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The long-term impact of Multi-Systemic Therapy: An experiential study of the adolescent-young adult life transition

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The long-term impact of Multi-Systemic Therapy: An experiential study of the adolescent-young adult life transition

Abstract

This qualitative study examines the possible long term impact of Multi-systemic therapy (MST) as young people experience the transition from adolescence to young adulthood. MST is an intensive intervention aimed at reducing antisocial behavior among young people.

Interviews were conducted with 32 young people aged 16-22 years at their 48-month follow-up as part of the Systemic Therapy for At Risk Teens (START) evaluation trial in the UK. Sixteen participants had received MST while sixteen received management as usual (MAU). Interviews addressed participants' current life experiences and were analysed with interpretative phenomenological analysis (IPA). The inductive qualitative analysis data were transformed into numerical data. Interview extracts were coded as either forward-looking and hopeful ('mature') or static and frustrated ('stuck'). Among males, significantly more mature outcomes were found among participants who had received MST compared with MAU. No differences were seen between the female groups. A detailed qualitative commentary shows how the constructs mature and stuck are manifest across the four domains.

The findings suggest that working with an MST therapist during adolescence helped young men cultivate more mature, forward-looking viewpoints and life activities four years later when transitioning into adulthood. Findings are discussed in relation to relevant theory and practical applications.

Introduction

Multisystemic therapy (MST) offers an integrated, home-based therapeutic intervention to address antisocial behavior among young people (Henggeler & Borduin, 1990). MST adopts a socio-ecological approach (Bronfenbrenner, 1979), theorizing that different systemic factors including home life, peer relationships, and school experience are linked with antisocial behavior. In its application, MST is intensive (e.g., visits three times per week for 3-5 months) but can also be customized to address unique family circumstances. Several randomized controlled trials (RCT) have confirmed MST's positive effects in reducing antisocial behavior among young people, relative to management as usual (MAU) treatment (Asscher et al., 2013; Butler et al., 2011; Ogden & Hagen, 2006; Ogden & Halliday-Boykins, 2004; Manders et al., 2013).

Some studies have demonstrated MST's longer-term impact. Meta-analytic work, drawing on 101 distinct raw effect sizes from 20 individual studies using diffuse follow-up time periods, evidence of a small effect size of MST participation on subsequent delinquency scores ($d = 0.20$) (van der Stouwe et al., 2014). For example, lower felony recidivism, frequency of misdemeanor offending, and odds of involvement in family-related civil suits at 22-year follow-up have been demonstrated among MST participants compared with controls (Sawyer and Borduin, 2011). However, explaining the long-term impact of MST, where present, is more difficult. Bronfenbrenner's expanded Process–Person–Context–Time model (PPCT) emphasised the role of interactions between person, time and contextual factors to further explain the emergence of entrenched development behavioral patterns (Bronfenbrenner and Morris, 1998).

A comprehensive explanatory theoretical framework accounting for MST's potential longer-term positive clinical impact on young people might usefully draw on several influential theoretical frameworks that help explain dynamics involved in the transition from

adolescence to young adulthood. Key life domains relevant to MST include family relationships, peer relationships, and child-adult developmental transition. We will now discuss theories relevant to these life domains in addition to PPCT and the socio-ecological approach discussed above. Given MST's socio-ecological roots, clearly family and peer relationships represent two central key life domains to understanding MST's longer-term impact. Relevant here is stage-environment fit theory (Eccles et al., 1993; Gutman & Eccles, 2007) which postulates that adolescent mental health and behavioral outcomes are contingent on the degree of match between young peoples' developmental needs and the extent to which adolescents' environments (e.g., family/school settings) are appropriately calibrated to address their developmental needs. Relatedly, thematic analysis of interviews with 21 UK families shortly after receiving MST has suggested benefits on family relationships and greater reflectiveness and aspiration among young people (Tighe et al., 2012).

A third key life domain relevant to considering MST's therapeutic effects is child-adult developmental transition. Dominant in this area is Arnett's theory of 'emerging adulthood' (2007) which articulates challenges and possibilities faced by young people during a relatively new transitionary life stage that follows adolescence but precedes the higher levels of responsibility and stability associated with full adulthood. Emerging adulthood has been discussed in the context of historic shifts from industrial to information-based economies with the corresponding changes in living arrangements and career trajectories that this has entailed (Tanner and Arnett, 2016).

This leads to the introduction of a fourth key life domain relevant to considering MST's longer-term impact: work and occupations. Adolescence has received considerable attention as a period of critical transition phase for identity development (e.g., Marcia, 1980). In this context, it is therefore also valuable to consider how employed work (or being occupationally engaged with other life projects) provides opportunities for positive identity construction and

a basis for building robust social resources among young people (Dutton et al., 2010). Clearly these life domains are tightly integrated in many ways (e.g., work can be a source of important and lasting relationships). However, a fruitful line of investigation would be to consider these key life domains (i.e., family/peer relationships, child-adult transition, work and occupations), understood as distinctive but inter-related factors, in relation to the question of whether and how MST treatment may have added value over MAU treatment for young people's status at long-term follow-up.

In this article we present a qualitative sub-study ('qualitative study' hereafter) of 32 young people who were already participants in a multi-centre, UK-wide randomized controlled trial to assess whether MST is more effective than standard therapy in reducing out-of-home placement and offending at four-year follow-up among 11-17-year-old adolescents. (Systematic Therapy for At-Risk Teens, START, Fonagy, Butler, Goodyer et al., 2013). Our primary study aim was to use the four key theory-based life domains described above (family relationships, peer relationships, child-adult transitions, work and occupations) as an overarching theoretical framework to understand differences in life domains among young people who had, and had not, worked with an MST therapist, at longer-term follow-up. A secondary study aim was to build an understanding of young peoples' lives expressed in their own terms four years after the intervention. Fitting the exploratory secondary study aim, we decided to employ interpretative phenomenological analysis (IPA, Smith, Flowers and Larkin, 2009), with its commitment to an idiographic reading of text, to examine participants' experiences four years after they had received MST. IPA research has previously focused on the experience of child-adult transition among first time young parents (Seamark & Lings, 2004; Smith, 1999); for example, pointing to how becoming a parent presents a powerful impetus for changing life direction (Seamark & Lings, 2004). IPA studies have detailed the experiences of mental health among young people including experiences of individuals with

autism (Huws & Jones, 2015), with depression (McCann et al., 2012), and personal meanings of having an eating disorder (Fox et al., 2011; Offord et al., 2006). The lives of young offenders have also been explored using IPA including studies of anger among young perpetrators of theft and physical violence (Yorke & Dallos, 2015; Jackson-Roe et al., 2015), and of sexual offenders (Gerhard-Burnham et al., 2016). In the qualitative study described in the remainder of this article, sixteen of the participants had been allocated to work with an MST therapist, the other sixteen young people had not (i.e. they were assigned to MAU). The results from the main trial are published in Fonagy et al. (2020a) and a summary report of the whole research programme can be found in Fonagy et al. (2020b). We are planning a subsequent paper considering the discrepancies between the results of the different arms of the overall programme.

Method

Design and participants

A qualitative study design was adopted. Potential participants were recruited from nine different National Health Service (NHS) Trusts: three in London, three in Yorkshire and Trusts in Berkshire, Manchester, and Peterborough. The 32 interviewees comprised 16 young men (*M.age* = 18.3, SD = 1.25, range = 17–21) and 16 young women (*M.age* = 17.7, SD = 1.01, range = 16–19). All interviewees were START trial participants. Half the men and half of the women had received MST; the others received management as usual (MAU). We aimed for a purposive stratified sample, allowing comparison across groups. Potential participants were matched by age and region where possible, so individuals in adjacent cells (e.g., MST/male vs. MAU/male) were similar in demographic terms. Analysis of the final sample revealed that individuals who had received MST were significantly younger (*M.age* = 17.4, SD = 0.81) than individuals who received MAU (*M.age* = 18.6, SD = 1.21), *t* (30) =

3.09, $p < .01$. All individuals were approached after completing their 48-month trial follow-up visit. Interviews were conducted in their home locations

Procedure

The study received ethical approval from the host institution. Potential study participants were identified through liaison between the first author and the START research team. The first author then posted study information to the young person's home address before making phone contact with the young person to discuss potential participation. All interviews were conducted by the first author in participants' homes. Before each interview, participants read an information sheet, had the opportunity to ask questions and, where still willing to do so, signed a participant consent form. Semi-structured interviews were conducted with 32 participants and lasted on average 57 minutes. Interviews followed a standard structure and were informed by the key life domains (described above) including questions on family/peer relationships, child-adult transitions, work and occupations). For example, a question concerning recent family relations was asked ("how would you describe your relationship with your parents?") and a question about important peer relationships ("what do you think makes a good friend?"). More exploratory interview questions were, illustratively, orientated towards recent events in the young person's life (e.g. "how have things been in the last month?"), and on the future ("how do you feel about the future?"). MST-related questions began with a prompt ("do you remember working with [insert name] during [insert rough date]?") and continued with a general question ("what can you tell me about that?").

Analytic approach

All interviews were transcribed verbatim. Participant names have been changed to ensure anonymity. A hybrid analytic approach drawing on the advantages of both inductive analysis and theoretical frameworks was applied to our dataset. An inductive approach to organizing the data at a corpus level was taken such that thematic codes (with illustrative extracts) were

identified. Transcripts were first analysed individually and in detail by the first author using IPA (Smith et al., 2009). This involves a close reading of each case in its own terms, annotating the transcript with initial notes and emergent themes and compiling clusters of themes in a case table. Data were then organized by the first author using the theory-based key life domains discussed earlier in this article (i.e. family relationships, peer relationships, child-adult transition, work and occupational experiences). A coding system for understanding material in terms of developmental maturity (maturity hereafter) was developed in iterative stages by the first two authors. This coding approach was developed using a representative cross-section of sixteen transcripts, and was then applied independently to the remaining sixteen transcripts. Our final approach was to classify material in terms of whether life experiences and outlook appeared as forward-looking and hopeful (coded as 'mature') or, alternatively, as static and frustrated (coded as 'stuck'). Consistent with our hybrid approach to data analysis, these terms were derived inductively from the data, yet also connected with relevant theory. Specifically, the term 'stuck' connected with Marcia's (1980) notion of uncommitted or faltering 'identity diffusion' while the term 'mature' connected with Arnett's (2000) emphasis on successful passageway to emergent adulthood. Working in this way, we transformed qualitative/textual data into quantitative/numerical data, and then integrated two data types (textual, numerical) in the final analysis. This approach follows discussion of analytic options available when transforming qualitative data into quantitative data reported in Fetters and colleagues (2013, p. 2143) and as conducted in previous health-related focus group research (Ruffin et al., 2009). We coded a domain as mature if there was any evidence of maturity among the extracts. For example, where family domain interview material mainly indicated 'stuck' yet contained an extract coded 'mature', the latter was always selected. Importantly, this decision meant appraisal of each individual based on any available evidence of maturity (rather than, for example, attempting to compute 'average'

maturity across the interview). Extracts for each participant were printed on separate sheets and presented in random order and coded independently as 'mature' vs. 'stuck' by the first two authors. Where there was disagreement, the relevant extract was discussed and a final code agreed with transcripts revisited and new material located where necessary.

Extracts were coded as either 'mature' or 'stuck' by an additional independent coder (a postgraduate IPA researcher) blinded to the therapy group for the exercise. Coding revealed good inter-rater agreement for male data (92.7% agreement, K= 0.73), and for female data (87.5% agreement, K= 0.76). Discrepancies between our maturity scores and independent coder maturity scores were reviewed and amended where appropriate to ensure that assumptions about what might constitute 'being stuck' or 'being mature' were dealt with methodically by independent scrutiny from someone less 'close' to the data. For example, an extract demonstrating a young adult's desire to nurture trust in their relationship with their parent was originally coded as 'mature' by the research team as it demonstrated aspiration. However, following independent coder feedback, this extract was revised to 'stuck' as the young person's talk in this section also revealed an uncertain and difficult pathway ahead.

Final agreed maturity scores for each domain were assigned numerical values (1 = mature, 0 = stuck, where *mature* means there is evidence of any maturity, *stuck* means there is no evidence of maturity). These values for each domain were then combined and averaged so that each participant had a scale data score of 'mean maturity'. Where no material was available on a given domain for a participant, the domain was ignored and their mean maturity score was the average for domains where material was available. We then compared scale data maturity scores across therapy group (MST, MAU) and gender to see whether there was evidence of impact of MST on outcome.

Results

Quantitative analysis

Maturity scores were negatively skewed. Because data violated parametric assumptions, one tailed non-parametric tests were conducted. Mann-Whitney U tests revealed that among male participants, significantly greater maturity was found among participants who had received MST (*Mdn* = 1) compared with participants who had received MAU (*Mdn* = 0.25), *U* = 12.00, $z = -2.27$, p = .019. Among female participants, differences in maturity did not differ at a statistically significant level between MST participants (*Mdn* = 1) and MAU participants (*Mdn* = 0.88), *U* = 21, $z = -1.41$, p = .14. This pattern is displayed visually for each participant (Table 1) and across the study groups overall (Table 2). This suggests that, among young men, working with an MST therapist during adolescence may have helped cultivate a more mature, forward-looking viewpoint and set of life activities at a four-year follow-up time point compared with young men who did not work with an MST therapist.

<Please place Table 1 and Table 2 about here>

Qualitative analysis

Here we present the full qualitative analysis of the participants' accounts as a complement to, and illumination of, the quantitative findings. As a quantitative effect of MST was only present among young male participants, the results narrative is presented in separate gender-specific sections. However, it should be noted here that the starkest difference across the sample was between male MAU participants and all three other groups. Table 2 clearly displays this stark difference and should be read in conjunction with the narrative presented below. To explicate where maturity was realized (or not) among young people, our results are structured using the four emergent life domains described above.

Male young people

Child-adult transition. Personal growth was a central indicator distinguishing MST and MAU male cases. This construct cut across all data to some degree but was also found more explicitly in some data. The most progressive accounts of personal growth suggested that the therapeutic process of working with other people (including the MST therapist) may have enabled young people to become more empathic in their dealings with other people. Take Adrian's account below:

> When you're younger you don't have the experience of dealing with certain situations […] As you get older you learn different ways […] I help people in America who self-harm […] it's over Skype […] Everything I've learnt through counselling & therapy […] I just say to them look you should speak to a cop or a doctor or whoever or a teacher about how you're feeling & know that you're not alone. (Adrian: MST, mature)

Impressive here is partly Adrian's apparently altruistic activities ("help people… who self-harm") which are evoked in parallel with his own experiences of the therapy process ("you're not alone", "speak… about how you're feeling") and acquired skills ("you learn different ways") that distinguish his current self from his former self ("didn't have the experience").

Each participant faced the challenge of locating their past in a way that served their present needs. Take the two extracts below:

> You've got to face the real world. When you're a child you don't care what's going on. But once you get older and stand on your own two feet, well yeah. (Patrick: MST, mature)

> The more you get to know, the more it becomes […] more bland, like […] you see just how straight level […] just see life for how it is, 'cause when you're a kid, like, […] you don't have that thought process of certain things. (Kurt: MST, mature)

These accounts of child-adult transition emphasised a perceptual shift in which adult realities were accepted ("face the real world", "see life for how it is"). Patrick's depiction of losing carefree childhood felt wistful ("you don't care") but his newfound independence ("stand on your own two feet") suggested an attractive position to be in. Kurt's arrival at adulthood seems to have involved a more obvious sense of loss ("becomes more bland") but he too recognizes the categorical difference involved in child-adult transition during which 'the thought process of certain things' fundamentally changes for better or worse.

By contrast, forward movement among MAU participants often felt quite constrained:

> I just can't like see how my life's gonna go […] I can't […] vision that right now […] I don't really think in front. I'm not an in front person […] I'll wait till that point comes and I probably won't be ready for that point but I'll just wait for that point to come. (Matt: MAU, stuck)
>
> (My ex-girlfriend/mother of my daughter) uses my mental health against me all the time […] and I've had enough of it […] they're going to use it on me all my life. I can't go to court because […] what am I going to look like in court? He, he's schizophrenic? […] he's violent, he's got drug markers, offensive weapon markers. (Harry: MAU, stuck)

Matt's account reveals significant obstacles, whether cognitive in terms of picturing his future ("can't vision that") or a more general preparedness for future times ahead ("won't be ready"). For Harry, growth is obstructed by a range of actors including specific individuals ("(my ex) uses it against me") to an undefined majority ("they're"). Being positioned as someone with a criminal record and with mental health problems seem to present insurmountable difficulties for Harry. Growth in both accounts felt impeded partly due to perceived enduring personal dispositions, evident in Matt's account ("not an in front person")

and throughout Harry's account where successive statements pin him to type ("schizophrenic", "violent", "drug markers") for the foreseeable future ("all my life").

Work and occupations. Work-related interview content provided a concrete test of being able to meet the challenge to build the material circumstances of current life, set apart from past difficulties. While work was no panacea in any of the young men's accounts, positive experiences of work could be seen to have a profoundly positive impact on 'mature' participants' lives, well-illustrated in these two extracts:

> If I want something, I'm gonna, I'll go, work for it. Or find a way to like get it, kind of thing. So, at the moment, I'm working to build up […] my own label. […] if I wanted to go out, release a CD under my label, I could. […] put it on iTunes and it will come up. That has come from me. (Hal: MST, mature)
>
> I'm not a person with confidence but when I'm at work and I've got my uniform on I've got all the confidence in the world (Adrian: MST, mature)

Hal was unemployed but his music making showcase his thirst for being occupied in personally meaningful ways, revealing determination ("I'll go, work for it"), an enquiring mind ("find a way"), and a sense of possibilities ("…I could"). The striking close here – "that has come from me" hints at a powerful connection between occupational efforts and personal creativity. For Adrian, the connection between work and how he feels about himself is plain and suggests how work, in its most constructive form, is a catalyst for cultivating self-esteem which was absent in earlier adolescence.

Among less mature extracts, work was identified for some as a way of staying out of trouble:

> Last time I came out [of prison] I worked for a lift company […] I ended up going on the books. I was moving around I couldn't really keep up with it here there and everywhere it's too much (Ian: MAU, stuck)

However this approach did not always seem to translate well in its intended effects, and Ian's account suggests an intolerable pace of work ("couldn't' really keep up") and perhaps a sense that meshing working life with other (perhaps less constructive) parts of life ultimately proved too difficult to maintain. Pushing further into the realms of 'stuck' on the work domain saw illustrations of indifference to the value work and limited personal power over securing meaningful work:

> I suppose it is, looking up, innit, a bit. Well, not so much looking up because I haven't done 'em, but, start, looking for a job […] doing a normal job. All I want is a job, that's it. (Tim: MAU, stuck)
>
> I'd just be happy if I had a job. I'd, that'd just make me happy. Like I know I can pay me people who I need to pay and all that. Just to get some weight off me head. (Matt: MAU, stuck)

While securing work is conceptualized as desirable in both accounts, Tim felt restricted from pursuing work ("haven't done 'em"). There is a hint of motivation ("but, start, looking…") and nothing more. Matt's account is more promising, but being motivated to settle outstanding debts with people, while clearly important on pragmatic ("need to pay") and psychological levels ("weight off me head"), suggest that finding personally meaningful and valuable work that for him feels elusive.

Relationships with peers. Differences between MST and MAU individuals were striking in this domain. Again, clearly demonstrated in Table 2, no MST individuals were 'stuck' in their relationships with important others contrasted by evidence of being 'stuck' among no fewer than three MAU individuals. The following accounts reflect the relative strengths of relationship states among MST participants:

> He knows I'm always there for him and he knows that he's always there for me it's like a 50/50 relationship it's like it's like a male and female relationship just without all the other stuff sort of thing it's just the closeness. (Adrian: MST, mature)
>
> I've got good mates and whatever but it's just like […] there's only one person who I would really class as a true friend […] we're just really close […] (we talk about) everything […] we've gone through in our lives (Conor: MST, mature)
>
> [I met my current partner] at a party [...] and one thing led to another. [...] once you know someone so much, with certain things, you just, it's weird. [...] now it's just so laid back and we know each other so well, it's weird [...] I still get nervous, anxious when I see her [...] she still makes my heart go, I think [...] she still makes me feel all weird inside and stuff, when we first see each other it's always different. Like, we'll smile and we'll just be like, that uncontrollable feeling, like. (Kurt: MST, mature)

Adrian articulates an ambitious vision of friendship which is selective ("only one person") and which appears to transgress normative expectations of platonic male friendships ("like a male and female relationship"). For Conor and Kurt, reflections on "now vs then" were linked to having achieved intimacy within close friendships and romantic relationships, respectively. For Conor, shared common ground between him and his friend forms a staple of their friendships ("(all) we've gone through in our lives"). Kurt's reflections on his relationship with his girlfriend reflect a mature dynamic in which he could feel comfortable around someone familiar ("just so laid back") while retaining a sense of wonder and excitement ("still makes my heart go").

For MAU young men, there was difficulty in finding a constructive, valued role for other people in their life. This is illustrated below:

> I'm gonna stay out of relationships […] they end up getting me in trouble […] they get too attached I just pick the wrong ones […] (women who have) got issues […]

> with fucking bipolar schizophrenic and all that shit […] I end up staying for them feeling sorry for them. (Ian: MAU, stuck)
>
> I don't really […] chill with people round here. I just like go to mate's house just round corner. We just play on games consoles and just chill […] don't do nowt like we used to. It's a bit shit […] nowadays, bit boring. (Matt: MAU, stuck)

The role of others here is at best unsatisfactory and at worst destructive. For Ian and Matt, relationships seem to impact negatively self-esteem ("made me feel like shit"), or are a cause of frustration purely by being unfulfilling and unstimulating ("a bit shit"). Some responsibility is voiced in Ian's extract ("I pick wrong ones") but the motives for getting involved with other people ("staying feeling sorry for them") are unlikely to be helpful to anyone in the grand scheme.

Family relationships. Group differences were least pronounced for the family relationship domain. Even here though there was evidence of how a more considered, reflexive approach to life reaped benefits among young men who had previously worked with an MST therapist. Most male participants spoke of positive changes in parental relationships since the turbulence of earlier adolescence. Hal's quote below illustrates this:

> I can't remember the last time me and my mum had that, one of them family arguments […] it was a couple of years ago […] we weren't too good […] partly my doing as well. Matured a bit now. (Hal: MST, mature)

Hal appears to acknowledge improved relations with his mum and his own role in these ("my doing as well"), evoking a relationship in which he both takes responsibility and has a reflective outlook on how things are now relative to the past times. The rewards of having a broadly positive current relationship with a parent were rarely seen in technicolor for participants, and often buried in accounts providing a sense of the routines of life, evident in Adrian's extract below:

> Spending time with family and that and errm having that sort of quality time with family members it's (.) it's good to actually spend time with someone better than keep self sort of cooped up in your own little world. (Adrian: MST, mature)

Adrian has what appears to be a low-key relationship with family members. Sharing the company of family members "watching TV together" seems simple but for Adrian holds dramatic implications for his well-being providing a way out from the stifling climate of introspection ("cooped up little world") that he would face in his own company. The role of the past dominated many accounts of family among participants. Here was the most obvious place that MST and MAU individuals could be distinguished. Take the two extracts below:

> After dealing with (my parents/family) I just learnt like don't take sides […] give everyone a chance to begin with but I don't care who they are like I'll say you're in the wrong. (Conor: MST, mature)

> I speak to my mom about things I can't speak to my dad he says "… you'll only make me feel like shit" and that's cos he's not arsed […] And my mom says oh when you're older you're realise what your dad's like and (I have) he's just a waste of time. (Leo: MAU, stuck)

Among MST cases there was the sense that the past could be drawn on as a tool - often a crude tool – but a means by which relationships with parents could become a foil for dealing with the challenges of life relationships more broadly. This was evident in Conor's account, where the strained relationship between his parents in which he often felt like a bargaining chip had become a protective resource- the ability to disentangle himself from tiresome disputes. By contrast, Leo's relationship with a father who is unwilling to provide sorely needed support in the young person's currently complex personal life. Here, reflections on past disappointments dominate. The possibility for forward movement is hinted at ("some day you'll realise") but the overriding dynamic here is of rejection and ruminating anger.

Female young people

Child-adult transition. Different opportunities were found among young women to transcend difficult times in earlier adolescence and stake out a route forward in life. Different factors involving 'turning things around' were identified among the two individuals shown in the extracts below:

> Int: Do you link (finding it easier to make/keep friends with) the work you did with (the MST therapist)?
>
> Chloe: Partly. But it's partly myself as well, and just growing up […] I were quite young for my age […] when I were about 11, 12 […] I acted younger than what I was. So I didn't really keep friends. Because they all thought I were a bit odd […] As I've grown up and I've got more mature, it's been easier […] I'm thinking and acting my age like everyone else. But I think (the MST therapist) did partly help me as well […] She used to give me tactics of ways to maintain friendships. (Chloe: MST, mature)
>
> Everyone used to kind of (say) you're not going to do anything […] not going to be able to get a good job […] not going to pass your exams […] That was […] kind of drilled into me that I was going to […] be a failure in life […] that controlled the way I was. […] Realising that I actually can do something […] that I really enjoy […] (makes me) want to prove that what they made me believe isn't […] the truth […] so I (can) prove them wrong and […] prove myself wrong (Wendy: MST, mature)

These extracts hint at an understanding of how MST may have supported the young person to successfully meet the challenge to transcend difficult early times and to embed the beginnings of a positive adult life. Chloe debates MST's role explicitly, identifying an inter-related set of factors including what she seems to identify as her own proactive engagement with the process of growth ("partly myself as well"), instrumental contributions from her MST therapist ("gave me tactics") and the passing of time in and of itself ("just growing

up"). Striking in this account is Wendy's explicit grasp of the need to forge dialogue with herself ("prove myself wrong") equally to demonstrate the inaccurate assessments of historic figures ("prove them wrong").

Turning it around therefore involved moving toward adulthood in a way which harnessed the adversity of past events. However, accounts of being able to throw off the threat of ongoing loss in response to past events was equally present in MAU participants' interviews as Zaira's extract below illustrates:

> When I had (my daughter) I've had social services move us straight onto a child protection plan […] they thought I'd neglect (my daughter) obviously not having been parented right myself […] you knuckle down a bit more cos you know you've got people watching over you. […] (with) a risk of you losing that child […] you work more hard to keep them […] It proves it's worth it though cos she's off child protection now […]. (Zaira: MAU, mature)

As in the accounts of the MST participants above, Zaira was determined to overthrow the expectations or anticipations of other people (in this case social services involved in her child protection plan) as well as her own family experiences ("not having been parented right myself") and to use such threats as a springboard for positive action which has since paid off ("came off it yesterday"). An important general point here is that differences between female MST and MAU participants, shown in Table 2, were negligible: most women appeared mature in their transcripts regardless of whether they had received MST input or not.

The challenges of meeting the demands of child-adult transition were palpable. Where young women seemed to have experienced more difficulty in terms of bridging this transition tended to be where personal or social opportunities seemed to have been abandoned:

> (When I was younger) I didn't really do well myself in school […] I left school in Year Eight and I never went back. […] I went back in Year Eleven to do some exams

> and that were it […] I haven't really done much but obviously with Robin I'd want it different. I'd want him to go out and do well for himself (Ophelia: MAU, stuck)
>
> I were hanging out with my mate a couple of week ago and told her that I was pregnant and ever since then she's been like proper broody. […] I said to her I can't be arsed with stuff like that now I've got to grow and be older than what I actually am but she don't get the point so I just told her to fuck off. (Daisy: MAU, stuck)

With the impending life changes of becoming a parent for the first time, Daisy's restrictions on friendship ("told her to fuck off") in her current life are on one level constructive and entirely understandable. However, there is also a sense here that potential sources of support have been casually cut off in ways which she may live to regret. In a similar way, options for personal growth feel cut off for Ophelia, whose aspirations for her baby son's life ("want him to… do well for himself") do not feel mirrored in her aspirations for herself ("didn't do well myself in school", "haven't really done much").

Work and occupations. As with young men, work was an important feature of young women's accounts of their current lives. Women recognised opportunities and challenges of working relationships and held aspirations to hold out for more rewarding future work. Female participant accounts suggested a more reflective, mature approach to work-related life experiences than was found in male participant accounts. This was the case regardless of whether they had received MST or not:

> I lose myself a little bit and I don't like the way people talk to me, but obviously I'd never say anything but it's just myself, I just (get) frustrated. But I have to deal with it […] having to deal with personalities that are overwhelming but then I suppose welcome to the real world, isn't it? Working with people, it's got to be done. (Beth: MAU, mature)

> You've just got to speak (to customers at work) even if you speak and they're poo, you've just got to speak to them […] make them like you […] So it's just appearance and if you don't gel to someone, you've got to act like you're their best friend when they're sat in your chair because that's your money sat there. (Debbie: MAU, mature)
>
> It builds up your confidence a lot because before I worked (at McDonalds) I had no confidence in talking to people, but now I don't care […] with the regulars and the people that you just meet there […] we do have a laugh at work […] all of us together […] we can have a good laugh. (Grace: MST, mature)

Working alongside other people, whether colleagues or customers, was experienced as posing challenges for both Beth and Debbie. Beth articulates the strain of dealing with rudeness at work and "personalities that are overwhelming" but critically pans back into a more general statement about how work experiences are illustrative of more global challenges in life in terms of dealing constructively with other people ("welcome to the real world"). For Debbie there are similar frustrations at work, in her case concerning sometimes hollow interpersonal exchanges with customers ("act like you're their best friend") yet there was also the clear sense of having learnt a pragmatic and boundaried approach to working life ("that's your money sat there"). During her interview, Grace described challenges from both management and customers at work. However, her interview also relayed how relationships with colleagues and customers alike provides her with a foundation of confidence in which she can now engage without social inhibitions ("now I don't care") within enduring interactions ("the regulars") in a way that is inclusive ("all of us together") and light-hearted ("have a good laugh").

Talk elsewhere related to work emphasised the importance of holding out for personally rewarding work and to the consequences of not doing so:

> I need to have some sort of brain cells and do something that I want to do instead of going into something that I'm not going to find interesting and want to leave straight away and then have to go back through stage one. So I want to continue onto doing something that I want to do, that's going to be worth my time. (Rose: MST, mature)
>
> I was not born to make pizzas it's so stressful honestly […] I have the need to help people. I like being helpful I like being chatty and this that and the other so that I just feel like I wanna do that cos it feels like it's myself. (Janet: MAU, mature)

Both Rose and Janet's accounts conveyed a commitment to maintaining self-esteem in relation to securing working roles which draw more fully on their occupational skills – i.e. work that would be "worth my time" (Rose) and awareness of being worth more than current employment might indicate ("not born to make pizzas", Janet). Rose revealed two subtly different ways in which holding out for more fulfilling work was important; at a personal level in terms of realizing her potential ("something that I want to do") and at a practical level- avoiding work which she will not be able to commit to ("want to leave straight away").

Content in the young women's accounts relating to work was often noticeably more reflective than in the young men's accounts. This is well illustrated with reference to the following two extracts:

> Int: in terms of […] getting the job you want, or getting, you know, to be a paramedic, you know, getting on a course for that, you know, getting your emplacement sort of thing, how much, uh, control or influence do you feel you have over sort of getting those things for yourself?
>
> Chloe: I just have to put my mind to it and […] I'll be able to succeed, really. […] Yes, and push myself at, beyond limits. […] Make sure all my work's done, and just make sure I listen to […] Don't get dragged down again. (Chloe: MST, mature)

> When I get better that's summat that I'm going to look at as well, going back in the army. (Abby: MAU, mature)

For Chloe, pursuing her current ambitions to become a paramedic involved sophisticated skills including awareness of the risk of self-sabotage ("don't get dragged down again"), familiarity with the thresholds required for success ("push beyond limits") and recognition of how strict adherence to individual habits ("make sure all my work's done") will support her plans. The adversity of past experience may have become a catalyst for future success for Chloe. Abby's career plans are on hold, but recognition of how the inertia of present circumstances ("when I get better") will not impede her future plans ("going back in the army") suggest, similarly to Chloe's situation, that her reflective stance presents the opportunity to position her current circumstance with another time point in a way that can keep future plans clearly on the table.

Relationships with peers. Learning to identify unfulfilling, negative friendships as part of a revised understanding of what valued friendship groups consisted of was a common feature across interviews with young women. However, where this process left each individual young person in terms of the possibilities they understood to exist in potential friendships could differ significantly. Take the three following extracts:

> You can get far with being loyal […] not bitching and I hate bitching. Back-stabbing […] talking behind each other's backs. Just be real. […] that's all I look for in a friend. Loyalty is the big one. Capital letters for loyalty (Abby: MAU, mature)
>
> I've got one good friend don't need any more friends really […] one good friend's worth loads of fake friends cos I used to have loads of friends (Erin: MST, mature)
>
> I don't really like going out and seeing people and that […] at college I did have some like really good friends who I'm still in contact with now […] I choose to like keep myself to myself […] I've had friends and they've kind of like been back stabbers and

> I've found it easier to […] not have the stress of having back stabbers. So I'm kind of a loner at the minute now. (Wendy: MST, stuck)

Both Erin and Abby emphasise the importance of loyalty in their accounts of friendship, Abby privileging it above other qualities in a person ("capital letters for loyalty"), and Erin recognising the value of quality over quantity when it comes to friendships ("good friend's worth loads of fake friends"). Protective instincts are apparent in all of these extracts. Abby, Erin and Wendy have all been figuratively burnt in previous friendships in a way that has implications for the values they position they give to friendship in their current lives. For Wendy things feel slightly different however. Importantly she has adopted measures to insulate her from the risks posed by negative friendships. While this has eased things in some respects ("not have the stress", "found it easier") it has limited her options ("don't really like going out and seeing people") and cut her off from her peer group.

Toward the pinnacle of friendship-related talk was evidence of protective instincts evolving into new, positive friendships. This could occur with a reflective understanding of how these newer friendships brought negatives of former friendships more clearly into light:

> I met my partner at work […] and (we have a) little group […] (of) good friends […] I'm glad I started working (at McDonalds) for that reason, because otherwise I'd have just had friends that aren't really friends […] when (older friendship group) see that you've got other friends (meaning newer friends) […] (they give) you an ultimatum […] them or us […] I'd rather choose […] the people that I hang around with now. (Grace: MST, mature)

For Grace, work provided an environment where she has flourished, finding her romantic partner and a new set of friendships which have liberated her from the claustrophobic restrictions placed within previous friendships ("they give you an ultimatum").

While learning about the availability of choices around preferred modes/styles of friendship was a key feature across friendship-related content, other talk concerned the issue of retaining friendships in the longer term:

> I used to find it hard to keep friends. I'd be friends, but then something would happen […] But I can actually keep friends now […] the group of friends I've got now, I've been friends with them about three year. (Chloe: MST, mature)

Chloe's interview suggested how unidentified actions or dynamics ("something would happen") used to sabotage previous friendships. The onus of responsibility in maintaining friendships feels as if it has been placed on her ("I can actually keep friends now") but it may be this ability to identify and make personal claims to past disappointments with friendship which has enabled her to transcend these difficulties.

For some participants, relationships with other people in current life, whether friendship or romantic, were tightly woven into the fabric of life. Again, findings here were much the same for MST and MAU participants with an overall trend of mature outcomes for relationships with other people. This maturity is apparent in both extracts below:

> All of (my friends) now I've known for a long, long time. They're more like family, not friends […] when you know you can trust someone, and then we call each other sisters […] it's just the bond you have with people, isn't it? (Debbie: MAU, mature)
>
> (Me and my partner) have a laugh […] (my partner has) been in (my son's) life since before (my son) turned one […] we are really strong […] (my partner is) not, like, another lad that'll go out, get hammered, go with birds […] he's a one […] he loves me […] my son calls him dad. […] they are really good together (Ophelia: MAU, mature)

The close friendship group in Debbie's world has meant that notions of friendship and family are almost indistinguishable ("we call each other sisters"). Notably she seems to

identify this grey area between what constitutes relationships with family members and relationships with other people in her "it's just the bond you have with other people" statement – for Debbie the descriptive status of people (e.g. family member, friend) is much less important than the distinctive nature of the connection ("bond") formed between two individuals. Albeit within an entirely different context, Ophelia has been able to develop a young family based around trust ("(won't) go with birds") and close, supportive connections between people ("he loves me", "my son calls him dad").

Family relationships. Accounts of family relationships among female participants contained explicit insights into the therapeutic MST relationship. However, as with other sections, there was no sense of a clear difference between individuals based on whether they had received MST or MAU. Empathy was present across interviews in different ways:

> What was good about working with [the MST therapist] was that it probably made […] me realise that I was being […] a bit of a bitch to my parents and should probably stop (Yasmin: MST, mature)
>
> We used to, like, argue a lot, me and my mom. I mean, she'd shout. (the MST therapist) made little signs for when my hamster were there […] telling us to keep voices down. (Me and my mum) used to […] argue a lot […] (the MST therapist) made it like the hamster had really sensitive hearing, so we had to be quiet around it and not argue. Because it would give it a vibe. […] It worked. (Chloe: MST, mature)
>
> I've been coming over and seeing my mum, like, before college and stuff, because my mum's recently had a breakup with her partner as well so this is like a new house and stuff, so while she's been moving in here, I've been coming over and stuff. (Rose: MST, mature)

Acquiring awareness of communication problems had been beneficial for both Yasmin and Chloe. For Yasmin this involved recognising short-comings of, and developing

responsibility for, her way of relating to her parents. Chloe describes how her MST therapist planted a 'new family member' (a pet hamster) as a creative device for drawing both her mother and her attention to the volume and tone of their talk with each other as a way of promoting calmer relations. Rose's account also showed an ability to cultivate empathy, in her support for her mum during a turbulent period ("mum's recently had a breakup").

Across diverse family circumstances was the sense that young women had been able to reframe family relationships in a positive way. Previously, Erin had rarely spent time with her family yet now they had become central companions:

> (Things with my family are) good yeah good (.) it's better than it's ever been like.
>
> Int: why is it what makes it better now?
>
> Erin: cos I've changed I don't drink anymore I don't go out and get in trouble I'll stay in spend time in (.) when I get paid I'll get shopping and that I'll go out for a meal stuff like that but (.) prefer shopping […] I'll have my sister or my brother with me […] I never used to spend time with (my family) my buddies used to come round all the time so I never used to spend time with (my family) (Erin: MST, mature)

For Erin, getting paid now signifies lower key activities ("get shopping… out for a meal") and typically these involve family members ("have my sister or brother with me"). This ability to reframe the role of family relationships was equally present among MAU participants. Sometimes distance seemed to have been an important feature in new, stronger ties with family members. Take the two extracts below:

> Since my mum's moved away it's a lot more positive when we meet up, when we're all together. It's like we want to be together. (Beth: MAU, mature)
>
> My relationship with my mum's quite good actually. She's like, the world's best nanny. […] she loves her grandson […] She FaceTimes me every day to see him and… or she rings me just to make sure everything's […] alright or […] when she's

> in town and I'm working in town she'll… we'll meet, meet up for lunch or whatever […] me and her… our relationship now is quite good. (Becky: MAU, mature)

Against the backdrop of previously difficult child-parent relationships for both Beth and Becky, these two young women describe how they experience quality time with their mothers. Having living space apart from her mum has been key for the new, positive parental relationship that Beth currently enjoys. Parenthood seems to have been an instrumental factor in Becky's positive relationship with her mother, providing opportunities for frequent ("every day…"), supportive ("make sure everything's alright") and low key ("meet up for lunch or whatever") contact. Relationships here may not be ideal but, critically, and under different circumstances, some reconfiguration has taken place from which a positive child-parent relationship has emerged.

Most young women described improved parental relationships through which a fresh configuration of the relationship or a mutually supportive relationship had emerged. Some family relationships were less successful, with young people giving accounts of parental relationships in which destructive habits seemed to have taken root. This came across strongly in the extract from Abby's interview below:

> My mum's been wanting me out anyway. She wants her own space […] She don't think, my mum […] when I started my tablets she were […] saying are you a smackhead? Are you on drugs? […] (she said) sorry to me. But it's still not nice […] Getting called a smackhead over taking antidepressants which I need. (Abby: MAU, stuck)

A complex, claustrophobic relationship is presented across Abby's interview. Miscommunication feels rife here, with a flippant cruelty ("called a smackhead over taking anti-depressants") seeming to have stifled the needs of both child ("it's still not nice") and parent ("wants her own space").

Discussion

This research used interpretative phenomenological analysis (IPA) as a qualitative framework to develop an inductive understanding of the life circumstances of young people who had earlier been diagnosed with conduct disorder. The analysis compared the experience of those from families which had, four years earlier, received MST treatment with those which had not. Idiographic analysis gave powerful insights into the status and life circumstances of young people and also formed the basis of frameworks for guiding a systematic understanding of data dynamics. Initial idiographic readings of individual accounts let to exploring patterns across cases (Smith et al., 2009) which included dividing data into four speculated 'life domains', and a binary coding system for categorizing the substance or tone of material as fundamentally 'stuck' or 'mature' in terms of adolescent-young adult transition.

These frameworks guided systematic understanding of a complex body of data and provided a basis for inferential statistical analysis which revealed a significant difference between male MST and MAU participants. A higher proportion of accounts provided by female young people suggested being 'mature' rather than 'stuck' compared to accounts provided by male young people (among whom a larger proportion of extracts suggestive of 'stuck' were apparent). Male young people who had received MST had more instances of being 'mature' and fewer instances of being 'stuck'. In the context of the high and rising costs of out-of-home placement for young offenders in the USA and UK (£2.5 billion in 2012-2013, National Audit Office, 2014) settings, understanding whether, how and when systemic therapy like MST is effective has clear 'real world' value.

Participants' ability to successfully navigate the multitude of challenges involved in successfully moving beyond adolescence and convincingly toward young adulthood, strongly characterized their accounts. Consistent with Arnett's (2007) account of 'emerging

adulthood' as a distinctive period encapsulating late adolescence and early adulthood, accounts rarely suggested outright rejection of taking on adult roles – quite the contrary – young people's accounts of their experience saw them actively positioning themselves in relation to for, example, what they: had become, could be, could not be, and had not (yet) become. Young men and women talked about first jobs as stabilizing, as places which nurture confidence and where new facets of self can emerge. Data relating to work is unsurprising given the long-term follow-up nature of this study: one would expect that these young people in late adolescence would be entering the working world. What was more surprising was how work-related experiences of aspiration/stability and despondency/cynicism appeared to distinguish MST and MAU male participants respectively. Findings here accord with the notion of "identity projects" - creative drives and passions which may motivate young adults to move forward in life despite impoverished circumstances (DeLuca et al., 2016). In the context of difficulties with successfully entering the labour market among young people from disadvantaged backgrounds (Côté, 2000; Hamilton & Hamilton, 2006), these successes were impressive to witness and evoke recent discussion concerning work/employment in the context of emerging adulthood. The ability to work against potentially negative media construal of young people, high levels of motivation, adaptability, and ability to modernize working environments have been recently discussed as factors which stand emerging adults to advantage in employment contexts (Fisher and Eccleston, (2019). Our study data accords with this view, demonstrating how experiences of first jobs could stabilize a sense of purpose and self in social context and play a crucial role in fostering personal levels of confidence largely absent from life to that point. Work-related benefits experienced by MST male participants relative to other participant categories fit well within the Process-Person-Context-Time model underpinning MST's potential therapeutic effects. Tentatively, these benefits might but understood in terms of a dynamic interaction between biological factors

(being male); characteristics that may help cultivate motivation and persistence (being in at least partly fulfilling work); and the social/relational continuities enabled via ongoing work with an MST therapist.

Our notions of 'stuck' and 'mature' proved useful conceptual devices for making sense of data patterns and dynamics in the current study. Framing an understanding of adolescent development as 'stuck' (i.e. frustrated/static transition) aligns with Marcia's (1980) ego psychoanalytic discussion of 'identity diffusion'; a term referring to young people unable or uncommitted to push beyond the boundaries of personal identity linked to adolescence to successfully transition toward young adulthood. However, rather than referring to a definitionally entrenched position during late adolescence, our intended conceptual emphasis for the term 'stuck' was to work simultaneously on several levels in a way that helped to accommodate nuance/contradiction in participant accounts and to demonstrate how successful life stage transitions were contingent on contextual issues. This was apparent, for example, for Leo (MAU, stuck), whose being 'stuck' involved being constrained by anger/hurt, while simultaneously ruminating on the limitations of one parent ("he's just a waste of time") and also seemingly channeling the reflections of another parent ("when you're older you'll realise"). Sophisticated layers of reflection about the state of being 'stuck' were also striking in Ophelia's (MAU, stuck) account, where angry and abrupt life decisions jostled alongside self-awareness about the urgency for her to achieve growth in response to approaching parenthood.

Our data also points to the challenges faced by theoretical frameworks to accommodate, responsively, contemporary empirical contributions to produce accurate, nuanced understanding of adolescence-young adult life transition as a developmental phenomenon in historical and theoretical flux. For example, incorporating the potentially unsettling influence of social media engagement within young peoples' relational dynamics with peers (Vaterlaus,

Porter, & Beckert, 2017) can offer new definition and greater accuracy in terms of identifying factors which facilitate or impede the transition from adolescence to young adulthood.

Our findings also resonated with MST's theoretical basis. Multiple systemic dimensions of life *did* seem to be linked to personal growth and involved in happier, more stable, and more aspirational life circumstances. For example, young men who had worked with an MST therapist talked about being now able to experience family as a resource in life, and about being able to have meaningful personal friendships. Our findings pointed to how maturity could realized among participants (e.g. using past difficulties as a resource for constructive reflection). There were no obvious magic bullet strategies for successfully transitioning from childhood to adulthood though differing participant accounts illustrated markedly different experiences/dynamics evident in the contrast between Patrick's (MST, mature resigned 'something lost, something gained' experience of transition ("face the real world"), and Matt's (MAU, stuck) difficulties to imagine a more stable pathway toward established adult livelihood ("can't vision that right now").

Our data provided tentative evidence that working with an MST therapist may hold particular benefits in terms of longer-term life circumstances for young men. It is important to question why this may have been the case. Any discussion of the well-being of young men inevitably attracts broader debates around what has been termed the 'crisis of masculinity' (Kimmel, 1987; Morgan, 2006), and the pressure for men to exist in abeyance to dominant 'hegemonic' strands of masculinity (e.g., Connell, 2005). Lower levels of health-seeking behavior and health service utility by men relative to women have been discussed in terms of how masculinities are constructed in relation to femininities and institutional structures (Courtenay, 2000). In this diffcult context for young men it is not unreasonable to imagine that MST, a high-intensity therapy package delivered over a relatively long time-period, might provide an important opportunity for young men to reflect on life difficulties, learn to

cultivate trust and learn to forge a sense of choice about future plans. A recent meta-analysis of 22 MST intervention effects across 4,066 young people revealed no moderating effects of the proportion of male participants in study samples on the effectiveness of MST on delinquency rates (van der Stouwe et al., 2014). However, the median follow-up time point for juvenile delinquency in this study was two years and it is possible a differential, more positive effect among men occurs at longer-term follow-up. Indeed, the relatively stable life circumstances of male participants who had worked with an MST therapist were often talked about as having occurred recently.

Findings also chime with discussion around which psychotherapy formulations work best for men and arguments in favour of tailored 'male friendly' psychotherapeutic packages which explicitly address the phenomenon of 'being a man' in client work (Brooks, 2010; Mahalik, 1999). Psychotherapy may hold distinctive differences among men; for example, because of emotional difficulties linked to gender role strain (Pollack & Levant, 1998); or because of psychotherapy's potential to address ambivalence about close relationships and/or the need to withhold emotions synonymous with vulnerability which some men may experience (Rabinowitz & Cochran, 2002). Young men could be understood to have relatively limited access to opportunities for reflecting on personal history, relationships with others or about personal identity, either with other men or women. Our data concerning male friendships accords with scholarly work that has drawn attention to the "crisis of connection" experienced by adolescent men who learn that their human needs for intimate, loving friendship connections are likely to draw stigma and cultural disapproval (Way, 2013). Opportunities to reflect within the MST relationships may translate into more mature outcomes among men; for example, explicit support from a 'neutral other' may be important. Systematic review evidence has highlighted how disinclination to express health concerns and poor communication with healthcare professionals may explain men's low rates of

medical and psychological help-seeking (Yousaf et al., 2015). Systematic review work has also indicated interventions effective in promoting mental health service utilization among men (e.g. role modelling; motivating behavior change) (Sagar-Ouriaghli et al., 2019). Applying this evidence (alongside intuition) to an MST context, one might imagine that men are less able to secure supportive input independently and/or easily compared with women. Expansive, universalistic accounts of 'what is wrong with men' did not seem to be present in our data. What seemed to take men forward or hold them back seemed to be very general features of rising above aversive life circumstances which any person might experience; evident in Adrian's newly enlarged perspective on the supportive role of others in life ("not alone"), and in Patrick's (MST, mature) self-determination ("own two feet").

The great majority of female participant data extracts were categorized as mature regardless of therapy classification (i.e., MST, MAU). Meta-analytic evidence from 37 manuscripts and across age ranges has suggested that, relative to boys/men, girls/women can report higher levels of loyalty, intimacy, and solidarity within same sex friendships (Hall, 2010). We are cautious to extrapolate simply from broader literature around family/peer relationships but this offers a crude explanation of discrepancies in the relational domain. The absence of any 'stuck' classifications for the 'Work and occupations' domain among female participants was particularly notable and may reflect evidence that late adolescent females score more highly than male peers on career-mature attitudes, career decision-making skills, and vocational congruence (Luzzo, 1995). However, we underscore in this discussion that these patterns are difficult to unpick, that further investigation adopting similar or appropriate methods would be needed to develop these ideas and that, therefore, discussion here remains highly cautious.

Study limitations are noted. Our study was designed to explore experiences of working with an MST therapist (or not) at four-year follow-up. Years later, it was unsurprising that

recalling work with an MST therapist was difficult for participants, particularly when many professionals were involved during what were typically turbulent years in these young people's lives. By the same token, it is a strength of our work that we are finding a link between MST and individual development four years later despite participants recalling little or nothing of that original MST. Articulating how multiple social systems may have been involved in successfully addressing issues in these young men's lives through working with an MST therapist is beyond the scope of the current study. MST is theorized to be effective as a therapy approach for young people with serious antisocial behavior because of its socio-ecological design through which multiple determinants of serious antisocial behavior can be addressed in parallel (Bronfenbrenner, 1979; Henggeler and Borduin, 1990). Moreover, the social systems within which these young people were operating would have greatly changed relative to the time when they had MST. However, our analyses did reveal systematically occurring themes about how personal growth had occurred among half the participants (i.e. the male participants). The possible connections we describe above are therefore implicit and suggestive: for example, we cannot draw explicit conclusions about how MST may have helped the young men in our study. This important caveat acknowledged, evidence of a link between MST exposure among some participants, despite a long time gap and hazy recollection by participants of the MST process itself, represents a strength of our study approach and a contribution to the field. Further research could use textual data to explore the trajectory of change among MST study participants at earlier and multiple time points. Finally, with regards the inter-rater reliability coding for maturity scores (i.e. 'mature' vs 'stuck'), we note that similarity in ethnic and educational background (both were white and possessed a higher education degree) are relevant factors to consider in terms of how categorical decisions were reached.

Research extensions could seek to replicate our findings within other national settings. Our sampling methodology was rigorous, involving attention to a balanced group of male/female participants recruited from across the country. Similar standards should be applied in a replication study. Our methodological approach was novel, and involved verification from an independent coder. The approach described in this paper is provisional rather than definitive but could be fruitfully applied to other clinical psychology contexts. Data concerning experiences of work was central to discriminating between relatively more and less maturity evident in life circumstances among our participants; it is possible that MST protocols might usefully incorporate measures of work-related experiences and aspirations in addition to standard outcome measures as an additional way of teasing out efficacy of MST where it may be present. The study also pointed to novel and theoretically nuanced ways of considering maturity in the context of emerging adulthood as a psychological construct. We argue that there is scope to develop new formulations and measures of maturity which embrace the myriad ways it can manifest itself in emerging adults' lives.

Our data suggest that MST may have some beneficial long-term impact on young men. These findings provide promising insights into how MST might promote benefits in the life circumstances of young people. Links between our findings and surrounding developmental theory have drawn attention to the importance of striving to produce contemporary, nuanced, contextualized theoretical accounts of adolescent transition which permit greater emphasis on individual circumstances. Benefits were apparent in terms of more constructive relationships with other people, more resilient experience in work settings, and a more mature overall outlook on current life and future plans. Evidence here was suggestive of particularly benefits of working with an MST therapist for young men; it would be interesting to examine these hypothesized gender differences in outcome in more detail in a subsequent study.

References

Arnett, J. J. (2007). Emerging adulthood: What is it, and what is it good for? *Child Development Perspectives*, *1*, 68-73.

Asscher, J. J., Deković, M., Manders, W. A., van der Laan, P. H., & Prins, P. J. (2013). A randomized controlled trial of the effectiveness of multisystemic therapy in the Netherlands: post-treatment changes and moderator effects. *Journal of Experimental Criminology*, *9,* 169-187.

Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. *American Psychologist*, *32*, 513-531.

Bronfenbrenner, U., & Morris, P. A. (2007). The bioecological model of human development. In Lerner, R. M. *Handbook of child psychology*, *Vol. 1*, pp. 793-828, Hoboken, NJ: Wiley.

Brooks, G. R. (2010). *Beyond the crisis of masculinity: A transtheoretical model for male-friendly therapy*. Washington, DC: American Psychological Association.

Butler, S., Baruch, G., Hickey, N., & Fonagy, P. (2011). A randomized controlled trial of multisystemic therapy and a statutory therapeutic intervention for young offenders. *Journal of the American Academy of Child & Adolescent Psychiatry*, *50*, 1220-1235.

Côté, J. E. (2000). *Arrested adulthood: The changing nature of maturity and identity*. New York: NYU Press.

Connell, R. W. (2005). *Masculinities*. (2nd Ed). Oakland, CA: Univ of California Press.

Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social Science & Medicine*, *50*, 1385-1401.

DeLuca, S., Clampet-Lundquist, S., & Edin, K. (2016). *Coming of age in the other America*. New York: Russell Sage.

Dutton, J. E., Roberts, L. M., & Bednar, J. (2010). Pathways for positive identity construction at work: Four types of positive identity and the building of social resources. *Academy of Management Review*, *35*, 265-293.

Eccles, J. S., Midgley, C., Wigfield, A., Buchanan, C. M., Reuman, D., Flanagan, C., & Mac Iver, D. (1993). Development during adolescence: The impact of stage-environment fit on young adolescents' experiences in schools and in families. *American Psychologist*, *48*, 90-101.

Fetters, M. D., Curry, L. A., & Creswell, J. W. (2013). Achieving integration in mixed methods designs—principles and practices. *Health Services Research*, *48*, 2134-2156.

Fisher, E., & Eccleston, C. (2019). Emerging adulthood: Millennials, work, and pain. In Wainwright, E. and Eccleston, C. (2019). Work and pain: A lifespan development approach, pp. 65-79. Oxford: Oxford University Press.

Fonagy, P., Butler, S., Goodyer, I., Cottrell, D., Scott, S., Pilling, S., Eisler, I., Fuggle, P., Kraam, A., Byford, S., Wason, J., & Haley, R. (2013). Evaluation of multisystemic therapy pilot services in the Systemic Therapy for At Risk Teens (START) trial: study protocol for a randomised controlled trial, *Trials, 14*, 265.

Fonagy, P., Butler, S., Cottrell, D., Scott, S., Pilling, S., Eisler, I., Fuggle, P., Kraam, A., Byford, S., Wason, J., Smith, JA., Anokhina, A., Ellison, R., Simes, E., Ganguli, P., Allison, E., Goodyer, IM. (2020a) Multisystemic therapy versus management as usual in the treatment of adolescent antisocial behaviour (START): 5-year follow-up of a pragmatic, randomised controlled, superiority trial. *The Lancet Psychiatry* 7, 420-430.

Fonagy, P., Butler, S., Cottrell, D., Scott, S., Pilling, S., Eisler, I., Fuggle, P., Kraam, A., Byford, S., Wason, J., Smith, J A., Anokhina, A., Ellison, R., Simes, E., Ganguli, P., Allison, E., Goodyer, IM. (2020b) Multisystemic therapy compared with

management as usual for adolescents at risk of offending: the START II RCT. *Health Services and Delivery Research,* 8, 23.

Fox, A. P., Larkin, M., & Leung, N. (2011). The personal meaning of eating disorder symptoms: An interpretative phenomenological analysis. *Journal of Health Psychology, 16*, 116-125.

Gerhard-Burnham, B., Underwood, L. A., Speck, K., Williams, C., Merino, C., & Crump, Y. (2016). The lived experience of the adolescent sex offender: a phenomenological case study. *Journal of child sexual abuse*, *25*, 93-109.

Gutman, L. M., & Eccles, J. S. (2007). Stage-environment fit during adolescence: Trajectories of family relations and adolescent outcomes. *Developmental Psychology, 43*, 522-537.

Hall, J. A. (2011). Sex differences in friendship expectations: A meta-analysis. Journal of Social and Personal Relationships, 28(6), 723-747.

Hamilton, S., & Hamilton, M. A. (2006). School, work, and emerging adulthood. In Arnett, J. J. & Tanner, J. L. (Eds.), *Emerging adults in America: Coming of age in the 21st century*. Washington, DC: APA Books.

Henggeler, S. W., & Borduin, C. M. (1990). *Family therapy and beyond: A multisystemic approach to treating the behavior problems of children and adolescents*. Thomson Brooks/Cole.

Huws, J. C., & Jones, R. S. (2015). 'I'm really glad this is developmental': Autism and social comparisons–an interpretative phenomenological analysis. *Autism*, *19*, 84-90.

Jackson-Roe, K., Murray, C., & Brown, G. (2015). Understanding young offenders' experiences of drinking alcohol: An interpretative phenomenological analysis. *Drugs: Education, Prevention and Policy*, *22*, 77-85.

Kimmel, M. S. (1987). The contemporary 'crisis' of masculinity in historical perspective. In Brod, H. *The making of masculinities: The new men's studies*, pp. 121-153. Boston, MA: Allen & Unwin.

Luzzo, D. A. (1995). Gender differences in college students' career maturity and perceived barriers in career development. Journal of Counseling & Development, 73(3), 319-322.

McCann, T. V., Lubman, D. I., & Clark, E. (2012). Views of young people with depression about family and significant other support: Interpretative phenomenological analysis study. *International Journal of Mental Health Nursing, 21*, 453-461.

Mahalik, J. R. (1999). Interpersonal psychotherapy with men who experience gender role conflict. *Professional Psychology: Research and Practice, 30*, 5-13.

Manders, W. A., Dekovic, M., Asscher, J. J., van der Laan, P. H., Pier, J., & Prins, M. (2013). Psychopathy as predictor and moderator of multisystemic therapy outcomes among adolescents treated for antisocial behavior. *Journal of Abnormal Child Psychology*, *41*, 1121-1132.

Marcia, J. E. (1980). Identity in adolescence. In Adelson, J., *Handbook of adolescent psychology*, pp. 159-187. New York, NY: Wiley & Sons.

Morgan, D. (2006). The crisis in masculinity. In Davis, K., Evans, M., Lorber, J. (eds.). *Handbook of gender and women's studies*, pp. 109-23. London: Sage.

National Audit Office (2014). Children in care. Accessed 19 April 2018 at https://www.nao.org.uk/wp-content/uploads/2014/11/Children-in-care1.pdf

Offord, A., Turner, H., & Cooper, M. (2006). Adolescent inpatient treatment for anorexia nervosa: A qualitative study exploring young adults' retrospective views of treatment and discharge. *European Eating Disorders Review, 14*, 377-387.

Ogden, T., & Hagen, K. A. (2006). Multisystemic treatment of serious behaviour problems in youth: Sustainability of effectiveness two years after intake. *Child and Adolescent Mental Health*, *11*, 142-149.

Ogden, T., & Halliday-Boykins, C. A. (2004). Multisystemic treatment of antisocial adolescents in Norway: Replication of clinical outcomes outside of the US. *Child and Adolescent Mental Health*, *9*, 77-83.

Pollack, W. S., & Levant, R. F. (1998). *New psychotherapy for men.* New York, NY: Wiley & Sons.

Rabinowitz, F. E., & Cochran, S. V. (2002). *Deepening psychotherapy with men.* Washington, DC: American Psychological Association.

Ruffin, M. T., Creswell, J. W., Jimbo, M. & Fetters, M. D. (2009). Factors influencing choices for colorectal cancer screening among previously unscreened African and Caucasion Americans: findings from a mixed methods investigation." *Journal of Community Health*, *34*, 79–89.

Sagar-Ouriaghli, I., Godfrey, E., Bridge, L., Meade, L., & Brown, J. S. (2019). Improving mental health service utilization among men: a systematic review and synthesis of behavior change techniques within interventions targeting help-seeking. *American Journal of Men's Health, 13*, 1557988319857009.

Sawyer, A. M., & Borduin, C. M. (2011). Effects of multisystemic therapy through midlife: a 21.9-year follow-up to a randomized clinical trial with serious and violent juvenile offenders. *Journal of Consulting and Clinical Psychology*, *79*, 643-652.

Seamark, C. J., & Lings, P. (2004). Positive experiences of teenage motherhood: a qualitative study. *British Journal of General Practice*, *54*, 813-818.

Smith, J. A. (1999). Identity development during the transition to motherhood: An interpretative phenomenological analysis. *Journal of Reproductive and Infant Psychology, 17*, 281-299.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* London: Sage.

Tanner, J. L., & Arnett, J. J. (2016). The emergence of emerging adulthood: The new life stage between adolescence and young adulthood. In *Routledge handbook of youth and young adulthood* (pp. 50-56). London: Routledge.

Tighe, A., Pistrang, N., Casdagli, L., Baruch, G., & Butler, S. (2012). Multisystemic therapy for young offenders: families' experiences of therapeutic processes and outcomes. *Journal of Family Psychology*, *26*, 187-197.

van der Stouwe, T., Asscher, J. J., Stams, G. J. J., Deković, M., & van der Laan, P. H. (2014). The effectiveness of Multisystemic Therapy (MST): A meta-analysis. *Clinical Psychology Review*, *34*, 468-481.

Vaterlaus, J. M., Tulane, S., Porter, B. D., & Beckert, T. E. (2018). The perceived influence of media and technology on adolescent romantic relationships. *Journal of Adolescent Research, 33*, 651-671.

Way, N. (2013). *Deep secrets: boys' friendships and the crisis of connection.* New York: Harvard University Press.

Yorke, L., & Dallos, R. (2015). An interpretative phenomenological analysis and repertory grid exploration of anger in young offenders. *Journal of Constructivist Psychology*, *28*, 126-138.

Yousaf, O., Grunfeld, E. A., & Hunter, M. S. (2015). A systematic review of the factors associated with delays in medical and psychological help-seeking among men. *Health Psychology Review, 9*, 264-276.

Table 1. Mean maturity scores by study participant

Male participants

Received MST	***Maturity score***	*Received MAU*
Adrian, Hal, Kurt, Nick, Patrick, Quentin	1	Gareth, James
Conor	0.75	Harry
Xavier	0.5	Tim
	0.25	
	0	Elliot, Ian, Leo, Matt

Female participants

Received MST	***Maturity score***	*Received MAU*
Chloe, Debbie, Erin, Grace, Rose, Una, Yasmin	1	Becky, Janet, Zaira
Wendy	0.75	Abby, Beth
		Ophelia
	0.5	
Ivy		
	0.25	
	0	Daisy

Table 2. Aggregated 'mature' and 'stuck' scores by therapy group and life domain

Male participants

	MST		**MAU**	
	Mature	*Stuck*	*Mature*	*Stuck*
Child-adult transition	7	1	3	4
Work and occupations	5	1	2	5
Relationships with peers	6	0	3	3
Family relationships	5	0	2	1
Total	**23**	**2**	**10**	**13**

Female participants

	MST		**MAU**	
	Mature	*Stuck*	*Mature*	*Stuck*
Child-adult transition	6	1	5	3
Work and occupations	5	0	5	0
Relationships with peers	6	2	5	1
Family relationships	8	0	6	2
Total	**25**	**3**	**21**	**6**