

# The Treatment Effectiveness Assessment (TEA)

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## Dear editor

We have been surprised and gratified by the readers' responses to our article, *The Treatment Effectiveness Assessment (TEA): an efficient, patient-centered instrument for evaluating progress in recovery from addiction*, which was published in December 2012.<sup>1</sup> In the six months since that time, we have received numerous questions and observations about the article, and about the TEA instrument. Respondents were clinicians: physicians, counselors, therapists, nurses; as well as administrators and policy makers. The comments below respond to several of the frequently asked questions and issues.

**Can the form that appears at the end of the article be used to administer the TEA?** Yes, the form can be used to record the TEA scores and there is no fee or charge to use it.

**How do you use the TEA for baseline assessment?** The TEA can be used at any evaluation point, including at baseline, and all you need to do is specify for yourself the timeframe, and for what purpose you are using it. For baseline, you merely note that the form is a first TEA, thus constituting baseline data. The questions can be asked as to how serious the problems are in the four domains, in which case a *higher* score means the problem is worse, which is the opposite of the TEA scoring during treatment, when reporting a higher score means more improvement since last TEA (or other timeframe). To make the scores consistent across administrations, the questions can be phrased at baseline to indicate how well the respondent is managing or coping with the four life domains.

**What kind of validation has been done to establish the TEA as a useful instrument?** As mentioned in the article, future research can validate the TEA with actual objective data, such as urine drug tests, health records, employment records, pay stubs and tax returns, arrest records, etc. We have baseline TEA and ASI data on about 300 patients in a recently completed trial. A preliminary examination of the data sets showed significant correlation in the right direction between the two instruments, recognizing that while the data reflect similar life dimensions they are not exact comparisons, except in urine drug testing, where the two perform equally well. Future research will be needed to validate TEA with other independently collected data.

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**What is the best use of the TEA?** The TEA is meant first for clinicians, but it can be adapted for research, provided that the researchers agree on some standardization of operational matters. The TEA can help the clinician focus on the critical issues in the patient's life, especially the most relevant matters (as identified by the patient). The TEA allows clinicians to also ask the patients to voice what they think is the most important change in their lives. You can think of others as well.

**Can the TEA be used as a diagnostic instrument?** The TEA was not designed as a diagnostic instrument which requires specifics; it is a guided global assessment tool that is meant to measure patient-oriented, patient-centered changes.

**Why is the TEA seemingly so simple?** The simplicity of the TEA is highly deceptive because the approach actually takes advantage of the most complex structure and function in the universe: the computing power of an individual's brain. It has been estimated that there are more neuronal connections in the human brain than there are stars in the Milky Way.<sup>2</sup> This massive power couched in a "simple" instrument ensures that the TEA can be used with anyone having mild to severe substance use disorders, as long as he or she can find his or

her way to their doctor or clinic. The chronic drug effects that we see in our patients should not distort the value of the results. While the TEA may seem simple and quick, its efficiency has not come by way of sacrificing quality. The simplicity of the TEA is, in fact, an acknowledgment of the power of the brain. Moreover, a brief instrument will likely appeal to clinicians more than a lengthy one.

**What's Next?** We believe the general approach used by the TEA can be adapted to quickly screen for drug use problems among individuals in settings such as primary care clinics and student health facilities. We hope to have something to offer our readers in the near future.

## Disclosure

The authors report no conflicts of interest in this work.

## References

1. Ling W, Farabee D, Liepa D, Wu LT. The Treatment Effectiveness Assessment (TEA): an efficient, patient-centered instrument for evaluating progress in recovery from addiction. *Subst Abuse Rehabil.* 2012;3:129–136.
2. *The Astronomist*. Available from: <http://theastronomist.fieldofscience.com/2011/07/cubic-millimeter-of-your-brain.html>. Accessed May 20, 2012.

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