## Full source reference:

Littell, J. H., Pigott, T. D., Nilsen, K. H., Green, S. J., & Montgomery, O. L. (2021). Multisystemic Therapy® for social, emotional, and behavioural problems in youth age 10 to 17: An updated systematic review and meta-analysis. *Campbell Systematic Reviews*, *17*(4), e1158.

## Free access link:

https://onlinelibrary.wiley.com/doi/10.1002/cl2.1158

## Article Overview:

This review assessed the impact of Multisystemic Therapy on out-of-home placements, crime and delinquency, and other behavioural and psychosocial outcomes for youth and families. Multisystemic Therapy (MST) is an intensive, home-based intervention for families of youth with social, emotional, and behavioural problems. MST therapists engage family members in identifying and changing individual, family, and environmental factors thought to contribute to problem behaviour. Intervention may include efforts to improve communication, parenting skills, peer relations, school performance, and social networks.

This review included 23 studies.

**Sample**: Young people aged 10 to 17 with social, emotional, and/or behavioural problems. Participants assigned to licensed MST programmes or other conditions.

## Key take home messages:

- Mixed quality of evidence available and effects of MST are not consistent across studies → benefits of MST are not well established, not consistent within or across studies, and have not been reliably replicated outside of the USA.
- 2. At one year post randomisation, available evidence shows that MST reduced out-of-home placements in the USA, but not in other countries.
- 3. Studies that compared MST to more active treatments showed fewer benefits, and there is evidence that MST may have had some negative effects on youth outside of the USA.
- 4. Based on moderate to low quality evidence, MST may reduce self-reported delinquency and improve parent and family outcomes, but there is no overall evidence of effects on youth symptoms, substance abuse, peer relations, or school outcomes. There is no evidence that any known interventions are consistently more effective than MST across problems, populations, and settings. However, there are still gaps in knowledge about the widespread implementation of MST, its long-term effects, and mechanisms of change.
- 5. Evidence of the effects of MST is only one element in the calculus that practitioners must make about whether to adopt or continue to use MST. When there is no compelling evidence of the superiority or inferiority of different approaches, the choice between them must be based on other considerations e.g., cost effectiveness.