Psychological Centers, Inc.
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Providing a broad spectrum of behavioral expertise to help communities solve their problems

Outpatient offices:
- Providence, Warren (Riverwood Mental Health Services)

Consultation and psychological evaluation
- Trudeau Center & Homestead Group, Early Intervention
- Crossroads Rhode Island
- Program evaluation

Center for ADHD and Disruptive Behavior Disorders
- Multisystemic Therapy (MST)

Center for Broad-Spectrum School-Based Services:
- RYSE School, Autism Spectrum Disorder, and At-Risk Programs, Chariho Regional School District
- Johnson and Wales University Counseling Center

Center for Community-Based Services:
- Intensive Outpatient Services
- Enhanced Community-Based Services for Youth with Severely Disruptive Behavior
- Developmental Disabilities Program

Infant and Early Intervention behavioral health services:
- Growing Families Project: maternal mental health
- Head Start/Early Head Start, Citizens for Citizens
- Homestead Group Early Intervention
- Trudeau Center Early Intervention

Center for Integrated Behavioral-Medical Care:
- Hillside Avenue Family and Community Medicine (Pawtucket and Scituate)
- Mount Hope Medical Center
- OB-Gyn Associates (various)
- Pediatric Associates
- Portsmouth Medical Center
- Thundermist Health Center
- University Family Medicine
- University Medicine Foundation
- Wood River Health Services

Psychological Centers/ URI Counseling Center Professional Continuing Education Program

Center for Behavioral Science and Public Policy

Incarceration of Many Youth Offenders is Ineffective and Unnecessarily Expensive:

"Residential programs, interventions that take place in psychiatric or correctional institutions…show little promise of reducing subsequent crime and violence in delinquent youths. While some residential programs appear to have positive effects on youths as long as they remain in the institutional setting, research demonstrates consistently that those effects diminish once young people leave."

- Youth Violence: A Report of the Surgeon General (2000).

http://www.surgeongeneral.gov/library/youthviolence/chapter5/sec3.html

In addition to lack of positive outcomes for incarcerated youth, incarceration is very costly especially in Rhode Island. Estimates are that it costs over $100,000 per youth per year at the RITS.

What Can be Done in RI

Relevant stakeholders have the opportunity to move this state's juvenile justice system toward a system that relies much less on residential placement and incarceration and instead toward a system that prioritizes services that are have been shown repeatedly to improve the lives of youth and families by addressing all the known determinants of juvenile criminal behavior in youth at significantly lower costs. One highly cited example of this type of community-based service is Multisystemic Therapy (MST).

MST is Supported by the Most Highly Respected Scholars, Advocacy Organizations, and Research Organizations in the Nation:

- President's New Freedom Commission on Mental Health
- Office of Juvenile Justice and Delinquency Prevention
- Center for Substance Abuse Prevention
- Center for Substance Abuse Treatment
- U.S. Surgeon General
- National Institutes of Health
- National Institute on Drug Abuse
- National Alliance for the Mentally Ill
- National Mental Health Association
- SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)
- Blueprints for Violence Prevention

Multisystemic Therapy (MST)

MST was developed in the late 1970s to address several limitations of existing services for serious juvenile offenders. These limitations include minimal effectiveness, low accountability of service providers for outcomes, and high cost.

Treatment efforts, in general, have failed to address the complexity of youth needs, being individually-oriented, narrowly focused, and delivered in settings that bear little relation to the problems being addressed (e.g., residential treatment centers, outpatient clinics). Given overwhelming empirical evidence that serious antisocial behavior is determined by the interplay of individual, family, peer, school, and neighborhood factors, it is not surprising that treatments of serious antisocial behavior have been largely ineffective. Restrictive out-of-home placements, such as residential treatment, psychiatric hospitalization, and incarceration, fail to address the known determinants of serious antisocial behavior and fail to alter the natural ecology to which the youth will eventually return. Furthermore, mental health and juvenile justice authorities have had virtually no accountability for outcome, a situation that does not enhance performance. The ineffectiveness of out-of-home placement, coupled with extremely high costs, have led many youth advocates to search for viable alternatives. MST is one treatment model that has a well-documented capacity to address the aforementioned difficulties in providing effective services for juvenile offenders.

How is Multisystemic Therapy (MST) different from other treatment approaches?

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious anti-social behavior in juvenile offenders. MST addresses the factors associated with delinquency across a youth's key settings, or systems (e.g., family, peers, school, neighborhood). Using the strengths of each system to foster positive change, MST promotes behavior change in the youth's natural environment.

Describing the differences between MST and other treatment approaches is difficult without a clear understanding of the program or treatment with which MST is being compared. Generally however, there are four major points that separate MST from other treatments for anti-social behavior:

- Research: Proven long-term effectiveness through rigorous scientific evaluations
- Treatment theory: A clearly defined and scientifically grounded treatment theory
- Implementation: A focus on provider accountability and adherence to the treatment model
- Focus on long-term outcomes: Empowering caregivers to manage future difficulties

Applications of MST

- Juvenile Offenders
- Juvenile Sex Offenders
- Child Maltreatment
- Juvenile Psychiatric Problems
- Pediatric Health Care

Evidence of Effectiveness

The first controlled study of MST with juvenile offenders was published in 1986, and since then, numerous randomized clinical trials with violent and chronic juvenile offenders have been conducted. In these trials, MST has demonstrated:

- reduced long-term rates of criminal offending in serious juvenile offenders,
- decreased recidivism and re-arrests,
- reduced rates of out-of-home placements for serious juvenile offenders,
- extensive improvements in family functioning,
- decreased behavior and mental health problems for serious juvenile offenders,
- favorable outcomes at cost savings in comparison with usual mental health and juvenile justice services.

Clinical Outcomes

- MST is a well-validated treatment model (Kazdin & Weisz, 1998), with 15 published outcome studies (14 randomized, one quasi-experimental) completed (including six with violent and chronic juvenile offenders, three with substance abusing and dependent juvenile offenders, two with adolescent sexual offenders, one with youth presenting psychiatric emergencies, one with youth presenting serious emotional disturbance, one with maltreating families, and one with inner-city delinquents with chronically poorly controlled type I diabetes) and several others underway.
- The studies with violent and chronic juvenile offenders showed that MST reduced long-term rates of rearrest by 25% to 70% in comparison with control groups.
- A 14-year follow-up study of individuals (average age at follow-up = 28.2 years) who were involved in MST as youth had on average 59% fewer arrests, 68% fewer drug-related arrests, 57% fewer days in adult confinement, and 43% fewer days on adult probation.
- Compared with control groups, MST studies have consistently demonstrated improved family relations and family functioning.
- MST has reduced drug use in juvenile offenders in comparison with control groups.
- Studies have shown that key youth outcomes (i.e., rearrest, out-of-home placement) are significantly associated with a therapist's adherence to the MST principles (hence the emphasis on maintaining quality assurance).
- A recent meta-analysis that included most of these studies (Curtis, Ronan, & Borduin, 2004) indicated that the average MST effect size for both arrests and days incarcerated was .55, with efficacy studies having stronger effects than effectiveness studies.

Cost Savings

- Cost savings are achieved by targeting youths who are truly at imminent risk of out-of-home placement and then successfully preventing placement, while preserving community safety.
- The Washington State Institute for Public Policy (1998, 2001, 2006) has concluded that MST is one of the most cost effective of a wide variety of treatments designed to reduce serious criminal activity by adolescents. In their 2001 report on the long-term impacts of approaches to lowering crime and total costs to taxpayers and crime victims, MST was shown to have an average net taxpayer benefit of $ 31,661 to $131,918 per youth served in terms of decreased justice system and victim costs.

Rhode Island Specific Outcomes

From September '04 – June 30, 2007 – MST serviced 177 youth and families. Relevant, real-world outcomes include:

- 76% of youth identified as being imminently at risk for out-of-home placement were maintained at home and in their community up to one year after services were concluded
- 81% of those youth with an arrest history remained arrest free up to one year after services were concluded
- 93% of those youth with a history of psychiatric inpatient treatment were effectively maintained at home and in their community without subsequently being hospitalized up to one year after services were concluded

These data were collected for us by an independent source contracted to collect data independently for licensed MST providers.

Testimony presented by Mark Dumas, Ph.D., Co-Director, Psychological Centers