

## **MST Therapist Adherence Measure -Revised (TAM-R): Guidelines for Administration**

**Options for collecting TAM-R data:** Agencies can collect the TAM-Rs from families themselves (see [Adherence Data: Tips and Strategies](#)) or use the MSTI call center. The MSTI Call Center uses telephone interviews to collect the TAM-Rs. Telephone interviews are used because this method of data collection has a much higher rate of return than having families mail the completed survey to MSTI. The higher rate of return increases the likelihood that the sample will be representative of all the families served by the MST provider. For more information on using the MSTI Call Center, contact your MST consultant or system supervisor.

**Agency resources required:** If the agency has decided to collect the TAM-Rs from families themselves, any staff person (excluding MST therapists) can administer the questionnaire to the primary caregiver of MST clients. The interviewer should be friendly, courteous but assertive, have a pleasant manner, and be fluent in languages or dialects of the families served by the MST program. It is estimated that the time commitment required will be one hour per week for each MST therapist employed by the agency (e.g., for a team of 3 full-time therapists, 3 hours per week will be required) to administer and score the TAM-R. The primary responsibility for ensuring that the TAM-R is utilized and administered correctly resides with the MST supervisor.

**Schedule:** To coordinate the administration of the TAM-R, therapists should inform the supervisor when the first session with a family has taken place. At the time of the first home visit, therapists should inform the caregiver(s) of the purpose of the QA program and how surveys will be administered. See “Informing Families About TAM-Rs” in Section 4 of the Adherence Data: Tips and Strategies document for a sample statement for families.

If permission to conduct the survey is given, the MST supervisor should set a target date for the first TAM-R administration (approximately two weeks after the first visit) and pass that date and the family’s contact information to the designated staff person. If families initially decide not to participate, therapists should continue to discuss this with families on subsequent visits and discuss this decision in light of other known concerns (e.g., engagement problems in other areas) in supervision. If the family continues to decline participation, therapists should bring this to the attention of the supervisor and consultant or system supervisor for discussion and resolution. The first administration of the questionnaire should occur during the second week of therapy and approximately every four weeks thereafter. The questionnaire asks caregivers about their experience of the last 2 - 3 MST therapy sessions that have taken place. An interviewer will ask the primary caregiver to think about the last 2 - 3 therapy sessions while answering the questions. *The most recent session must have occurred within the past two weeks. If there has been no MST therapy session in the previous two weeks, the interviewer should determine when the next session is scheduled to occur and arrange to administer the survey after that session.*

**Response Rate:** Studies that used financial incentives for completing the questionnaires averaged a response rate of around 70% which is our current standard or “benchmark” for TAM-R data collection. The MSTI Call Center is averaging a 70% response rate with teams who actively manage their data on the enhanced web site to provide current and accurate family contact information.

**Procedure for administering questionnaire:** A variety of methods can be used to collect the TAM-R data. For information about the costs and benefits of each method, see “TAM-R Data Collection

Methods” in Section 3 of the Adherence Data: Tips and Strategies document. Strategies that have been used include telephone interviews, face-to-face interview, and sending blank surveys to the home with therapists along with a self addressed stamped envelope for families to complete and return to the MST Supervisor after the family session. *Under no circumstances should the therapist be present while the family completes the survey.* As noted above, the telephone survey is the preferred method of data collection.

**Scoring, plotting, and interpreting:** After a questionnaire has been completed, the data is entered and scored on the MST Institute website ([www.mstinstitute.org](http://www.mstinstitute.org)).

**Basic site:**

After clicking on [Logon to Basic Website](#) and then logging in, click on *Therapist Adherence Measure-R*. The interviewer will enter the answers provided by the caregiver/family. Once complete, the interviewer will click on *Submit Survey*. Once you have entered and submitted the data, wait for the computer to create the report. *Depending on the speed of your computer, this can take several minutes. Please wait for the report to appear before clicking “submit” again.* It is recommended that you print a copy of this report. This report with a summary of the items will not be available once you log off the computer session. The MST supervisor should collect these results until the supervisor has the recommended number of TAM-R score sheets (i.e., 12-15 per MST therapist).

**Enhanced site:**

After clicking on [Logon to Enhanced Website](#) and then logging in, click on the radio button under “Add” for *TAM-R Form* and then click “Continue”. The interviewer will complete the necessary identifying information and then enter the responses to the TAM-R items provided by the caregiver/family. Once complete, the interviewer will click on “Save” at the bottom of the screen. The enhanced features of this web site allow the supervisor to get a copy of a completed TAM-R with all the items at any point in time. Therefore, it is no longer necessary to keep a hard copy of the completed measure. Teams can also edit their own information. If teams are collecting the TAM-R, the person entering the responses should save the data entered, then review the answers on the web site for accuracy. Once the items are confirmed, the record should be locked. The MST supervisor should collect TAM-Rs until the s/he has the recommended number of TAMs (i.e., 12-15 per MST therapist).

At boosters, the MST consultant or system supervisor and MST supervisor will review TAM-R reports. (See [“Guidelines for TAM-R Interpretation”](#) for more detailed instructions). At the consultant’s or system supervisor’s and supervisor’s discretion, results may be shared and discussed with clinicians at the booster or at another time. This process should permit discussion of the therapist’s strengths and struggles, and contribute to the development of a plan for targeting areas for improvement in the coming months (with specific goals and timeframes attached).

If you have questions about administration of the TAM-R, please discuss them with your consultant or system supervisor. If you have technical difficulty with this process, such as accessing the website, or have any other questions about the data entry of the TAMR, please contact the MST Institute (843.856-8226 or [msti@mstinstitute.org](mailto:msti@mstinstitute.org)) for assistance.