

Guidelines for Online TAM-R Administration for Providers

MST Providers who are considering developing an online version of the Therapist Adherence Measure must have written permission from the MST Institute (MSTI). In order to receive permission for online versions, all web forms must be sent to Karen Benson at karen.benson@mstinstitute.org to be approved by MSTI, and the following conditions met...

- 1) The following are criteria that will be used in reviewing the web forms...
 - a. The MSTI Case ID field must be set as “required”. There must also be at least one other required identification question that can be used to connect the family with the MSTI Case ID. We recommend choosing one or more of the following data fields: caregiver name, case name, and/or therapist name. It is helpful to have several identifiers to protect against data entry errors and ensure the survey is connected to the right case when the information is entered into MSTI.
 - b. All of the questions must be worded **exactly** like the original TAM-R or an MSTI approved translation. You may find the TAM-R and all of the TAM-R translations on the MSTI website: <https://msti.org/tam>. If you have any trouble locating the TAM-R you need, please reach out to the MSTI Helpdesk for assistance: msti@mstinstitute.org.
 - c. All of the questions for the TAM-R from 1-28 must be set as “required”. A family has the option to click ‘did not respond’ for any question, but all of them must be required to have a response before the survey can be submitted.
 - d. We require the following questions be added to help in ensuring the survey is valid for the TAM-R collection protocol. If there has been no contact with a therapist in the last two weeks, the survey is not considered valid and would not be entered on MSTI.
 - i. Have you had any contact with your therapist in the last two weeks?
(If yes, Go to “How many times has the therapist met with your family in the last week?” – [enter number]
“If zero, then when did the therapist last see anyone in the family?”
[enter date] go to question #1 and proceed.
If no, Go to “Have you had any contact with someone from the agency in the last two weeks?”
(If yes, “What was their name?” [enter name], go to question #1
If no, stop survey and display page that says “Thank you for your time. We will ask you to do the survey again when you have had contact with your therapist.” then exit.
 - e. If possible, set “Date Form Completed” field to be automatically assigned by the website for the date the form was saved online.
- 2) All rules for administering a paper TAM apply. Caregivers must be provided with their MSTI case ID number prior to the online survey, since that is a required data field.
 - a. The caregiver must be the only person entering the answers. A therapist may provide the caregiver with the link to the online survey, but will then be required to step out of the room while the caregiver answers the questions.
 - b. Identification of the caregiver completing the form is strongly recommended. TAM-R forms are to be filled out by the same person each month so that results are consistent and changes over time can be attributed to change in Therapist – Caregiver relationship.