Author's response to reviews

Title: Evaluation of multisystemic therapy pilot services: protocol of the Systemic Therapy for At Risk Teens (START) trial

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Author's response to reviews: see over
Dear Editors-in-Chief,

We hereby submit the revised manuscript of our Study Protocol paper “Evaluation of multisystemic therapy pilot services in the Systemic Therapy for At Risk Teens (START) trial: Study protocol for a randomised controlled trial”. 

Once again, we thank the referee for his/her comments on the previous version of the paper. We trust that we have addressed the comments fully with our revisions, and look forward to your decision on the paper.

Yours sincerely,

Peter Fonagy (Chief Investigator)
on behalf of the authors

Response to the reviewer

1. p. 7 para 1 – the CIs for the SMD for offending do not include the actual mean reported here (-.47).

Authors’ reply: This was an error on our part and we have corrected the data reported (SMD -0.47, CI -0.74 to -0.21).

2. p. 10, para 3 – MAU is introduced without the acronym first being spelt out. It is spelt out later (p. 12, para 2).

Authors’ reply: MAU is now defined on first use in the text (p. 10).

3. p. 11, para 1 –The following sentence doesn’t makes sense; the first part of the sentence relates to type of young person and the second to treatment fidelity: “Consistent with extant mediational studies of MST trials with a range of juvenile offenders [48, 50], we will test whether the MST theory of change is supported in a broader group of antisocial adolescents in the UK; namely, that therapist adherence to the MST model will result in improvement on key family and peer risk factors associated with antisocial behaviour, and that improvements in these risk factors will result in decreased adolescent antisocial behaviour.
Authors’ reply: We agree that this did not make sense, and have clarified that our hypothesis is that MST processes (rather than therapist adherence to the MST model) will have a positive effect on risk factors among this group of antisocial adolescents.

4. In the ethics section on p. 12, I think Trust (or equivalent) Research Governance approvals should also be presented. The Editor should advise on whether this is needed.

Authors’ reply: We have provided information on the research approval given for each site by the respective NHS Trusts.

5. p. 17, para 2 – an ‘outcome assessor’ is mentioned for the first time. What is this? I assume it’s a researcher. ‘Research assessors’ are mentioned on p. 29 para 2.

Authors’ reply: We have standardised the terminology to “research assessor” throughout the paper.

6. p. 18, para 1 – an ‘MST supervisor’ is mentioned for the first time. In the next paragraph we are introduced to MST ‘therapist’ and in the paragraph after that to an ‘MST worker’. Perhaps reference to where these roles are described could be added here (i.e., pp. 20-21). Are ‘therapists’ and ‘workers’ the same thing?

Authors’ reply: We have included some information on the role of the MST supervisor at each trial site under “Study setting” on p. 13. Elsewhere we have modified the text to ensure that we refer either to “MST therapist” or “MST supervisor” as appropriate.

7. p. 22, para 1 – The information that ‘Medication is offered as part of the programme when necessary’ needs some clarification. As it is, it could be read that the MST therapist does this. In reality, I assume a referral to a GP for an independent assessment and decision is made. Are GPs part of the MST team?

Authors’ reply: The reviewer is correct in that young people will be referred to a medical professional when the therapist feels this is appropriate, and we have made this clearer (p. 22).

8. p. 27, para 2 – the CU trait measure is mentioned under outcomes when it should probably be in the ‘Moderators’ section.

Authors’ reply: As recommended, the Inventory of Callous-Unemotional Traits is now described in relation to moderators (p. 30, “Psychopathic traits and ADHD” section) rather than outcomes.