An Updated Version of the Treatment Effectiveness Assessment (TEA) [Letter]

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Dear editor

The authors are pleased to provide this updated version of the TEA to the community of clinicians and researchers using the TEA. Previous to its original publication in 2012,¹ the TEA had been used for five years by clinicians in office-based and hospital-based treatment settings, as well as by researchers in pilot projects. The TEA's utility and psychometrics were recently studied in a large clinical trial of extended-release buprenorphine for opioid use disorder, demonstrating moderate to strong reliability and validity.³ The TEA has been widely adopted by researchers and clinicians in the United States and around the world. It has been translated into Spanish, Chinese, Lithuanian, and Arabic, and is being used in Europe, Asia, the Americas, and the Middle-East.

Shortly after the 2012 publication we received many queries about the TEA, some of which were addressed in a Letter to the Editor published in 2013.² One frequent question has to do with its use at "baseline" and its subsequent use as a status report. To address that issue more definitively, we are presenting this updated TEA (see [Supplementary Materials](#)), which has been slightly rephrased to make it more suitable for use at baseline while remaining wholly suitable for subsequent use to measure the patient's progress during treatment and recovery.

We encourage all users of the TEA to stay in touch with us by requesting permission for its use to lwalter@ucla.edu so that we can continue to update you on the future development of the TEA.

Note to Users of the TEA (Clinicians and Researchers)

Because the TEA appears so simple and straightforward, it is tempting to simply hand it to patients to be self-administered. We want to emphasize the importance of spending a few minutes to explain to patients that the TEA, although brief, is a comprehensive assessment of their life status, obtained from their perspectives. The apparent simplicity is a function of the instrument's recognition of the patient's powerful capacity to quickly assess the state of his/her life situations as they are meaningful to the patient relative to the domains of the TEA. We also want to emphasize the importance of encouraging patients to provide remarks that elucidate their specific life experiences that led them to provide the scores they marked.

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Disclosure

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