# Overview: The Multisystemic Therapy (MST) QA/QI Program

This introduction provides information on the MST Quality Assurance/Quality Improvement (QA/QI) Program and how the different elements of that program work together.

What is this program?

The Multisystemic Therapy (MST) QA/QI Program provides mechanisms at each level (therapist, supervisor, expert/consultant, and program) for training and support on the elements of the MST treatment model, measuring implementation of MST, and improving delivery of the model as needed. Figure 1 provides a representation of the MST QA/QI 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 and program level support and adherence.

Measurement of the implementation of MST is a function of the MST Institute and is intended to provide all MST programs around the world with tools to assess the adherence to MST of therapists, supervisors, experts and organizations.

Figure 1: MST Quality Assurance/Quality Improvement System
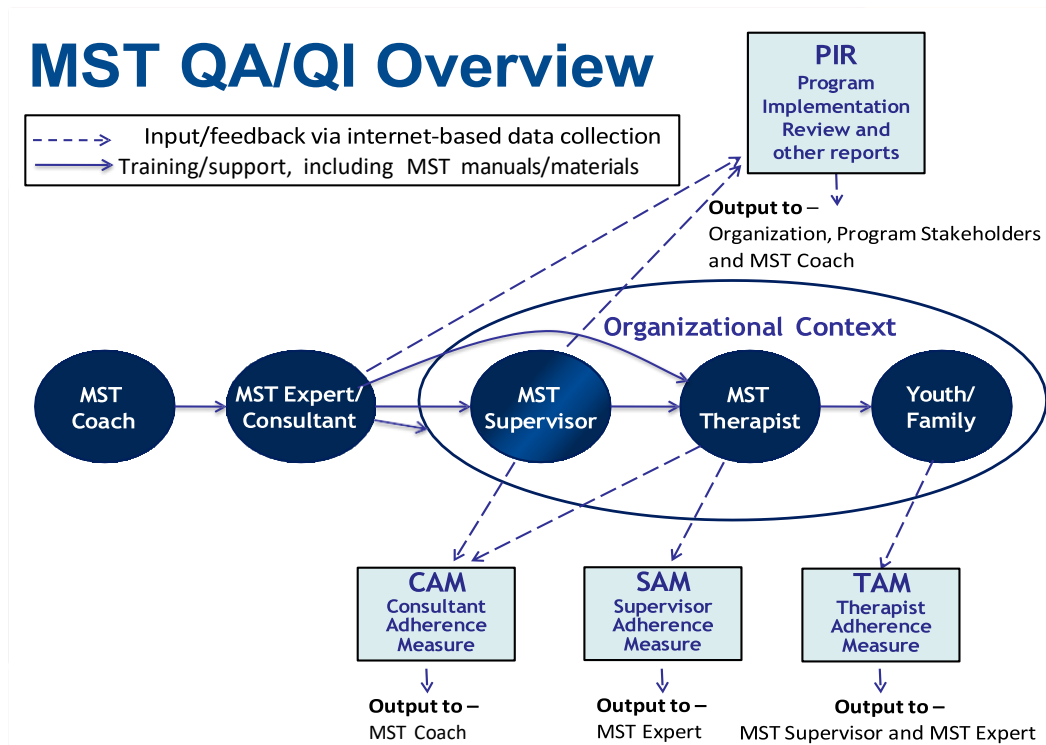
For more detailed information on the MST QA/QI Program, please read the journal article:
Schoenwald, S. K. (2008). Toward Evidence-Based Transport of Evidence-Based Treatments: MST as an Example. *Journal of Child and Adolescent Substance Abuse Treatment, 17(3), 69-91*.

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

Relationship between TAM-R and Youth Criminal Outcomes[*]

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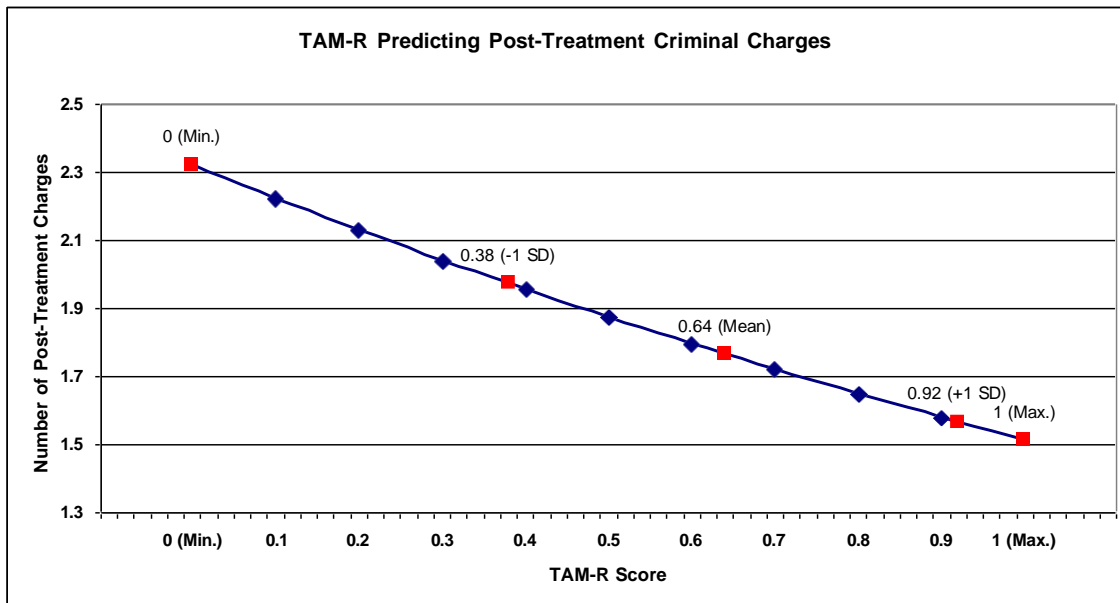
At follow-up (average of 2.3 years), the number of youth criminal charges was 36% lower for families with a maximum TAM-R score (i.e., 1) than for families with a minimum TAM-R score (i.e., 0).

Relationship between SAM and Youth Criminal Outcomes[*]

SAM Structure & Process Predicting Post-Treatment Criminal Charges
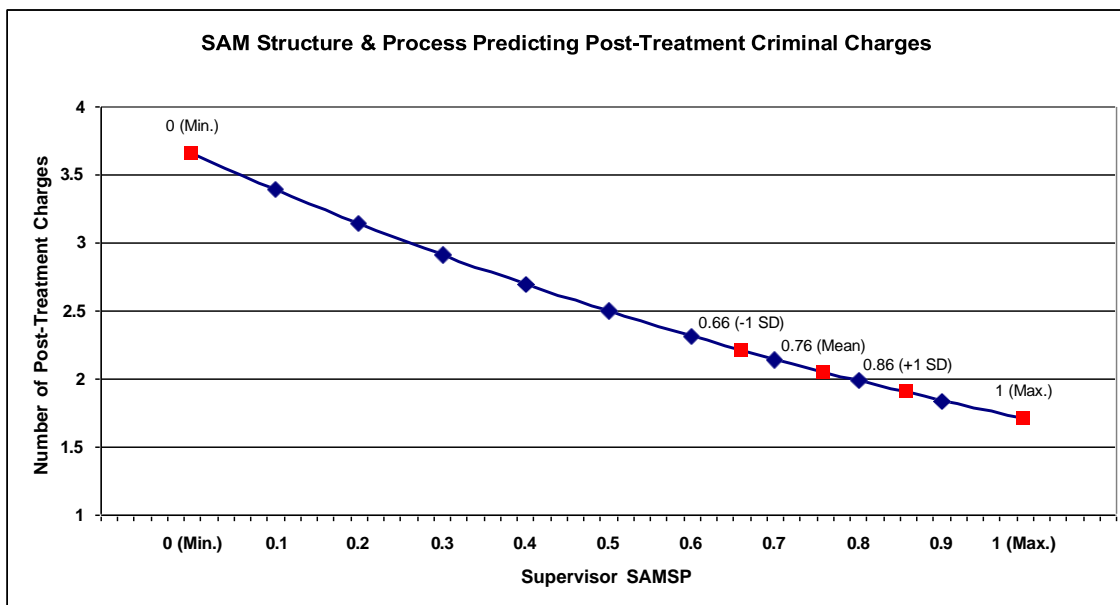
*NIMH Funded MST Transportability Study:

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.

MST Expert Adherence: The research shows a complex relationship between Expert consultation behaviors and improvements in child behavior. 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.*

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

Who participates in quality assurance monitoring?

As part of MST QA/QI 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 and experts bimonthly. Finally, supervisors report on the expert, as well as report on organizational practices in collaboration with the expert. MST Experts/Consultants, in collaboration with MST supervisors and other MST program staff, 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) Therapist Adherence Measure-Revised (TAM-R)

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 MSTI data website.
- **Procedure for scoring:** Scoring is provided through the MSTI data website.

For more detailed information see "Guidelines for TAM-R Administration" on the MSTI website: TAM (msti.org)

[**]**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 Expert/Consultant to provide you with this information.**

2) Supervisor Adherence Measure (SAM)

The Supervisor Adherence Measure (SAM) is a 36-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:** 36-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 MSTI data website every two months.
- **Procedures for scoring:** Scoring is provided through the MSTI data website.

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

3) Consultant Adherence Measure (CAM)

The Consultant Adherence Measure (CAM) is a 23-item measure that evaluates the MST Expert/Consultant's adherence to the MST model as reported by the team members. The measure is based on the principles of MST and the model of consultation presented in the MST Consultation Manual (Schoenwald, 1998).

- **Length:** 23-items
- **Time required to administer:** 10 - 15 minutes per administration
- **Completed by:** MST Therapists and MST Supervisors
- **Supervised by:** MST Supervisor
- **When:** First administration occurs the second month after MST program begins
- **How often:** Every 2 months thereafter
- **Procedure for collecting:** MST Therapists and Supervisors enter data onto the MSTI data website every two months.
- **Procedures for scoring:** Scoring is provided through the MSTI data website.

For more detailed information see "Guidelines for CAM Administration" on the MSTI website: CAM (msti.org)

4) Program Implementation Review (PIR)

The Program Implementation Review (PIR) is a written report completed every 6 months by the team's supervisor and MST expert. The report outlines areas of strength in the program, as well as areas in which improvement in implementation is needed. It includes review of critical program practices and characteristics; operational, adherence, and case closure data; and status of previous recommended actions and plans.