

# Multisystemic Therapy for Antisocial Behavior in Children and Adolescents Malaysia

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**Abstract** – According to statistics from the Department of Social Welfare (2015), a total of 4669 children between the ages of 10-21 were involved in crimes such as property-related criminal cases, minor offence act, infringement of supervision terms, drugs, gambling, weapons or firearms, traffic offences, escaping from approved schools and others. Various efforts have been put in to reduce the rate of involvement in crime amongst youths. However, statistics from the Department of Social Welfare showed that the number of children involved in crime was still very high – from 2009 to 2015, there were 35,300 children, or an average of 5042 children a year, involved in crime. A lot of investments have gone into funding the cost for treatment and for institutions to resolve children criminal cases, but till today, we have not seen satisfactory results in reducing children's involvement in crimes, in fact, the number of children involved in crimes has gone up as compared to the past. Despite the many measures taken to tackle this issue, what we are facing right now is the failure to break the vicious cycle when these children return to a troubled environment. For three decades, studies have shown that multisystemic therapy, which places serious juvenile offenders in the community with intensive intervention, has a significant effect in reducing their involvement in heavy crimes. According to Borduin et al. (1995), groups of delinquent youths were treated with multisystemic therapy or individual therapy after four years, and as a result, the youths who underwent the multisystemic therapy recorded significantly lower recurrence rate in perpetrating crimes.

**Keywords** – Multisystemic therapy, Antisocial behavior, Children and adolescent

## I. INTRODUCTION

According to statistics from the Department of Social Welfare (2015), a total of 4669 children between the ages of 10-21 were involved in crimes such as property-related criminal cases, minor offence act, infringement of supervision terms, drugs, gambling, weapons or firearms, traffic offences, escaping from approved schools and others. The findings revealed that 76% of youth aged 16-17 years old or students in Form 4-5 were the most actively involved in crimes (N=3571).

When a youth is convicted, the Court for Children hands out sentences such as 1) warning, b) good behaviour bond, c) placing under the care of a relative or other qualified person, d) fines, amends or costs, e) probation order, f) orders to be sent to approved schools or Henry Gurney School, and g) whipping (Commissioner of Law Revision and Reform, 2006)

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Following recent law amendments, the stroke penalty for juvenile offenders has been abolished and replaced with community services.

Various efforts have been put in to reduce the rate of involvement in crime amongst youths. However, statistics from the Department of Social Welfare showed that the number of children involved in crime was still very high – from 2009 to 2015, there were 35,300 children, or an average of 5042 children a year, involved in crime. Curtis (2012) stated that the cost of care for such youths are very high – children who are placed in care programmes need about £33,000 (RM182,636), with an annual increment to £156,000 (RM863,369) for those placed in a local authority care home for children.

A lot of investments have gone into funding for the cost of treatment and institutions to resolve children criminal cases, but till today, we have not seen satisfactory results in reducing children's involvement in crimes, in fact, the number of children involved in crimes has gone up as compared to the past. Despite the many measures taken to tackle this issue, what we are facing right now is the failure to break the vicious cycle when these children return to a troubled environment.

Lack of knowledge about specific effective components of prevention programmes for youths at risk with acute delinquent behavior, though research shows that prevention programmes have positive effects on preventing persistent delinquent behaviours (Vries, Hoeve, Assink, Stams and Asscher, 2015). In improving effectiveness of programme, intervention should be implemented through multiple formats, matching the level of delinquency as well as taking into consideration the environments they are in such as family, friends, schools, communities and the society.

Juvenile delinquency is a serious social problem which brings negative effects to emotional, physical and economic as well as individual, local community and the society. Juvenile offenders are faced with issues related to health, education, work and interpersonal (Borduin, 1994). When a person develops delinquent behaviours at a young age, their delinquency will become more disturbing and threatening as they grow older (Loeber, Burke and Pardini, 2009). During their early teens, children are easily exposed to negative influences from peers, which puts them at high risk of failing in school, developing antisocial behavioural issues, before escalating to a more serious problem of being involved in criminal activities when they reach adolescence and adulthood (Odgers et al., 2008). Therefore, it is vital to identify the factors that cause them to develop behavioural issues, the ones with the highest potential of developing

persistent delinquency issues, and the best prevention methods before the problems turn chronic.

## II. MULTISYSTEMIC THERAPY

For three decades, studies have shown that multisystemic therapy, which places serious juvenile offenders in the community with intensive intervention, has a significant effect in reducing their involvement in heavy crimes. According to Borduin, Mann, Cone, Henggeler, Blaske and Williams (1995), groups of delinquent youths were treated with multisystemic therapy or individual therapy after four years, and as a result, the youths who underwent the multisystemic therapy recorded significantly lower recurrence rate in perpetrating crimes.

The recurrence rate for multisystemic therapy participants was lower at 22.1% versus individual therapy at 71.4%. Another interesting finding is that participants who underwent temporary multisystemic therapy also recorded a lowered recurrence rate at 46.6% versus other control groups of delinquents (Borduin et al., 1995). Such studies paved way for new initiatives on intervening problems of youth offenders in the community than imprisoning them.

The theory and development of multisystemic therapy is based on Bronfenbrenner's (1979) ecology of human development. He argues that children's development is affected by a series of ecological systems that are interconnected with each other. It's a two-way, mutual model, that is what happens in one system will affect other systems around it, for instance, a child's behaviour will affect how his/her parents treat him/her and vice versa.

The multisystemic therapy theory that is based on Bronfenbrenner's model states that youths are entrenched in multiple systems, in particular family, peer, school and community (Henggeler, Schoenwald, Bourdin, Rowland, & Cunningham; 2009). As an intensive therapy programme, multisystemic therapy emphasises that several aspects in the life of the delinquents such as family, school, social, and other unique factors are correlated with the behaviours of delinquent individuals (Osher, Quinn, Poirer and Rutherford, 2003).

Their misconducts and antisocial behaviours are a result of interaction with risk factors in the surrounding systems. Multisystemic therapists increase the strength of the family to overcome barriers and help the family improve its functioning in implementing interventions. The focus of multisystemic therapy is to generate and initiate more pro-social behaviours, grow and leverage social support network to sustain the positive results of treatment.

From a clinical perspective, the theory of social ecology stated that the teenagers who have behavioural problem are often influenced by the aspects relating to their life, such as family, friends, school and neighbours. Behavioural problem of teenagers are caused by various factors and these factors could vary from individual to individual. Hence, assessment needed to be carried out while taking a range of variables into

consideration which may affect the behavioural problems in the system (such as the parent who failed to oversee or ignoring their child may resulting deviant involvement of their children when contacting with friends) and external system (such as not having the relevant knowledge of children upbringing).

Referring to the theory of Bronfenbrenner's (1979) in social ecology, the first assumption of multisystemic therapy indicating that the antisocial behaviour of adolescents (such as criminal activities, substance abuse, behavioural problem) are caused by risk factors appearing in various system where teenagers involved such as family, friends, school and community (Henggeler et al., 2009). Thus, in order to maximize the effectiveness of multisystemic therapy, the intervention provided shall be able to identify the factors that affecting the delinquent in adolescent system and uses every power that exists in the system (such as family, friends, school, neighbour, various supporting systems) to trigger positive changes while implementing interventions to encourage behavioural changes among adolescent in natural environment.

The second assumption in multisystemic therapy indicating that the caregivers play an important role to trigger changes (Henggeler et al., 2009). Therefore, the focus of intervention shall help the caregivers to obtain resources and skills needed to enhance effectiveness when get along with their children. When the caregivers managed to handle their children more effectively, the therapist will help the caregiver to take advance measures such as stay away from the troubled friends as well as to improve their academic performance. From that, family factor is considered to be a very important aspect to help teenager to achieve and maintain reduction of their antisocial behaviour while enhancing their function.

In addition, the objectives of multisystemic therapy intervention are a) seeks to improve discipline practice of caregivers, b) enhance family relationship, c) reduce relationships of adolescent with troubled teens, d) improve relationships of adolescent with fellow pro-social, e) enhance schooling or career achievement of adolescent, f) enhance involvement of adolescent in positive recreational activities and g) forming a natural supporting system for families, neighbours and friends to help the caregivers (Henggeler et al., 2009).

## III. TEAM STRUCTURE AND SERVICE DELIVERY

The multisystemic therapy will be carried out by the treatment team consisting two to four therapists and a recognized multisystemic therapy supervisor. Generally, the multisystemic therapy therapist is a scholar with clinical experience in the field of welfare, psychology, counselling or marriage and family therapy. This team is usually conducted in private under the system of juvenile justice, children welfare and mental health (Sheidow, Schoenwald, Wagner, Allred and Burns, 2006). Each of the therapist of the team

will deal with four to six families at the same time, for a period of 3 to 5 months to provide intensive service to families and communities. The hours of interaction with family in multisystemic therapy treatment is short, it usually takes about 60 hours or more.

The model of services offered by the multisystemic therapy is based on 24 hours a day and 7 days a week while consisting several methods, such as a) remove barriers to provide services, b) increase therapeutic involvement, c) provide information of ecological assessment for the design of interventions provided, d) respond in a timely manner to handle the expected crisis which threaten behavioural outcomes, e) provide information of clinical ecology treatment result, and f) enhance comprehensive treatment result in an environment where the problem occurred (Henggeler et al., 2009).

#### IV. TRAINING AND SUPERVISION

Referring the list of services offered by the multisystemic therapy, several processes and structures have been established to ensure the quality of services provided. The most important process provided is the various ongoing training and clinical support provided to the multisystemic therapy therapists (Henggeler et al., 2009). The multisystemic therapy training begins with an orientation for 5 days in treatment model. The training is intended to provide orientation to therapists to the clinical process and treatment methods of multisystemic therapy. Upon completed the training, therapists will be more focused on the family factors and obtain the skills to identify problems occurring in the ecological systems such as friends, family, school and neighbour when they are designing and implementing interventions.

This Five-days orientation training enable therapists to adapt clinical practice of multisystemic therapy when dealing with families and receive weekly structured supervision from the on-site supervisor and off-site consultant of multisystemic therapy. The multisystemic therapy team will meet the supervisor on a weekly basis to discuss and identify the problem occurring in accordance with the specified protocol. Discussion with an expert consultant from multisystemic therapy will also be conducted on a weekly basis in order to obtain additional feedback and direction required. The supervisory sessions and consultations are carried out regularly, intended to provide support to therapists when they are achieving the objectives of treatment as well as to enhance the fidelity of multisystemic therapy therapists to the treatment protocol.

#### V. CONCLUSION

Welfare caregivers play a key role in multisystemic therapy as an important catalyst of change in children. The interventions focus on the skills that caregivers use to manage the children's behaviours effectively (Henggeler et al., 2009).

According to the multisystemic therapy's theory of change, the therapists help the family to overcome barriers in parenting and managing the children's behaviours. With improved effectiveness, the parents are then able to influence the peer, school and community systems to reduce antisocial behaviours amongst the youths.

Huey, Henggeler, Brondino, and Pickrel (2000) and Henggeler et al. (2009) find that improving family relationship and having caregivers who are consistent and disciplined can reduce youth's involvement with troubled peers. Therapists can work together with caregivers without involving the youths directly, differing from traditional method of managing antisocial behaviours (Ashmore and Fox, 2011). This means that multisystemic therapy can be carried out without getting the consent of the youth. Besides that, parents find that multisystemic therapy's intervention strategy to be highly effective and engaging (Tighe, Pistrang, Cadagli, Baruch, & Butler; 2012).

According to Tighe et al. (2012), one of the main goals of multisystemic therapy is to reduce the association of juvenile delinquents with other delinquent peers. At the same time, the therapists would stimulate family support through communications and problem-solving counselling. The therapists would also help the family to interact with each other by using a non-accusatory approach.

After the therapy, the delinquent individuals each said that they were able to see more clearly and recognise the impact of their behaviours on their family. In addition, the family members also reported a decrease in the individuals' delinquent behaviours, improved family relationships, and increased interest and understanding of their roles in the future as well as taking accountability of their behaviours (Tighe et al., 2012).

Multisystemic therapy also offers attractive returns to the society at the early stage of investment. According to Osher, Quinn, Poirer, and Rurherford (2003), the net cost of the programme for multisystemic therapy is about \$4,743 (RM20,528) per participant, but it can provide savings to taxpayers and crime victims as much as \$131,918 (RM570,967) proceeds from crimes which would have been committed by each participant. In summary, every \$1 (RM4.33) invested in multisystemic therapy would yield a return of interest of more than \$28 (RM121) to the society.

We hope that this article will create awareness of several responsible authorities to start considering the practice of multisystemic therapy in Malaysia. Based on all the above mentioned studies, it is proven that multisystemic therapy is highly effective in treating juvenile delinquency and has successfully reduce the severity and persistence of crimes in a cost-effective manner. Thus it has been adopted in 34 states in the United States and 16 other countries globally, with the capability of treating more than 23,000 youths in a year. Yet, establishing a multisystemic therapy team is not an easy task, as all therapists are full-salaried employees, hence usually only private agencies or the government are able to bear the expenses and costs of the team.

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