

Adherence Data: Tips and Strategies

1. Website: Use the information on the website (<http://www.mstinsitute.org>) to guide you on the process of administering and interpreting the adherence measures. Many of your questions can be answered on the website. There are guidelines and forms available on the web site, as well as a training section to help you understand how to use the MSTI Enhanced Web Site (www.msti.org).

2. Obtaining logins to use on website: Individuals will need to be assigned logins to use when logging on to the website. These can be obtained from the MST Institute via email (msti@mstinstitute.org), or if you are a Therapist, your Supervisor will need to add you to the MSTI Enhanced Web Site (EW2), so a login can be automatically generated and sent to you, via email. A login will identify you as being part of a particular organization and will restrict your access to information to that organization. Depending on whether the organization's MST license is current or not, a login will allow organizations to access the basic website or the enhanced website.

Logging in to MSTI EW2. The enhanced website is a secure website and is restricted to organizations with an active MST license. Each individual user receives a username and temporary password that restricts their access, based on their user level and organization. Passwords should be changed after initial login to increase privacy. IDs for families, supervisors, and therapists are assigned by the system and are tracked by the system. Training guides for using the MSTI EW2 (www.msti.org), as well as information on free training sessions are available to all users here: <http://www.mstinstitute.org/services/training.shtml>.

3. TAM-R Data Collection Methods: A number of strategies have been used to collect TAM-R data from families. These include telephone interviews, face-to-face interviews, 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. Each method comes with its own costs and likelihood of error. It is up to the organization to decide which method to use; however, *under no circumstances should the family complete the survey in the therapist's presence*. The possible sources of error are described below for each method.

- a. *Telephone interview*. Telephone interviews have been used in all the MST research studies and they have the lowest likelihood of error if conducted by experienced interviewers. Tips on phone interviewing strategies are available below. The more these strategies are followed, the more likely your data will be predictive of outcomes. The costs of this method are often offset by a higher return rate.
- b. *Face-to-face interviews*. Face-to-face interviewers who use the tips mentioned below under phone interviewing strategies are also likely to have low error and a high return rate. However, if therapists are used to do the interviews

there is a very high likelihood that the responses will not be an accurate description of what actually occurred during therapy. If the family's therapist is present while the caregiver completes the questionnaire, it raises the possibility that the caregiver will "feel pressured" to respond more favorably than they might feel (e.g., the caregiver may believe that responding negatively to the clinical staff member collecting the TAM-R data will somehow get a therapist, or the family, into trouble). In addition, unhealthy dynamics can occur within the team if therapists are used to collect TAM-R data on other members of their own team.

- c. *Providing blank surveys to be mailed back to supervisor.* This strategy usually has the lowest cost but also the lowest response rate. Different strategies for increasing the response rate will introduce more error. For example, if the therapist is responsible for hand carrying the questionnaire back to the supervisor, this strategy will have the same likelihood of error as having the therapist present while the family completes the questionnaire. For example, the caregiver may believe that the therapist will look at the questionnaire as soon as he/she leaves the home and, therefore, might distort answers as stated above. The recommended strategy for increasing the response rate is to have the therapist deliver the blank TAM-R and a stamped envelope addressed to the supervisor. The supervisor or an assistant makes a follow up call to the family reminding them to send in the survey. If the survey hasn't been returned within one week, the therapist takes out another survey and envelope.

3. Informing Families About TAM-Rs: During the case opening process, have the therapist inform the family about the purpose of the TAM-R and how they will be collected. If possible, consider including something to this effect in writing as part of the initial paperwork that is signed by the family. The following statement is being used in the MSTI TAM-R Data Collection Project and is provided as an example:

Our MST program is committed to providing you and your family the best possible services. Therefore, someone will call you periodically to ask you questions about the services you are getting and whether you feel things are getting better. Your opinions are extremely important to our efforts to improve services to families like yours.

We are working with telephone interviewers at Pioneer Marketing Research (PMR) to collect this information. Therefore, we will share your name and telephone number with them so they can call to ask you some questions about the services you are receiving. Your name and phone number are the only personal information that will be shared with PMR. Your answers to the questions will not be shared with anyone who is not directly involved in the MST program in a way in which you can be identified. The staffs at PMR, MSTI and MST are trained in the importance of maintaining confidentiality and your privacy. Your personal

information will be protected with safeguards that comply with the highest standards.

You do not need to consent to the use of your personal information in this way in order to receive MST services. However, participating in the telephone interviews does ensure that you will receive the best possible service.

If you have any questions about this notice or if we can help you in any way, please call:

MST supervisor:

MST Provider Organization:

Phone number:

4. Tracking TAM-R collection:

- a. Supervisors and program managers will be able to run a TAM-R Schedule Report from the website that will create a list of families that have a TAM-R due during a specified period of time.

5. Phone Interviewing Strategies: Using standard phone interviewing techniques reduces the likelihood of error in the information collected from families. Contacting families to get the TAM-R completed generally takes multiple efforts. Consider allocating approximately one hour per TAM-R. A phone interview manual is available by contacting msti@mstinstitute.org. A summary of phone interviewing tips follow:

- a. Call during the evenings for families who are out during the day- note that many of the TAM-R's will need to be completed in the evening.
- b. During the first interview, get information about their work schedule and when they're most available. Also, find out how late it's OK to call—some families might be OK with calls even after 9:00pm
- c. Time TAM-R administration for when therapist hasn't just been on vacation or recently sick, if possible. If the family has not had a therapy session in the last seven days the TAM-R should not be completed.
- d. Take a very nice, respectful approach to families.
- e. Introduce the choices of ratings and offer to repeat them as often as needed.
- f. Probing for a valid answer on items 1-26 is important. If they answer "I don't know" encourage them to "pick the best answer". However, the TAM-R does allow up to 4 missing responses so they can have 'no response' if necessary. If

- they do not like the question, do not join them in criticizing the item, you can state that the items, as worded, have been useful in measuring adherence.
- g. Explanations of questions should be minimal, and consistent to each family. If there is a question that a family wants clarification with, first restate the question as it is written while prefacing the question with a phrase such as “Do you agree with the statement” and repeating the choices. If that isn’t sufficient provide a standard explanation that you use with everyone.
 - h. Never attempt to be therapeutic during the interview. If the family brings up some concerns, let them know that you will relay the information to their therapist or supervisor right away
 - i. Note that a high level of difficulty reaching families to collect TAM-Rs is usually correlated with engagement problems with therapist, and thus successful clinical strategies to address poor engagement will generally result in improved ability to collect TAM-R’s.

-Above all, be persistent!

6. Managing TAM-R Data Collection:

- a. If the supervisor is doing TAM-R collection, consider having someone such as an administrative assistant help out with people who can be reached during the day- this person then informs the supervisor which people were hard to reach and need to be contacted after hours.
- b. Have the person administering the TAM -Rs set a specific goal for him or herself of how many calls to make a day.
- c. When the person collecting TAM-R data is not the MST Supervisor, the supervisor should hold that person accountable by receiving regular reports, e.g. they regularly report to the Supervisor how many they’ve collected, and how they’re doing on their target # of calls per day.

7. Data Entry Tips for the Enhanced Website: Training guides and sessions are available through MSTI on using the website. Information about the training sessions can be found at <http://www.mstinstitute.org/services/training.shtml>