Multisystemic therapy reduces re-offending in young offenders between 12 and 18 months post-treatment

QUESTION

Question: Is multisystemic therapy (MST) more effective than current statutory UK services at reducing youth offending among urban young offenders?

Patients: 108 youths aged between 13 and 17 years old on court referral for treatment with a supervision order of at least 3 months, or on license in the community for a minimum of 6 months following imprisonment. Participants had to be living in the home of and being raised by a parent or principal caretaker. Exclusion criteria: sex offenders; presenting with only substance misuse; psychotic illness; risk to study personnel; or involvement of an incompatible agency (eg, ongoing care proceedings).

Setting: Two local youth offending services in North London, UK; from 2003 to 2009.

Intervention: MST or usual care from youth offending teams (YOT) for 6 months. MST is an intensive family- and community-based therapy that targets the drivers of serious antisocial behaviour including individual adjustment, family relationships, school functioning and peer group affiliations. YOT treatment is an extensive evidence-based treatment programme tailored to individual participants. The YOTs target: re-engagement in education; substance misuse and anger management problems; social problem-solving skills; vehicle-crime, violent-offending and knife-crime awareness; and victim awareness and reparation interventions.

Outcomes: Offending in the past 6 months, based on records from the National Young Offender Information System database, including custodial sentences.

Patient follow-up: 99.1%.

METHODS

Design: Randomised controlled trial.

Allocation: Concealed.

MAIN RESULTS

In the 6 months prior to treatment, 82% of the MST group and 67% of the YOT group had either a violent or non-violent offense, and the average number of offences in this period was 1.51 for the MST group and 1.37 for the YOT group. The number of offences significantly decreased in the MST and YOT groups during the treatment period (p<0.001 in both groups). However, the mean number of recorded offenses did not differ significantly between the two groups immediately post-treatment, at 6 or 12-month follow-up (p values reported as not significant). At 18-month follow-up, the MST group had significantly fewer recorded offences than the YOT group (mean number of offences: 0.10 with MST vs 0.51 with YOT; p<0.001). At 18-month follow-up the MST group also had a higher proportion of participants who had not offended in the past 6 months (90% with MST vs 63% with YOT; RR 1.44, 95% CI 1.14 to 1.82). There was no significant difference between the groups in the proportion with custodial sentences at 18-month follow-up (10% with MST vs 17% with YOT; RR 0.6, 95% CI 0.2 to 1.6).

CONCLUSIONS

MST appears to have a delayed effect on recidivism among youth offenders, reducing re-offending between 12 and 18 months post-treatment, compared with usual care from Youth Offending Team.

ABSTRACTED FROM


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Multisystemic therapy (MST) is a family- and community-based treatment model that was developed in the USA and has evidenced long-term reductions in the criminal activity of serious and violent juvenile offenders. In the present study, Butler et al present the results of a randomised clinical trial comparing MST to a comprehensive approach to usual services delivered by youth offending teams (YOT) in the UK. The study has several strengths, including independence from MST treatment developers, a usual services condition that was more extensive than in MST trials in the USA and measurement of a wide range of outcomes and covariates. Although MST and YOT reduced overall youth offending, MST was more effective in reducing the likelihood of non-violent offending during an 18-month follow-up. MST also led to greater reductions in parent-reported youth antisocial behaviour and psychopathy from pre to post-treatment.

This study indicates that MST can successfully reduce rates of offending in the UK, a country with a higher quality of usual services for juvenile offenders than the USA. Although MST was not more effective than YOT in reducing violent offenses, this finding may have been due to relatively low-statistical power (ie, small sample size), a low-overall rate of violent offending at randomisation and a large number of treatment refusers (ie, potentially more violent youth). The study does not address the process of change in MST, although it seems likely that the superiority of the MST condition was due to its focus on the multiple determinants of antisocial behaviour and the delivery of interventions directly in the natural ecology of youths and their families (eg, home, school, neighbourhood). It should be noted that implementation of an MST programme requires an intensive quality assurance and improvement system at multiple levels, including the therapist, clinical supervisor, expert consultant, programme manager and service provider organisation hosting the programme. Thus, the use of MST requires a substantial investment of time and resources. Even so, the present results provide support for the continued international dissemination of MST and suggest that MST adds value above current services in the UK.

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Competing interests: CBM is one of the principal developers of MST
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