Multisystemic Therapy-Problem Sexual Behavior (MST-PSB) Logic Model

Consistent with the theory of social ecology and research on the correlates of problem sexual behavior in youth, MST-PSB aims to decrease youth problem sexual behavior (including sexual offending) by focusing on those variables that are most strongly related to the problem behavior (see MST-PSB logic model depicted in Figure 1). Critically, however, MST-PSB sees the family as the most important link in the treatment process and assumes that caregiver-directed change across the youth's social ecology is most likely to promote outcomes that are sustainable. At the family level, the MST-PSB therapist often aims to (a) reduce caregiver denial about problem sexual behaviors and their sequelae, (b) remove caregiver barriers to effective parenting (e.g., belief systems or attitudes that contributed to problem sexual behaviors), (c) enhance caregivers' parenting skills (e.g., supervision, safety planning, risk reduction), and (d) increase affection and communication among family members. The MST-PSB therapist then leverages these improvements in family functioning to guide the caregivers as they facilitate key changes in the youth's social skills and peer network (e.g., through discouragement of associations with deviant peers and encouragement of associations with nonproblem peers) to promote prosocial behavior and age-appropriate sexual experiences. Likewise, caregivers are often helped to establish improved communication with teachers (i.e., to support academic progress as well as safety plans in the school) and other professionals in the community (e.g., juvenile officers).

Figure 1. MST-PSB Logic Model

The MST-PSB logic model (i.e., theory of change) has been supported in a mediational study conducted within the context of a randomized effectiveness trial with 127 juvenile sexual offenders and their caregivers (Henggeler, Letourneau, Chapman, Borduin, Schewe, & McCart, 2009). The results demonstrated that favorable MST-PSB effects on youth antisocial behavior and deviant sexual interests/risk behaviors were mediated by changes in caregiver discipline practices as well as caregiver concern about the youth's deviant peers.