



# Research in the Works



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## Testing Whether Multisystemic Therapy for Emerging Adults Can Reduce Their Justice System Involvement

Emerging adults ages 17-26 with serious mental health conditions are among those at highest risk for re-offending in the justice system.<sup>1</sup> The majority of adolescents who receive the most intensive mental health services will be arrested or have multiple arrests by age 25, most for serious charges.<sup>1</sup> The literature reveals an almost complete absence of interventions with evidence of effectiveness to reduce anti-social behavior for emerging adults, with or without serious mental health conditions.<sup>2</sup>

Multisystemic Therapy (MST) is one of the strongest evidence-based treatments for reducing juvenile offending in youth.<sup>3-4</sup> Specifically, MST is an integrated, home-based, intensive antisocial behavior treatment for children under age 18. Drs. Maryann Davis of the Transitions to Adulthood Center for Research at the University of Massachusetts Medical School and Ashli Sheidow and Michael McCart of the Oregon Social Learning Center recently completed a study that adapted MST for use with 17-21 year old justice-involved emerging adults with serious mental health conditions. Their MST adaptation, called MST for Emerging Adults (MST-EA), follows MST principles and treatment plans, but differs in two ways. First, the emerging adult is the primary lever for change instead of the caregiver/parents, and second, the idea of family is extended to include a social network of friends, family, significant others, and more.<sup>5-6</sup> This study demonstrated that MST-EA could successfully engage and retain emerging adults with serious mental health conditions in treatment.<sup>5-6</sup>

In 2016, Drs. Davis and Sheidow were awarded a four-year grant from the National Institute of Mental Health to test the effectiveness of MST-EA with emerging adults with serious mental health conditions and justice system involvement. This new study is a randomized controlled trial comparing outcomes of 240 participants assigned to either the MST-EA intervention or enhanced treatment as usual. This study will determine



if MST-EA is a more effective treatment than the enhanced usual treatment for this population.

### Study Design

#### Participants:

- Emerging adults who have recently been arrested or released from incarceration and have a serious mental health condition such as a psychotic, anxiety, and/or mood disorder; and
- Are living or will soon be living in a stable community residence.

The MST-EA intervention is delivered in the real-world by community providers and the control is delivered by the study team. Cell phones are provided to any participant who needs one, so they can keep in touch with their treatment team and the study team. Participants randomized to the MST-EA intervention receive:

- Treatment in their homes or other places of their choosing;
- A therapist to provide treatment for their mental illness, antisocial behavior, and substance use (when present); and
- A coach to help increase their success in school, work, and independent living.

Participants randomized to enhanced treatment as usual will work with a facilitator to help link them to needed services, schedule first appointments, and receive a packet containing

descriptions of services available and a crisis card. A crisis card is a small card that contains basic information (e.g., diagnosis, crisis plan, doctors, emergency contact, etc.) that a participant can carry around with them in case of an emergency or crisis. Bus passes are also provided to help with transportation getting to and from those services.

Participants are enrolled for 16 months and have a one and a half hour interview with a study team member every two months. The interviewer uses standardized measures to collect data on topics such as: mental health, treatment, service engagement, and behavior. Every two months a study team member interviews a “collateral” person for each participant (a person familiar with the participant, whom the participant has identified), in order to get another perspective on how the participant is doing. In addition, archival service use and criminal activity records (e.g., arrests) are collected for each participant.

### **Study Goals and Outcomes**

This study will examine if MST-EA is more effective in helping emerging adults reduce their criminal behavior, and result in:

- Reduced substance use/abuse
- Improved participation in school and/or work
- Reduced mental health symptoms
- Improved self-regulation
- Strengthened positive social relationships

### **Next Steps**

If the current study determines that MST-EA is more effective, it will be important to examine the intervention’s cost effectiveness. MST-EA is an intense treatment, therefore determining its cost effectiveness compared to incarceration or residential treatments typically used for these emerging adults is vital for broad adoption. Future studies could focus on identifying subgroups that can benefit most and least from MST-EA. Identifying those subgroups would promote better targeting of the intervention and potentially lead to further MST-EA adaptations. Currently, there is no intervention with proven efficacy to reduce criminal behavior for emerging adults with serious mental health conditions and this study is an important step in developing one.

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