Introduction

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The present study

By sourcing derived from
Available anonymous Routine Outcome Monitoring (ROM) data, collected as part of MST's quality assurance
mechanism, this study aims to
and improvement system, was used to investigate the effectiveness of Multisystemic Therapy on treatment
through pandemic the Continuous
outcome during the COVID-19 restriction measures in Norway compared to before and after. The system has
evaluation promotes of detecting and addessing
been designed to increase the likelihood that problems with treatment fidelity and treatment outcome are
program
identified and addressed on an ongoing basis at family, therapist, supervisor, expert consultant, and organizational
Anonymised ... were released from
operating the treatment level (Henggeler et al., 2009, p. 284). ROM data were reviewed for families starting
clinical
COVID approximately archive
treatment two years before the national lockdown until about 17 months after. I was thus able to compare the
Such data availability enabled a multi-group study design
effectiveness of MST for families who received treatment when the lockdown occurred and those who started
by examining MST users' recovery profiles before, during-
treatment after the lockdown date (some of these probably experienced later periods of restrictions) with the
and after the lockdowns at treatment commencements.
families who received the treatment before the pandemic onset. This is an important extension of previous
that assessed effectiveness This study hence
research which has primarily studied MST under normal circumstances where physical meetings are feasible. To
explicitly evaluate the event of COVID lockdown, conditions
fill this gap in the literature, I examine three key questions as part om MSTs continuous quality improvement
propose the following research questions
system: 1) Do treatment outcomes of MST change for those adolescents who receive treatment during or after the COVID-19 lockdown date; 2) Is there a change in which covariates influences the treatment outcome; 3) Is there any differences in the growth patterns for those receiving treatment before, during and after the COVID-19 lockdown date?

To answer these questions, a longitudinal natural-group comparison was used. Given the limited evidence on the effectiveness of interventions for adolescents with serious conduct problems during the COVID-19 pandemic, and on how the situation affected this group of young people, it is difficult to establish testable hypothesis related to these research questions. (også nevne blandet evidens fra ikke-kliniske utvalg?) The present study thus represents an exploratory multi-group comparison of how MST worked during the COVID-19 restriction measures.

Methods

Participants

The participants are MST cases registered in the Norwegian Center for Child Behavioral Development (NUBU) database system, which started treatment between the 13th of March 2018 and the 31st of August 2021. A small portion of this sample have been included in other studies (e.g., Hukkelberg et al., 2022; Keles et al., 2021). A total of 2,067 young people and their families, referred to MST by the municipal Child Welfare Services for serious and persistent conduct problems, received treatment during this period. Due to this studies exclusion criteria (cases with several missing values on YLS/CMI and the national outcome goals at admission to treatment (T0)), 46 cases (2.23%) were excluded from the sample. Five of these cases had missing values on both YLS/CMI and the national outcome goals, and 11 had missing on the latter. While 30 had missing on all variables except from treatment duration and region, due to the family`s lack of consent to register case data. This resulted in a final sample of 2021 young people (63.4% boys) between 7 and 18 years, with a mean age of 14.33 years (add .05 years) (*SD* = 1.60). 80.2% of the adolescents were non-immigrants, 10.8% were immigrants, and 9.0% had immigrant parents. Of those with an immigrant background, the majority were of Asian (40.3%), European (28.5%) or African (21.2%) origin. Mean treatment duration for the total sample was … months (SD = …).

In order to receive MST treatment, the youth must meet the following inclusion criteria, evaluated by the team supervisor based on the referral information and the teams initial assessment: 1) the adolescents were between 12 and 18 years (NUBU, 2022b), 2) the adolescent displayed serious rule or norm breaking behavior, 3) the adolescent is at immediate risk of out-of-home placement (NUBU, 2021). While youths with the following characteristics are to be excluded from the intervention: 1) adolescents living by themselves and do not have any adults who can act as parents or primary caregivers, 2) adolescents with serious mental health problems (e.g., is actively suicidal, is psychotic, or is a danger to themselves or others), 3) sexual offending youths (without other criminal or antisocial behavior), 4) the adolescent struggles with social communication and interaction, and repetitive behavior, which may be caused by an autism spectrum disorder, 5) the adolescents level of intellectual ability is the most direct contributor to the referral behavior. Despite these inclusion criteria, 117 young people under the age of twelve is admitted to treatment. This only happen exceptionally, but is usually due to an older sibling in the family already receiving MST treatment.