

# Battery of TCU Treatment Assessment Forms for Client Needs, Risks, and Progress

Available from IBR Website at [www.ibr.tcu.edu](http://www.ibr.tcu.edu), under "[TCU ADC \(Automated Data Capture\) Forms](#)"  
(*Note: Each form listed below is "footnoted" to indicate typical collection point and application, and "Scoring Guides" are available for downloading from IBR Website.*)

**A. Client Drug Use and Crime Risk Forms:** These 1-page forms address preadmission drug use and criminal history as risk factors for treatment placement decisions. Each has roots in the TCU Intake and related assessments (*e.g., Joe, Simpson, Greener, & Rowan-Szal, 2004*).

- 1.<sup>s,i</sup> *TCU Drug Screen II (TCU DRUG SCREEN II)*  
A self-administered, brief screen that identifies individuals with a history of heavy drug use or dependency (based on the DSM and the NIMH Diagnostic Interview Schedule) and who therefore should be eligible for treatment options.
- 2.<sup>s,i</sup> *Global Risk Assessment (Adults: TCU A-RSKFORM; Youth: TCU Y-RSKFORM)*  
This form documents intake date, age, gender, race/ethnicity, education, employment, family involvement, living arrangements, and a broad checklist of background problems.
- 3.<sup>s</sup> *Criminal History Risk Assessment (TCU CRHSFORM)*  
Contains 22 items focused on previous arrests, convictions, and incarcerations.
- 4.<sup>i,d</sup> *Criminal Thinking Scales (TCU CTSFORM)*
  1. Entitlement – sense of ownership and privilege, misidentifying wants as needs.
  2. Justification – justify actions based on external circumstances or actions of others.
  3. Power Orientation – need for power, control, and retribution.
  4. Cold Heartedness – callousness and lack of emotional involvement in relationships.
  5. Criminal Rationalization – negative attitude toward the law and authority figures.
  6. Personal Irresponsibility – unwillingness to accept ownership for criminal actions.

**B. Client Health and Social Risk Forms:** These 1-page forms have roots in treatment preadmission assessment domains from the TCU Intake Interview shown to be predictive of client engagement and treatment progress (see *Joe, Simpson, Greener, & Rowan-Szal, 2004*). They include social functioning (family, friends, education) domains as well as forms focused on physical/mental health functioning. PTSD-based trauma symptoms also are evaluated, along with health-related risks for infectious diseases such as HIV and hepatitis.

- 1.<sup>s,i</sup> *Physical and Mental Health Status Screen (TCU HLTHFORM)*
  1. Physical Health (in the last year) – 11 items.
  2. Psychological Stress (in the last 30 days) – 10 items on symptoms of psychological distress during the past 30 days; *based on US Health Interview Survey, K10 scale (see Kessler, Barker, Colpe et al., 2003).*

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<sup>s</sup> = Screen for pretreatment placement; <sup>i</sup> = Intake needs and readiness; <sup>d</sup> = During Treatment progress

- 2.<sup>s,i</sup> *Mental Trauma and PTSD Screen (TCU TRMAFORM)*  
PTSD positive is a combination of total score (over 43) and 3 DSM-IV criteria for --
  - a. Re-Experiencing symptoms
  - b. Avoidance symptoms
  - c. Hyper arousal

*Based on Veterans Administration PTSD civilian version (Weathers, Litz, Herman et al., 1993).*
- 3.<sup>s,i</sup> *HIV/Hepatitis Risk Assessment (TCU HVHPFORM)*  
Contains 17 items focused on risks associated with sexual behavior and injection drug use as well as health concerns and related attitudes concerning infectious disease risks.
- 4.<sup>i</sup> *Family and Friends Assessment (Adults: TCU A- FMFRFORM; Youth: TCU Y-FMFRFORM)*
  1. Family Relationships – quality of family time and family interactions.
  2. Family Drug Use – a lack of healthy role models (high scores reflect more dysfunction).
  3. Peer Socialization – being involved with positive peer groups.
  4. Peer Criminality – friendships with negative peers (high scores indicate more negative affiliations).

**C. Client Evaluation of Self and Treatment (CEST) Forms:** These 1-page forms are the CEST “family” of 4 self-report assessments for monitoring client needs and progress. They include 1) treatment motivation, 2) psychological functioning, 3) social functioning, and 4) clinical engagement scales to be administered throughout treatment to help inform planning of services and gauge client changes over time (see *Garner, Knight, Flynn et al., 2007* and *Joe, Broome, Knight, & Simpson, 2002*).

- 1.<sup>i</sup> *Treatment Needs and Motivation (TCU MOTFORM)*
  1. Problem Recognition – acknowledgment/denial of behavioral problems related to drug use.
  2. Desire for Help – awareness of intrinsic need for change and interest in getting help.
  3. Treatment Readiness – accepting “action” in the form of specific commitments to formal treatment.
  4. Treatment Needs (index) – types of special needs clients believe they have.
  5. Pressures for Treatment (index) – types of pressures experienced from external sources.
- 2.<sup>i,d</sup> *Psychological Functioning (TCU PSYFORM)*
  1. Depression – feeling depressed, sad, lonely, or hopeless.
  2. Anxiety – feeling anxious, nervous, tense, sleepless, or fearful.
  3. Self-Esteem – having favorable impressions of oneself.
  4. Decision Making –difficulty making decisions, considering consequences, or planning ahead.
  5. Expectancy – likelihood of refraining from drug use within the next few months.
- 3.<sup>i,d</sup> *Social Functioning (TCU SOCFORM)*
  1. Hostility – having bad temper or tendency to intimidate, hurt, or fight with others.
  2. Risk-Taking – enjoys taking chances, being dangerous, or having wild friends.
  3. Social Support – having external support of family and friends.
  4. Social Desirability – distortion of self-presentation for the purpose of socially desirable bias.
- 4.<sup>d</sup> *Treatment Engagement (TCU ENGFORM)*
  1. Treatment Participation – being involved and participating in treatment, talking about feelings.
  2. Treatment Satisfaction – satisfaction with the treatment program, services, and convenience.
  3. Counseling Rapport – having a therapeutic and trusting relationship with counselor/staff.
  4. Peer Support – having supportive relationships with other clients in the program.

**D. Selecting “Sets” of Forms:** An advantage of converting TCU Forms into a modular (1-page serial) framework is they then provide a *matrix of evidence-based assessment* options. They offer flexibility for diagnostic screening of needs/risks (e.g., drug courts), augmenting existing assessments batteries that may already be in use at some programs, or in other settings as a comprehensive customized battery of clinical needs and progress monitoring tools. In any case, that means planning is required before selecting which assessments to use after taking into account program mission, objectives, interventions, and planned stages of care.

Typical timing for the administration of these forms is summarized in the matrix below. These include screening applications, especially in correctional systems, for guiding treatment-related decisions. Drug courts and corrections-based drug treatments, for example, rely most heavily on the set of Section A forms. In some instances these same forms, along with others in Section B, are used as part of the intake record. Assessments in Section C specialize on capturing functional attributes of clients shown in treatment process research to be related to recovery stages made during treatment (DT(R)). They are usually applied across designated points (eg, Day 45/90/etc) after intake and are useful at follow-up as well.

Decisions about form selections and scheduling by 3 different types of programs also are illustrated. **Program A** is an adult intensive (90-day) outpatient program that uses a computerized intake interview (e.g., ASI) but needs to obtain client progress indicators. **Program C** is a similar program but has a high volume of CJ referrals and is required by state-level authorities to use a “standard social history intake” interview (which staff say has limited practical utility, and therefore gets quietly filed away). **Program Y** serves youth in a 45-day residential program and because of age-related issues administers a different profile of forms during its somewhat restricted duration of services. All 3 programs rely heavily on elements of the **CEST Forms** to measure treatment readiness and monitor progress over time.

Battery of TCU (ADC) Assessments:	Typical assessment	Program A: Adult OP	Program C: CJ-Adult OP	Program Y: Youth Res
<b>A. Client Drug Use and Crime Risk Forms</b>				
Drug Screen II ( <i>Drug Use Severity</i> )	Screen/Intake	--	Intake	Intake
A-RSKForm ( <i>Adult ID/Global Risks</i> )	Screen/Intake	--	Intake	--
Y-RSKForm ( <i>Youth ID/Global Risks</i> )	Screen/Intake	--	--	Intake
CRHSForm ( <i>Criminal History Risks</i> )	Screen/Intake	--	Intake/Day45/90	Intake
CTSForm ( <i>Criminal Thinking</i> )	Intake+DT(R)	--	Intake/Day45/90	Intake/Day45
<b>B. Client Family and Health Forms</b>				
HLTHForm ( <i>Physical/Mental Health</i> )	Screen/Intake	Intake	Intake	--
TRMAForm ( <i>PTSD-Civil Version</i> )	Screen/Intake	--	--	Intake
HVHPForm ( <i>HIV/Hepatitis Risks</i> )	Screen/Intake	Intake	Intake	--
A-FMFRForm ( <i>Adult Family/Friends</i> )	Intake+DT(R)	Intake	Intake	--
Y-FMFRForm ( <i>Youth Family/Friends</i> )	Intake+DT(R)	--	--	Intake
<b>C. Client Evaluation of Self and Treatment (CEST) Forms</b>				
MOTForm ( <i>Treatment Motivation</i> )	Intake	Intake	Intake	Intake
PSYForm ( <i>Psychological Functioning</i> )	Intake+DT(R)	Intake/Day45/90	Intake/Day45/90	Intake/Day45
SOCForm ( <i>Social Functioning</i> )	Intake+DT(R)	Intake/Day45/90	Intake/Day45/90	Intake/Day45
ENGForm ( <i>Treatment Engagement</i> )	DT(R)	Day45/90	Day45/90	Day45