



MULTISYSTEMIC THERAPY FOR FAMILIES WITH INTELLECTUAL DISABILITIES (MST-ID®)

*A HOME-AND-COMMUNITY-BASED
INTERVENTION ROOTED IN EVIDENCE*



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Research indicates that youth with intellectual disabilities are overrepresented in juvenile prisons and residential youth care. They often face more risk factors for developing antisocial behaviors with fewer protective factors. If parents also have intellectual disabilities, this increases the likelihood of problem behavior development. These families are often under a lot of pressure and have difficulty keeping up in society.

This document illustrates how Multisystemic Therapy for Families with Intellectual Disabilities (MST-ID) can help prevent out-of-home placement for vulnerable youth and families and help them thrive in society.

WHAT IS MST-ID?

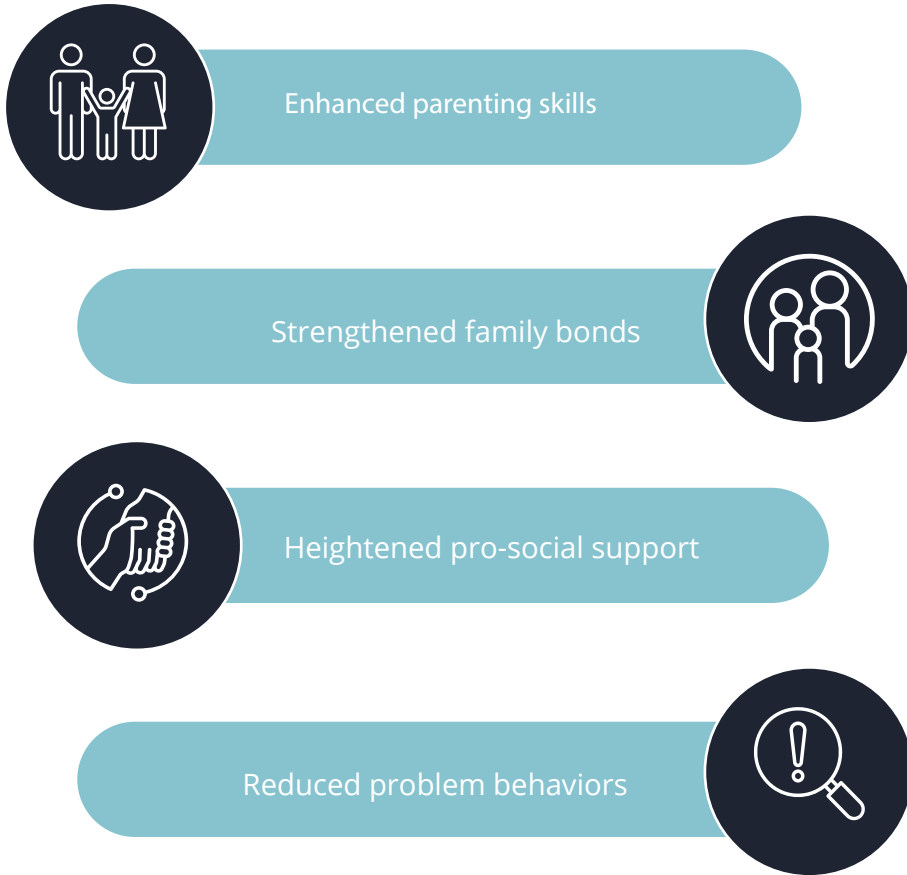
Multisystemic Therapy for Families with Intellectual Disabilities (MST-ID) is a specialized form of Multisystemic Therapy (MST). MST is an evidence-based therapy aimed at addressing severe behavioral problems in young people. MST-ID builds upon this and focuses on families where there are confirmed or suspected mild intellectual disabilities (MID) in youth and/or caregivers.

MST-ID treatment occurs within the family context—in the home, school, and community. This intensive treatment addresses the underlying causes of problematic behavior when and where they occur. Treatment lasts an average of five months, with a regular therapist visiting the family several times a week.



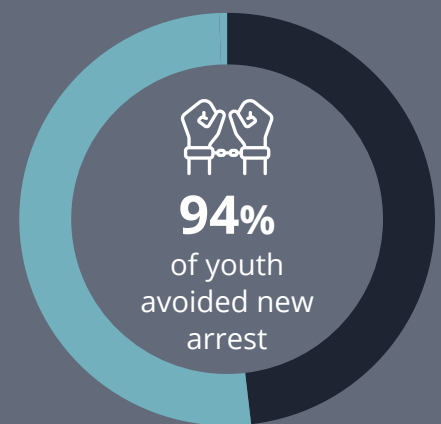
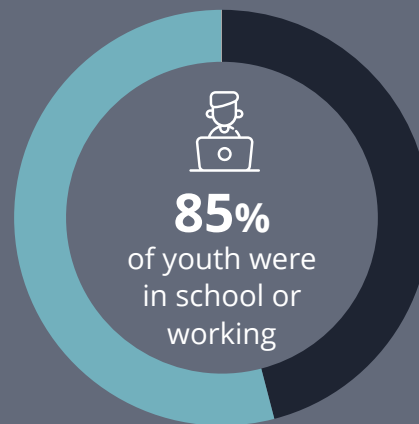
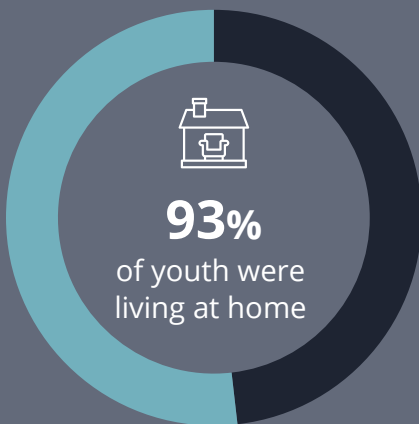
OUTCOMES

Families undergoing MST-ID treatment demonstrate



Research outcomes of MST-ID are remarkable.

After MST-ID treatment:



MILD INTELLECTUAL DISABILITY

AN INVISIBLE BURDEN

An MID is typically characterized by lower or below-average intelligence, with an IQ score between 50 and 70 or an IQ score between 70 and 85 with additional problems in multiple areas. Individuals with an MID also tend to have limitations in adaptive skills, such as social skills, communication, practical skills, and conceptual skills.

Problems in various life domains, including worries at home, school, work, and outside the home, are also common among those with an MID. People with an MID often feel alone and often do not have a social network to lean on. As a result, these families have less resilience, making it harder to cope with setbacks.

INSIGHTS

Young people with mild intellectual disabilities are over-represented in delinquent juvenile populations.

Youth with MID face a higher risk of arrest, are more frequently found guilty, and receive harsher punishments compared to their peers with average intellectual abilities (Kaal et. al, 2017).

1 in 3 young people in juvenile detention have an MID
(Kaal, Overvest, & Boertjes, 2014).

MID is generally considered a risk factor for criminal behavior due to increased vulnerability, potentially resulting from factors such as over-demand, reduced self-control, self-confidence, or empathy. Additionally, poor aggression regulation and difficulty assessing risks may also contribute.

Research also indicates that **only 1 in 3 families** where one or both parents have an MID are able to raise their children without professional help (Meppelder, 2014).

MST-ID REFERRAL

CRITERIA

Young people are referred to MST-ID for several reasons, including:

- 1 Quarrels and conflicts at home, which can involve verbal or physical aggression.
- 2 Problems outside of the home, where young people may associate with negative peer groups, leading to conflicts and, in severe cases, the use of weapons.
- 3 Involvement in criminal offenses, such as threats, theft, or vandalism.
- 4 Problems with following rules at school or attending school.
- 5 Addictive behaviors, such as excessive gaming, drug use, or gambling.
- 6 Cases of sexually inappropriate behavior, in which the referred young person can be both the perpetrator and the victim, both online and offline.

These referral reasons are the same as for the regular MST program. However, the causes of this behavior are often related to the presence of a Mild Intellectual Disability (MID) within the family.



MST-ID REFERRAL EXAMPLES

Erik is a 17-year-old boy who struggles with learning, which consequently leads to additional difficulties at school. He is frequently involved in street fights and often fails to return home at night. Erik only attends school when there is a sports activity scheduled.

Erik lives with his mother, who works long hours in a factory. She is exhausted and feels hopeless about the situation. Due to her own issues, she struggles with household management, causing significant stress. It's crucial for Erik to begin listening to his mother, as continuing to live at home may soon become impossible.



Melanie, a 13-year-old girl, maintains good grades but exhibits frequent absenteeism, tardiness, and unexplained illnesses. Additionally, she has engaged in shoplifting and aggressive behavior towards store staff.

Recently, Melanie began living with her father, Marc, following a period of foster care. Marc previously struggled with addiction and resided in a supervised rehab clinic. Although he is now clean, his drug use has severely impacted his memory, resulting in difficulties with organization and task planning. Concerns have arisen regarding Melanie's well-being, with doubts emerging about Marc's ability to provide the necessary daily guidance for his daughter.

Natalya is 15 years old. She receives special education services, but hasn't been attending classes for many months now.

She spends most of her time on the streets or at older friends' homes. She is part of a group of young people involved in theft and violence. Natalya's vulnerability due to her disability adds to parental worries.

She was recently arrested for transporting and transferring drugs. Natalya herself didn't really know what she was carrying but thought of it more as a favor to friends.

Everyone is very worried. Her parents have lost all hope and don't know where to begin.



Yannick, aged 10, experiences a developmental delay stemming from birth complications. Recently, there has been a surge in aggression within the household, with Yannick even threatening his sister with a knife. Despite receiving special education, he feels ashamed of his circumstances and has been spending increasing amounts of time in bed.

WHAT SETS MST-ID

APART?

There are five major points that separate MST from other treatments for antisocial behavior:

- 1 **Research:** Demonstrated long-term effectiveness via rigorous scientific evaluations.
- 2 **Treatment theory:** Clearly defined and scientifically grounded treatment principles.
- 3 **Implementation:** Emphasis on provider accountability and adherence to the treatment model.
- 4 **Focus on long-term outcomes:** Empowering caregivers to navigate future challenges effectively.
- 5 **MST Quality Assurance and Quality Improvement Program:** Establishes mechanisms at all levels (therapist, supervisor, MST Expert, and agency) for training, support, measuring implementation, and enhancing delivery of the MST model as necessary.

MST-ID TEAMS SPECIALIZE IN:

Recognizing and addressing the role of mild intellectual disabilities (MID) within the family dynamic. They also educate key individuals in the family's support network to do the same. Many individuals with MID struggle with processing verbal information, yet traditional counseling heavily relies on verbal communication. MST-ID therapists are trained to assess the family's capabilities and limitations, adjusting their communication methods accordingly.

Customizing (MST) interventions. Considering the presence of mild intellectual disabilities (MID) within the family, interventions must be adjusted to be easily implemented daily by family members. Utilizing visual aids and providing additional support are essential. MST-ID therapists are adept at identifying effective strategies for each family, ensuring interventions are tailored to meet their specific needs.

Intensive collaboration with the family network. Families with mild intellectual disabilities (MID) often need additional support to sustain treatment outcomes. Whenever feasible, we seek assistance from the family's existing network. Additionally, external support services are frequently involved. The MST-ID therapist collaborates closely with all parties involved, serving as the central connecting link.

ANALYTICAL PROCESS OF

MST

The analytical process of MST provides therapists with a concrete framework to follow, which includes:



Referral behavior: Why is a young person referred to MST? What concerns are there?



Desired outcomes: What does everyone involved with the young person want to achieve with the MST treatment?



Overarching goals: Based on the referral behavior and the desired outcome, the therapist sets goals for treatment in agreement with the family.



Providing insight into how the family's problems fit together: The therapist, in collaboration with the family, explores how the youth's behavior can be explained, considering all areas of



Setting intermediate goals: The therapist works with the family to set intermediate goals that address prioritized causes of the behavior.



Developing and implementing the interventions: Related to the intermediate goals, the therapist and the family develop interventions that can be used immediately that week. The family is extensively supported when initiating interventions, with the therapist either practicing or being present during intervention execution. The MST team is available 24/7 for additional support.

- a. The therapist uses several evidence-based treatment techniques, including cognitive-behavioral therapy, parent-child interventions, and contingency management, to ensure success.



Assessing the effectiveness of the interventions: Do the interventions prove effective, or do they require adjustments? Following assessment, interventions will either be modified or new ones initiated, targeting different referral behaviors.

- a. MST providers must meet strict program and quality standards and are thoroughly supervised to ensure positive treatment results and high success rates.

CASE STUDY: ERIK

Here is how the analytical process of MST applies to the case of Erik, with each step linked to Erik and his family.

- 1 **Referral behavior:** Erik has been referred to MST-ID by social services due to concerns about fighting, absenteeism from school, academic struggles, and verbal aggression at home towards his mother.
- 2 **Desired Results:**
 - a Erik would like to be left alone by social services (something that can be a good motivation to participate in treatment). In addition, Erik would like to work more with his hands than in the books at school.
 - b Erik's mother indicates that she would like to be the boss of the house again. She wants Erik to listen to her. Mother also wants Erik to be successful at school again, not to skip school and to be in on time in the evening.
 - c The social services team wants Erik not to commit any criminal offenses, to attend school and meet basic requirements, and to listen to his mother at home.
- 3 **Overarching goals:** The following goals are drawn up in consultation with Erik, his mother, and the social district team:
 - a Erik does not show any physical aggression, he is not involved in fights, as evidenced by his mother, local police officer and youth worker.
 - b Erik is present on the days he must be at school and follows his class schedule, as shown by the attendance registration of school, mentor, and mother.
 - c Erik transitions from grade 3 to 4, as demonstrated by school records.
 - d Erik shows a clear decrease in verbal aggression towards his mother (from about 4 times a day to about 4 times a week) as observed by his mother and registration lists.

- 4 **Understanding the Fit:** Together with Erik and his mother, the therapist discusses which of the goals should be tackled first. In this example, we'll use the goal related to his school absenteeism. When creating "The Fit", we analyze how this behavior can be explained.



CASE STUDY:

ERIK CONTINUED

5 Setting intermediate goals:

Once the drivers, or causes (outer circles in the fit circle), are identified, two drivers are prioritized, and intermediate goals are set for this week:

1. Driver: Erik is home alone in the morning with no one to get him out of bed

- Goal: Mother makes a joint appointment with Erik's grandma and therapist to find out which days of the week grandma can support Erik with getting out of bed in the morning.

And

2. Driver: Lack of cooperation between Erik's mentor and mother

- Goal: Mother makes a joint appointment with mentor and therapist to adjust the class schedule so that it better matches Erik's abilities.

6 Developing and implementing the interventions:

Related to the intermediate goals for that week, the therapist and Erik's mother will develop intervention steps.

For this week, these include:

- Cognitive behavioral therapeutic exercises to reverse the mother's negative thoughts of asking Erik's grandmother for help.
- Role playing with mother and grandmother in which Erik's management is practiced in the morning.
- The therapist is present at least 2 mornings to support the grandmother in directing Erik.
- Creating an agenda for the meeting at school and practicing with mother how she can request for Erik's class schedule to be adjusted to more practical lessons.
- With the mother, the therapist at school explains Erik's MID and explains the recent research report. The therapist and mother make a link to Erik's desire to work more with his hands.

7 **Assessing the effectiveness of the intervention:**

At the end of the week, it turns out that the mentor has been in contact with Erik by phone and together they have added several practical courses to the schedule. Erik is happy with this. Erik also went back to school this week, and although he was late, he had a nice day.

Further observations and analysis show that:

- Grandmother's support is nice, but she talks a lot and uses long sentences. Erik gets frustrated by this. It is still difficult for grandmother to take Erik's MID into account.
- Erik goes to sleep very late when he's been hanging out outside. Sometimes as late as 01:00. He is still very tired in the morning.

With this information, we revise our Fit Assessment together, add possible causes and make new interim goals and interventions for the coming week. As a result, we work in small steps towards the larger goal.

PRAISE FOR THE MST-ID APPROACH

"My MST-ID therapist knows how to understand all types of children no matter their differences and knows how to get to the root of their problems to figure out a way to get it solved more than I've done with other therapists." *MST-ID Youth Participant*

"MST-ID has helped me learn how to parent more effectively, how to be a cohesive unit as a family rather than just a mom with two special needs kids. The therapists are not there to solve problems for you, they're there to teach skills and put tools in your toolbox so that once they're gone, you're able to continue fixing them yourself." *MST-ID Parent Participant*

"I've always liked being a coach or being part of a team. When you work with MST-ID families, you become part of their team and help them navigate the challenges they're having." *MST-ID Therapist*

"When you look at MST and how all of the different systems, environments, and settings can come together to support a family and a child, MST-ID takes the best parts of MST and combines it with the best parts of ID treatment for the success of our families." *Prevention and Behavioral Health Referral Staff Member*

Ready to transform the lives of youth and families in your community?

Become a certified MST-ID provider!

Contact us to get started at www.mstservices.com/contact-us

Watch video to
learn more:

