# My Thoughts About Therapy (MTT) Scale

## *User's Guide*

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ALL MATERIALS AVAILABLE ON THE UCLA CHILD FIRST SITE

www.childfirst.ucla.edu/resources/

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## Background

The My Thoughts about Therapy instrument (MTT) is a 35-item questionnaire with 5 subscales, each with 7 items, that represent the multidimensional REACH framework for characterizing treatment engagement: *Relationship*, *Expectancy*, *Attendance*, *Clarity*, and *Homework* (Becker et al., 2018). Items are rated on a 4-point Likert-scale from 0 ("strongly disagree") to 3 ("strongly agree"). There are separate youth (MTT-Y) and caregiver (MTT-CG) versions to elicit the perspectives of each about their own treatment engagement (i.e., the caregiver is not asked to provide perspective on the youth's level of treatment engagement and vice versa).

The MTT was informed by the broad set of 112 engagement outcomes identified in a systematic literature review (Becker et al., 2018; Lakind et al., 2021) as well as our review of frequently used engagement measures including the Working Alliance Inventory (Horvath & Greenberg, 1989), Parent Motivation Inventory (Nock & Photos, 2006), and Treatment Beliefs Questionnaire (Davidson & Fristad, 2006).

## Terms of Use

## Use in Research

The instrument may be used for research purposes, but as a professional courtesy, Drs. Becker and Chorpita prefer that you please notify the Child FIRST lab assessment resource team by email before undertaking your study (See "Support" below for contact information, and note that emails sent directly to the authors are less likely to be handled in a timely manner). This is also a good way to ensure you are not duplicating another researcher's efforts or ideas (e.g., working on a translation that is already underway with another research team). Use of the MTT or its derivatives in published research should include acknowledgement of the development of the MTT using appropriate scholarly citations.

The recommended citations for use of the MTT in any published research are as follows:

| Intended Use | Preferred Citation |
|---|---|
| If you are using the 35-item instrument in your research, or one of its scales | Chorpita, B. F., & Becker, K.D. (2022). Dimensions of treatment engagement among youth and caregivers: Structural validity of the REACH framework. *Journal of Consulting and Clinical Psychology, 90*, 258-271. https://doi.org/10.1037/ccp0000711 |
| If you are making a general reference to the conceptual REACH model | Becker, K. D., Boustani, M., Gellatly, R., & Chorpita, B. (2018). Forty years of engagement research in children's mental health services: Multidimensional measurement and practice elements. *Journal of Clinical Child and Adolescent Psychology, 47*, 1-23. https://doi.org/10.1080/15374416.2017.1326121 |

If you are conducting grant-supported research that involves the MTT as a focal point, such that you might perform translation, create new normative data sets, examine new delivery platforms, or simply seek to scale up implementation of the measure, and if you anticipate the need for guidance in the conduct of the research or publication of results, you are encouraged to budget for subcontracted support with the Child FIRST laboratory at UCLA. If you are unsure how to proceed as you plan your research, you can email the support team (see "Support" below).

## Adaptations, Translations, and Derivative Works

Adaptations and derivatives are not authorized without written permission from Chorpita and Becker. Regarding any adaptations, the instrument may not be altered to remove the copyright or other text in the margins regarding the source and terms. Creation of your own scoring tools is not allowed without permission, and permission will only be granted if your scoring tools will be limited to use within a defined organization and will not be made public.

Translations are allowed with permission, which is typically granted when (a) they use current "best practice" instrument translation procedures, (b) the translating research team agrees to provide a copy of the final translated instrument (in both word and PDF formats) for non-commercial distribution on the UCLA web site, and (c) the translating team acknowledges that Chorpita and Becker will retain the copyright to any translated works. Any commercial use or resale of this instrument or its current and future derivative works is strictly prohibited. The MTT and its family of measures is intended to be free for any interested user, which is only possible when end users engage in respectful and equitable collaboration.

## Support

Because there is no end-user fee for any of these instruments, all support is provided on a voluntary basis by its developers and others in the research community. For questions that cannot be answered in this user's guide, you may send an email to the assessment team in the Child FIRST lab at UCLA at the following email: **RCADS@psych.ucla.edu**, which will be redirected to the instrument developers or members of their laboratories. Please be patient, and please try to avoid email requests until you have read most recent version of this user's guide and are still unable to solve any problems on your own.

## Administration and Scoring

Administration. It is recommended that the measure is administered to respondents in such a way as to limit service providers' direct access to item-level information. The rationale for this recommendation is that responses could potentially have an overly positive bias if respondents feel that responses will be closely monitored. The published research on the MTT to date has used third-party administration, with service providers only being notified of scale scores (e.g., "the Relationship scale score is 11") and/or elevated scales (e.g., "this caregiver is at risk on the Relationship scale").

The MTT refers to "therapy" in the instructions, but some respondents might use different local terms, in which case it is recommended to orient the respondent verbally to the meaning of "therapy" in this context (e.g., "when the measure says therapy, that refers to the help you have been receiving"). Likewise, the measure uses the term "counselor" to refer to the service provider, but administrators may need to clarify with the respondent the intended meaning of the term, which refers to the individual providing the services being evaluated (e.g., "where it says 'counselor' on the form, you can think of that as your therapist").

In addition, some scales might be more or less relevant at a given point in time, the precise mapping of which awaits further research. For example, it might be possible to administer Expectancy items at the first treatment event (or even prior), whereas Relationship items might be more suitable to administer after 3 or 4 treatment events. In terms of timing, the literature on engagement suggests that it is dynamic, such that a "good" score at one point in time does not preclude engagement problems that could arise later. Thus, it may be suitable to consider ongoing measurement at an interval determined to be suitable for the local context (e.g., monthly).

Finally, if a specific domain is being targeted (e.g., a service provider uses Psychoeducation to address a low score on the Clarity scale), it is possible to administer a single scale at relatively frequent intervals (e.g., weekly) to test for the response to that intervention strategy. The measure is organized into "panels" in which the administrator can indicate the subset of items intended to be completed.

Scoring. To score the MTT, each item is assigned a numerical value from 0-3, where 0 = strongly disagree, 1 = disagree, 2 = agree, and 3 = strongly agree. For each subscale add the numerical values for each of the 7 items together. Thus, the highest score possible is 21, the lowest 0.

Missing data for raw scores can be handled by prorating the remaining items within a scale. It is recommended that scales with more than 2 missing items are not scored. To estimate the scale score, take the sum of the completed items within that scale and divide that by the number of items completed, then multiple by the total number of items in that scale, and then round the result. For example, if one item is missing from the Relationship scale (which has 7 items), and the 6 completed items sum to 12, you would divide 12 by 6 (2), and then multiply by 7, which would yield 14. Thus, you would count the score as a 14 not a 12 because of the prorating.

## Languages and Versions

The MTT is currently available in English (US) and Spanish (US). If you would like to perform a translation of the MTT into a new language, please send an email to the support team (see "Support" above).

Versions of the MTT that are not on the UCLA Child FIRST website are unauthorized versions. We discourage use of unauthorized instruments and **are not able to respond to any inquiries** about measures not found on the UCLA Child FIRST website.

## Brief Summary of Scale Development

A sample of 1,807 youth primarily Hispanic American (56.0%) and African American/Black (26.3%) youth (*M* age = 12.7; 46.8% female) and/or their caregivers participating in school mental health services in Los Angeles, California and rural South Carolina rated their treatment engagement approximately four weeks following an intake assessment. Chorpita and Becker (2022) reported a factor structure that supported the hypothesized 5-factor REACH model relative to 1-factor and 4-factor alternative models. Moreover, the 5-factor structure was consistent across youth and caregiver reports, as well as across youth age, race, region, and caregiver language.