

# [Case study on multisystemic therapy for teens at risk of transmitting aids](https://assignbuster.com/case-study-on-multisystemic-therapy-for-teens-at-risk-of-transmitting-aids/)

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Approaching at-risk youth about their behaviors can pose many challenges. For this reason, it is important to have a unified approach backed with research affirming its effectiveness. One very good model for this is the multisystemic approach, using nine different principles and processes in order to make the approach as effective as possible while also as non-intrusive as possible for the subject. We will now explore how this approach is used in practical applications, specifically by looking at a case study on teens at risk of transmitting AIDS and examining some aspects of the approach that are being applied here.
The subject of the case study is “‘ Sara”, an HIV positive teen who was pregnant at the beginning of the study. She was not on a proper regimen with her HIV drugs, and that needed to be rectified. The first step in figuring out how to approach Sara from an MST point of view was to “ find the fit”- to identify the factors that were causing the at-risk behavior. With an absentee father who was also a drug abuser, it was little surprise that her main risk factors ended up being sexual risk and substance abuse (mainly Marijuana). She also had low supervision from other family members and was, in general, in a permissive atmosphere (her mother, feeling guilty for transmitting HIV to Sara in the first place, was overly permissive).
In the targeting sequence stage, interventions were staged to address the substance abuse. In particular, the therapist urged Sara’s mother to ensure she was taking her medications, to observe her taking them, and to educate her on their effective use. Yet another intervention addressed her mother’s depression, which was preventing her from taking charge of this role (coupled with Sara’s resistance to it).
While many of the aspects identified to work on in the targeting sequence were initially met with resistance by Sara, her mother, and her boyfriend, the therapist managed to achieve continuous effort by the family by informing them of laws that could, for example, separate the infant from the mother in their specific state should she test positive for marijuana, and also made them aware that the terms of Sara’s probation meant that she could also be re-jailed for some time if she were to test positive. The genetic effect continued marijuana use while pregnant could have was also made clear to them in cooperation with doctors who had already been involved in her prenatal care.
In all, I think the researcher did well in her evaluation, and it would seem that the patient, her family, and the general public are better off in the end. I would argue that, while it was ultimately addressed, the researcher at first treats the prenatal marijuana use as not really a big deal. While of course it is important to remain objective, the effects of using such a substance to treat “ morning sickness”, and its tolerance within this particular family, are alarming behaviors that should have been addressed immediately. It is also my opinion that, while the boyfriend was indeed addressed on several occasions, he probably should have been given more individual attention, as it seems that he remains somewhat ignorant on the ramifications of having a girlfriend who HIV+. On the other hand, the researcher did well in ensuring he was involved in the study in the first place- many would have perhaps left him out entirely, since he was a minor and had no obligation to participate; and indeed, since there could have been potential legal consequences, as it seems his family was unaware of his participation.

## References:

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