



MST-PSB

Multisystemic Therapy for Youth With Problem Sexual Behavior

- **MST-PSB is a clinical adaptation of Multisystemic Therapy (MST) that specifically targets youth who have committed sexual offenses.**
- **MST-PSB is the *only* evidence based model for this population:**
 - identified on SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP).
 - received the highest Scientific Rating of 1 ("Well Supported by Research Evidence") by the California Evidence-Based Clearinghouse
- **Is family driven and delivered in youth's natural environment (i.e. home, school and community) by Master's level clinicians; 24/7 availability of MST-PSB clinician.**
 - Parent is the most important influence for change in the youth's life and therefore works with the parents to promote change in the youth.
 - By working with the parent we help set the stage for on going growth and change
 - Able to address a broad spectrum of referral behaviors and behaviors of concern
- **5-7 months average duration of services; 3-5 families per clinician (average of 4 families at any given time)**
- **Intensive (often 3 or more sessions per week) therapy that addresses the multiple systemic factors associated with youth who commit sexually abusive offenses, including Individual, Family, Peer, and Community and School factors.**
- **Maintains victim, community and client safety as the top priority.**
 - Highly individualized safety plan developed for each youth in treatment
 - Strong focus on identifying the antecedents and "drivers" to the problem sexual behavior.
 - Addresses actual and potential victims' physical, emotional and psychological safety
 - Requires caregiver collaboration and commitment to participate in family sessions, and the development and implementation of the safety plan.
- **Strong focus on fidelity to the model through regular supervision, consultation and training.**
 - 1.5-2 hours per week of group supervision
 - 1 hour per week phone consultation with MST-PSB expert clinicians in which each case is specifically reviewed to promote effective treatment and model fidelity
 - Ongoing supervisor support/training sessions
 - Use of model adherence measures and video-taped sessions
 - Quarterly on-site booster trainings for staff and supervisors
 - Monthly customer satisfaction phone calls
- **Basic components of the model include:**
 - Assessment and Evaluation
 - Full CBE with additional sexual abuse assessment/evaluation:

- The use of the analytic model as a means of Supporting the family and client in coming to a full understanding of the problem sexual behavior and those dynamics which led to it. In that we address the five spheres of influence(self, family, peers, school and community) how they be contributing to the problem and how they can be part of the solution.
 - Clarification Work
 - An integral part of gaining a better understanding of the problem sexual behavior is to support the family in turning to the youth and explore what were the antecedents, sequences, thinking and feelings before, during and after the incident(s). The purpose of this is to help enhance the families ability to talk about very difficult topics, to deepen our understanding so we can know how to best intervene, and to help the client come to an awareness of their role in the steps that led to the PSB, their role in the PSB, and their role after the PSB. From that comes a more profound understanding of their role in restoring their life.
 - Safety Planning
 - Ensuring community safety is a primary goal of MST-PSB. A highly individualized safety plan (i.e. risk reduction and relapse prevention) is developed for each youth in treatment.
 - MST-PSB safety plans are more than simply a list of rules that the youth is expected to abide by. They include clearly outlined monitoring plans that specify who does what, under what circumstances, and in what manner. They outline contingencies and “next steps” to undertake if the plan is compromised in any way. They are comprehensive in that they extend across the youth’s entire environment (e.g. home, neighborhood, school, larger community), and establish a built-in review process to ensure that the plan is updated and adjusted to fit changing circumstances and/or environments when necessary.
 - Caregivers and significant others close to the client and family may be enlisted to be active participants in the implementation and maintenance of the safety plan. .
 - Skills Training and Development of Pro-Social Behaviors and Peer Group
 - Peer development is seen as a critical element in healthy adolescent growth and development.
 - This aspect of treatment is also critical to helping the youth and their family develops a new life trajectory that sees the youth as a healthy and safe community member.
 - In keeping with this, MST-PSB helps clients understand the causes of peer estrangement and/or rejection. Interventions may focus on building various social skills, including the management of aggressive behavior, development of an improved self-identify/concept, developing sharing and cooperation skills, problem solving, conflict resolution, communication skills, etc.
 - There is strong attention paid to helping caregivers support the youth in developing new behaviors and affording them opportunities to practice and develop new relationships. Throughout this process, the goal of community safety remains paramount, and youth are not placed in situations where community safety is jeopardized.

- Reunification (when appropriate)
 - When relevant and clinically appropriate, MST-PSB actively works with youth, caregivers and all involved parties (i.e. juvenile probation, DHS, family court, child advocate, victim advocate/therapist, etc.) to achieve lasting reunification. This only occurs with the agreement of all parties, after the youth has successfully completed the clarification work briefly described above, and after a meaningful and effective safety plan has been established and implemented.

Clients Name: _____

Date: _____

Caregivers Name: _____

Date: _____

Witness's Name: _____

Date: _____