

Date:

T-SAM INITIAL ASSESSMENT FORM**Section A (Patient):**

Rank	Please rate each item according to how you feel <u>right now</u> .
	1) RATE FEELING UNDERSTOOD (<i>feeling seen, heard, and valued for who you are</i>): I feel most understood by: Low understanding: 1 2 3 4 5 :High understanding
	2) RATE FEELING DISCONNECTED (<i>your general feeling of being separate, cut off from, and/or alienated by others</i>): I feel most disconnected from others when: Low disconnection: 1 2 3 4 5 :High disconnection
	3) RATE APATHY (<i>your general feeling of not caring for or not being concerned about what's going on around you</i>): I feel most apathetic about: Low apathy: 1 2 3 4 5 :High apathy
	4) RATE ANGER (<i>rage, frustration, or hostility towards others or society at large</i>): I am most angry about: Low anger: 1 2 3 4 5 :High anger
	5) RATE DISGUST FOR OTHERS: (<i>your general feeling of strong dislike or disgust for others</i>): The thing I dislike most about others is: Low disgust: 1 2 3 4 5 :High disgust
	6) RATE THRILL-SEEKING: (<i>your general feeling of fearlessness; wanting to take risks, even in dangerous situations</i>): I get the biggest thrill from: Low thrill-seeking: 1 2 3 4 5 :High thrill-seeking
	7) RATE FEELING IMPORTANT (<i>your general feeling of significance; that you matter; that you're respected or admired by others</i>): I feel most important when: Low importance: 1 2 3 4 5 :High importance
	8) RATE URGENCY (<i>feeling that you need to take action; that you have a responsibility to act</i>): I most need to take action when: Low urgency: 1 2 3 4 5 :High urgency
	9) RATE AGITATION (<i>feeling of unease, tension, or overwhelm in your body; <u>not</u> irritation; <u>not</u> annoyance</i>): I feel most agitated when: Low agitation: 1 2 3 4 5 :High agitation
	10) RATE PSYCHOLOGICAL PAIN (<i>hurt, anguish, or misery in your mind, <u>not</u> stress, <u>not</u> physical pain</i>): What I find most painful is: Low pain: 1 2 3 4 5 :High pain
	11) RATE HOPELESSNESS (<i>your expectation that things will not get better no matter what you do</i>): I am most hopeless about: Low hopelessness: 1 2 3 4 5 :High hopelessness
	12) RATE SELF-HATE (<i>your general feeling of disliking yourself</i>): What I hate most about myself is: Low self-hate: 1 2 3 4 5 :High self-hate
Now, rank your top 5 in order of importance (1 = most important to 5 = least important).	

13. I want to live to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much

14. I want to die to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much

15. I want to hurt others to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much

15a. If I were to hurt others, it would be justified: Not at all: 0 1 2 3 4 5 6 7 8 : Very much

15b. Do you think the people you connect with in your free time (online or offline) would agree that hurting others is justified? Not at all: 0 1 2 3 4 5 6 7 8 : Very much

16. RATE OVERALL RISK: Extremely low risk: 1 2 3 4 5 :Extremely high risk
(will not harm others) (will harm others)

Section B (Clinician):**IDENTITY & SOCIAL EXPERIENCES (I / C / R)**

Y / N / U	Values and goals	Describe:
Y / N / U	Affiliation with group/movement/cause (<i>circle one</i>):	Curiosity/Active Seeking/Engaged/Early Exit/Middle Exit/Late Exit
Y / N / U	Bullying/harassment/discrimination	Describe:
Y / N / U	Family problems	Describe:
Y / N / U	Relationship concerns	Describe:
Y / N / U	Supportive relationships	Describe:
Y / N / U	Online Use (<i>content and duration per day</i>)	Describe:
Y / N / U	Differences between online and offline presence	Describe:

STRESSORS (I / C / R)

Y / N / U	Employment/school problems (PA / PR)	Describe:
Y / N / U	Criminal/legal issues (PA / PR)	Describe:
Y / N / U	Financial issues (PA / PR)	Describe:
Y / N / U	Trauma and loss (PA / PR)	Describe:

MOTIVATION (I / C / R)

Y / N / U	Violent ideation (<i>content/frequency/duration</i>)	Describe:
Y / N / U	Intent	Describe:
Y / N / U	Alternatives	Describe:
Y / N / U	Inhibitors	Describe:
Y / N / U	Actively seeking violent content online	Describe:
Y / N / U	Motivators (<i>circle all that apply</i>):	Justice/glory/mercy/duty/boredom/bonding/other

CAPABILITY (I / C / R)

Y / N / U	History of Novel Aggression	Describe:
Y / N / U	History of Repeated Aggression	Describe:
Y / N / U	History of Suicidal Thinking/Behaviors	Describe:
Y / N / U	Desensitization to violence (<i>online/offline</i>)	Describe:
Y / N / U	Research and planning	Describe:
Y / N / U	Preparation	Describe:

OPPORTUNITY (I / C / R)

Y / N / U	Access to means	Describe:
Y / N / U	Attack plan: <i>When:</i>	<i>Where:</i>
	<i>How:</i>	<i>Who:</i>

OTHER PSYCHOLOGICAL CONCERNS (I / C / R)

Y / N / U	Shame/humiliation	Y / N / U	Impulsivity/attentional issues	Y / N / U	Rigid thinking
Y / N / U	Sleep problems	Y / N / U	Low frustration tolerance	Y / N / U	Obsessions/Fixations
Y / N / U	Addictive behaviors	Y / N / U	Paranoia	Y / N / U	Delusional Thinking

Section C (Clinician):**T-SAM TREATMENT PLAN**

Problem #	Problem Description	Goals and Objectives	Interventions	Other Supports	Duration
1	Potential to harm others	Safety and stability	Stabilization plan completed <input type="checkbox"/>		
2					
3					

YES ____ NO ____ Patient understands and concurs with treatment plan?

YES ____ NO ____ Emergency psychiatric evaluation/hospitalization indicated?

Clinician Signature_____
Date_____
Patient Signature_____
Date_____
Parent/Caregiver Signature (if patient under the age of 18 years old)_____
Date

T-SAM STABILIZATION PLAN

Ways to make my environment safe (e.g., reducing ways to harm others):

- 1.
- 2.
- 3.

Things I can do to take my mind off problems without contacting another person:

- 1.
- 2.
- 3.

People and social settings that provide distraction and can keep me out of trouble:

- 1.
- 2.
- 3.

Warning signs that I need to use my stabilization plan:

- 1.
- 2.
- 3.

People with whom I can ask for help when I am in crisis:

- 1.
- 2.
3. Emergency contact number:

Of these people, who am I OK with my provider calling to help me, if needed? (*circle above*)

Potential barriers to attending meetings with my provider:

- 1.
- 2.

Solutions I will try:

- 1.
- 2.

SECTION D: CLINICIAN POST-SESSION EVALUATION

MENTAL STATUS EXAM (Circle appropriate items):

ALERTNESS:	ALERT	DROWSY	LETHARGIC	STUPOROUS	OTHER:
ORIENTED TO:	PERSON	PLACE	TIME	REASON FOR EVALUATION	
MOOD:	EUTHYMIC	ELEVATED	DYPHORIC	AGITATED	ANGRY
AFFECT:	FLAT	BLUNTED	CONSTRICTED	APPROPRIATE	LABILE
THOUGHT CONTINUITY:	CLEAR & COHERENT	GOAL-DIRECTED	TANGENTIAL	CIRCUMSTANTIAL	OTHER:
THOUGHT CONTENT:	WNL	OBSESSIONS	DELUSIONS	IDEAS OF REFERENCE	BIZARRENESS MORBIDITY OTHER:
ABSTRACTION:	WNL	NOTABLY CONCRETE	OTHER:		
SPEECH:	WNL	RAPID	SLOW	SLURRED	IMPOVERISHED INCOHERENT OTHER:
MEMORY:	GROSSLY INTACT	OTHER:			
REALITY TESTING:	WNL	OTHER:			

NOTABLE BEHAVIORAL OBSERVATIONS: _____

RELATIONAL STYLE (Check all that apply):

- ☐ Dominant tendencies ☐ Dehumanization ☐ Grandiosity ☐ Empathy ☐ Mistrust
- ☐ Narcissism ☐ Callous/unemotional ☐ Secrecy ☐ Reciprocity ☐ Superficial charm

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

SCENARIO PLANNING: *What would it take for this person not to commit violence? What would it take for this person to escalate to the worst type of violence imaginable? How quickly do you think the situation could escalate if that worst case scenario occurred?*

STAGE OF CHANGE (Check one and explain):

- ☐ Precontemplation ☐ Contemplation ☐ Preparation ☐ Action ☐ Maintenance

Explanation:

CLINICAL JUDGMENT: CONCERN ABOUT PATIENT'S RELATIVE STABILITY (Check one and explain):

☐ None ☐ Moderate ☐ Extreme

Formulation and Explanation:

Reviewed formulation with another licensed provider? (Y / N)

Explanation:

ADDITIONAL CASE NOTES:

Next Appointment Scheduled:

Clinician Signature

Date