

The TVT: Strengths, needs, and risks Assessment & Management (T-SAM) Tool

Administration Manual

Trauma & Community Resilience Center
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Section A: Client-Centered Assessment

Instructions: When administered in person, this section of the T-SAM is typically administered with the clinician and client sitting side by side. Clients should be able to view and record responses on the form themselves. The clinician is there to ensure understanding of items and guide the client through the questions. When administered via telehealth, the clinician is strongly encouraged to share screen during administration of the T-SAM so that the client is able to see the clinician's recording of their responses. If the client has an adverse response to viewing the form itself, the clinician is encouraged to stop the screen share and proceed with T-SAM administration, informing the client that they can simply talk through the questions instead of using a more formal assessment approach.

In Section A of the T-SAM, clients are asked to rate the first 12 items on a 1 to 5 Likert scale in accordance with how they're feeling right now. Clients are also asked to describe the people, situations, or circumstances that evoke these feelings. If a client denies feeling something in the moment, consider asking the client to reflect on how they usually feel in their day-to-day lives. Clients' responses to each item should be recorded verbatim. A conversational style is strongly encouraged when administering this section of the T-SAM; however, clinicians should limit follow-up questions to only that which is essential to the T-SAM assessment process in order to ensure that there will be sufficient time to complete the assessment.

The following is a sample script that can be used to introduce the T-SAM to clients: *"In order to figure out how best I can be of help, I'd like to use a form that I often use with kids and adults who come to see me for similar reasons as you have today. That form helps to make sure I really understand all that you're going through, what life is like for you right now, and how I might be able to help with some of things that are bothering you...only if you're open to it, of course."*

As you can see here, you'll answer each question based on a 1 to 5 scale where 1 means you don't really feel something at all and 5 means you feel it a lot. Please answer each question based on how you're feeling right now. If you're not feeling something right now, think about how you usually feel in your day-to-day life. Lastly, if any of the questions don't make sense to you, just let me know and I'll do my best to explain. I'm sure we can figure it out together."

For telehealth administration only, consider adding the following to the above script: *"I'm going to share my screen with you so that you can read the questions right along with me. Since I have the form up on my screen, I'll write down your answers; everything you say is important to me, and you'll notice I'll be writing down only what you yourself say. If I get anything wrong at all, please correct me."*

After completing items 1 through 12, the clinician should ask the client to select the top five items that are most important to them and to rank order those items in order of importance. These 5 items will then be entered into the T-SAM Re-Evaluation Form as part of the re-evaluation process. (See T-SAM Re-Evaluation Form Instructions on page 16). After ranking the client's top five items in order of importance, the clinician should proceed with side-by-side administration of items 13-16 in Section A.

If a client has trouble understanding any of the questions included on the first page of Section A, the clinician is encouraged to provide a more accessible definition and/or concrete examples of what each item means (e.g., examples of thrill-seeking could be “driving really fast” or “enjoying doing things that you know might get you into trouble”). Clinicians can also first ask the client what the item means to them; this can be a useful strategy for increasing your understanding of the client’s perspectives/experiences and for assessing emotional literacy.

The following table provides examples of developmentally-appropriate language you might use to explain T-SAM items to children and/or adolescent clients.

T-SAM Items	Suggested Definitions for Children & Adolescents
Understood	“Like people get you without you having to explain yourself”
Disconnected	“Like you’re different from the people around you, even people you see regularly or have relationships with, like family or friends.” “...feeling like you’re not part of any group.”
Apathy	“Like the people or things around you don’t matter...like you just don’t care any more”
Disgust	“Strongly dislike someone...like you don’t want to be around them; maybe being around them even makes you feel sick to your stomach”
Thrill-seeking	“Not afraid to do anything, even in situations where you think you or others might get hurt” “...you like to do things that make you feel excited no matter what the consequences are”
Important	“Like you matter...like other people look up to you”

Urgency	“That feeling you get when you know you need to do something right away...when you feel like you have no other choice but to act now”
Agitation	“Feeling tense or uneasy in your body...restless...like your body can’t hold your energy and you need to move”
Psychological Pain	“Feeling extremely hurt, sad or upset about something”
Understood	“Like people get you without you having to explain yourself”
Disconnected	“Like you’re different from the people around you, even people you see regularly or have relationships with, like family or friends.” “...feeling like you’re not part of any group.”

Section B: Clinician-Led Assessment

Instructions: When administering Section B of the T-SAM, the clinician should take a lead in recording client responses. This Section of the T-SAM does not need to be shared with the client; whether or not to do so should be based on the provider's clinical judgement. Ultimately, Section B of the T-SAM functions as a guide for a psychosocial interview that prompts clinicians to ask about several important risk and protective factors for TVT (e.g., employment problems, bullying, actively seeking violent content online, rigid thinking, and sleep problems). Clinicians must document if a risk or protective factor is endorsed ("yes" or "Y"), denied ("no" or "N"), or unknown ("U"). Clinicians can use information collected from the psychosocial interview ("I"), collateral contacts ("C"), or previous reports ("R") when determining if a risk or protective factor is endorsed, denied, or unknown. Document the relevant information source(s) used to make this determination. In addition, in the *Stressors* section, the clinician is prompted to record if a stressor occurred in the past ("PA") or present ("PR"). Descriptive responses are strongly encouraged throughout Section B of the T-SAM as a means of further describing the client's experience of a risk or protective factor.

When administering Section B of the T-SAM, order of items is not important. If you do not have time to ask questions about all items included in Section B, that's OK; you can always come back to Section B of the T-SAM in your next session. However, items in the following sections should be prioritized in order to ensure that imminent risk is sufficiently assessed: Motivation, Capability, and Opportunity.

When possible, clinicians should try to maintain a conversational style when administering Section B, treating this section of the T-SAM as a natural continuation of Section A. Clinicians are strongly encouraged to use the client's responses to Section A of the T-SAM to further assess the presence or absence of the risk and protective factors included in Section B.

For clients who present as notably guarded, disengaged, or aversive to administration of Section A, it can be helpful to transition to a discussion of values and goals (see *Identity & Social Experiences* section) before launching into questions that are more topically related to violence risk. In these instances, consider using the following script to transition from Section A to Section B: *"It seems to me that you've got a lot on your mind, but I can see that it's hard to talk about it all. [OR "...but I imagine it's gotta be hard to talk about problems with someone you barely know/when you don't even want to be here"]. Let's shift gears then and change the topic altogether for a bit."*

What follows is a list of sample questions that can be used when administering Section B. Some of these questions may also be helpful to include when clarifying clients' responses to Section A. Of note, clinicians are **NOT** required to ask these questions when administering Section B of the T-SAM. Rather, these sample questions are offered as a helpful resource, when needed, for suggested language. Clinicians should feel free to come up with their own questions to assess each item included in Section B.

Sample Questions

I. Violent Thoughts & Behaviors: Motivation¹, Capability, Opportunity

- A. When someone feels as X as you do, they may have thoughts of harming others. What thoughts have you had like this?
 1. If you decided to hurt someone, how would do it?
 2. How easy would it be for you to do this?
 3. People often have very mixed feelings about hurting others. What are some reasons that would stop or prevent you from hurting someone? What holds you back from actually doing it?
- B. How often do you think about hurting others?
 1. Is there a specific person you think about hurting? Why them?
 2. How does it feel to imagine yourself hurting them? What do you imagine yourself doing? Do you have a plan for how you might carry it out?
[Probe for signs of research, planning, and preparation. Ask about access to weapons. Consider the content of a person's violent ideation when asking about access; however, do not limit your questions solely to weapons that have been mentioned as part of an attack plan]
 - a) What do you think would need to be true/would need to happen in order for you to act?
 3. Does anyone else know you're thinking about this?
 - a) Do you want people to know? If so, how might you tell them?
- C. It seems like you think that hurting others would be justified on some level; is that correct? Tell me about that.
 1. When you get angry with people, do you tend to feel like they deserve it? Tell me about that.
 2. Why do you think the people you might want to hurt deserve it?
 3. What do you think would happen if you did hurt them? ...carried out your plan?
 4. Do you think there are any other ways you could... get them back for what they did? ...let people know they shouldn't mess with you? ...call attention to what's going on in the world?
 5. What stops you from acting on these thoughts?
- D. Do you feel like you have any control of those thoughts or do you think about it even when you don't want to/when it's inconvenient? (e.g., when you're trying to focus on something else)
- E. What do you do when you feel angry? Do you have difficulty managing your temper? Have you ever worried about losing control?
- F. Do you have difficulty managing your temper? Have you ever worried about losing control of your anger?
- G. Have you ever damaged anything when you were mad?

¹ **Clinicians are encouraged to assess motivations for violence based on clients' responses to Sections A and B. See page 8 for sample questions to include in your assessment of Identity & Social Experiences that can aid in a more direct assessment of a clients' specific motivations for violence (i.e., justice, glory, mercy, duty, boredom, bonding).

- H. What's the most violent thing you've done when angry? What about when you haven't been angry?
- I. Do you ever worry you may physically hurt someone when angry?
- J. Have you ever blacked out or lost time when angry? What was happening before the time was lost? Were there substances involved?
- K. Can you think of a time where your actions directly hurt others? Were their weapons used? What led up to the incident? (Flush this out, it's important to understand their perspective) Were substances involved?
 - 1. What was your relationship to the victim?
 - 2. What was the motivation or event that you believe caused your actions? Was there something gained?
- L. What is the most serious act of aggression you've been involved in?
- M. How do you typically handle conflict or disagreement with others?
 - 1. Inquire about what this looks like in different relationships (i.e., family, peer, co-worker, boss, romantic partner, etc.)
 - 2. Tell me how you felt after the conflict or disagreement, say within an hour or so of the event? And the next day?
- N. Tell me about a time you felt like you wanted to get even with someone. How did that make you feel and how did you eventually handle the situation?
- O. When you get angry with people, do you tend to feel like they deserve it? Tell me about that.
- P. Have you ever played around to see if someone might get hurt if you do something? What did you do? And what happened/what was the person's response?²
- Q. Do you feel powerful when you threaten/start a fight? What else do you feel in those moments?
- R. Once a fight has started, do you ever get carried away by the violence?
- S. When you fight, do you stop caring about whether you could be hurt?
- T. Is it fun to get ready for a fight?
- U. Do you feel powerful when you threaten/start a fight? What else do you feel in those moments?
- V. Do you hit back on the spot when someone makes you seriously angry?
- W. Do you enjoy inciting others to fight along with you?
- X. Once a fight has started, do you ever get carried away by the violence?
- Y. When you fight, do you stop caring about whether you could be hurt?
- Z. Do you like to listen to other people tell stories of how they hurt others?³
- AA. How does it feel to make someone hurt/bleed? Or to see someone hurt/bleeding?

II. Identity & Social Experiences

- A. What traits do you value most in others and why? Do you feel others see these traits in you?

² This item assess the presence of "novel aggression", which is an act of violence that may appear to be unrelated to any pathway warning behavior that is committed for the first time. This act is usually done to test one's ability to carry something out.

³ Items V and W can be helpful for assessing the extent to which someone has become desensitized to violence.

- B. Who do you admire and why?
- C. What accomplishments in life are you most proud of and why?
- D. What do you think makes you unique or different from others?
- E. What would you want your legacy to be?
- F. What are your goals for your personal life? Career?
 - 1. Does it ever feel like somebody or something may prevent you from accomplishing those goals? Why is that?
 - 2. What's the worst thing that could happen if you didn't realize those goals?
- G. Who is in your family system?
- H. Who do you spend most of your free time with? What do you like to do together?
- I. Who do you feel most close too and why? Who is someone you can talk to that understands you?
 - 1. Who do you talk to for advice? When you're struggling? In trouble?
 - 2. Do you have someone you can talk to when you need help or support? Who? How do you know you can trust this person?
- J. When was your last relationship? How would you describe it? How would people close to you describe it?
- K. Who are the last five people you spoke to?
 - 1. What are the types of things you talk about?
- L. When you have a tough choice to make, who do you run your decision by?
- M. Thinking about all of the people you spend time with on or offline, who do you think has the most impact on your decisions?
 - 1. Whose opinion or advice carries the most weight when you are trying to make a difficult decision?
 - 2. Are there people you are hesitant to disagree with because it's more trouble than it's worth?
 - 3. Have you ever been concerned that if you don't agree with someone you will be cut off?
- N. Affiliation with Group/Movement/Cause
 - 1. Is there a group or movement you connect with? In what way do their values align with your own?
 - a) When did you first learn about this group? What drew you to them? Why?
 - b) What beliefs do you hold that are important to you, that you aren't sure other people would understand?
 - c) In what ways do you feel most connected to this group?
 - d) Give me five adjectives to describe your relationship with the group.
 - 2. You mentioned that some of the people you spend time with believe violence is justified...
 - a) Tell me about how you know them.
 - b) What drew you to these relationships? When/why?
 - c) How much time do you spend with them - online or in-person?
 - d) When you are talking or spending time together, how much do you feel like you belong?
 - (1) If low belonging: what would it take for you to feel like

you belong, or for them to think of you as one of them?

- e) How much does what you think/believe align with what they think/believe?
- f) What types of things do you share with them?
- g) Would you run the decisions you have to make by them?
- h) Do you ask their opinions when you need help with something?
- i) Do you feel comfortable being your “true” self with them?
- j) Can you question or pushback on things they say without feeling like you will destroy the relationship?

O. Exploring Potential Motivations for Violence

- 1. What are your views on honor? How do you think honor is achieved? What’s an example of an honorable action?
- 2. What does duty mean to you?
- 3. What’s an example of a merciful act?
- 4. If you could start your life all over again, what would you change? Is there an injustice you might want to correct? And how would you correct it?
- 5. Does it ever feel like things are in your hands, and your hands only? Perhaps fairly or unfairly...like if you don’t take care of something no one else will? Tell me about a recent time you felt like this. And what did you do?
- 6. Tell me about a time you felt wronged (could maybe bring in humiliation here). What did you do/how did you respond? What do you think the people who did those things deserve? If you could do it all over again, is there anything you might do differently?
- 7. Tell me about times where you felt underappreciated, not seen by others, or unrecognized for your value. What do you think would need to happen to get people to notice? To recognize/appreciate you more?
- 8. What do you do when you’re bored? How often do you feel bored? And where do you go when you’re in need of stimulation?

III. Online Use

- A.** Who do you follow on social media? What influencers or gamers, etc.? How did you discover them? Why do you follow them? What about them do you like?
 - 1. Is there anyone who you think of as someone you would like to be like or model yourself after?
 - 2. What message boards, channels, topics etc do you follow?
 - a) Reddit, Discord, 4chan, 8chan, gab, other regional/national ones
 - 3. Are there hashtags or topics you follow online?
 - a) TryGuys, bamarushtok, etc
- B.** What’s your avatar look like?
- C.** Do you ever look at violent memes or videos online? What types of violent things do you view, read, or watch? How do you find these [posts, memes, videos]? And how do you feel when you’re watching them?
- D.** Do you prefer to socialize online rather than in-person?
 - I.** Do you notice a difference in who you are online versus how you present in real life?

2. Which version do you like better? Who do you think others prefer?
3. Which version feels like it represents who you really are?
- E. When you're using the internet, do you...
 1. Lose sleep? Avoid other activities to stay online? Lose motivation to do other things?
- F. Do you experience feelings of irritation, anger, or anxiety when not using the internet?
- G. Do you see a difference in yourself in the version you present online verse in real life?
 1. Which version feels like it represents who you really are?
 2. Which version do you like better? Who do you think others prefer?

IV. *Stressors*

- A. Have you had any problems at school or work? Recently or in the past?
- B. Have you experienced bullying at school or in work? Can you explain what happened and how it made you feel? Were their actions taken by you or the system?
- C. Are there times you have felt targeted? When and by who?
- D. Are there times where you felt that you were treated unfairly? If so, by who? What happened? How did it make you feel? What did you do with these feelings? Was any action taken by you or the system to rectify this?
- E. Do you still think about this experience(bullying/ feeling targeted)? How does it make you feel now?
- F. Have you ever experienced violence in a relationship? Family? Personal? What was your relationship to the violence? What led to or prompted the violence?
- G. What does conflict look like in your family?
- H. Has anything scary, confusing, or upsetting ever happened to you?
- I. Have you experienced any major losses in your life? This could be a death, a break up, or a significant change in social status.
- J. Have you struggled with finances in your lifetime?
 1. If past: Tell me about what that was like. What did you need to do in order to improve your financial situation? How were you able to achieve financial security?
 2. If present: Is it hard to pay off all your expenses each month? Can you afford groceries each month? Do you typically eat three meals a day? Are you worried about housing?/being able to stay in your current living situation?

V. *Other Psychological Concerns*

- A. How do you handle stress—what do you do when you feel stress?
- B. What makes you feel afraid? Tell me about the last time you felt afraid of something.
- C. **Shame/Humiliation:**
 - Tell me about a time you felt guilt or remorse about something you said or did.
 - Has anything ever made you feel ashamed/humiliated? What did you do

when you felt ashamed/humiliated? What makes you feel better when you feel ashamed (or humiliated)?

- Have you ever felt really really embarrassed? What made you feel this way? How often do you feel this way? How often and when do these feelings come up?
- Have you ever felt as if you let yourself down?
- Have you ever felt like you let your family or people you care about down?
 - *Use their language - if there's a group they are closely aligned with, do they feel like they let this group down?*
- Have you ever felt bad about yourself, like you are not good enough?
 - What about less than other people? How often have you felt this way? What has made you feel this way?
- Has there ever been something that you don't want to tell others because it makes you feel ashamed, dirty, sick, or disgusted?
 - Have you ever felt when people look at you like they can tell that something has happened to you?
- Have you ever felt like you dishonored your family?
 - ** use the term disrespected if unclear*
- Have you ever felt like someone dishonored you or your family?
- Have you ever felt "exposed"?
- Have you ever felt like you had flaws that were exposed to others?
- Have you ever felt like others looked down on you due to something about yourself?
- **Sleep Problems:**
 - How many hours do you sleep?
 - To further get at this question: *What time do you typically fall asleep? What time do you wake up? Do you ever take naps? How often/how many hours are your naps?*
 - Do you ever lay down to go to sleep but have trouble actually falling asleep? How many days a week does this happen? When this does happen, how long does it take you to fall asleep?
 - Do you ever wake up in the middle of the night? How many times a night? How many nights a week?
 - Do you ever feel tired in the morning or throughout the day? How often? Only on days where you had trouble falling/staying asleep?
 - Do you ever have dreams or nightmares that wake you up? How often? How many nights a week?
 - Do you ever have scary experiences at night? Do these experiences impact your ability to fall back asleep?
- **Impulsivity:**
 - Do you ever blurt out answers (either at school or with friends) before someone is finished with their question?
 - Do you ever answer questions that are asked of other people?
 - *For youth:* Do you ever get in trouble in school for doing things when you are not supposed to? What types of things?

- Do you ever do something without really thinking about it first? What about when you're upset or angry? What types of things have you done?
- Do you ever do something without considering what will happen after or who it will impact?
- Do you ever stop and think before you do something?
- Do you ever think about what might happen next before you actually do something?
- Do you ever do something you act without thinking when you're upset? What about happy?
- Do you ever say things that you didn't mean to say?
- Do you think that you are careful with your words? What about your actions?
- Do you ever do things you later wish you did not do?
- **Low Frustration Tolerance:**
 - How often do you feel frustrated or angry?
 - Do you lose your temper a lot? More than most kids/people?
 - Do other people tell you that you lose your temper a lot?
 - What types of things make you feel angry or frustrated?
 - How often do you feel angry/frustrated? What does it feel like?
 - Do you ever feel like things that make you angry/frustrated don't make most other people angry/frustrated?
 - Do you ever feel like you "explode," almost like a volcano? Does this ever feel like it happens suddenly?
- **Rigid Thinking:**
 - When you have a problem, do you always think there is a right and a wrong solution? Is there ever an in between? What about a problem that doesn't really have a right or wrong answer?
 - Is it possible to be right and wrong at the same time? What about kind of right or kind of wrong?
 - Do you think sometimes there are many ways to do something or just one way?
 - When you have a problem, is it typically hard/easy for you to think up a solution?
 - Do you ever find it difficult to control your thoughts when feeling [angry, ashamed, humiliated]? When you are having thoughts about [hurting others, etc.] can you shift your mind to something else or does it feel all consuming?
- **Obsessions/Fixations:**
 - Has there ever been a time when thoughts popped into your mind, and you couldn't get rid of them?
 - Is there a thought or image that pops into your head a lot? Is there anything that you think about over and over again? How often does it pop into your mind? How much time do you spend thinking about this image or thought?
 - Do you ever feel like you can't stop thinking about something? What is it? How often?

- How difficult/easy is it for you to think of something else when that image/thought pops into your head?
- Is there anything that you would say you are “obsessed with?” Is there anything you like to do constantly? How much time do you spend doing this? Do others ever tell you that you spend too much time doing this?
- Do you ever feel like there are thoughts in your brain that just won’t go away?
- Does it ever feel like your thoughts overwhelm you or are taking up all of the space in your brain/body and it’s hard to think about other things or pay attention to other things?
- Do you like to know what to expect in a situation?

Section C: Collaborative Treatment Planning

Instructions: Section C of the T-SAM is used for treatment planning. This section includes not only a treatment plan, but also a Stabilization Plan to address the client's potential to harm others. It is *essential* that the Stabilization Plan be completed prior to the client leaving the session; if the clinician is running short on time, a full treatment plan can be completed with the client's input in a subsequent session. In addition, if there is a duty to warn/protect based on information collected through administration of Sections A and B, the priority must be enacting that duty over and above completion of any treatment plan.

Assuming that community-based services are deemed clinically appropriate, Section C is an opportunity for the client and clinician to reflect on the problems in the client's life that violence is looking to solve and the core "drivers" of the client's violent ideation and behaviors. The clinician should solicit input from the client to ensure that there's a shared understanding of "drivers". A preliminary treatment plan is then generated to address those "drivers", with potential to harm others as the primary treatment goal. The "Other Supports" Column in the T-SAM Treatment Plan should be used to describe other community-based supports outside of psychotherapy that might be critical to addressing violence risk in accordance with identified "drivers". This could include the inclusion of other healthcare professionals with different specialties as members of the treatment team (e.g., skills-based groups, family therapy, couples therapy, nutrition counseling, etc.). It could also include the inclusion of non-healthcare professionals, including support for tutoring, vocational training, mentorship, housing assistance, and cultivating positive connections with faith-based institutions in the client's community. The "Duration" Column can be used to document the expected timeframe for services (e.g., three to six months).

The T-SAM Stabilization Plan is a tool for structuring a conversation between clinician and client about safety. The focus should be on generating ideas for what the client can do between now and their next appointment to establish and maintain safety in the community; the T-SAM Stabilization Plan should be revised over the course of treatment as the clinician and client get a better sense of what works most effectively to support the client's safety and regulatory capacities in the community. The client's ability to participate in safety planning should be factored into the clinician's risk formulation; if the client is disengaged, unwilling, or unable to come up with ideas for safety and/or regulation, emergency and/or other acute care services may be indicated.

The T-SAM Stabilization Plan can also be used as a means of identifying important people in the client's life for whom the clinician should request releases of information. For example, as part of the Stabilization Plan, the client is asked to list "People with whom I can ask for help when I am in crisis"; the follow-up question "who am I OK with my provider calling to help me, if needed" can be used as a springboard to discuss the potential importance of the clinician being in contact with other people in the client's life who can help to support safety and regulation.

Section D: Post-Session Evaluation

Instructions: Section D of the T-SAM should be completed after the session without the client present. It's recommended to complete Section D the day of T-SAM administration; however, if imminent risk is not of concern, clinicians can complete the post-session evaluation any time before the client's next scheduled appointment. Section D prompts clinicians not only to consider mental status and diagnostic impressions as part of risk formulation, but also to reflect on the client's relational style (e.g. dominant or narcissistic tendencies; evidence of reciprocity in relationships; tendency to keep secrets; evidence of dehumanization) and stage of change. In addition, clinicians are encouraged to engage in scenario planning, reflecting on what the worst case scenario might be for this client and what it would take for them to commit/not to commit violence. Finally, clinicians must rate their level of concern about the client's relative stability as either "none", "moderate", or "extreme". This rating reflects the clinician's current clinical judgment based on all the information collected through T-SAM administration in addition to data collected through collateral contacts and a review of records, when possible. Clinicians are strongly encouraged to review their risk formulation with another licensed provider; clinicians are then prompted to provide a brief description of the outcome of this conversation or an explanation for why it was not possible to review formulation with another licensed clinician.

T-SAM Re-Evaluation Form

Instructions: The first five questions included in the T-SAM Re-Evaluation Form should reflect the client's top five items that they listed as most important to them when completing Section A of the T-SAM Initial Assessment Form. The T-SAM Re-Evaluation Form should be completed at every subsequent client session. When indicated, information gathered through the T-SAM re-evaluation process should be used to modify the treatment and stabilization plans. It is expected that the clinician will also complete a post-session evaluation (Section C of the T-SAM Re-Evaluation Form) after each administration of the T-SAM Re-Evaluation Form. This includes documentation of the clinician's level of concern about the client's relative stability.