

Treatment Effectiveness Assessment (TEA) Instructions

REQUIRED FORM:

This form is required in the client file for clients in Recovery Services.

WHEN:

This form is to be completed within 30 days of admission to Recovery Services and in conjunction with Recovery Plan updates (at least every 90 days).

COMPLETED BY:

This form is to be completed by the client and reviewed by the counselor and/or LPHA.

REQUIRED ELEMENTS:

- **Client Name:** Document client's full name.
- **Client ID#:** Document the client's Unique Client Number (UCN) as determined by SanWITS.
- **First TEA?:** Check the box that applies (Yes/No). If this is the First TEA for this recovery services episode, then mark "yes". Otherwise mark "no".
- **1. Substance Use:** How much better are you with drug and alcohol use? Consider the frequency and amount of use, money spent on drugs, amount of drug craving, time spent being loaded, being sick, in trouble and in other drug-using activities, etc.
 - Think about how things have become better and circle the results on the scale from 1 (not better at all) to 10 (very much better) with the more improvement reflecting the higher the number.
 - **Remarks:** Write down the one or two changes most important to you with regards to Substance use.
- **2. Health:** Has your health improved? In what way and how much? Think about your physical and mental health: Are you eating and sleeping properly, exercising, taking care of health problems or dental problems, feeling better about yourself, etc?
 - Think about how things have become better and circle the results on the scale from 1 (not better at all) to 10 (very much better) with the more improvement reflecting the higher the number.
 - **Remarks:** Write down the one or two changes most important to you with regards to Health.
- **3. Lifestyle:** How much better are you in taking care of personal responsibilities? Think about your living conditions, family situation, employment, relationships: Are you paying your bills? Following through with your personal or professional commitments?

- Think about how things have become better and circle the results on the scale from 1 (not better at all) to 10 (very much better) with the more improvement reflecting the higher the number.
- **Remarks:** Write down the one or two changes most important to you with regards to Lifestyle.
- **4. Community:** Are you a better member of the community? Think about things like obeying laws and meeting your responsibilities to society: Do your actions have positive or negative impacts on other people?
 - Think about how things have become better and circle the results on the scale from 1 (not better at all) to 10 (very much better) with the more improvement reflecting the higher the number.
 - **Remarks:** Write down the one or two changes most important to you with regards to Community.
- **TEA Completed By**
 - **Client Signature:** Client to sign name here
 - **Date:** Client to document date TEA completed
- **TEA Reviewed By**
 - **Counselor or LPHA Name:** SUD Counselor or LPHA reviewing completed TEA to print name here
 - **Counselor or LPHA Signature:** SUD Counselor or LPHA reviewing completed TEA to sign name here
 - **Date:** SUD Counselor or LPHA to document date completed TEA was reviewed