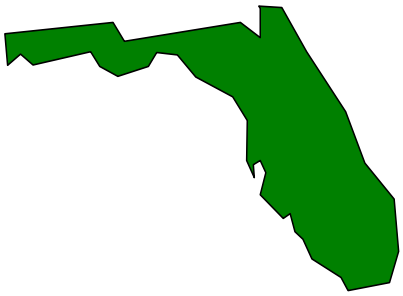
FUNCTIONAL ASSESSMENT RATING SCALE[1]

FARS



Department of Children and Families

Substance Abuse and Mental Health Programs

Tallahassee, Florida

1 Original Publication date: 1998, with Text Revisions 2004, 2005, 2006

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I. Background Information

In October of 1993, the Alcohol, Drug Abuse and Mental Health (ADM) Program office of the Florida Department of Health and Rehabilitative Services (HRS) in District 7 had a collaborative agreement with Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida to develop procedures to evaluate the effectiveness of publicly funded mental health and substance abuse treatment services for children and adults in District 7. As part of this project, FMHI staff examined a number of levels of functioning scales and functional assessment procedures and, as a result of this examination, they selected the Colorado Client Assessment Record - CCAR (Ellis, Wackwitz & Foster, 1991) not only because it has been used in Colorado for over fifteen years as a point of service assessment for monitoring changes in functioning in both mental health and substance abuse populations for children and adults, but also because it has been employed as a research or service tool in several other states, including New York and Arizona.

FMHI staff revised portions of the CCAR to make it more useful to the needs of the District 7 project. In discussions with representatives of the State of Colorado Department of Human Services (Ellis, 1994), it was discovered that Colorado was also making revisions to the CCAR. Following exchanges of several drafts, similarities and differences evolved between the Colorado and Florida versions. The Florida revisions to the CCAR resulted in the development of the Functional Assessment Rating Scale (FARS), which is designed to document and standardize impressions from clinical evaluations or mental status exams by recording information on an individual's current cognitive and behavioral (social and role) functioning (Ward et al., 1995 & Dow et al., 1996).

In 1994, the Florida Legislature passed the "Government Performance and Accountability Act", which required the implementation of performance-based program budgeting (PB^2) in Florida's state agencies. The PB^2 process, which relates appropriations to program performance and expected outcomes, requires state agencies, as part of their budget requests for the fiscal year, to establish performance outcome targets they intend to achieve on various performance measures. One of these legislative performance measures is the percentage of persons served who improve their levels of functioning.

In Fiscal Year 1995-1996, Florida's Department of HRS in District 7, with assistance from FMHI, piloted the FARS to evaluate the levels of functioning of the persons served in all state contracted mental health and substance abuse services for adults in that area. As part of the pilot, FMHI also conducted a survey of clinicians completing the FARS for children in that area. The results of that survey of use of FARS for evaluating children resulted in the development of the 17 domains that were included in the first version of the "Children's Functional Assessment Rating Scale" (CFARS).

Subsequent to development and adoption of FARS and CFARS in Florida, both measures have been implemented statewide in Wyoming, New Mexico and Illinois to evaluate outcomes for general revenue or Medicaid funded behavioral health services. Other areas within and outside of the U.S. have also implemented FARS and or CFARS including Malta, where the CFARS is used to evaluate improvement in functioning of children enrolled in government funded residential services. In Florida, the Department of Children and Families (DCF) requires all state-contracted providers to report FARS and CFARS outcome data on all state priority populations served at the time of ***admission*** into the provider agency, ***six months or annually*** from admission if still in care, and at the time of ***discharge*** from the provider agency.

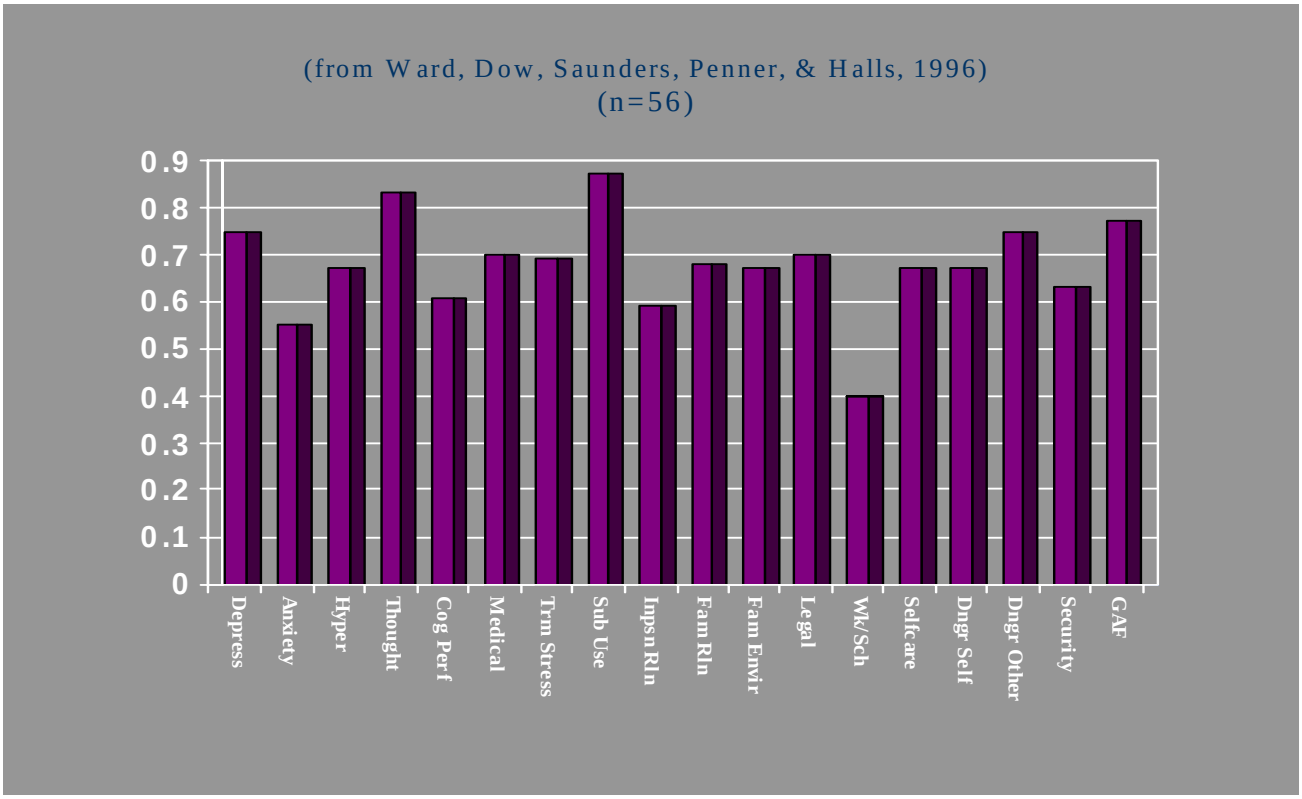
In order to ensure that decisions made as a result of the assessment are sensitive to **current** levels of cognitive and behavioral functioning, raters are asked to focus on a relatively brief period of time (i.e., the individual's functioning within the three weeks prior to the rating). FARS and CFARS are useful in many ways:

- As clinical tools, these two scales help identify and document an individual's level of cognitive and behavioral (social or role) functioning. This information can then be used to develop and monitor progress on achieving short or long-term goals on a comprehensive treatment or service plan.

- As a program management or service monitoring tools, aggregated data from large groups of people can be used to: (a) identify characteristics of those who use (e.g., benefit from) particular types of services;(b) develop risk adjusted norms (taking into consideration characteristics of consumers and/or systems of care) to compare outcomes of similar programs or services; (c) evaluate continuity of care systems to determine if needs are being adequately addressed by available resources and, (d) identify programs or services that can serve as benchmarks for effective models of care.
- FARS and CFARS are tools for documenting and standardizing impressions from clinical evaluations or mental status exams using cognitive, social and role functioning as its' focus. Although these tools are not intended as "structured interview" procedures, half of the clinicians who participated in the implementation and evaluation of the FARS indicated they added questions to their standard assessment in order to complete all areas of the scale. During that implementation evaluation, the clinicians indicated that it took between five to ten minutes to complete a FARS or CFARS after conducting a mental status or admission/discharge interview.
- The Joint Commission on Accreditation of Healthcare Organizations also approved both measures for use by accredited agencies to report ORYX outcomes to the JCAHO.

II. Reliability of the FARS Domains

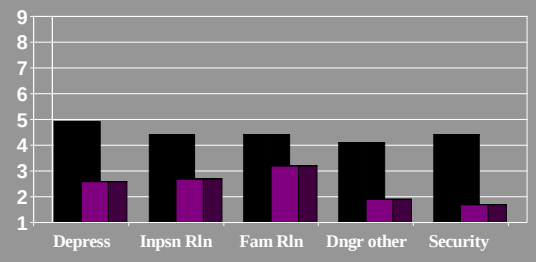
The graph below shows the results of interrater reliability examination for the FARS.



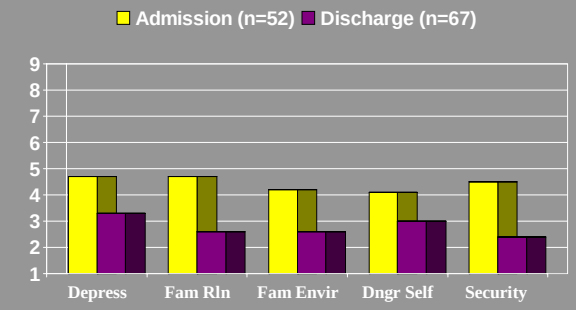
III. Validity of the FARS Domains

The graphs below show the results of one type of validity study of the FARS, i.e., a comparison of the highest admission domains with discharge ratings of those domains across several levels of care.

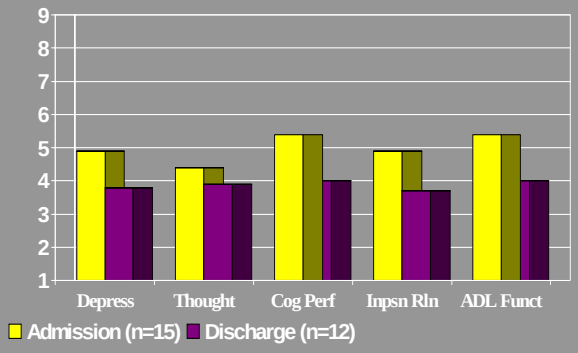
Functional Assessment Rating Scale
CSU/Inpatient: Five Highest Scales
(Ward, Dow, Saunders, Penner, & Halls, 1996) FMHI/USF



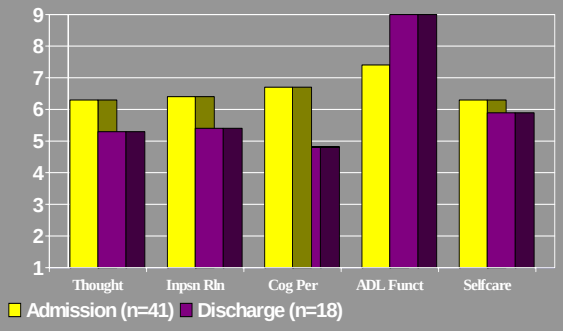
Functional Assessment Rating Scale
Short-term Residential Treatment: Five Highest Scales
(Ward, Dow, Saunders, Penner, & Halls, 1996) FMHI/USF



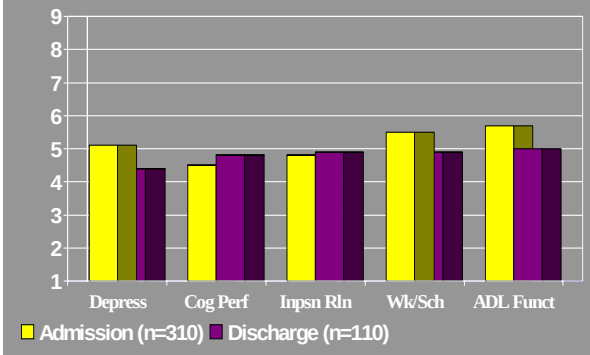
Functional Assessment Rating Scale
Case Management: Five Highest Scales
(Ward, Dow, Saunders, Penner, & Halls, 1996) FMHI/USF



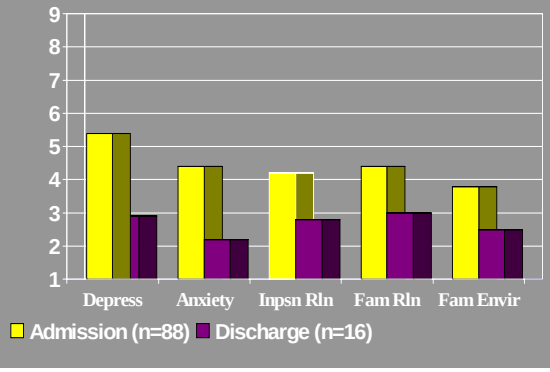
Functional Assessment Rating Scale
Intensive Case Management: Five Highest Scales
(Ward, Dow, Saunders, Penner, & Halls, 1996) FMHI/USF



Functional Assessment Rating Scale
Day Treatment: Five Highest Scales
(Ward, Dow, Saunders, Penner, & Halls, 1996) FMHI/USF



Functional Assessment Rating Scale
Outpatient: Five Highest Scales
(Ward, Dow, Saunders, Penner, & Halls, 1996) FMHI/USF



IV. Instructions for Completing FARS Form:

The Department of Children and Families (DCF) pamphlet, i.e., *Mental Health and Substance Abuse Measurement and Data - DCF PAM 155-2*, provides full documentation of the most recent version of the FARS, including the definitions of the FARS data elements, the template of the FARS data collection form, and the file layout for submitting FARS data in batch mode in the state database system. This pamphlet is available on web at the following address:
http://www.dcf.state.fl.us/programs/samh/pubs_reports.shtml.

Pseudo Social Security Number - Chapter 8 of the Mental Health and Substance Abuse Measurement and Data – Pamphlet 155-2 provides detailed instructions for completing the FARS form. The completion of the FARS form requires the use of Social Security Number (SSN) as the client's unique identifier. However, if the SSN is not available, please use the pseudo-SSN. Chapter 4 of the Mental Health and Substance Abuse Measurement and Data – Pamphlet 155-2 - provides the algorithm for constructing the pseudo-SSN. Once you have created a "Pseudo-SSN" for the person for whom you do not have an SSN, enter the "Pseudo-SSN" into the nine spaces listed on the FARS labeled: Social Security Number of the person being rated.

Priority Populations for Adult Mental Health - FARS form must be completed for each child who meets the enrollment criteria for state priority populations. According to Chapter 394.674, Florida Statutes, an individual must be a member of at least one of the department's priority populations approved by the Legislature, in order to be eligible to receive substance abuse and mental health services funded by the department. Chapter 5 of the Mental Health and Substance Abuse Measurement and Data – Pamphlet 155-2 provides detailed definitions of the state priority populations for children mental health.

FARS Rater Identification Number - The 9-digit Rater Identification Number must be entered on all FARS data submitted to state data system to ensure that clinicians completing those assessments have been properly trained. This identification number is issued automatically by the system when the trainee successfully completes the FARS training and is certified as specified below in paragraph **V.2.d.ii**.

V. Instructions for Using Web-based System for FARS Training and Certification

1. Type in **http://www.dcf.state.fl.us/samh/index.shtml** into your Internet Explorer address space (URL). This will display the Florida Department of Children &Families page for "Substance Abuse & Mental Health".

2. On the "Substance Abuse & Mental Health" page, click on the link for "**FARS Training and Certification.** This will display a page where you can do the following:

   a. You should click on the link for "**download documents**". This will allow you to download and review the FARS manual and form, study the guidelines for completing ratings section, and have the manual available to refer to in order to make your ratings as you take the training. After downloading and studying the manual, you are ready to do the following.

   b. If you have not previously registered as a trainee for FARS or CFARS, you can click on the link labeled "**click here**" to register and create your new password. This will display a page allowing you to do the following:

      i. Enter Social Security Number, Names, and other personal information needed to identify you as a certified FARS or CFARS rater.

      ii. Press "**Continue**" to create your password. This will display a page allowing you to "Supply Password", "Re-Type Password", and "Login"

   c. If you have forgotten your password, you can click on the link labeled "**retrieve your password"**. This will display a page requiring you to do the following in order to retrieve your password:

i. Enter your **Social Security Number** and **First Name**

ii. Click on the link labeled "**Send Request**" to retrieve your password.

d. If you have already registered as a trainee for FARS or CFARS, you can **login** by entering your social security number and your password. This will display a page allowing you to do the following:

i. Clicking on the link labeled "**View Learning Objectives"** will display a page describing the FARS learning objectives.

ii. Clicking on the link labeled "**Begin, continue, or repeat the test vignettes"** will display a page where you can read the test vignette for various consumers, click on a link to complete the FARS for the vignette previously read, or go back to the previous page. If the training is successful, the system will issue a Certificate of Completion, including a 9-digit Rate Identification Number.

iii. Clicking on the link labeled "**click here"** will allow you to complete on-line course evaluation survey. This will display a page containing the Qualtrics questionnaire that needs to be completed.

e. You can click on the link labeled "**Requires Adobe Acrobat Reader 5.0 or newer"** to download a free version of Adobe Reader 6.0 or higher. This will allow you to view or print your certificate.

3. BEWARE of the following!

a. You must register as indicated above in **IV.2.b,** before you will be allowed to enter your social security number (ssn) and password on the login page**.**

b. If you have registered before for either the FARS or CFARS training your registration and password selection is good for training on both…but, be sure to register only one time…if you register to take training for one of the scales and complete that training and then register again to take training for the other scale, **you will delete all information from your first training**.

c. On the registration page, do not put any dashes or spaces in your social security or telephone numbers, and use only letters or numbers in your name and address sections (do not use apostrophes or dashes or semicolons, etc.). Also, do not use any more than twenty characters in the space where you are asked to enter the name of your agency. It is best to just put in the words Mental Health or Substance Abuse or Behavioral Health or Other. Putting more than twenty characters often creates a "string" error if the site is being used a lot at the time you enter.

d. Once you have registered and selected and entered your password twice on the password selection page, or the next time you return to the web site and enter your ssn and password on the logon page, you will automatically go to a "Welcome" page with your name on it. On that page you should click on the link that takes you to a page where you will read about the requirements for the training. After clicking on and reading the "learning objectives", you click on the "practice vignettes" link. **You must take and *complete FARS ratings for at least two practice vignettes*** and pass at least one before you will see the option for taking the actual "test vignette" option. When you pass a "test vignette" (which is the actual certification test) you will see your rater ID on the screen and have the option to print a copy of your certificate at that time. You need at least version 5.0 or 6.0 of Adobe Reader in order to view or print your certificate. There is a link to download a free version of Adobe Reader 6.0 located at the bottom of the "Welcome [your name]" page where it says, "Requires **Adobe Acrobat Reader**". You can also return at any time to the site, logon and print additional copies of your certificate.

4. Print these instructions to follow as you go through the training and certification process to become an official FARS and/or CFARS Rater. Good luck, and remember that you can also come back to the web site at any time to complete training you have begun, take more practice vignettes to refresh your skills, or print additional copies of your certificate.

5. If you have any question regarding instructions for using the website for FARS and/or CFARS Training and Certification, please contact the appropriate support staff at the following email addresses: FARS@dcf.state.fl.us for FARS support and CFARS@dcf.state.fl.us for CFARS support.

VI. General Guidelines for Determining Problem Severity Ratings for FARS Functional Domains

In order to complete the problem severity ratings of the FARS, you must determine the degree to which the child or adolescent is currently (i.e., within the last three weeks) experiencing difficulty or impairment in a variety of domains that assess cognitive or behavioral (social or role) functioning. Table 2 below shows the FARS Problem Severity Ratings for each of the 18 functional domains. This table also describes adjectives or phrases that are used as anchors to describe the adult's symptoms or assets within each domain. To help you identify issues to consider in defining a domain that is to be rated, it is recommended that you follow the steps below:

1. Read the "words or phrases" associated with symptoms or behaviors in each domain.
2. Begin by marking the words or phrases that describe the symptoms or behaviors of the child or adolescent you are evaluating before you determine the appropriate Problem Severity Rating for that domain. Specifically, you should mark an "X" next to each word or phrase that describes a behavior or symptom for that child.
3. Then, using the general principles and behavioral anchors discussed below, assign a Problem Severity Rating (i.e., 1 to 9 as shown in Table 2 above) to describe recent (within the last three weeks) functioning of that individual in each of the 16 separate domains. For practice, you should try to rate yourself on each of these domains since they are relevant to areas in which we all function as we think, feel, interact with others, and experience life

All adults, with or without mental, emotional, physical, cognitive or behavioral problems, can be rated using the FARS domains. Adults who are functioning and performing in ways that are considered age appropriate, meeting developmental milestones, and exhibiting no symptoms of cognitive, behavioral or social difficulty would likely be rated as **"1" – no problem** or **"2" – less than slight problem**, for most or all of the 16 domains. In contrast, an adult in the process of being admitted into a Crisis Inpatient program following a suicide attempt would certainly have domains where the ratings would reflect serious problems in functioning and need for immediate help. In general, severity ratings are associated with the following:

1. How immediate is the need for intervention (i.e., none, to some time in the future, to immediate, etc.).
2. How intrusive is the intervention that is needed (i.e., ranging at the lower end of need for normal or slightly more than normal levels of interpersonal or social "support", to need for supportive medications with few side effects, to need for major medications with serious potential side effects, or need for use of external physical, structural, or environmental controls, etc.).
3. How much functioning in the rated domain impacts negatively on other domains (e.g., if impaired functioning in the **depression** domain effects **relations with others**, **family relations**, **work or school**, and increases potential for **danger to self**, etc., the depression domain would be rated as more severe than if no other domains were impacted).

In situations where acceptable functioning in a specific domain is being "maintained" or "controlled" by medication or other supports (i.e., functioning in a domain has been improved by medications or counseling support), that domain should not be rated as a "1" (no problem) or "2" (less than a slight problem). This is because there are still "costs" (e.g., risk of serious medication side effects or time or monetary investments) associated with maintaining the intervention…**and** it is possible in some instances that decreased functioning could return if the interventions were removed. For example, the **Depression** domain would be rated as a "3" (slight problem) if the functioning is being maintained at a "normal" level by medications or counseling. However, if functioning in the domain is not improved by the intervention, but the intrusive or risky interventions are still being used or tried, the domain should be rated a "4"…or even higher if there is a need for even more structured or more intrusive interventions to maintain safety…or there continues to be high negative influence from Depression on other domains.

Table 2: FARS Problem Severity Ratings

Use the following 1 to 9 scale to rate the individual's current (within last 3 weeks) problem severity for each functional domain listed below. Place your rating number on the line to the right of the Domain name. Also, using the list below each domain rating, place an "X" mark next to the adjectives or phrases that describe symptoms or assets.

1	2	3	4	5	6	7	8	9
No Problem	**Less than Slight**	**Slight Problem**	**Slight to Moderate**	**Moderate Problem**	**Moderate to Severe**	**Severe Problem**	**Severe to Extreme**	**Extreme Problem**

Depression		____	**Anxiety**		____
Depressed Mood	Worthless	Lonely	Anxious	Calm	Guilt
Anhedonic	Hopeless	Sleep Problems	Tense	Fearful	Anti-Anxiety Meds
Sad	Happy	Anti-Depression Meds	Obsessive	Panic	
Hyper Affect		____	**Thought Process**		____
Manic	Elevated Mood	Agitated	Illogical	Delusional	Hallucinations
Sleep Deficit	Overactive	Mood Swings	Paranoid	Ruminative	Intact
Pressured Speech	Relaxed	Anti-Manic Meds	Derailed Thinking	Loose Associations	Anti-Psych. Med.
Cognitive Performance		____	**Medical / Physical**		____
Poor Memory	Low Self-	Impaired Judgment	Acute Illness	Handicap or Perm. Dis.	Good Health
Short Attention	Developmental	Slow Processing	CNS Disorder	Chronic Illness	Need Health Care
Insightful	Poor Concentration	Oriented times 4	Pregnant	Poor Nutrition	Enuretic / Encopretic
Not Oriented to	Not Oriented to Place		Eating Disorder	Seizures	Stress-Related Illness
Not Oriented to	Not Oriented to Circumstance				
Traumatic Stress		____	**Substance Use**		____
Acute	Dreams/Nightmares		Alcohol	Drug(s)	Dependence
Chronic	Detached		Abuse	Family History	Cravings/Urges
Avoidant	Repression/Amnesia		DUI	Abstinent	Med. Control
Upsetting Memories			Recovery	Interfere w/Duties	I.V. Drugs
Interpersonal Relationships		____	**Family Relationships**		____
Problems w/Friends	Diff. Estab./Maintain Relationships		No Contact with Family	Poor Parenting Skills	Supportive Family
Poor Social Skills	Difficulty Maintaining Relationships		Difficulty with Partner	Acting Out	No Family
Adequate Social Skills	Supportive Relationships		Conflict w/Relative	Difficulty with Child	Difficulty with Parent
Family Environment		____	**Socio-Legal**		____
Family Instability	Separation	Custody	Disregards Rules	Probation	Pending Charges
Family Legal	Stable Home	Divorce	Dishonesty	Uses or Cons Other(s)	Reliable
Single Parent	Birth in Family	Death in Family	Offense/Property	Offense/Person	
Select: Work/School		____	**ADL Functioning**		____
Absenteeism	Poor Performance	Attends School	Money Management Problems		Meal Preparation
Dropped Out	Learning Disabilities	Seeking Employment	Personal Hygiene Problems		Transportation Problems
Employed	Doesn't Read/Write	Tardiness	Problem Obtain/Maintain Employment		Problem Obtain/Maintain
Disabled	Not Employed				
Ability to Care for Self		____	**Danger to Self**		____
Able to Care for Self		Risk of Harm	Suicidal Ideation	Current Plan	Recent Attempt
Suffers from Neglect		Refuses to Care for Self	Past Attempt	Self-Injury	Self-Mutilation
Not Able to Survive without Help		Alternative Care not			
Danger to Others		_____	**Security/Management Needs**		_____
Violent Temper		Threatens Others	Home w/o Supervision		Suicide Watch
Physical Abuser		Homicidal Ideation	Behavioral Contract		Locked Unit
Hostile		Homicidal Threats	Protection from Others		Seclusion
Assaultive		Homicide Attempt	Home w/Supervision		Run/Escape Risk
Does Not Appear Dangerous to Others			Restraint		Involuntary Exam/Commitment

FARS was adapted from the Colorado Client Assessment Record (CCAR) by J. Ward, & M.Dow, 1994, 1996, 1997, 1999, 2000, 2004 at USF/FMHI

VII. "Definitions" and "Behavioral Anchors" for FARS Functional Domains

Table 3 below summarizes the above guidelines and will be helpful as you learn to determine problem severity ratings for each domain. It provides "definitions" for a few of the important symptoms or behaviors (words or phrases) you should look for during your assessment of the individual…and descriptions of the "behavioral anchors" that will help you select the most appropriate problem severity rating for each functional domain you are evaluating.

Once you have completed your psychosocial interview/evaluation/mental status exam, etc. with the individual, including any collateral information available, you can use the table below to determine appropriate ratings for each domain by reading the question in the left column and reading across the table from left to right to determine which statement best fits the information you have about the individual you are rating. Above each statement you will find a number which corresponds to that part of the domain rating…then, continue that process with the next two questions in the left column until you have three numbers that describe the answers to the three questions for that domain. You can then either average the three numbers to come up with a domain rating…or, you may determine from your clinical judgment that one of the questions is more critical than the other and assign that rating for the domain. Then you move to the next domain and repeat the process.

As you use the table in completing ratings your skill will improve and you will rely less on the table and more on your improved knowledge and skill to come up with domain ratings. Following the table, the next section of this manual includes more information about domain ratings in addition to "definitions" for a few of the important symptoms or behaviors (words or phrases) you should look for during your assessment that will help you select the most appropriate problem severity rating for each functional domain you are evaluating.

Basic Issues to consider when assigning Problem Severity Ratings to any of the 18 FARS Functional Domains	Table 3: Functional Assessment Rating Scale Problem Severity Ratings								
	1	2	3	4	5	6	7	8	9
	No Problem		Slight Problem		Moderate Problem		Severe Problem		Extreme Problem
How much does functioning in the domain being rated currently **impact negatively on or interfere with healthy functioning in other Cognitive, Behavioral or Social domains?**	The domain being rated does not impact negatively on other domains. Functioning in this domain may be an "asset" to the individual and may be serving to prevent functional decline in other domains.		Functioning in the domain being rated currently has little or no negative impact on other domains even if current reduced impact on other domains due to "moderate" or less intervention		Problems in the domain being rated may be related to or is contributing slightly to problems in other domains …even if reduced impact on other domains is due to "severe" intervention		Functioning in rated domain almost always contributes to problems in more than one other domain …even if reduced impact on other domains is due to "extreme" intervention		Functioning in rated domain negatively impacts most other domains by precluding ability for making autonomous decisions about treatment
How **intrusive** is the intervention that will be needed to stabilize or correct deficits in functioning within the domain being rated?	Intervention is not required… no deficits in functioning in this domain… Functioning in this domain may be an "asset" in structuring intervention(s) to improve other domains		No intervention "required" at this time…or, functioning in the domain is "controlled" by previously implemented "moderate" or less intrusive intervention(s)		Moderately intrusive interventions may be needed: e.g., counseling, Cog/Behavioral or Talk therapy, referral to voluntary services, self help groups, "some" meds, etc. or current voluntary use of a more "severe" intervention		Voluntary Hospitalization, voluntary participation in external intrusive behavioral controls, voluntary use of medications requiring "lab" monitoring		Involuntary Hospitalization, or other involuntary intrusive external control, or involuntary use of medications needed in addition to other therapeutic interventions to ensure safety
How **immediate** is the need for intervention in order to stabilize or correct deficits in functioning within the domain being rated?	Functioning in this domain is average or better than average for this individual's age, sex & subculture and there is no need for intervention in this domain.		Need for intervention in this domain is not urgent but may be required sometime in the future if not self corrected…or domain functioning controlled by self monitored "moderate" or less intrusive intervention(s).		"Moderate" Intervention is "required"…or externally monitored previous "moderately intrusive external intervention must be continued to maintain improved functioning in domain being rated.		"Immediate" need for external intervention to improve functioning in domain being rated or improved functioning is being maintained by "severe" intervention		"Immediate/ Imperative": Functioning in this domain creating situation totally out of control, unacceptable and/or potentially life-threatening

DEPRESSION	
Words or Phrases	**Definitions**
Depressed Mood	Loss of interest in usual activities; hopeless feelings, flat, affect, or gloomy.
Worthless	Feels of no use or value to self or others; lack of self-esteem.
Lonely	Feeling of isolation; alone, separate, or empty.
Anhedonic	Inability to experience pleasure in normally pleasurable acts.
Hopeless	Having no hope, despairing, bleak.
Sleep problems	Disturbance in frequency, amount or pattern of sleep
Sad	Affected or characterized by sorrow or unhappiness; somber
Happy	Having or demonstrating pleasure; seeming gratified.
Anti-Depression Meds	Taking prescribed medication to treat clinical depression.

Behavioral Anchors for Depression Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., There is no problem with depression or need for treatment of depression.)

2 = Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problem with depression may be intermittent or may persist at a low level. The problem or symptoms of depression have little or no impact on other domains **or they may be currently controlled by medications**. The need for treatment of depression is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with depression may persist at a moderate level or become severe on occasion. Depression problems may be related to problems in other domains and do require therapeutic intervention(s).

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with depression may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's problem with depression is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

ANXIETY	
Words or Phrases	**Definitions**
Anxious	Worry, distress, or agitation resulting from concern about something impending or anticipated.
Calm	Absence of emotion or turmoil; serene; not agitated.
Guilt	A sense of having committed some breach of conduct: recrimination, blaming, self-faulting.
Tense	In a state of mental or nervous tension; taut; wired
Fearful	Unpleasant sensations associated with anticipation or awareness of danger. Includes phobias which are exaggerated, usually inexplicable and illogical, fears of particular objects or a class of objects.
Anti-Anxiety Meds	Taking prescribed medication to treat clinical anxiety.
Obsessive	To be excessively preoccupied.
Panic	A sudden, overpowering fear or terror

Behavioral Anchors for Anxiety Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., There is no problem with anxiety or need for treatment of anxiety.)

2 = Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problem with anxiety may be intermittent or may persist at a low level. The problem or symptoms of anxiety have little or no impact on other domains **or they may be currently controlled by medications**. The need for treatment of anxiety is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with Anxiety may persist at a moderate level or become severe on occasion. Anxiety problems may be related to problems in other domains and do require therapeutic intervention(s).

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with Anxiety may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's problem with Anxiety is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

HYPER AFFECT	
Words or Phrases	**Definitions**
Manic	High level of uncontrolled excitement
Elevated Mood	Lifted in spirit; elated; high
Agitated	Moved with violence or sudden force; stirred up; upset
Sleep Deficit	Insufficiency in the frequency, amount or patterning of sleep.
Overactive	Excessive movement, animation, e.g., pacing, incessant talking.
Mood Swings	Wide or dramatic shift or swings from elated, euphoric, to depressed, and/or sad.
Pressured Speech	Urgent, tense, rapid/accelerated or strained speech fast
Relaxed	Appears calm, reposed, at ease.
Anti-Manic Meds	Taking prescribed medication to treat symptoms of mania.

Behavioral Anchors for Hyper Affect Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., There is no problem with Hyper Affect or need for treatment of Hyper Affect.)

2 = :Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problem with Hyper Affect may be intermittent or may persist at a low level. The problem or symptoms of Hyper Affect have little or no impact on other domains **or they may be currently controlled by medications**. The need for treatment of Hyper Affect is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with Hyper Affect may persist at a moderate level or become severe on occasion. Hyper Affect problems may be related to problems in other domains and do require therapeutic intervention(s).

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with Hyper Affect may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's problem with Hyper Affect is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

THOUGHT PROCESS	
Words or Phrases	**Definitions**
Illogical	Contradicting or disregarding the principles of logic. Without logic, senseless.
Delusional	Belief(s) held in the face of evidence normally sufficient enough to destroy that (those) beliefs.
Hallucinations	Perceptions that appear real to the client but are not supported by objective stimuli or social consensus; basis may be organic or functional..
Paranoid	Belief that thoughts or actions of others have reference to self in the absence of clear evidence.
Ruminative.	Words, phrases, and/or ideas that occur over and over; obsessive thinking
Intact	Not mentally impaired in anyway
Derailed Thinking	Inability to articulate in a single, simple train of thought.
Loose Associations	A loose mental connection or relationship between thoughts, feelings, ideas, or sensations.
Anti-Psych. Meds	Taking prescribed medication to treat symptoms of psychosis

Behavioral Anchors For Thought Process Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., There is no problem with Thought Processes or need for treatment of a thought disorder(s).)

2 = Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problem with Thought Processes may be intermittent or may persist at a low level. The problem or symptoms of difficulties with Thought Processes have little or no impact on other domains **or they may be currently controlled by medications.** The need for treatment of a thought disorder(s) is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with Thought Processes may persist at a moderate level or become severe on occasion. Thought disorders may be related to problems in other domains and do require therapeutic intervention(s).

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with Thought Processes may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's problem with Thought Processes is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

COGNITIVE PERFORMANCE	
Words or Phrases	**Definitions**
Poor Memory	Has a loss of recent or remote memory, forgetfulness.
Low Self-Awareness	Not cognizant of one's effect on other people; not conscious of one' s own self; can't differentiate from other people or things.
Short Attention	Limitation in ability to focus on current task(s) or issues.
Developmental Disability	Difficulty in conceptualizing, understanding, or limited intellectual capacity (IQ).
Insightful	Cognitive ability to discern the true nature of a situation.
Poor Concentration	Has difficulty concentrating or focusing attention.
Impaired Judgment	Inability to adequately assess the impact of one's actions. Difficulty in self-monitoring.
Slow Processing	Limited ability in speed of processing information.

Behavioral Anchors for Cognitive Performance Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., There is no problem with Cognitive Performance or need for treatment of difficulties associated with Cognitive Performance.)

2 = Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problem with Cognitive Performance may be intermittent or may persist at a low level. The problem or symptoms of Cognitive Performance have little or no impact on other domains. The need for treatment of difficulties associated with Cognitive Performance is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with Cognitive Performance may persist at a moderate level or become severe on occasion. Cognitive Performance problems may be related to problems in other domains and do require therapeutic intervention(s).

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with Cognitive Performance may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's problem with Cognitive Performance is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

MEDICAL/PHYSICAL	
Words or Phrases	**Definitions**
Acute Illness	Any non-psychiatric illness/injury to (e.g., broken bone, flu, mumps) of short duration, current, or during the last three weeks.
Handicap or Permanent Disability	A physical condition that produces impairment (e.g., difficulty in seeing, hearing, loss of limb, sensory modality) in normal functioning.
Good Health	Maintaining proper bodily functioning and balance with freedom from disease and abnormalities.
CNS Disorder	Behavior, cognitive, or effective problems or deficits indicating organic impairment of the brain or central nervous system. Can result from degenerative or traumatic conditions
Chronic Illness	Any non-psychiatric illness / injury (e.g., diabetes, glaucoma) of long or potentially long duration which needs to be controlled or contained
Need Medical Care	A physical condition requiring medical services.
Eating Disorder	Disruption in what is considered to be a normal eating pattern.
Poor Nutrition	Person's nutrition (dietary balance, vitamin intake, etc.) or weight (gain or loss) are in need of correction.
Enuretic/Encopretic	Lacking normal voluntary control (inconsistent) of urine, or lacking normal voluntary control (inconsistent) of feces.

Behavioral Anchors for Medical/Physical Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., there is no Medical/Physical problem with or need for treatment of Medical/Physical difficulties.)

2 = Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a Medical/Physical problem may be intermittent or may persist at a low level. The problem or symptoms of a Medical/Physical disorder(s) have little or no impact on other domains **or they may be currently controlled by medications**. The need for treatment of a Medical/Physical problem(s) is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that Medical/Physical dysfunction(s) or problem(s) may persist at a moderate level or become severe on occasion. Medical/Physical problem(s) may be related to problems in other domains and do require therapeutic intervention(s).

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with Medical/Physical may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's Medical/Physical problem is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

TRAUMATIC STRESS	
Words or Phrases	**Definitions**
Acute	Reaction is rapid, intense and usually of short duration.
Dreams/Nightmares	Dreams or nightmares of unpleasant or traumatic events.
Chronic	Reaction is continuous, recurrent and relatively long term.
Detached	Divorced from emotional involvement; feeling detached or estranged from other people, aloof.
Avoidance	Individual stays away from people, places, things, or situations, which are reminders of past negative events.
Repression/Amnesia	Partial or total inability to recall aspects of the trauma, loss of memory
Upsetting memories	Memories of past events that cause distress.

Behavioral Anchors for Traumatic Stress Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., There is no problem with Traumatic Stress or need for treatment of Traumatic Stress.)

2 = Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problem with Traumatic Stress may be intermittent or may persist at a low level. The problem or symptoms of Traumatic Stress have little or no impact on other domains…**or they may be controlled by medications**. The need for treatment of Traumatic Stress is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with Traumatic Stress may persist at a moderate level or become severe on occasion. Traumatic Stress problems may be related to problems in other domains and do require beginning or continuing therapeutic intervention(s).

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with Traumatic Stress may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's problem with Traumatic Stress is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

SUBSTANCE USE	
Words or Phrases	**Definitions**
Alcohol	Alcohol use presents a problem in the person's life.
Drug(s)	Use of illicit, prescription, over the counter drugs, and / or other substances which is a problem in the person's life
Dependence	Person relies on alcohol or drugs for support, and continues use of substance even though substance use has caused significant problems. May include use of illicit, prescription, over the counter drugs, and / or other substances, which is a problem in the person's life e tolerance, pattern of compulsive use, or withdrawal.
Abuse	Pattern of misuse of substance, which may interfere with fulfillment of major role obligations at work, school, or home.
Family History	Alcohol or drug dependency in a blood relative
Craving/Urges	Experiencing compelling desires to use alcohol or drugs.
DUI	The consequences of the person having been arrested one or more times for driving while intoxicated or under the influence of alcohol or drug are currently a problem. Includes arrests or convictions for DUI.
Abstinent	Refraining from the use of alcohol or drugs.
Medical Control	Taking prescribed medications to inhibit or control use of alcohol or illicit drugs.
Recovery	The process following an addiction in which a person maintains daily functioning without the use of alcohol or drugs..
Interferes w/Functioning	Use of drugs or alcohol impairs the person's ability to perform job, school, or other responsibilities.
I.V. Drugs	Drugs that are injected into an artery or vein …or sometimes below the surface of the skin.

Behavioral Anchors for Substance Abuse Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., There is no problem with Substance Use or need for treatment of Substance Use.)

2 = Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problem with Substance Use may be intermittent or may persist at a low level. The problem or symptoms of Substance Use have little or no impact on other domains **or they may be currently controlled by medications.** The need for treatment of Substance Use is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with Substance Use may persist at a moderate level or become severe on occasion. Substance Use problems may be related to problems in other domains and do require beginning or continuing therapeutic intervention(s).

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with Substance Use may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's problem with Substance Use is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

INTERPERSONAL RELATIONSHIPS	
Words or Phrases	**Definitions**
Problems with Friends	An interpersonal problem involving other than close family members.
Difficulty Establishing Relationships	Has difficulty making friends, developing close relationships, or is so unselective in making friends that the person is taken advantage of
Poor Social Skills	Lack or difficulty in mastering dress, presentation, manners, verbal, expression; factors associated with successful interaction with others.
Difficulty Maintaining Relationships	Difficulty in maintaining desired friends or relationships.
Adequate Social Skills	Possessing abilities associated with successful interaction with others.
Supportive Relationships	Relationships which perpetuate or encourage positive feelings and behaviors.

Behavioral Anchors for Interpersonal Relationships Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., There is no problem with Interpersonal Relationships or need for treatment of difficulties associated with Interpersonal Relationships.)

2 = Less Than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problems with Interpersonal Relationships may be intermittent or may persist at a low level. The problem or symptoms associated with Interpersonal Relationships have little or no impact on other domains. The need for treatment of Interpersonal Relationship problems is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with Interpersonal Relationships may persist at a moderate level or become severe on occasion. Interpersonal Relationship problems may be related to problems in other domains and do require beginning or continuing therapeutic intervention(s).

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with Interpersonal Relationships may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's problem with Interpersonal Relationships is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

FAMILY RELATIONSHIPS	
Words or Phrases	**Definitions**
No Contact with Family	Does not interact with family members
Poor Parenting Skills	Difficulties resulting from inadequate parenting skills. Note: Interpersonal difficulties between parents and child can obviously occur at any age; however, only those related to the parenting function should be reported.
Supportive Family	Family relationships which perpetuate or encourage positive feelings and behaviors
Difficulty with Partner	An interpersonal problem involving spouse, mate, or primary partner; legal or common-law.
Acting Out	Rebellious behavior contrary to family rules or structure
No Family	Family members are deceased or unknown to the person
Difficulty with Relative	An interpersonal problem involving (extended family) person's sibling(s) and / or close family member(s)
Difficulty with Child	An interpersonal problem involving person's child or children
Difficulty with Parent	An interpersonal problem involving person's parent or parents

Behavioral Anchors for Family Relationships Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., There is no problem with Family Relationships or need for treatment of difficulties associated with Family Relationships.)

2 = Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problem with Family Relationships may be intermittent or may persist at a low level. The problem or symptoms associated with Family Relationships have little or no impact on other domains. The need for treatment of Family Relationship problems is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with Family Relationships may persist at a moderate level or become severe on occasion. Family Relationship problems may be related to problems in other domains and do require beginning or continuing therapeutic intervention(s).

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with Family Relationships may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's problem with Family Relationships is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

FAMILY ENVIRONMENT	
Words or Phrases	**Definitions**
Family Instability	Family in crisis; multiple problems, significant discord, lack of cohesiveness
Separation	An agreement or court decree separating a spousal relationship
Custody Problems	The act or right of guarding, especially such a right granted by a court. Care, supervision, or control exerted by one in charge
Family Legal	Legal problems between family members of either civil and / or criminal nature, e.g., divorce, custody, charges of abuse
Stable Home	Secure, consistent home
Divorce	A legal court decree terminating a spousal relationship
Single Parent	Person is currently the primary guardian of a child or children
Birth in Family	Within the last three weeks a child was born in the family
Death in family	Within the last three weeks the person has experienced the death of a family member.

Behavioral Anchors for Family Environment Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., There is no problem with Family Environment or need for treatment of problems in the Family Environment.)

2 = Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problem with Family Environment may be intermittent or may persist at a low level. The problem or symptoms associated with Family Environment have little or no impact on other domains. The need for treatment of Family Environment problems is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with Family Environment may persist at a moderate level or become severe on occasion. Family Environment problems may be related to problems in other domains and do require beginning or continuing therapeutic intervention(s).

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with Family Environment may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem:, The highest level of the scale, suggesting the person's problem with Family Environment is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

SOCIO-LEGAL	
Words or Phrases	**Definitions**
Disregards Rules/Norms	The person does not consider ordinary societal controls as personally applicable (e.g., traffic signs, classroom rules, etc.).
Offense/Property	The consequences of illegal and/or anti-social acts involving property are currently a problem
Offense/Persons	The consequences of illegal and / or anti-social acts involving other people are currently a problem
916 Conditional. Release	Person has been determined to be 'not guilty by reason of insanity' or 'incompetent to stand trial' in a criminal court and either competency has been restored or the person has been released into the community with a court approved treatment plan.
Probation	The person is currently on probation for a past offense
Pending Charges	The person has one or more current offenses awaiting resolution
Dishonest	Deliberately lying, cheating, and / or fraud even though not always criminal.
Uses/Cons Others	Deliberately plays upon, manipulates, or controls others by deceptive or unfair means, usually to one's own advantage.
Reliable	Dependable, able to be relied upon

Behavioral Anchors for Socio-legal Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., there is no Socio-Legal problem or need for treatment.)

2 = Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, Socio-Legal problems may be intermittent or may persist at a low level. The problem or symptoms of Socio-Legal difficulties have little or no impact on other domains. The need for treatment of Socio-Legal problems is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with Socio-Legal issues may persist at a moderate level or become severe on occasion. Socio-Legal problems may be related to problems in other domains and do require beginning or continuing therapeutic intervention(s).

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with Socio-Legal issues may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's Socio-Legal problem is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

WORK OR SCHOOL[2]	
Words or Phrases	**Definitions**
Absenteeism	Frequent/extended/unexplained/unapproved/ absence from work, school or training program
Poor Performance	Fails to meet the expectations for job/ role/ school performance
Attends School	Regularly goes to classes/school.
Termination (s)	Suspended/ fired/ expelled from work, school, or training program
Learning Disabilities	Impairment in reception, processing, or utilization of information
Seeking Employment	Within the last three weeks the person has been seeking employment in some active way (i.e., filling out applications, making telephone calls or personal contacts, or seeking help from friends and family in gaining employment).
Employed	Works in return for financial compensation.
Doesn't Read/Write	Does not read or write at an age appropriate level in any language.
Tardiness	Has been late to work or school
Disabled	Disability" is defined by the Social Security Administration as the inability to engage in any substantial gainful activity because of a medically determinable physical or mental impairment which can be expected to result in death or has lasted, or can be expected to last, for a continuous period of not less than 12 months. This definition only relates to the level of disability on the FARS
Not Employed	Not working for compensation

Behavioral Anchors for Work or School Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., There is no problem with Work or School or need for treatment of Work or School problems.)

2 = Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problem with Work or School may be intermittent or may persist at a low level. The problem or symptoms of Work or School have little or no impact on other domains. The need for treatment of Work or School is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with Work or School may persist at a moderate level or become severe on occasion. Work or School problems may be related to problems in other domains and do require beginning or continuing therapeutic intervention(s).

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with Work or School may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's problem with Work or School is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

2 Select the area (e.g., work or school) in which the person is having the **most** difficulty.

ADL FUNCTIONING	
Words or Phrases	**Definitions**
Money Management	Does not allocate available funds according to age-appropriate expectations in order to meet needs.
Meal Preparation	Does not prepare meals according to age-appropriate expectations in order to meet needs
Personal Hygiene	Does not maintain personal hygiene according to age-appropriate expectations
Transportation	Does not have an understanding of, or utilize available transportation
Obtain/Maintain Employment	Has trouble obtaining and/ or maintaining employment according to age-appropriate expectations
Obtain/Maintain Housing	Has trouble obtaining and/ or maintaining housing according to age-appropriate expectations

Behavioral Anchors for ADL Functioning Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., There is no problem with ADL functioning or need for treatment of ADL functioning problems.)

2 = Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problem with ADL Functioning may be intermittent or may persist at a low level. The problem or symptoms of inadequate ADL Skills have little or no impact on other domains. The need for treatment of ADL functioning problems is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with ADL Skills may persist at a moderate level or become severe on occasion. ADL functioning problems may be related to problems in other domains and do require beginning or continuing therapeutic intervention(s) or external support.

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with associated with inadequate ADL Skills may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's problem with ADL Skills is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

ABILITY TO CARE FOR SELF	
Words or Phrases	**Definitions**
Able to Care for Self	Is manifestly capable of surviving alone or with the help of willing and responsible family or friends or available alternative services
Risk of Harm	Person's inability or refusal to care for self places them at risk for harm
Suffers from Neglect	Failure to care for or give proper attention to such that a real and present threat of substantial harm to well being is present
Refuses to Care for Self	Refusing to care for self poses a real and present threat of substantial harm to the person's well-being.
Not Able to Survive without help	Incapable of surviving alone or with the help of willing and responsible family or friends, including available alternative services
Alternative Care not Available	All available less restrictive treatment alternatives which would offer an opportunity for improvement of the condition have been judged to be inappropriate

Behavioral Anchors for Ability to Care for Self Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., there is no problem with Ability to Care for Self or need for treatment of Self Care problems.)

2 = Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problem with the Ability to Care for Self may be intermittent or may persist at a low level. The problem or symptoms of Self Care problems have little or no impact on other domains. The need for treatment of Self Care problems is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with Ability to Care for Self may persist at a moderate level or become severe on occasion. Self Care problems may be related to problems in other domains and do require therapeutic intervention(s) or external support.

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with the Ability to Care for Self may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's Self Care problem is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

DANGER TO SELF	
Words or Phrases	**Definitions**
Suicidal Ideation	To form an idea of, conceive mental images or thoughts of suicide.
Current Plan	A scheme, program, or method worked beforehand for committing suicide.
Recent Attempt	Recently tried to commit suicide.
Past Attempt	History of trying to commit suicide.
Self-Injury	Damage or harm done to one's self.
Self-Mutilation	To disfigure oneself by damaging irreparably

Behavioral Anchors for Interpersonal Relationships Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., there is no problem with Danger to Self or need for treatment for a present Danger to Self.)

2 = Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problem of Danger to Self may be intermittent or may persist at a low level. The problem or symptoms of Danger to Self have little or no impact on other domains. The need for treatment for Danger to Self is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem of Danger to Self may persist at a moderate level or become severe on occasion. Danger to Self problems may be related to problems in other domains and do require therapeutic intervention(s) or external support.

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem of Danger to Self may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's Danger to Self problem is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

DANGER TO OTHERS	
Words or Phrases	**Definitions**
Violent Temper	Exhibits extreme emotional or physical force; vehement feeling or expression.
Threatens Others	Person expresses the intention of hurting or injuring another person or persons.
Physical Abuser	Person hurts or injures other(s) physically
Homicidal Ideation	Person forms ideas or thoughts of killing another person or persons.
Hostile	or physically demonstrating animosity, ill will, or hatred
Homicidal Threats	Person expresses the intention of killing another person or persons.
Assaultive	Attacks others physically or verbally.
Homicidal Attempt	Person tries to kill another person or persons.
Does not appear dangerous to others	Person does not appear to present a danger to others.

Behavioral Anchors for Danger to Others Severity Ratings

1 = No Problem: Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., There is no problem with Danger to Others or need for treatment for a present Danger to Others.)

2 = Less than Slight Problem:

3 = Slight Problem: Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problem of Danger to Others may be intermittent or may persist at a low level. The problem or symptoms of Danger to Others have little or no impact on other domains. The need for treatment for Danger to Others is not urgent but may require therapeutic intervention in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem of Danger to Others may persist at a moderate level or become severe on occasion. Danger to Others problems may be related to problems in other domains and do require therapeutic intervention(s) or external support.

6 = Moderate to Severe Problem:

7 = Severe Problem: Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem of Danger to Others may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's problem of Danger to Others is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

SECURITY MANAGEMENT NEEDS	
Words or Phrases	**Definitions**
Home w/o Supervision	Capable of living in private residence without direct staff supervision.
Suicide Watch	Continuous monitoring of a client specifically when there is high risk of suicide.
Behavioral Contract	A written or verbal agreement between client and staff, usually to maintain a less restrictive level of care. The agreement may include suggested coping, ways to get support etc
Locked Unit	A treatment unit with restricted ingress and egress controlled by locks on doors and windows.
Protection from Others	Significant potential for others to harm the client.
Seclusion	A "Stimulus reduction" technique which involves removal of the client from a milieu to a specially modified room with the door closed so there is little or no interaction between the client and other persons. Client is closely monitored (generally every five to fifteen minutes) while in seclusion
Home with Supervision	Person may return home with competent caregiver who is willing and able to provide supervision
Run/Escape Risk	Significant potential for physical departure or elopement
Restraint	Physical means of restraining movement of a client's limbs in order to prevent self-injury or physical assault on another person
Involuntary Exam /Commitment	An involuntary examination or commitment hearing is recommended

Behavioral Anchors for Security/Management Severity Ratings

1 = No Problem: There is no need for security/management for the individual at this time. The individual's cognitive or behavioral (social or role) functioning does not require security/management or therapeutic intervention(s).

2 = Less than Slight Problem:

3 = Slight Problem: There is a low level or intermittent need for security/management. Based on the individual's cognitive or behavioral (social or role) functioning, security/management needs are not urgent but may require supervision or therapeutic intervention(s) in the future.

4 = Slight to Moderate Problem:

5 = Moderate Problem: Security/management needs persist at a moderate level or become severe on occasion. Security/management needs may be related to problems in other domains and do require therapeutic intervention(s) or external support.

6 = Moderate to Severe Problem:

7 = Severe Problem: The Security/management needs may be chronic, almost always extending to other domains. Some form of external control may be needed in addition to other therapeutic intervention(s).

8 = Severe to Extreme Problem:

9 = Extreme Problem: The highest level of the scale, suggesting the person's Security/management needs are creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

VIII. Using Completed FARS Ratings to Develop Individualized Treatment /Service/Recovery Plans

The basic assumption and philosophy of functional assessment involves a primary f***ocus on assessing problems and strengths in cognitive, social and behavioral domains in order to create a "treatment" or "recovery" process that restores or improves the individual's quality of life… in addition to identifying and reducing impact of positive or negative symptoms.*** This means that it is important to use all the information obtained in your FARS ratings (problem severity ratings and symptom/behavior/asset checklists). It is also important that you review your ratings with the person you are evaluating. Below are basic steps that you can follow to use the FARS ratings to create individualized, negotiated, treatment/service/recovery plans to engage that person in an effective process of recovery.

Basic Steps in Developing a Negotiated Individualized Treatment Plan

1. Conduct a Clinical Interview and assess mental status
2. Complete an "Admission" FARS ratings for each of the 18 domain ratings &. descriptors
3. Review the completed FARS with the person being assessed.
4. Identify the "Clinically Elevated" domains
5. Identify "Strength" Domains which may be used as the individual's personal assets that may help support/reinforce change
6. Strength" Domains (include domain name, severity rating and the relevant "words/phrases" that you checked in each of the domains).
7. Define Goals for change in measurable terms
8. Devise an Action Plan with timelines
9. All parties sign the completed document.

Steps 1 through 3:

Below is an example of the results of an evaluation and FARS Domain Ratings for a 36 year old married male who is experiencing deficits in functioning related to depression and alcohol use/abuse which interferes with functioning in other domains.

- FARS Profile
- A. Person – 36yo married male

	No Problem 1	2	Slight Problem 3	4	Moderate Problem 5	6	Severe Problem 7	8	Extreme Problem 9
Depression						x			
Anxiety			x						
Hyper Affect		x							
Thought Process			x						
Cognitive Perf.			x						
Medical/Physical	x								
Traumatic Stress	x								
Substance Use					x				
Interpersonal Rel.		x							
Family Relations		x							
Family Environ.		x							
Socio-Legal			x						
Work or School				x					
ADL Functioning			x						
Ability/Care for Self			x						
Danger to Self				x					
Danger to Others			x						
Security/Mngmt.Needs				x					

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Step 4: Clinically Elevated" domains

The symptom/adjective/strengths checklist items for the "clinically elevated" domains as well as "strength" domains that are an "asset" to aid recovery are shown below:

"Clinically Elevated" Domains

- **Depression __6__**
- Depressed Mood ✓ Worthless ✓ Lonely
- Anhedonic ✓ Hopeless Sleep Problems ✓
- Sad ✓ Happy Anti-Depression Meds

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- **Substance Use__5__**
- Alcohol ✓ Drug(s) Dependence Abuse ✓
- Family History Cravings/Urges DUI ✓
- Abstinent Med. Control Recovery
- Interfere w/Duties ✓ I.V. Drugs

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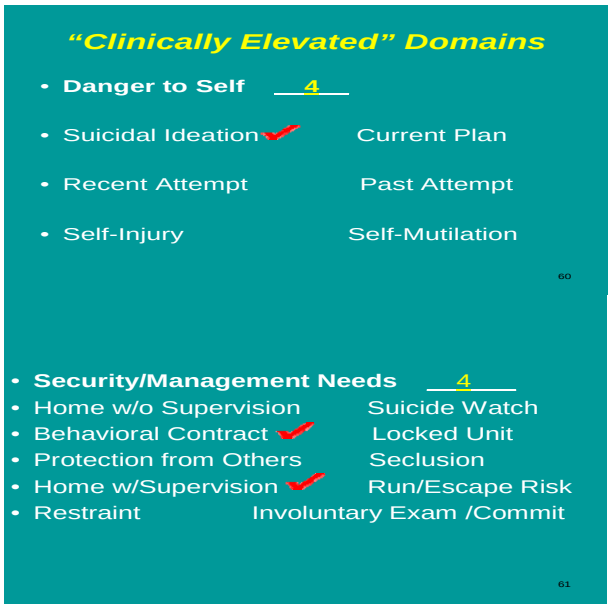
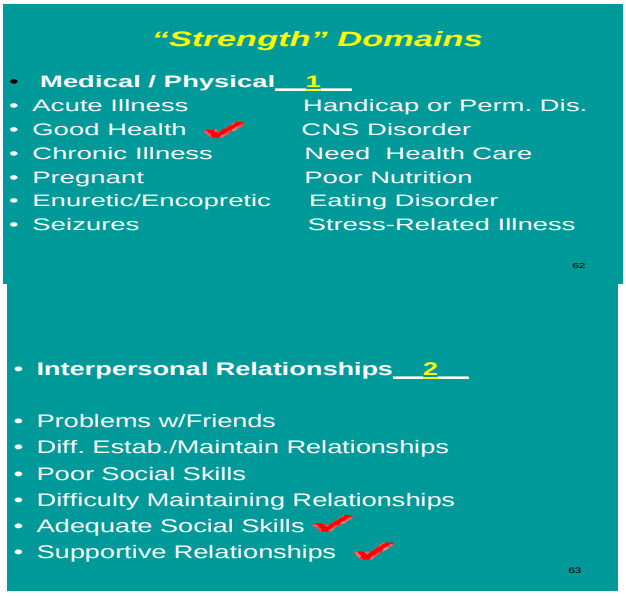
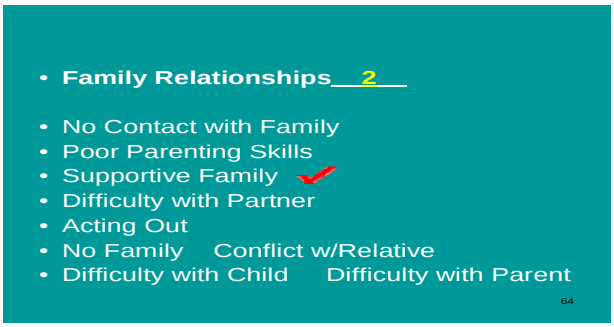
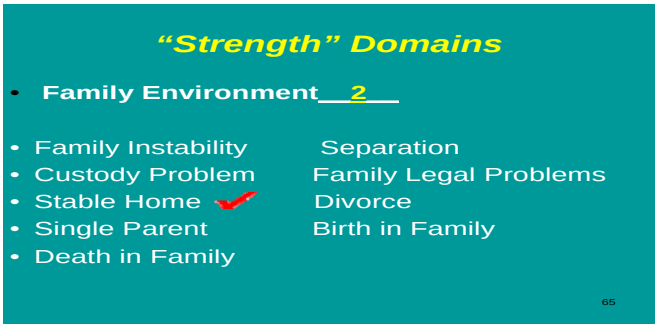


Step 5: Strength" Domains

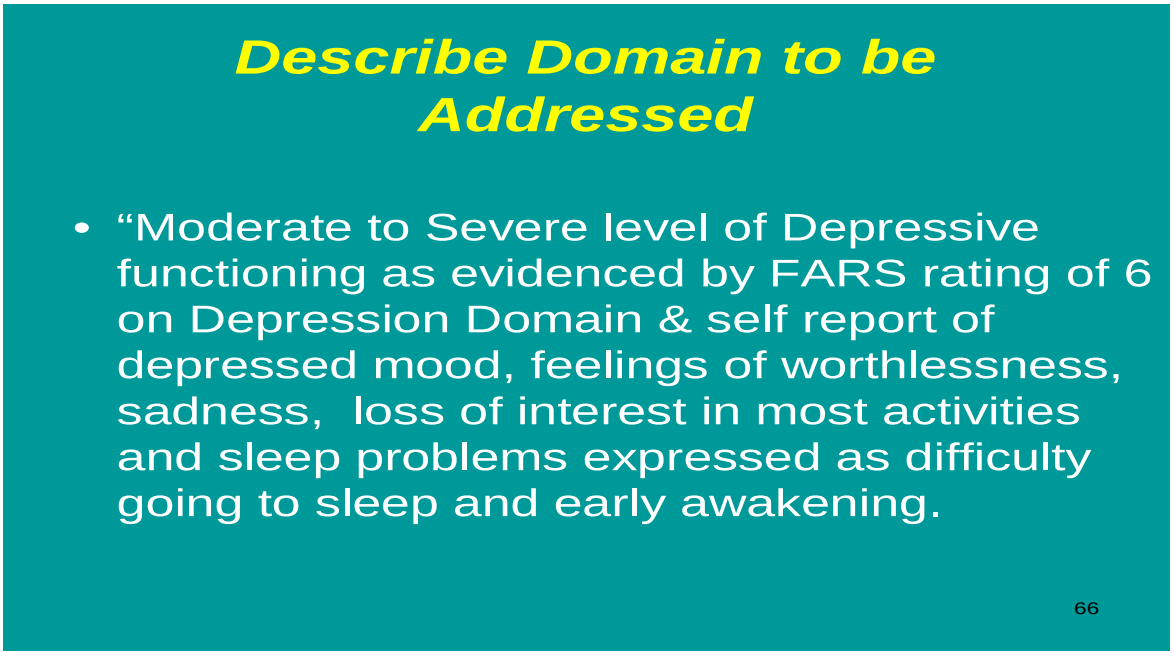






Step 6: Strength Domain to be included in the plan

Once you have completed all 18 of the FARS Domain Problem Severity Ratings (be sure to refer to the "guidelines" described earlier in this manual to help you arrive at the best ratings for each domain) you are ready to begin developing the essential elements of a comprehensive, individualized, negotiated treatment/service/recovery plan that includes information derived from those ratings. Begin by creating a statement that describes each clinically elevated area of functioning. In the case of the above example, the "Depression" domain with a rating of "6" is the most elevated so we will start with that domain.

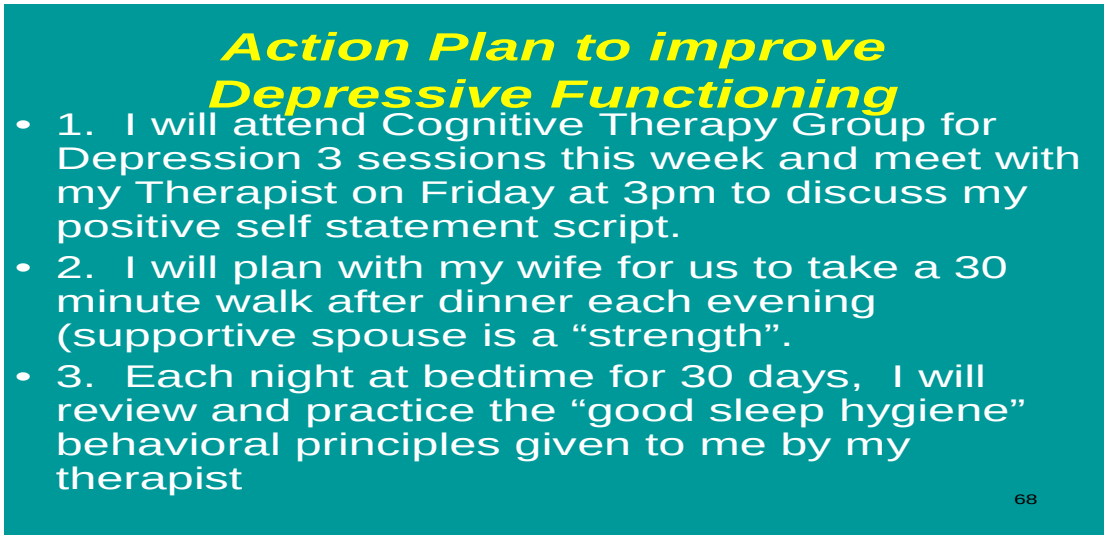


Step 7: Define Goals for change in measurable terms

And then, describe the individual's potential measurable goals for change or improvement in that domain.

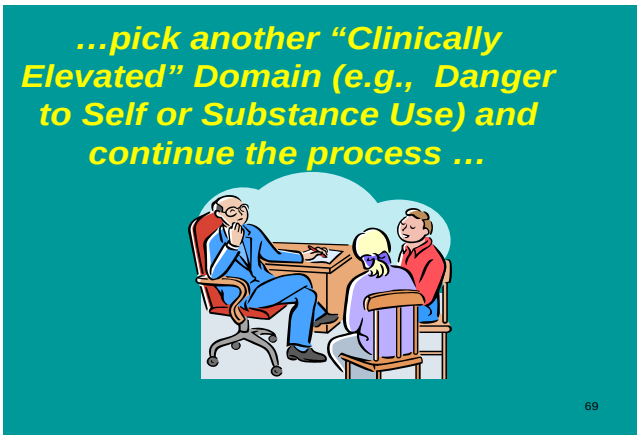
Step 8: Devise an Action Plan with timelines

Once you have defined the goals for change for functioning in a particular domain, you must develop behaviorally oriented statements in an "Action Plan" that can be used to help the individual improve functioning (i.e., the statements must describe behaviors that can be seen, heard, are measurable, have reasonable timelines, and which are within that person's control and current ability). Be sure to include the individual's "strengths" in order to more successfully and fully engage the person in the process of treatment/recovery…and be sure to indicate what you (or your agency) will provide in terms of information, treatment, other services, etc. to assist the individual in the process of recovery of functioning.



After you or your treatment team have completed all the above steps for one of the clinically elevated domains, complete the same steps for each of the other "Clinically Elevated" domains from your FARS

ratings:



…until you have a completed plan to review with the person you have evaluated to develop an agreed upon strategy for recovery.

IX. Factor Analysis of the 18 FARS Domains

Exploratory and Confirmatory Factor Analysis of FARS "admission evaluation" problem severity ratings for the 18 Functional domains of adults treated in the Department of Children and Families' contracted mental health services in Florida resulted in the following **four-factor solution** assignment of the 18 functional domains into four ***Index*** scores:

"Disability Index": Ratings of (Thought Process + Ability to Care for Self + Cognitive Performance + Hyper Affect, + ADL Functioning, + Medical/Physical)…divided by 6

"Emotionality Index": Ratings of (Anxiety + Traumatic Stress + Depression)…divided by 3

"Relationships Index": Ratings of (Socio-Legal + Family Environment + Family Relations + Interpersonal Relations + Work/School + Danger to Others)…divided by 6

"Personal Safety Index": Ratings of (Danger to Self + Substance Use + Security/Management Needs)…divided by 3

In the four-factor exploratory factor analysis, four of the problem severity areas loaded about equally on two different factors (Danger to Others Domain split between Relationship and Disability Indexes, Med/Physical Domain split between Emotionality and Disability Indexes, Security Management Domain split between Personal Safety and Disability Indexes, and Depression Domain split between Personal Safety and Emotionality Indexes). Thus, the Index to which each of those four problem severity areas was finally assigned in the above four Index scores was ultimately based on clinical relevance or psychological meaningfulness of the problem severity area in adding to the description of the index of domains described by the factor.

It is important to note that the ways the domains cluster within an index suggest ways in which functional domains are likely to clinically and behaviorally influence each other in this group of adults. For example, in both the CFARS and FARS factor analyses, substance use was strongly related to higher scores in danger to self and security management needs. On the other hand, based on the factor analyses for the FARS admission ratings, substance use which, as a symptom or behavior, is also frequently ***clinically*** and ***empirically*** associated with danger to others, seemed equally important

functionally to how the person relates to or interacts with other people (or meets role needs or is currently rated as dangerous to others) as it did in defining issues of personal safety.

X. "Clinically" Derived Scales for the FARS

In addition to the four scales developed from factor analyses described in the previous section of this manual, there are additional groupings that may be useful for combining the 18 domain scores on the Functional Assessment Rating Scales.

If you scan the back of the FARS form as if you were reading text, the order of the 18 scales follow a pattern resembling the order in which you might obtain information in a mental status exam. You start off with some assessment of affective and cognitive realms and move into factors that might contribute to current functioning, like history of abuse or trauma and physical health and medical status. Then, determine how the person interacts with significant others and family and those outside the immediate family, including relationship with the courts and society in general as indicated by compliance with rules and law, etc. Next, in Florida as a continued "Baker Act" assessment (which is also similar in most other states) you also attempt to gain information to address questions related to how well the person is able to care for themselves, if they are an immediate threat to others or themselves…and if they need treatment, what least restrictive type of care will ensure safety for the person and others while treatment is initiated.

The resulting groupings for the Clinically Derived Scales for FARS, along with the Index Scales developed from factor analyses, are shown in the table below. Because of their clinical meaningfulness to trained clinicians, the groupings for the FARS and CFARS Clinically Derived Scales were also independently arrived at by Dr. J. David Moore, M.D., Medical Director of Florida Health Partners, ValueOptions, Inc. here in Florida as he and his group used the FARS and CFARS to monitor Clinical and Quality Assurance outcomes for five mental health centers in that partnership and as a way to identify people receiving service who were "outliers" from the acceptable range of outcomes of care.

Factor Scales & Clinical Scales

FARS Domains (Adults)	
Depression	E
Anxiety	E
Hyper Affect	D
Thought Process	D
Cognitive Performance	D
Medical/Physical	D
Traumatic Stress	E
Substance Use	PS
Interpersonal Relations	R
Family Relations	R
Family Environment	R
Work or School	R
ADL Functioning	D
Socio-Legal	R
Ability to Care for Self	D
Danger to Self	PS
Danger to Others	R
Security Management Needs	PS

CFARS Domains (Child & Adol)	
Depression	E
Anxiety	E
Hyper Activity	R
Thought Process	D
Cognitive Performance	R
Medical/Physical	D
Traumatic Stress	E
Substance Use	PS
Interpersonal Relations	R
Behavior In Home Setting	R
Work or School	R
ADL Functioning	D
Socio-Legal	PS
Danger to Self	PS
Danger to Others	R
Security Management Needs	PS

Factor Scales: D=Disability, E=Emotionality, PS=Personal Safety, R=Relationships (Ward, et al., 1999)

Clinical Scale groups from top: Diagnostic, Co morbid, Psychosocial, & Risk (D. Moore/ FHP-2002…DCF may use in 2005)

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XI. PRACTICE VIGNETTE FOR FARS

IDENTIFYING INFORMATION:

Jim is a 52 year old, divorced, white male. He was brought in for evaluation by his 30 year old, married son. He has been living "on the street" for about six (6) weeks, he is currently intermittently employed, working six (6) days in the last month. His earnings for the last month were approximately $220. He has tried to do additional temporary employment but oversleeps and is late to work, or he doesn't show up or can't concentrate on his assigned tasks. He has been fired twice (X2) in the last two weeks from two different jobs. He was mugged and physically assaulted one (1) time about six (6) months ago. He states not worrying about this "too much… the robber was probably hungry and thought I had money". Jim was charged and released from jail two (2) days ago for fondling a small child's hair in a local mall. The child's parents dropped these charges. He states he has few friends he can count on and has been arrested for "doing things I shouldn't do--sometimes I follow people and they get upset. I just want to be friendly but I guess I don't know how to do it right". He has been charged with trespassing four times (X4) in the past three weeks. He is currently on probation for six (6) months for these charges.

Jim presents with flat affect and depressed mood, he does not know the date or year and thinks he is being evaluated for a job as a brain surgeon. He says he is lonely, sleeps 12-14 hours a day and complains of experiencing boredom and worthlessness. He denies suicidal or homicidal thoughts or plans and denies drug or alcohol use. Jim's relationships with his son and mother are strained at this time. Two weeks ago he was

asked to leave his mother's house for stealing money from her. He reports three recent arguments with his son regarding his frequent requests for money and his desire to live with him. His family relationships are very unstable (mother is very ill and not willing to assist Jim further) and he has no stable residence. Jim states he eats irregularly, usually from garbage cans of restaurants or handouts that people give him.

He complains about stomach pain, and reports frequent headaches. He says that he has a slight fever and complains of painful gums and a "very bad" toothache.

During the interview, Jim presents as calm, relaxed, cooperative and states he is not afraid of what will happen to him--"everything will be OK". He displays confusion. Jim frequently wandered away from his Mother's house and on two (2) occasions in the last three (3) weeks has been brought back by police. He was often missing for hours at a time. He is not oriented to place, time or circumstance. He expresses believing that he has "special powers--I can control the weather". He is illogical, has difficulty with immediate and short term memory. He demonstrated impaired judgment (i.e., following strangers), low self awareness (i.e., wandering onto private property and frequent bumping into objects) and currently is unable to care for himself or complete even the basic activities of daily living and hygiene, protecting himself from dangerous situations or managing finances.

NEXT…print a copy of the FARS Rating Form from this manual…open your copy of the manual to the general guidelines and general guidelines rating table on page 15 …and , using information provided in the vignette you just read, complete each of the 18 domain ratings. Once you have completed those ratings, you may want to take the next step and print a copy of the “Instructions” on page 12 of this manual to follow as you register and take the web-based training program to become a certified FARS rater with a certificate that includes an official FARS rater ID number.

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