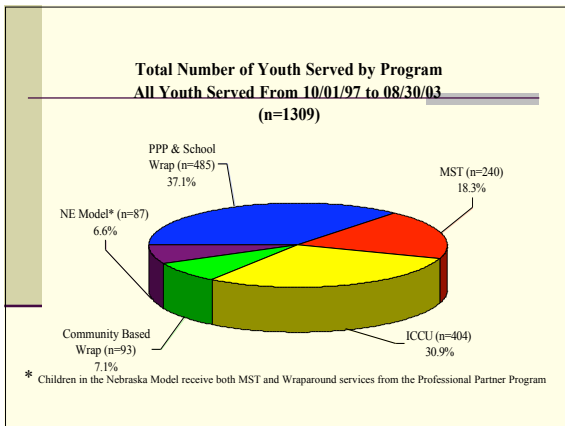
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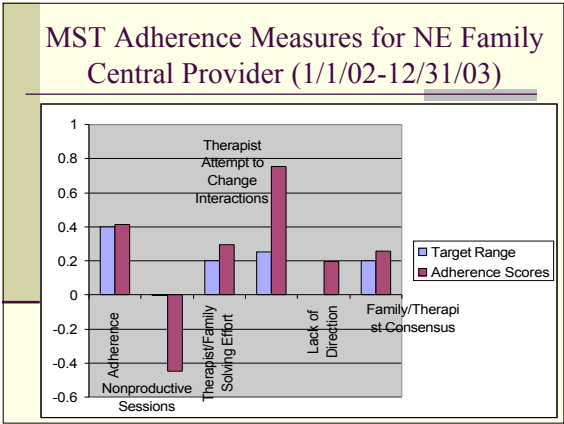
Importance of Studying MST within a System of Care

- Multisystemic Therapy
- Systems of Care
- Wraparound

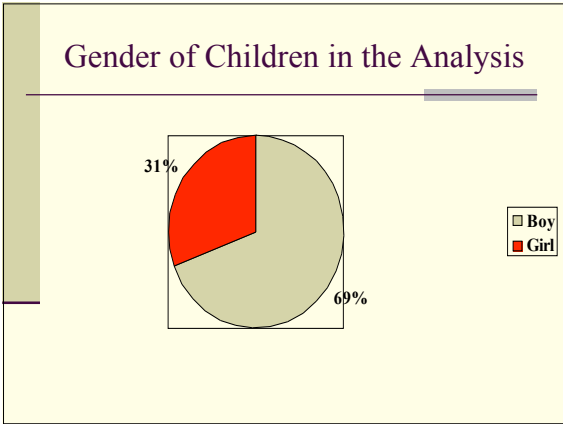
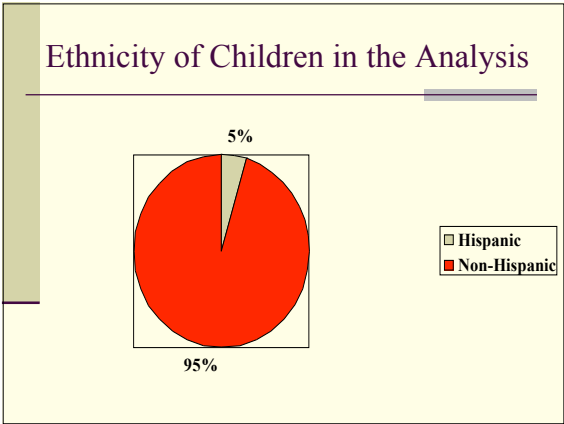
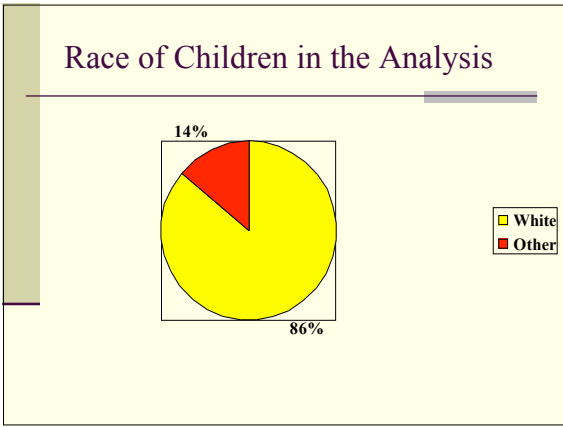
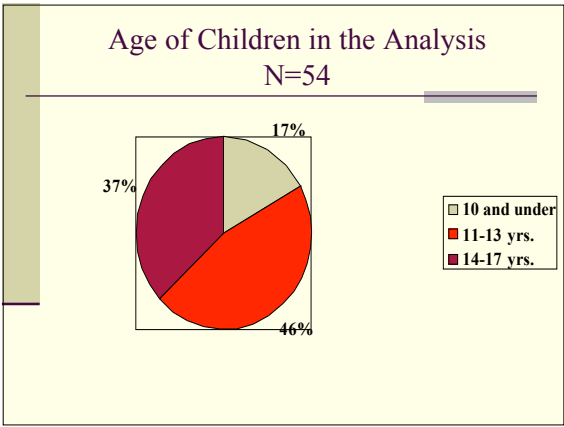
Nebraska Family Central System of Care

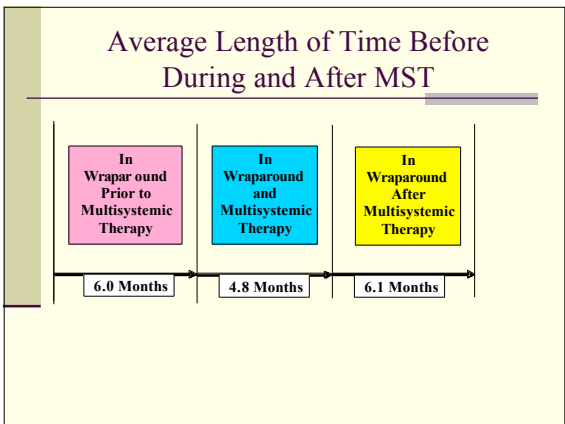
- Individualized Care
- Evidence-Based Treatment
- Family Involvement
- Interagency Collaboration
- Data-Based Decision Making



- ### Outcomes
- Child and Adolescent Functional Assessment Scale (CAFAS) (Hodges, 1994)
 - Weekly Adjustment Indicator Checklist (WAI) (Burchard, 1990)

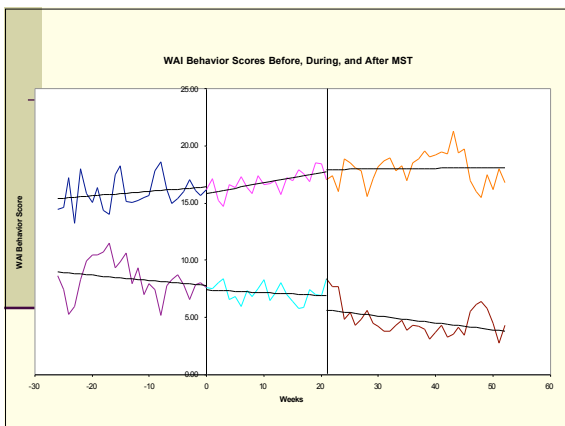




Mean CAFAS Scores Pre and Post MST

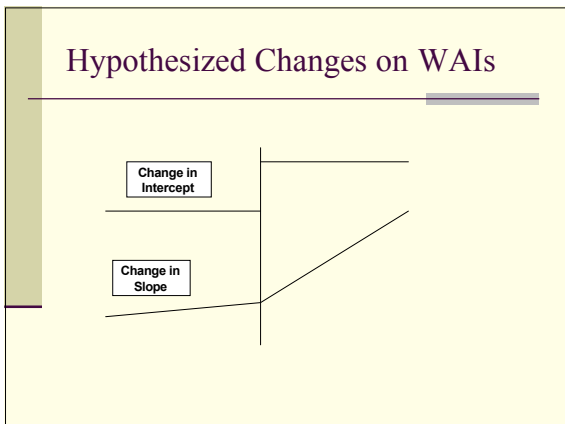
N=54	Pre-MST Mean	Post-MST Mean	F	p
Total	126.48	105.45	2.275	.021*
School Role	22.84	21.58	.733	.396
Home Role	26.46	23.22	.458	.037*
Community Role	13.74	10.80	2.260	.139
Behavior/Others	21.85	17.78	7.477	.009*
Moods/Emotions	20.80	16.95	7.205	.010*
Self Harm Behavior	11.60	6.65	12.253	.001*
Substance Use	3.64	3.40	.044	.835
Thinking	7.13	6.60	.175	.678

- ### MANCOVA Results
- No significant effects for gender
 - Significant effect for age on total score (F=2.984, p=.009) – older youth had lower pre and post CAFAS scores
 - Significant effect for age on pre and post behavior toward others (F=10.915, p=.002) – older youth had lower pre and post scores
 - Significant effect for age on post-MST substance use (F=8.027, p=.006) – older youth had higher scores



Mean WAI Scores Pre and Post MST

N=42	Pre-MST Mean	Post-MST Mean	F	p
Negative Behaviors	9.116	6.219	9.958	.003*
Positive Behaviors	15.67	17.62	.551	.462



Other WAI Results

- No significant results on pre-post MST slope analysis for negative behaviors ($F=.45$, $p=.706$) or positive behaviors ($F=.43$, $p=.516$)
- No significant results on pre-post MST intercept analysis for negative ($F=.435$, $p=.513$) or positive behaviors ($F=.402$, $p=.530$)
- ANCOVA main effect for age for negative ($F=6.968$, $p<.05$) and positive ($F=5.136$, $p<.05$) behaviors: older youth had greater positive and lower negative scores

Conclusions

- MST appears to be associated with improved CAFAS and WAI scores for youth w/SED in a system of care using a wraparound approach.
- Limitations: no control group
- Surprises:
 - Greater functional impairment of younger children
 - Improving WAIs prior to MST
 - Absence of significant change in WAI slope or intercept

Future Analyses

- Additional Statistical Analyses
 - ANOVA across multiple time periods
 - Interrupted Time Series Analysis
- Comparison Groups
 - Matched wraparound-only group
 - Matched MST-only group
- Additional Measures
 - School attendance and performance
 - Juvenile justice involvement
 - Restrictive placements