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 raising 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 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 offenses in this period was 1.51 for the MST group and 1.37 for the YOT group. The number of offenses 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 offenses than the YOT group (mean number of offenses: 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


Correspondence to: Stephen Butler, Research Division of Clinical, Educational and Health Psychology, University College London, Gower Street, London WC1E 6BT, UK; stephen.butler@ucl.ac.uk

Sources of funding: The Tudor Trust, Atlantic Philanthropies and the Department of Health.