

Multisystemic Therapy (MST)

Case Study: Gabriel

What were the issues at referral?

- Twelve-year-old Gabriel* was carrying knives in the community, smoking cannabis, associating with negative older peers and suspected drug dealers, not coming home on time, not going to school and displaying verbal and physical aggression in the home.
- > Kelly*, Gabriel's mum loved her son, but was afraid of being assaulted.
- Attempts to try and put rules in place or to get Gabriel back to school had failed; Kelly felt hopeless in terms of what to do next.
- Kelly had experienced mental ill health and partner violence, which had resulted in police and formal service involvement since 2015.

What did MST do with the family and systems around Gabriel?

- The MST practitioner engaged with Kelly and the extended family to understand the family dynamics and how they managed Gabriel's behaviour (MST Strengths and Needs assessment).
- The strong bond that Kelly and Gabriel had was leveraged; Kelly was able to conduct regular searches for knives and put in place consequences for Gabriel not complying with this.
- Kelly knew her son's movements and so was able to build on this to develop a comprehensive safety plan. This enabled her to track where Gabriel was going, who he was hanging out with and encourage new positive friendships.
- The practitioner engaged with other family supports, beyond their multiple weekly sessions with Kelly and on-call support at times of crisis, to ensure that Kelly had support with monitoring Gabriel.

The practitioner supported Kelly to work with the school and made sure that practical classroom adaptations were made that set Gabriel up for success. Things that worked at home were used at school and vice versa.

What worked?

- The MST practitioner engaged and aligned multiple agencies (education, police, social work) to understand the young person's behaviours from a systemic approach.
- The practitioner gathered weekly evidence regarding Kelly's progress in minimising Gabriel's association with negative peers in the community, stopping his cannabis use, engaging in education and following parental expectations at home. The plans were all developed in collaboration with mum and the family.

*Names have been changed in the interest of privacy.