

MST FOR CHILD ABUSE AND NEGLECT

MST- CAN

Program Information and Requirements

June 2009

MST for Child Abuse and Neglect (MST-CAN)

Criteria:

- ❑ This adaptation of MST is a treatment of youth and their families who have come to the attention of child welfare due to physical abuse and/or neglect and for whom the abuse report was filed within the last 180 days.
- ❑ MST-CAN may not be used as an alternative to psychiatric hospitalization or foster care placement.
- ❑ Youth who are currently in foster care and will be reuniting with their family may be served. Youth who will not be reunited with their family will be excluded.
- ❑ Involvement in the Juvenile Justice system is not necessary but youth who are involved with the Juvenile Justice system will not be excluded.
- ❑ Youth between the ages of 6 and 17 may be served.
- ❑ Programs will need to exclude youth:
 - who are referred primarily due to current suicidal ideation or behaviors
 - for whom the abuse report is more than 180 days old
 - whose primary abuse typology is sexual abuse
 - who will be in long-term foster care or independent living and not reuniting with family

Resource requirements for MST programs serving maltreated youth and their families:

- ❑ The MST-CAN supervisor should have knowledge and experience in the MST supervision model. The MST-CAN supervisor must have an understanding of the Child Protective Services system and should have experience with family therapy and cognitive behavioral therapy for PTSD/trauma. The supervisor must have experience in managing severe family crises that involve safety risk to the children or entire family. The supervisor must also have a thorough understanding of mandated abuse reporting laws in his/her state or country.
- ❑ The MST-CAN therapist must have a Masters degree in counseling or social work, or a related field, is preferred to be implementing MST successfully, have skill in engaging families and have some knowledge of family violence. There is a strong preference for staff with experience in crisis intervention in cases of homicidal or suicidal risk and some knowledge of the Child Protective Services system.
- ❑ The MST-CAN Team must have access to an appropriate percentage of time of a child psychiatrist that has been trained in the MST treatment model and MST-CAN adaptations. The percentage of time will be at least twenty percent (20%) but can only be finalized after the project site assessment process and discussions with the potential psychiatric care provider. This psychiatrist must be trained in the MST treatment model and MST-CAN adaptations and integrated into the clinical team (see attached psychiatry job description).
- ❑ The MST-CAN team must include one full-time crisis caseworker. This staff member should be a Bachelors-prepared professional.
- ❑ Other clinical standards
 - Team size is 3 therapists plus the crisis caseworker and supervisor.

- Supervisors must be full-time and may only supervise a single team
- MST-CAN supervisor must have an understanding of the Child Protective Services system and should have knowledge and experience in the MST supervision model, experience with family therapy and CBT for PTSD/trauma. Must have experience in managing severe family crises that involve safety risk to the children and/or entire family. The supervisor must also have a thorough understanding of mandated abuse reporting laws in his/her state or country.
- Therapist candidates must have a Masters degree in counseling, social work, or a related field, preferably are implementing MST successfully, have skill in engaging families and have some knowledge of family violence. There is a strong preference for staff with experience in crisis intervention in cases of homicidal or suicidal risk and some knowledge of the Child Protective Services system.
- Case-load of 4 maximum
- Cases for 6-8 months average
- On-site group supervision shall take place a minimum of once weekly. Individual supervision is provided only when skill development is needed. Supervisor/administrator to assist with systems interventions in the field (i.e., demonstration of therapy techniques, interface with judges, social services, school boards etc.)
- Administrator who is trained in MST and the MST-CAN adaptation to provide Supervisor with on-call back-up
- Other QA Requirements
 - There must be a formal Memorandum of Agreement (MOA) in place regarding access to abuse and placement data prior to implementation
 - The following QA service should be used:
 - Third party adherence data collection through Family Services Research Center (\$35/family/month)
- MST-CAN annual program support and licensing fees plus program development and start-up fees per the provided MST-CAN budget template.

MST-CAN Program Psychiatrist - Child Adolescent

Responsibilities

The Child Psychiatrist's primary responsibility is to function as an integral part of the MST-CAN team. This will involve lending psychiatric and medical expertise to the team's ongoing assessment and intervention strategies in ways that facilitate adherence to the MST-CAN treatment model.

The child psychiatrist will be trained in the MST treatment model and the MST-CAN adaptations and must attend one group team supervision or consultation per week. This will facilitate an integrated, medically informed approach to the youth and their families. The MST-CAN child psychiatrist will provide the following services:

- Psychiatric evaluations of all youth (shared with other team psychiatrist(s)) and of select family members as indicated (expect at least 60% of families to need psychiatric evaluation of individual other than identified youth)
- Ongoing interface with the treatment team concerning psychiatric and medical issues that pertain to youth and their family members
- Community liaison with outside physicians/psychiatrists concerning medical or psychiatric care of youth and their family members
- Emergency psychiatric evaluations of youth and family members as needed in the office or community
- Close ongoing collaboration with inpatient physicians and clinical team when MST-CAN youths are placed in the psychiatric hospital. Work to develop and maintain a collaborative relationship with the physicians and staff of local psychiatric inpatient unit(s).
- Coordinate all psychopharmacological interventions on the MST-CAN team
- Work with MST-CAN supervisor (and administrators if appropriate) to modify and implement safety protocols and documentation
- Work with MST-CAN consultant to develop and implement evidence-based psychopharmacologic treatment protocols

Other Requirements

The child psychiatrist needs to develop a thorough understanding of existing ethical guidelines and laws concerning clinical situations that may occur in crisis treatment (i.e. restraints, commitments, reporting abuse or neglect). The child psychiatrist must also have a thorough understanding of mandated abuse reporting laws. Experience working in local organizations and systems is greatly valued.

Administrative Duties

Ensure appropriate protocols are in place for psychiatric and psychopharmacologic interventions. Monitor and supervise all physician charting.

Qualifications

M.D. or D. O., board certification or eligibility in Child and Adolescent Psychiatry