

# Multisystemic therapy compared with management as usual for adolescents at risk of offending: the START II RCT

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## Plain English summary

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## Plain English summary

Young people with conduct disorder tend to behave and think in ways that are harmful or inconsiderate to others, aggressive or hostile. The disorder can lead to negative outcomes in adulthood, such as being involved in crime, drug or alcohol addiction, and not doing well at school or at work. Multisystemic therapy (MST) was designed to help young people with conduct disorder. A therapist helps families to parent with better consistency and boundaries and to target different sources of the young person's behaviour, including home life, school and the community. Treating conduct disorder early on can lead to cost savings in the short and long term.

The Systemic Therapy for At Risk Teens (START) trial followed up 684 families, of whom half were randomly assigned to receive MST and the other half were randomly assigned to receive the usual services for young people with conduct disorder (management as usual, or MAU). Families were followed up for 5 years. Police databases were used for information on young people's criminal offending, and families completed a pack of questionnaires once a year about the young person's well-being and behaviour. The trial also compared MST with MAU in terms of value for money, and a small number of families were interviewed about their experiences.

There was no evidence to suggest that MST led to better outcomes than MAU; young people in both groups had similar levels of offending, and there were almost no differences between the groups in emotional well-being, behaviour and quality of life. There was also no evidence that MST was better value for money than MAU. It is possible that MST is more helpful to young people with more severe problems, but more research is needed. The principles of MST are scientifically robust, and it may still be helpful to use some of them where necessary.



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