

Supervisor Adherence Measure (SAM)

Interpretation of Results

WHAT DOES THE SAM ASSESS? The SAM consists of 36 items that measure supervisory behavior in four domains. More information about these domains can be obtained from the *Multisystemic Therapy Supervisory Manual: Promoting Quality Assurance at the Clinical Level* (Henggeler & Schoenwald, 1998). These four domains are:

- Structure and Process – focusing on the efficiency and goal-oriented nature of MST Supervision (Related questions: 2, 3, 8, 12, 14, 16, 19, 21)
- Adherence to Principles – promoting clinician adherence to the nine principles (Related questions: 1, 6, 11, 17, 20, 24, 25, 26, 27, 29)
- Analytical Process – facilitating logical connections between conceptualization, goals, and interventions (Related questions: 4, 5, 7, 9, 13, 15, 18, 22, 23, 28)
- Clinician Development – devising specific plans to ensure skill and knowledge development (Related questions: 10, 30, 31, 32, 33, 34, 35, 36)

WHAT DO THE SCORES MEAN?

With the SAM, therapists are describing their experiences with their supervisor over a two month period. Scores in each of the four domains are first *averaged* for each therapist providing ratings on a particular supervisor during the report period. Then the therapists' average scores are averaged to obtain an overall supervisor score for each domain. The scores range from 0 to 1 with higher scores indicating more adherence to the supervisor protocols. Ranges for “low average”, “average”, and “high average” are provided to allow comparison to the average scores obtained over many years of MST implementation in the field. The indicator “Percent of SAM Scores in the High Average Range” provides a single summary measure that can be used to track changes over time.

In each of the domains, higher scores have been positively associated with better outcomes for youth and families. For more information about the relationship of SAM scores to youth outcomes see http://www.mstsinstitute.org/qa_program/pdfs/QAOverview.pdf. Currently, there is not a target or benchmark to use as a comparison for a particular MST Supervisor's adherence. Each MST Supervisor should be assessed against his/her own baseline and strive to increase scores.

It is important to remember that the data from any single administration of the SAM will have little utility. Scores will be most meaningful when there is a data collection rate of 100%, e.g., all therapists rating at every time period. When the rate is less than 100%, caution should be used when interpreting change over time, because when only a few people (i.e., a team of therapists) are reporting on a supervisor, an apparent change in score over time may actually reflect a change in the therapist(s) completing the measure from one administration to the next.

WHAT DO I DO WITH THE RESULTS?

After the results from a minimum of 6 administrations of the Supervisor Adherence Measure 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 therapists provide ratings. Patterns of results indicating low adherence in one or more domains should be addressed. Mirroring the MST process, the “fit” of the low scores and barriers to more effective supervision 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 supervision 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, implemented, and documented in the Supervisor Development Plan. The Supervisor's progress in overcoming the identified barrier will then be assessed by future administrations of the Supervisor Adherence Measure.

A *Supervisor Adherence Report* will provide a summary of the four SAM scores for each supervisor in the selected organization or network and show those results over three consecutive time periods. This report also includes a reference table that indicates whether a score is in the “Low Average”, “Average”, or “High Average” range. The indicator “Percent of SAM Scores in the High Average Range” is also provided in this report.