Treatment Effectiveness Assessment (TEA)

The TEA asks you, the client, to express the extent of changes for the better from your involvement in the program to this point (or how things are if it's your first TEA or baseline) in four areas: substance use, health, lifestyle, and community. For each area, think about how things have become better and circle the results on the scale below: the more you have improved, the higher the number – from 1 (not better at all) to 10 (very much better). In each area write down the one or two changes most important to you in the Remarks section.

| Client Name: | | | | | | Client ID#: | | | | | First TEA? Yes 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. | | | | | | | | | | | | |
| | | lone or not much | | | | Better | | | | Much better | | |
| Domorko | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| Remarks: | | | | | | | | | | | | |
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| 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? | | | | | | | | | | | | |
| | | None or not much | | | | Better | | | | Much better | | |
| Remarks: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| Remarks. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| situation, em | | t, relatio | nships: | Are yo | u payı | ng your t | ollis? Foli | owing thr | ough wit | h your p | personal or professional | |
| | | | | | | | | | | | | |
| | | None or not much 1 2 3 4 5 | | | | | | | | Much better | | |
| Remarks: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
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| | 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? | | | | | | | | | | | |
| responsibilitie | | | | ons nav | • | _ | alive impo | acts on ot | | | | |
| | | r not mu | | | | Better | _ | • | | h better | | |
| Remarks: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| rtomanto. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| TEA Completed By | | Client Signature | | | | | | | | | Date | |
| | | | | | | | | | | | | |
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The County of San Diego Behavioral Health Services has permission to utilize the TEA through Dr. Walter Ling of UCLA's David Geffen School of Medicine.

Counselor or LPHA Signature

Counselor or LPHA Name

TEA Reviewed By

Date