

## How to do a Quality Client Assessment TCOM-style Activity Worksheet

Activity: Check off any items that are referred to, discussed or otherwise identified as a Need or Strength during the assessment.

### Six Key Principles

|   |  |
|---|--|
| Items impact service planning.                            | Item ratings translate into action levels.               |
| Consider culture and development.                         | It's about the "what" not the "why."                     |
| It's about the individual, not the individual in service. | 30 day window: rate what's relevant to the last 30 days. |

### Action Levels

|   |   |
|---|---|
| <i>For Needs:</i>                                     | <i>For Strengths:</i>   |
| 0 = No evidence: no action needed                     | 0 = Centerpiece strength: central in planning                 |
| 1 = History or slight need: watch, prevention         | 1 = Strength present: useful in planning                      |
| 2 = Need interferes w/functioning: action needed      | 2 = Identified strength: build or develop                     |
| 3 = Need dangerous/disabling: immediate action needed | 3 = No strength identified: creation or identification needed |

### Domains/Items

| <i>Trauma Experiences</i>           |                          | <i>Life Functioning</i>        |                          | <i>Strengths</i>                       |                          |
|-------------------------------------|--------------------------|--------------------------------|--------------------------|--|--------------------------|
| Emotional Abuse                     | <input type="checkbox"/> | Decision-Making                | <input type="checkbox"/> | Community Connection                   | <input type="checkbox"/> |
| Physical Abuse                      | <input type="checkbox"/> | Family Functioning             | <input type="checkbox"/> | Cultural Identity                      | <input type="checkbox"/> |
| Sexual Abuse                        | <input type="checkbox"/> | Intimate Relationships         | <input type="checkbox"/> | Family Strengths/Support               | <input type="checkbox"/> |
| Victim/Witness to Criminal Activity | <input type="checkbox"/> | Job Functioning/<br>Employment | <input type="checkbox"/> | Interpersonal/ Social<br>Connectedness | <input type="checkbox"/> |
|                                     |                          | Living Situation               | <input type="checkbox"/> | Involvement with Care                  | <input type="checkbox"/> |
| <i>Behavioral/Emotional Needs</i>   |                          | Medical/Physical               | <input type="checkbox"/> | Job History/Volunteering               | <input type="checkbox"/> |
| Adjustment to Trauma                | <input type="checkbox"/> | Parental/Caregiving Role       | <input type="checkbox"/> | Natural Supports                       | <input type="checkbox"/> |
| Anxiety                             | <input type="checkbox"/> | Recreation/Play                | <input type="checkbox"/> | Optimism                               | <input type="checkbox"/> |
| Depression                          | <input type="checkbox"/> | Residential Stability          | <input type="checkbox"/> | Resiliency                             | <input type="checkbox"/> |
| Eating Disturbance                  | <input type="checkbox"/> | Routines                       | <input type="checkbox"/> | Spiritual/Religious                    | <input type="checkbox"/> |
| Impulsivity/Hyperactivity           | <input type="checkbox"/> | Sleep                          | <input type="checkbox"/> | Talents and Interests                  | <input type="checkbox"/> |
|                                     |                          | Social Functioning             | <input type="checkbox"/> | Vocational                             | <input type="checkbox"/> |
| <i>Risk Behaviors</i>               |                          |                                |                          |  |                          |
| Hoarding                            | <input type="checkbox"/> |                                |                          |  |                          |
| Other Self-Harm                     | <input type="checkbox"/> |                                |                          |  |                          |
| Sexually Problematic Behavior       | <input type="checkbox"/> |                                |                          |  |                          |
| Suicide Risk                        | <input type="checkbox"/> |                                |                          |  |                          |
| Victimization/Exploitation          | <input type="checkbox"/> |                                |                          |  |                          |