

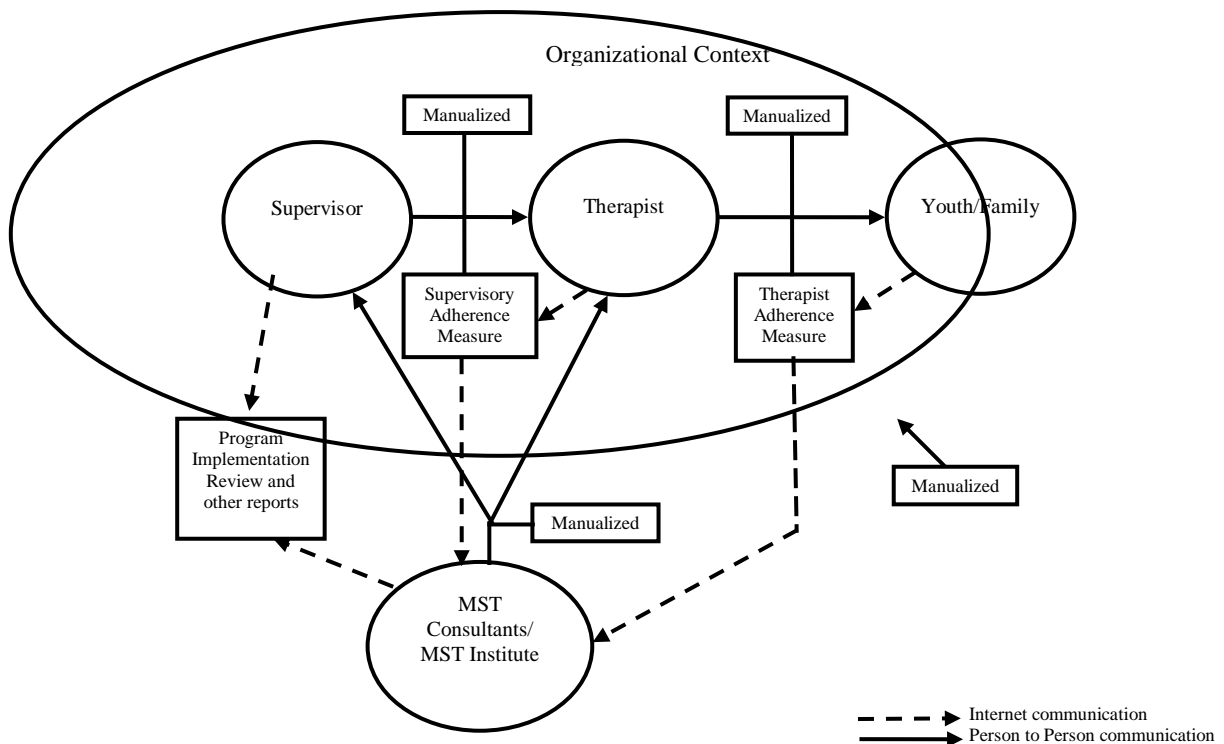
Overview: The Multisystemic Therapy (MST) Quality Assurance Program

This introduction provides information on the MST Quality Assurance Program and how the different elements of that program work together. If you have questions about this program or need help getting started, please ask your Consultant or System Supervisor for guidance.

What is this program?

The Multisystemic Therapy (MST) Quality Assurance Program is a function of the MST Institute, and is intended to provide all MST programs around the world with tools to assess the adherence of therapists, supervisors, and organizations to MST. Considerable resources have been devoted to the development of quality assurance mechanisms aimed at enhancing MST treatment fidelity because considerable research supports the link between therapist adherence to MST treatment principles and youth outcomes. Figure 1 provides a representation of the MST quality assurance system. By providing multiple layers of clinical and programmatic support and ongoing feedback from several sources, the system aims to optimize favorable clinical outcomes through therapist support and adherence.

Figure 1: MST Quality Assurance System

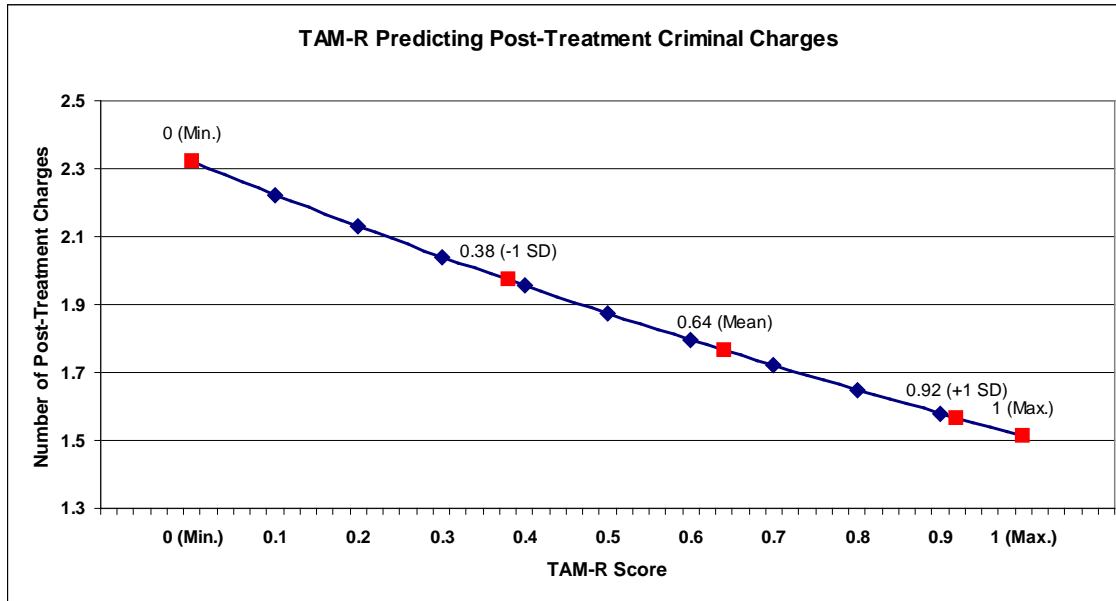


For more detailed information on the MST Quality Assurance Program please access the following journal article by clicking on this [link](#):

Schoenwald, S. K. (2008). Toward Evidence-Based Transport of Evidence-Based Treatments: MST as an Example. *Journal of Child and Adolescent Substance Abuse Treatment*, 17, (3), 69-91.

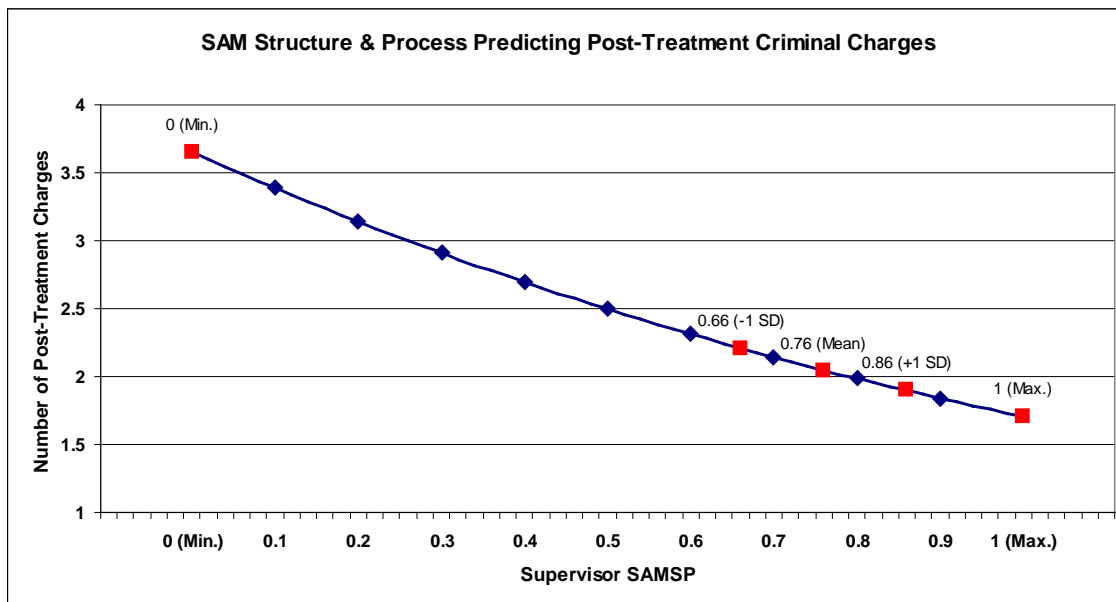
Research results have indicated that when therapists and supervisors adhere closely to the treatment model, outcomes are better for families. As indicated in the charts below, as adherence to the model improves, youth criminal charges decline (i.e., clinical outcomes improve).

Relationship between TAM-R and Youth Criminal Outcomes*



At follow-up (average of 2.3 years), the number of youth criminal charges was 36% lower for families with a maximum TAM-R score (i.e., 1) than for families with a minimum TAM-R score (i.e., 0).

Relationship between SAM and Youth Criminal Outcomes*



*NIMH Funded MST Transportability Study:

At follow-up (average of 2.3 years), the number of youth criminal charges was 53% lower for families with a maximum SAMSP score (i.e., 1) than for families with a minimum SAMSP score (i.e., 0). Youth with the highest observed score had roughly 1 less criminal charge than youth with the lowest observed score.

CONCLUSION: Outcomes are substantially better when treatment adherence is high.

Who participates in quality assurance monitoring?

As part of MST Quality Assurance Program implementation, information is gathered from caregivers, therapists, and supervisors. The families receiving MST will be asked to answer a few questions about treatment periodically. In addition, therapists will be asked to rate their supervisors bimonthly. Finally, supervisors report on organizational practices. MST Consultants or System Supervisors will use this information to provide feedback to the MST program about how to improve adherence and, program outcomes.

What are the measures that are used to monitor adherence in MST?

1) The Therapist Adherence Measure-Revised (TAM-R)

Brief description: The Therapist Adherence Measure - Revised (TAM-R) is a 28-item measure that evaluates a therapist's adherence to the MST model as reported by the primary caregiver of the family. The adherence scale was originally developed as part of a clinical trial on the effectiveness of MST. The measure proved to have significant value in measuring an MST Therapists' adherence to MST and in predicting outcomes for families who received treatment.

- **Length:** 28-items
- **Time required to administer:** 10 - 15 minutes per administration
- **Administered by:** Any trained agency staff other than the family's therapist**
- **Supervised by:** MST Supervisor
- **Agency staff time allocated per week:** 60 minutes per therapist
- **Information collected from:** Primary caregivers
- **When:** First administered during the second week of MST treatment
- **How often:** Once every four weeks thereafter
- **Procedure for collecting:** A staff person will contact the family by telephone or in person to complete the measure then enters data on the Basic or Enhanced websites at www.mstinstitute.org.
- **Procedure for scoring:** Scoring is provided through the Basic and Enhanced websites available through www.mstinstitute.org.

For more detailed information see "TAM-R Guidelines for Administration" on the MSTI website.

****Note: There are MSTI-approved organizations that can contract with MST provider organizations or service systems to collect TAM-Rs for those interested in having a third-party collect this data. If you would like information about this service, ask your MST Consultant or System Supervisor to provide you with this information.**

2) Supervisor Adherence Measure (SAM)

Brief description: The Supervisor Adherence Measure (SAM) is a 43-item measure that evaluates the MST Supervisor's adherence to the MST model of supervision as reported by MST Therapists. The measure is based on the principles of MST and the model of supervision presented in the MST Supervisor's Manual (Henggeler and Schoenwald, 1998).

- **Length:** 43-items
- **Time required to administer:** 10 -15 minutes per administration
- **Completed by:** MST Therapists
- **When:** First administration occurs one month after MST program begins
- **How often:** Every 2 months thereafter
- **Procedure for collecting:** MST Therapists enter data onto the www.mstinstitute.org Basic or Enhanced websites (click on *Supervisor Adherence Measure*) every two months.
- **Procedures for scoring:** Scoring is provided through the Basic and Enhanced websites available through www.mstinstitute.org.

For more detailed information: see "SAM Guidelines for Administration" on the MSTI website.