Consultant Adherence Measure (CAM)
Interpretation of Results

WHAT DOES THE CAM ASSESS?

The CAM consists of 23 items that measure consultation behavior in three domains. Responses are based on the frequency that the MST Expert (aka consultant) engaged in specific consultation behaviors during a specified consultation event and range from 1 (never) to 6 (always). A description of standard MST consultation practices can be found in the *Multisystemic Therapy Consultation Manual (*Schoenwald, 1998). These three domains measure respondent perceptions of an MST Expert in the following areas:

- Perceived Consultant Competence (PCC) —knowledge and skills in MST and ability to teach MST (Related questions: 2, 3, 6, 20, 21, 22, 23)

- MST Procedures (MSTP) —use of MST specific techniques when helping therapists to solve case-specific problems (Related questions: 1, 2, 3, 4, 5, 12, 13, 14, 15, 16, 17, 18, 19)

- Alliance (ALL) — attentive and supportive communication (Related questions: 7, 8, 9, 10, 11)
     * note that items 2 and 3 contribute to both PCC and MSTP

WHAT DO THE SCORES MEAN?

Scores in each of the three subscales are first *averaged* for each respondent reporting multiple times on a particular MST Expert during the report period. Then the respondents' average scores are averaged to obtain an overall MST Expert score for each subscale. The subscale scores range from 1 to 6. The research shows a complex relationship between Expert consultation behaviors and improvements in child behavior. While high scores on the Perceived Consultant Competence subscale (PCC) and MST Procedures subscale (MSTP) lead to better youth outcomes, high scores on the alliance subscale (ALL) without high scores on PCC is associated with lower therapist adherence, and high scores on the ALL subscale without high scores on MSTP is associated with worse youth outcomes. Additional information about the linkages between the CAM and therapist adherence and youth outcomes can be found in:

Schoenwald, S.K., Sheidow, A.S., Letourneau, E.J. (2004). Toward effective quality assurance in evidence-based practice: Links between expert consultation, therapist fidelity, and child outcomes. *Journal of Child and Adolescent Clinical Psychology, 33,* 94-104.

Currently, there is no empirically derived threshold score for the subscales to use as a comparison for a particular MST Expert's adherence. Each MST Expert should be assessed against his/her own baseline and strive to increase their scores. The scores range from 1 to 6 with higher scores indicating more adherence to the expert protocols. Ranges for "low average", "average", and "high average" are provided to allow comparison to the average scores obtained over many administrations of the CAM.

As is the case with the therapist and supervisor adherence measures, it is important to remember that the data from any single therapist or from any single administration of the CAM will have little utility. Scores will be most meaningful when there is a data collection rate of 100%, e.g., all team members rating at every time period. Caution should be used when interpreting scores, because an apparent change in score over time may actually reflect a change in the person(s) completing the measure from one administration to the next and not a change in the MST Expert's consultation behavior.

WHAT DO I DO WITH THE RESULTS?

After the results from a minimum of 6 administrations of the CAM have been calculated, scores can be used to assess trends in adherence. However, as indicated above, confidence in the scores increases the more frequently all team members provide ratings. A *Selected MST Expert Adherence Report* will provide a summary of the three CAM subscales for each MST Expert in the selected organization or network and show those results over three consecutive time periods. Patterns of results indicating low adherence on the PCC or MSTP subscales should be addressed. Mirroring the MST process, the "fit" of the low scores and barriers to more effective consultation should be identified. As with any MST conceptualization, it would be expected that several possible factors (in different areas) could be contributing to the problem. Reviewing recordings of consultation sessions may be an effective way to gather additional data. Once the primary barriers to effectiveness have been identified, an individualized intervention can be designed and implemented. The MST Expert's progress in overcoming the identified barrier will then be assessed by ongoing consultation reviews by the coach.