Reviewer's report

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

**Version:** 1 **Date:** 17 March 2013

**Reviewer:** L Stein

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3-16-13

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

Journal: Trials

Type of article: Study protocol

Authors: Peter Fonagy et al

Reviewer: L. Stein, PhD

Reviewers should attend to the following per the journal:

1. Will the study design adequately test the hypothesis?
2. Are sufficient details provided to allow replication of the work or comparison with related analyses: if not, what is missing?
3. Is the planned statistical analysis appropriate?
4. Is the writing acceptable?

Thank you for the opportunity to review this manuscript. It is an important area of study. Below I provide my thoughts prior to further consideration for publication. I recommend these be addressed prior to further consideration for publication, but I do not view them as compulsory.

Background.

1. The manuscript indicates: "There have been 20 randomised trials of MST [48-54], and while the therapy works exceptionally well sometimes [49-53, 55], it does less well in other contexts [e.g. 56, 57-59]." What are the other contexts? Why might it be working less well? What is it about such contexts? Perhaps the authors mean, "...and while the therapy works exceptionally well sometimes [49-53, 55], it does not do so consistently [e.g. 56, 57-59]."

Methods.

2. The inclusion criteria seem like they will lead to a rather heterogeneous group of children and families. This is likely a necessary part of evaluating MST in a
real-world setting, but at the same time, analyses should be conducted to account for site effects as well as variation in the "types" of children/families recruited across sites (and even within sites, potentially).

3. The qualitative interviews are a great contribution. Analyses of these data are not clearly outlined, however. Consider qualitative interviews of therapists in both conditions as well.

4. MST involves a very devoted and involved therapist. Should authorities be contacted by such an entity on behalf of a teen, they may be less likely to devote precious resources to monitoring such a teen: Why bother, when there is already a very involved entity keeping watch? However, a teen randomized to the control condition will likely not have such a visible advocate. In this case, authorities may continue to scrutinize such a youth: There is no one keeping watch, so someone needs to do so. In this case, should results favor MST, is it really MST or is it that a youth in MST is not under direct and intense surveillance by authorities as compared to the control condition?

Discussion.

5. How will the qualitative data be integrated with the quantitative data?

Points that the journal wanted addressed: Reviewer's response.

1. Will the study design adequately test the hypothesis?-Yes, generally.

2. Are sufficient details provided to allow replication of the work or comparison with related analyses: if not, what is missing?-Sufficient details generally provided.

3. Is the planned statistical analysis appropriate?-No major concerns (but see above, please).

4. Is the writing acceptable?-Yes.

Thank you for the opportunity to review this work. It is well conceived and written.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I have no competing interests of which I am aware.