CHILDREN'S FUNCTIONAL ASSESSMENT RATING SCALE[1]

Department of Children and Families

Substance Abuse and Mental Health Programs

Tallahassee, Florida

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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).

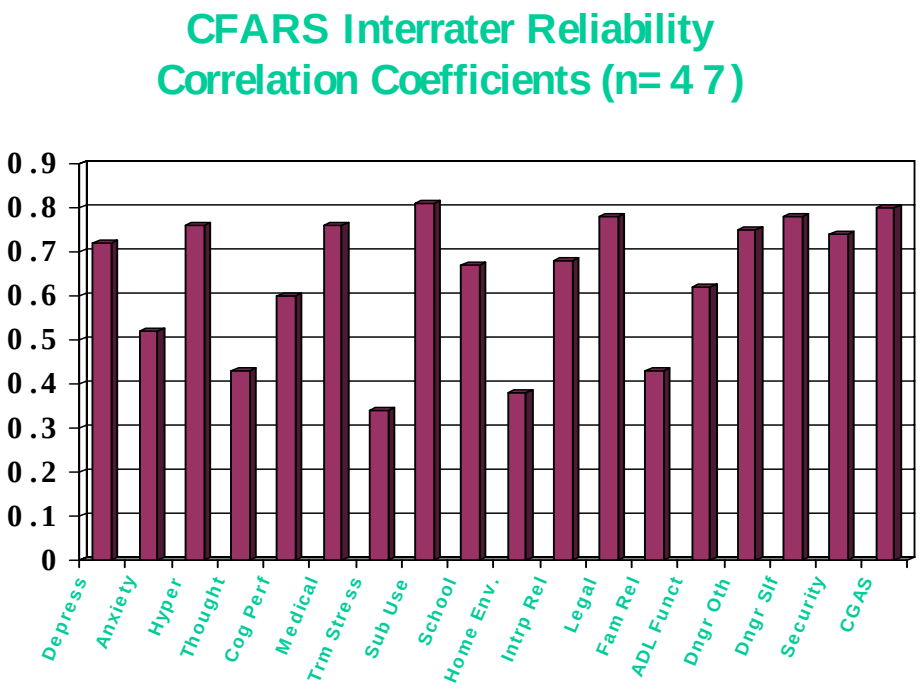
Subsequent to development and adoption of FARS and CFARS in Florida, both measures have been implemented statewide in Wyoming, New Mexico and Illinois to evaluate outcomes for general revenue or Medicaid funded behavioral health services. Other areas within and outside of the U.S. have also implemented 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 CFARS Domains

The graph below shows the results of an inter rater reliability study that examined each of the original **17** CFARS domains (there are now only 16) during the early phases of the pilot implementation in HRS District 7.



As shown in the graph above, fourteen of the seventeen problem severity rated domains showed adequate levels of inter-rater reliability (r > .5). The four domains with lower levels of interrater reliability were "Thought Process", "Traumatic Stress", "Home" Environment" and "Family Relationships". After some discussion with the raters who participated in the study, it was determined that lower interrater reliability of the "Home Environment" and "Family Relationship" domains were due in part to the confusion associated with rating several children in the study who were recently placed in foster care and were being evaluated for admission to counseling or case management services. The raters expressed differences about what they had actually used as criteria for determining their ratings, i.e., for some children, the biological home environment and relationships with biological parents and siblings had been within the last three weeks…but the child was living in the foster home environment and experiencing relationships with people in the foster home at the time of the evaluation. After considerable discussion, "Home" Environment" and "Family Relationships" domains were dropped from the CFARS, and a new more general domain was created which included elements of both. The new "Behavior in 'Home' Setting" domain defines "home" as the placement in which the child resides (or in which the child most recently resided) at the time of the evaluation and includes the checklist "behavior" items related to disregarding rules, defying authority, conflicts with sibling or peers, and conflicts with parent or caregiver.

With respect to low inter-rater reliability for "Thought Process" and "Traumatic Stress" domains, some raters participating in the study reported less experience with these areas as **functional** elements, but were familiar with children on their caseloads experiencing psychotic **symptoms** or stress disorder **symptoms**. Believing that both Thought Process and Traumatic Stress were important "functional" areas for further study, additional "words or phrases" were added to the manual and the form to better orient the rater to the intended content area of "Thought Process" and "Traumatic Stress" as functional domains. Thus, the current CFARS instrument described in the later parts of this manual includes **16** domains.

III. Validity of the CFARS Domains

One way of assessing the validity of the CFARS domains is to compare and contrast the admission ratings at different levels of care. If the problem severity rating scales are measuring what they are designed to measure (and are thus "valid"), you would expect to find higher mean problem severity ratings associated with more restrictive levels of care, since children with more severe problems should be admitted into more restrictive levels of care. Table 1 below displays the mean problem severity ratings for admission into 8 different levels of care.

Table 1

CFARS Domains	Levels of Care (see abbreviations in Note below)							
	RES 1 (n=8)	CRC CM (n=34)	CCSU (n=281)	Day TX (n=200)	OP (n=91)	FSPT CM (n=337)	SA RES (n=58)	SA OP (n=116)
Depression	5.0	5.3	4.7	4.5	4.2	3.5	3.4	2.5
Anxiety	5.9	4.5	2.6	3.4	3.1	2.7	2.5	2.2
Hyperactivity	4.6	5.3	4.2	4.8	5.1	3.6	3.1	2.5
Thought Process	4.0	3.5	2.1	3.0	1.9	2.1	1.8	1.2
Cognitive Performance	5.6	4.6	4.2	4.6	4.3	3.6	4.6	3.2
Medical/Physical	2.4	3.0	1.7	2.2	1.7	1.7	1.5	1.1
Traumatic Stress	5.5	5.1	2.7	3.4	3.1	2.8	3.7	1.9
Substance Use	2.0	2.3	2.1	2.3	1.3	2.3	8.6	3.6
Work or School	4.7	4.0	4.4	5.3	4.8	4.2	7.0	4.4
"Home" Environment	6.2	4.9	4.1	4.1	4.6	3.6	5.0	3.7
Interpersonal Relationships	5.9	5.3	3.7	4.7	4.4	3.6	2.5	3.3

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Socio-Legal	3.4	4.3	3.4	3.8	2.8	3.5	6.0	3.4
Family Relationships	6.5	5.8	4.6	4.5	4.9	4.1	5.6	3.6
ADL Functioning	4.4	3.5	1.9	2.2	1.6	1.6	1.2	1.1
Danger to Others	5.2	5.0	4.0	3.8	2.9	3.6	3.4	1.9
Danger to Self	4.1	4.0	4.6	3.1	2.0	2.6	3.0	1.2
Security/Management Needs	6.1	4.9	5.2	4.0	2.1	3.2	4.6	1.2
CGAS	27.1	45.9	44.1	42.6	51.6	52.4	35.2	53.1

Note:
RES 1 = Residential Level 1; **CM** = Case Management; **CRC** = Certified Rehabilitation Counselor; **CCSU** = Children Crisis Stabilization Unit; **TX** = Treatment; **OP** = Outpatient; **FSPT** = Family Service Planning Team; **SA** = Substance Abuse.

The results of this analysis corroborate the validity of the CFARS problem severity rating domains, since the more restrictive levels of care (e.g., Residential Level I, Residential Case management (CRC), and Children's Crisis Stabilization Unit) tend to have higher average problem severity ratings than less intensive services like Day Treatment, Outpatient counseling or community case management. Importantly, not only do the average problem severity ratings tend to be higher for the more restrictive levels of care, the more "serious" problem areas related to Danger to Others and Danger to Self are rated more severe (higher) in the residential program, residential case management and the CCSU than for the other levels of care. The "Substance Use" scale also seems to be working in the expected direction when comparing ratings between substance abuse programs and mental health programs…and comparing inpatient substance abuse programs with outpatient substance abuse services.

IV. Instructions for Completing CFARS 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 CFARS, including the definitions of the CFARS data elements, the template of the CFARS data collection form, and the file layout for submitting CFARS 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 9 of the Mental Health and Substance Abuse Measurement and Data – Pamphlet 155-2 provides detailed instructions for completing the CFARS form. The completion of the CFARS 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 CFARS labeled: Social Security Number of the person being rated.

Priority Populations for Children Mental Health - CFARS 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.

CFARS Rater Identification Number - The 9-digit Rater Identification Number must be entered on all CFARS 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 CFARS training and is certified as specified below in paragraph **V.2.d.ii**.

V. Instructions for Using Web-based System for CFARS 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 "**CFARS Training and Certification".** This will display a page where you can do the following:

   a. You should click on the link labeled "**download documents**" link. This will allow you to download and review the CFARS 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 CFARS 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 CFARS 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 5.0 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 social security number 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 CFARS 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 higher 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 website, 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 CFARS Functional Domains

In order to complete the problem severity ratings of the CFARS, 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 CFARS Problem Severity Ratings for each of the 16 functional domains. This table also describes adjectives or phrases that are used as anchors to describe the child'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 children or adolescents, with or without mental, emotional, physical, cognitive or behavioral problems, can be rated using the CFARS domains. Children 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, a child in the process of being admitted into a Children's 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.

The next section of this manual include "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. Table 3 in the next section will help you identify the most important considerations for ratings of severity for the guidelines described above

Table 2: CFARS Problem Severity Ratings

Use the following 1 to 9 scale to rate the child'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 the child's 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	Happy	Sleep Problems	Anxious/Tense	Calm	Guilt
Sad	Hopeless	Lacks Energy/Interest	Phobic	Worried/Fearful	Anti-Anxiety Meds
Irritable	Withdrawn	Anti-Depression Meds	Obsessive/Compulsive	Panic	

Hyperactivity ____			**Thought Process** ____		
Manic	Inattentive	Agitated	Illogical	Delusional	Hallucinations
Sleep Deficit		Mood Swings	Paranoid	Ruminative	Command Hallucination
Pressured Speech	Relaxed	Impulsivity	Derailed Thinking	Loose Associations	Intact
ADHD Meds	Anti-Manic Meds		Oriented	Disoriented	Anti-Psych. Med.

Cognitive Performance ____		**Medical / Physical** ____		
Poor Memory	Low Self-Awareness	Acute Illness	Hypochondria	Good Health
Poor Attention/Concentration	Developmental Disability	CNS Disorder	Chronic Illness	Need Med./Dental Care
Insightful	Concrete Thinking	Pregnant	Poor Nutrition	Enuretic/Encopretic
Impaired Judgment	Slow Processing	Eating Disorder	Seizures	Stress-Related Illness

Traumatic Stress ____		**Substance Use** ____		
Acute	Dreams/Nightmares	Alcohol	Drug(s)	Dependence
Chronic	Detached	Abuse	Over the Counter Drugs	Cravings/Urges
Avoidance	Repression/Amnesia	DUI	Abstinent	I.V. Drugs
Upsetting Memories	Hyper vigilance	Recovery	Interfere w/Functioning	Med. Control

Interpersonal Relationships ____		**Behavior in "Home" Setting** ____	
Problems w/Friends	Diff. Estab./Maintain	Disregards Rules	Defies Authority
Poor Social Skills	Age-Appropriate Group	Conflict w/Sibling or Peer	Conflict w/Parent or Caregiver
Adequate Social Skills	Supportive Relationships	Conflict w/Relative	Respectful
Overly Shy		Responsible	

ADL Functioning ____			**Socio-Legal** ____		
Handicapped	Not Age Appropriate In:		Disregards Rules	Offense/Property	Offense/Person
Permanent Disability	Communication	Self-Care	Fire setting	Comm.	Pending Charges
No Known Limitations	Hygiene	Recreation	Dishonest	Use/Con Others(s)	Incompetent to Proceed
	Mobility		Detention/Commitment		Street Gang Member

Select: Work / School ____			**Danger to Self** ____		
Absenteeism	Poor Performance	Regular	Suicidal Ideation	Current Plan	Recent Attempt
Dropped Out	Learning Disabilities	Seeking	Past Attempt	Self-Injury	Self-Mutilation
Employed	Doesn't Read/Write	Tardiness	"Risk-Taking"	Serious Self-Neglect	Inability to Care for Self
Defies Authority	Not Employed	Suspended			
Disruptive		Skips Class			

Danger to Others ____		**Security/Management Needs** ____	
Violent Temper	Threatens Others	Home w/o Supervision	Suicide Watch
Causes Serious Injury	Homicidal Ideation	Behavioral Contract	Locked Unit
Use of Weapons	Homicidal Threats	Protection from Others	Seclusion
Assaultive	Homicide Attempt	Home w/Supervision	Run/Escape Risk
Cruelty to Animals	Accused of Sexual Assault	Restraint	Involuntary Exam/Commitment
Does Not Appear Dangerous to Others	Physically Aggressive	Time-Out	PRN Medications
		Monitored House Arrest	One-to-One Supervision

CFARS was adapted from the Colorado Client Assessment Record (CCAR) and Functional Assessment Rating Scale (FARS) by:
J.Ward, M.Dow, T.Saunders, S. Halls, K. Musante, K. Penner, R. Berry, N. Sachs- Ericcson, 1996, 1997, 1998, 1999, 2000, 2004 at USF/FMHI

VII. "Definitions" and "Behavioral Anchors" for CFARS 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 CFARS Problem Severity Ratings to individual Functional Domains	Table 3: Children's 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.
Happy	Having or demonstrating pleasure; seeming gratified.
Sleep Problems	Disturbance in frequency, amount or pattern of sleep, this may include difficulty falling asleep or difficulty maintaining sleep.
Sad	Affected or characterized by sorrow or unhappiness; somber.
Hopeless	Having no hope, despairing, bleak.
Lacks Energy/Interest	Tiredness, fatigue, fatigue without physical exertion. Less interested in hobbies, "not caring anymore," loss of enjoyment in activities that were previously considered pleasurable
Withdrawn	Markedly low or reduced level of participation in social, vocational, or educational activities than would be expected for an individual based on their history or ability
Irritable	Easily annoyed, ill tempered, abnormally sensitive. Persistent anger, a tendency to respond to events with angry outbursts or blaming others. Cranky mood.
Anti-Depression Meds	Taking prescribed medication to treat clinical depression.

Anchor Guidelines 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 of a typical person of this age, sex, and subculture. This means that the dysfunction or problem 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/Tense	Worry, distress, or agitation resulting from concern about something impending or anticipated. In a state of mental or nervous tension; taut; wired.
Calm	Absence of emotion or turmoil; serene; not agitated.
Guilt	A sense of having committed some breach of conduct: recrimination, blaming, self-faulting.
Phobic	Person experiences persistent, excessive, or unreasonable fear of a specific thing or situation.
Worried/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. Overly concerned about situations usually out of one's control. (?).
Anti-Anxiety Meds	Taking prescribed medication to treat clinical anxiety.
Obsessive/Compulsive	To be excessively preoccupied. Recurrent and persistent thought, impulses, or images. Repetitive behaviors (e.g., hand washing, checking and rechecking) or mental acts (e.g., praying, counting) that the person feels driven to perform.
Panic	The experience of a sudden overpowering fear or terror that substantially interferes with the individual's cognitive or behavioral functioning

Anchor Guidelines 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 of a typical person of this age, sex, and subculture. This means that 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.

HYPERACTIVITY	
Words or Phrases	**Definitions**
Manic	High level of uncontrolled excitement.
Inattentive	Difficulty or inability to maintain a focus on an activity (cognitive or behavioral) that interferes with learning, retention, or demonstration of needed skills or abilities.
Agitated	Moved with violence or sudden force; stirred up; upset.
Sleep Deficit	Insufficiency in the frequency, amount or patterning of sleep.
Overactive/Hyperact.	Excessive movement, animation, e.g., pacing, incessant talking. Fidgetiness or squirming in one's seat. Excessive running, talking.
Mood Swings	Wide or dramatic shift or swings from elated, euphoric, to depressed, sad.
Pressured Speech	A prolongation of sounds and syllables.
Relaxed	Appears calm, reposed, at ease.
Impulsivity	Difficulty or inability to withhold acting or speaking on a thought or idea when that expression could have negative consequences.
Anti-Manic Meds	Taking prescribed medication to treat symptoms of mania.
ADHD Meds	Taking prescribed medications to treat symptoms of attention deficit/hyperactivity disorder.

Anchor Guidelines for Hyperactivity 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 hyperactivity or need for treatment of hyperactivity.)

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 hyperactivity may be intermittent or may persist at a low level. The problem or symptoms of hyperactivity have little or no impact on other domains or they may be currently controlled by medications. The need for treatment of hyperactivity 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 hyperactivity may persist at a moderate level or become severe on occasion. Hyperactivity 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 of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with hyperactivity 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 hyperactivity 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 weak connection or relation between thoughts, feelings, ideas, or sensations.
Anti-Psych. Meds	Taking prescribed medication to treat symptoms of psychosis
Oriented	Having proper bearing or a state of mental control as to time place, or identity.
Disoriented	Lacking proper bearing, or a state of mental control as to time place, or identity.
Command Hallucinations	Hearing or seeing something not there that instructs the child to do something

Anchor Guidelines 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 thought disorders.)

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 thought disorders have little or no impact on other domains or they may be currently controlled by medications. The need for treatment of a thought process problem 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 process 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 of a typical person of this age, sex, and subculture. This means that 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	Based on what would be expected for the person's age and/or subculture the person is not cognizant of one's effect on other people; not conscious of ones' own self; can't differentiate from other people or things.
Attention/Concentration	Limited ability to focus on current task(s) or issues, difficulty concentrating or focusing attention.
Developmental Disability	Difficulty in conceptualizing, understanding, or limited intellectual capacity (IQ).
Insightful	Cognitive ability to discern the true nature of a situation.
Concrete Thinking	Difficulty with abstraction, often simplistic thinking that misses nuance of words or phrases.
Impaired Judgment	Inability to adequately assess the impact of one's actions. Difficulty in self-monitoring.
Slow Processing	Limited ability in speed of processing or comprehending information.

Anchor Guidelines 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 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 a cognitive performance problem 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 of a typical person of this age, sex, and subculture. This means that 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.
Hypochondria	The persistent, neurotic conviction that one is or is likely to become ill.
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 of Med/Dental Care	A biological, physiological, genetic or structural defect or condition that requires service of a physician or dentist to rehabilitate, repair, or restore normal or healthy functioning.
Pregnant	Person is currently pregnant or has been pregnant in the last three weeks.
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 of process of urination, or lacking normal voluntary control of process of defecation.
Eating Disorder	Severe disturbances in eating behavior. Refusal to maintain a minimally healthy body weight or engaging in repeated episodes of binge eating or purging.
Seizures	Sudden brief convulsive attacks which alter motor activity, consciousness, or sensory phenomenon.
Stress Related Illness	Diagnosable medical or physical condition that has a significant etiology related to emotion

Anchor Guidelines 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 or need for medical/physical 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, a medical/physical problem may be intermittent or may persist at a low level. The medical/physical problem or symptoms have little or no impact on other domains or they may be currently controlled by medications. The need for treatment of medical/physical 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 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 of a typical person of this age, sex, and subculture. The dysfunction or medical/physical problem 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.

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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.
Hyper Vigilance	Acute or chronic "fear Based" focus on minor common elements in situations or events in the environment, that substantially interferes with or replaces normal attention or caution

Anchor Guidelines 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 associated with 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. The need for treatment of a traumatic stress disorder 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 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 of a typical person of this age, sex, and subculture. This means that 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 drugs, and/or other substances which present a problem in the person's life.
Dependence	Person relies on alcohol, or drugs for support, and continues to use substance even though substance use has caused significant problems. May include 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.
Over the Counter Drugs	Use of over the counter drugs such that the use presents a problem in the person's life.
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.

Anchor Guidelines for Substance Use 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 associated with 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. This is the minimum rating for individuals that no longer need substance abuse treatment but continue to need support provided by self-help groups (i.e. NA, AA) 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 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 of a typical person of this age, sex, and subculture. This means that 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./Maintaining Relationships	Has difficulty making and/or keeping desirable friends, developing close relationships, or is so unselective in making friends that the person is taken advantage.
Poor Social Skills	Lack or difficulty in mastering dress, presentation, manners, verbal, expression; factors associated with successful interaction with others.
Overly Shy	Characterized by being timid, bashful or shy to a point that it causes problems.
Adequate Social Skills	Possessing abilities associated with successful interaction with others.
Supportive Relationships	Relationships which perpetuate or encourage positive feelings and behaviors.
Age Appropriate Group Activity	Individual participates in a variety or at least one activity that involves two or more peers that promotes and maintains the development of socially acceptable, legal and moral interpersonal relations (i.e., extracurricular activities, organized sports, clubs, church, etc.)

Anchor Guidelines 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 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 problem with interpersonal relationships may be intermittent or may persist at a low level. The interpersonal relationships problem or symptoms have little or no impact on other domains. The need for treatment of interpersonal relationship 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 the dysfunction or problem with interpersonal relationships may persist at a moderate level or become severe on occasion. Interpersonal relationships 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 of a typical person of this age, sex, and subculture. This means that 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.

BEHAVIOR IN "HOME" SETTING	
Words or Phrases	**Definitions**
Disregards Rules	The person does not consider ordinary "house" rules as personally applicable, ignores rules or fails to comply with rules (e.g., breaks set curfew)
Conflict w/Sibling or Peer	An interpersonal problem, controversy or disagreement involving the child/youth and a sibling or a child of similar age and development
Conflict w/relative	An interpersonal problem, controversy or disagreement involving the child/youth and a member of their family (i.e., uncle, grandmother).
Responsible	Takes responsibility for oneself (e.g., makes bed, picks up toys or room, etc.), Complies with "house" rules and expectations
Defies Authority	A persistent and frequent pattern of refusing to conform to rules or respond to reasonable requests from parents or caregiver
Conflict w/Parent or	An interpersonal problem, controversy or disagreement involving the child/youth and one or both
Caregiver	The child's parents, foster parents, grandparents with parental custody, or other individual(s) who provide daily for the support and monitoring of the child.
Respectful	Treats others with respect. Complies with reasonable requests from parent or caregiver.

Anchor Guidelines Behavior in "Home" Setting 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 behavior in the home or need for treatment associated with behavior problems in the home.)

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 behavior in the home may be intermittent or may persist at a low level. The home behavior problem or symptoms have little or no impact on other domains. The need for treatment of home behavior 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 the dysfunction or problem with home behavior may persist at a moderate level or become severe on occasion. Home behavior 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 of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with home behavior 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 home behavior 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.

ADL FUNCTIONING	
Words or Phrases	**Definitions**
Handicapped	A mental or physical deficiency or defect that inhibits usual or normal activity.
Permanent Disability	A mental or physical deficiency or defect that inhibits the person's ability to meet their own age-appropriate activities of daily living
No Known Limitations	The individual has no known physical or mental conditions that would substantially interfere with normal or usual activities of daily living.
Not Age Appropriate in:	Based on expected functioning for individuals who are the same age as the person being evaluated, e.g., the child is 10 years old and cannot make change to purchase a candy bar.
Communication	Use verbal, written or behavioral skills to convey thoughts, ideas, wishes, needs or feelings at a developmental level consistent with person's age and culture
Self-Care	Ability to meet the daily demands for feeding or meal preparation and recognition and appropriate avoidance of harmful situations consistent with person's age and culture
Hygiene	Ability to meet daily demands for "safe" hygiene and grooming, cleanliness,etc., consistent with the person's age and culture.
Recreation	Ability to engage in socially, culturally and age appropriate activities that result in "healthy and restful" stimulation of the mind and/or body
Mobility	Cognitive and physical ability or skill (e.g., muscular development and coordination) that allows purposeful movement of the body (e.g., sitting up, rolling over, crawling, walking, running, etc.) consistent with the person's age and culture

Anchor Guidelines 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 associated with ADL functioning.)

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 ADL functioning problem or symptoms have little or no impact on other domains. The need for treatment of ADL functioning 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 functioning 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 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 of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with ADL functioning 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 functioning's 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.
Fire setting:	Malicious, voluntary or willfully setting fire to public or private property; arsonist.
Community Control/Reentry	Juvenile Justice status in which child/adolescent is monitored/supervised in the community during and/or post-commitment reentry
Pending Charges	The person has one or more current offenses awaiting resolution
Dishonest/Lying	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 without regard for effect on others.
Incompetent to Proceed	Adjudication by the courts as incompetent to proceed due to mental incapacity or mental illness; does not comprehend the nature of charges against him/her; cannot assist in own defense
Detention/Commitment	Confined to a detention center or commitment program level four or higher
"Street" gang member	Documented police reports or self report of being in a "street" gang

Anchor Guidelines 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 associated with socio-legal functioning.)

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 socio-legal problem with may be intermittent or may persist at a low level. The socio-legal problem or symptoms 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. If the person being assessed is on probation, this is the minimum rating allowed.

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 socio-legal dysfunction or problem 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 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 of a typical person of this age, sex, and subculture. This means that the socio-legal dysfunction or problem 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 or extended absence from school, work or training program due to approved or unapproved reasons
Poor Performance	Fails to meet the expectations for job/ role/ school performance
Regular Attendance	Regularly goes to classes/school or work.
Dropped Out:	Child has officially "withdrawn" from school or has quite attending school with no intention of returning t.
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
Defies Authority	A persistent and frequent pattern of refusing to conform to rules or respond to reasonable and legal requests from persons with lawful supervisory or advisory responsibility.
Not Employed	Not working for compensation
Suspended	Temporary removal from regular classes for a predetermined period (to decided by the school) for violation of written school policy or procedure. This may include "in-school" suspension or "out of school" suspension
Disruptive	Activities or behaviors (in work or school) that prevent others (on the job or in the classroom) from completing or attending to their tasks
Terminated/Expelled	Not allowed to return to school for an undetermined or permanent period of time for a violation of written policy or procedure
Skips Classes	Absences from class or school not due to illness, medical appointments or excusable reasons

Anchor Guidelines 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 are no work problems or school problems or need for treatment associated with problems at work or school.)

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 problems at work or school have little or no impact on other domains. The need for treatment of work or school 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 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 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 of a typical person of this age, sex, and subculture. This means that 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.

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 cutting, burning, scarring or otherwise causing visible damage to ones body
Risk Taking Behaviors	Intentionally engaging in behaviors that have a high risk for significant self-injury or harm (e.g., promiscuity, unsafe sex, jumping out of moving cars, jumping out of trees, staying out past curfew in areas know for high victim related crime.)
Serious Self-Neglect	Does not protect oneself from risk, threats, or danger according to age-appropriate expectations.
Inability to Care for Self	Inability (base on age-appropriate expectations or skills) to survive alone and where there are not willing family, friends or alternate forms of adult supervision available in the child's natural environment

Anchor Guidelines for Danger to 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 regard to danger to self or need for treatment associated with 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 with danger to self may be intermittent or may persist at a low level. The problem danger to self or symptoms have little or no impact on other domains. The need for treatment of 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).

6 = Moderate to Severe Problem

7 = Severe Problem Functioning in this range is marked by obvious and consistent failures, never meeting expectations of a typical person of this age, sex, and subculture. This means that 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.
Causes Serious Injuries	The child/youth has caused injuries which require medical attention.
Homicidal Ideation	Person forms ideas or thoughts of killing another person or persons.
Use of Weapons	The child/youth has utilized weapons or other instruments as a weapon during aggressive behavior or while threatening others.
Homicidal Threats	Person expresses the intention of killing another person or persons.
Assaultive	Violently, physically or verbally attacks another/others.
Homicidal Attempt	Child/Youth has tried to kill another person or persons.
Cruelty to Animals	Physical attacks on animals ranging from persistent teasing to torture, harming, maiming, or killing animals (e.g., setting fire to animals).
Accused of Sexual Assault	Verbal or written report, as self-report or third party that the child/youth committed a sexual assault in the last 3 weeks, e.g., touching genitals of others or using coercion (physical force or threats) to make such contact.
Physically Aggressive	Inclined to behave in an overly assertive manner; actively hostile.
Does not appear	Person does not appear to present a danger to others.

Anchor Guidelines 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 regard to danger to others or need for treatment associated with 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 danger to others problem may be intermittent or may persist at a low level. The danger to others problem or symptoms have little or no impact on other domains. The need for treatment of 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).

6 = Moderate to Severe Problem

7 = Severe Problem Functioning in this range is marked by obvious and consistent failures, never meeting expectations of a typical person of this age, sex, and subculture. This means that 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 danger to others 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.

SECURITY MANAGEMENT NEEDS	
Words or Phrases	**Definitions**
Home w/o Supervision	Capable of returning home without direct staff or constant caregiver observation and supervision.
Suicide Watch	Continuous observation and monitoring by a healthcare worker or caregiver to prevent the child from self-injury or suicide
Behavioral Contract	Usually a written, signed agreement specifying that the child will not harm self or others without first notifying staff or caregiver
Locked Unit	A treatment unit with ingress and egress controlled locked doors/windows
Protection from Others	Significant potential for others to take advantage of or harm the child and need to provide measures to prevent this from occurring.
Seclusion	Separate, secure, staff monitored room used with written medical orders by a licensed physician, for t "prevention of injury to self or others
Home with Supervision/Alarms	The child may return home with supervision and or alarms to assist in controlling, directing or otherwise seeing that the child/youth does not engage in behavior that is a danger to self or others
Run/Escape Risk	Significant potential for escaping or running away from supervision
Restraint	Physical or manual (sometimes chemical via medications) means of restraining movement or activity, i.e., restraining arms in order to prevent self-injury or physical assault on another person
Involuntary Exam /Commitment	An involuntary examination performed by an appropriate mental health professional or hearing held in the chambers of a judge or hearing master conducted under the rules of a state mental health act
Time-out to Seclusion	Removal of the child/youth from the milieu to either a separate, staff monitored room or area for "stimulus reduction" and "calming down".
PRN	Written orders for medications or behavioral interventions that are to be carried out if certain conditions or situations requiring treatment occur
Monitored House Arrest	The juvenile has been sentenced by the Court to remain in home and is monitored by an electronic device that signals when the person leaves the home
One to One Supervision	The individual has been assessed to be in need of constant observation in order to prevent them from hurting themselves or others

Anchor Guidelines for Security Management Needs Severity Ratings

1 = No Problem There is no security/management need 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 intervention(s).

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 CFARS Ratings to Develop Individualized Treatment / Service / Recovery Plans

The basic assumption and philosophy of functional assessment is to ***focus 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 CFARS ratings (problem severity ratings and symptom/behavior/asset checklists). It is also important that you review your ratings with the person you are evaluating. The next section of this manual shows steps that you can follow to use the CFARS 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" CFARS ratings for each of the 16 domains & symptom, etc. descriptors
3. Review the completed CFARS with the person being evaluated.
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. Describe each Domain that will be included in the Treatment/Service/Recovery Plan (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. Finally, all parties must sign and receive copy of the completed "negotiated" treatment/service/recovery plan document.

Below is an example of a completed CFARS Rating profile of an individual for each of the 16 Domains followed by the list of adjectives, assets, symptoms, etc. for each of the clinically relevant domains.

- CFARS Profile
- A. Teen – 15yo Hispanic female School referral with parents accompanying

	No Problem 1	2	Slight Problem 3	4	Moderate Problem 5	6	Severe Problem 7	8	Extreme Problem 9
• Depression						x			
• Anxiety			x						
• Hyperactivity	x								
• Thought Process			x						
• Cognitive Perf.			x						
• Medical/Physical		x							
• Traumatic Stress	x								
• Substance Use					x				
• Interpersonal Rel.	x								
• Behavior in "Home"		x							
• ADL Functioning		x							
• Socio-Legal			x						
• Work or School				x					
• Danger to Self				x					
• Danger to Others		x							
• Security/Mngmt.Needs				x					

Now, assume that step 1, 2 & 3 of the 9 steps listed above have been completed and begin with step 4 in the next section to begin the process of creating a negotiated Individualized Treatment/Service/Recovery Plan.

- ***Step 4: "Identify the Individual's "Clinically Elevated" Domains***

Depression __6__

- **Depressed Mood** ✓ **Happy** **Sleep Problems** ✓
- **Sad** ✓ **Hopeless** ✓ **Lacks Energy/Interest**
- **Irritable** ✓ **Withdrawn** ✓ **Anti-Depression Meds**

Substance Use__5__

- **Alcohol** ✓ **Drug(s)** ✓ **Dependence** **Abuse** ✓
- **OTC Drugs** **Cravings/Urges** **DUI**
- **Abstinent** **I.V. Drugs** **Recovery**
- **Interfere w/function** ✓ **Med. Control**

School 4

- Absenteeism ✓ Poor Performance ✓
- Regular Attendance Dropped Out
- Learning Disabilities Seeking Employment
- Employed Doesn't Read/Write
- Tardiness Defies Authority
- Not Employed Suspended
- Disruptive Terminated/Expelled
- Skips Class ✓

Danger to Self 4

- Suicidal Ideation ✓ Current Plan
- Recent Attempt Past Attempt
- Self-Injury Self-Mutilation
- "Risk Taking" Serious Self Neglect
- Inability to Care for Self

Security/Management Needs 4

- Home w/o Supervision Suicide Watch Behavioral Contract ✓
  Locked Unit Protection from Others Seclusion
- Home w/Supervision ✓ Run/Escape Risk Restraint
- Involuntary Exam /Commit Time Out PRN Medications ✓
- Monitored House Arrest One-to-one supervision

- ***Then** begin **Step 5.** "Identify the Individual's "Strength" Domains"*

Medical Physical 1

- **Acute Illness** **Hypochondria** **Good Health** ✓
- **CNS Disorder** **Chronic Illness** **Need Medical Care**
- **Pregnant** **Poor Nutrition** **Enuretic/Encopretic**
- **Eating Disorder** **Seizures** **Stress-Related Illness**

Interpersonal Relationships 1

- **Problems w/Friends** **Diff. Estab./Maintain Relationships**
- **Poor Social Skills** **Age appropriate group**
- **Difficulty Maintaining Relationships**
- **Adequate Social Skills** ✓ **Supportive Relationships** ✓

Behavior in "Home" Setting 2

- **Disregards rules** **Defies Authority**
- **Conflict with sibling or peer** ✓
- **Conflict with relative** **Respectful** **Responsible**

- ***Next, begin **Step 6.** "Describe (one at a time) each of the domains to be addressed in the Treatment/Service/Recovery Plan".***

In the present example, we will begin with the most "**Clinically Elevated**" Domain, which is "**Depression**" by describing the information contained in the completed CFARS rating:

Description of 1st Domain to be addressed in Treatment/Recovery Plan: "Annette Teen is a 15 year old Hispanic female with moderate to severe levels of depressive functioning as evidenced by a CFARS rating of "6" on the Depression domain and self report of depressed mood, sadness, feeling hopeless and withdrawn from others, with increased irritability and sleep problems expressed as

difficulty going to sleep and early awakening resulting in 4 hours or less of sleep each night."

- ***Then, begin Step7. "Define goals for change in measurable terms".***

  - **Goal 1. I will learn the impact of negative thinking & negative self talk in people experiencing depressed mood and write 10 positive self statements to review with my therapist next Friday**

  - **Goal 2. By end of 30 days, I will increase my current rate of daily exercise from zero minutes per day to 30 minutes per day. (note: physical health is considered a "strength" because it will be important in developing a "walking" program to improve depressive cognitive and physical symptoms and will also be important in Action Statement for Goal 2 in the next section)**

  - **Goal 3. By end of 30 days, I will increase my sleep hours from current level of 3 hours average per night to at least 6 hours per night.**

- ***And then, begin Step 8. "Devise an Action Plan with timelines"***

For **each goal** for change, you need to develop statements in an "**Action Plan**" to help the individual improve functioning in that domain (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. The following is an example of an Action Plan for the 3 goals listed in Step 7. for the "Depression" Domain.

- **Action Statement for Goal 1. I will attend Cognitive Therapy Group for Depression each week on Monday at 4 pm with the clinic psychologist to learn about depression and negative self talk…and meet one-on-one with my case manager at my home each Friday at 4 pm to discuss my "positive self statement" script.**
- **Action Statement for Goal 2. I will plan with my best friend Sally and my mom for us to take a 30 minute walk after dinner each evening (supportive friends and family is a "strength" that helps implement this goal).**
- **Action Statement for Goal 3. Each night at bedtime for 30 days, I will review and practice the "good sleep hygiene" behavioral principles given to me by the clinic psychologist.**

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" CFARS domains (i.e., those that are rated "4" or higher).

And finally, meet again with the individual for whom you are developing the plan, negotiate consensus and begin the most important part of your process, Step 9. "All parties sign and receive copy of the completed "negotiated" treatment/service/recovery plan document".
Once this process has been completed, you are ready to implement the agreed upon action steps and you and the person you are assisting will be able to monitor the recovery process. Subsequent CFARS evaluations will be helpful in documenting functional change as part of the recovery process and determining if modifications are needed in the plan to continue and reinforce functional improvement

and maintain the therapeutic relationship.

IX. Factor Analysis of the 16 CFARS Domains

Exploratory and Confirmatory Factor Analysis of CFARS "admission evaluation" problem severity ratings for the 16 Functional domains of children treated in DCF contracted mental health services in Florida resulted in the following **four-factor solution** assignment of the 16 functional domains into ***Index*** scores:

- **CFARS SUBSCALE #1**
- ***Relationships*** **= Hyperactivity**
- **+ Work or School**
- **+ Interpersonal Relationships**
- **+ Cognitive Performance**
- **+ Behavior in the Home**
- **+ Danger to Others**
- ***total of all six scales divided by 6 = CFARS Relationships Index score***

- **CFARS SUBSCALE #2**
- ***Safety*** **= Socio-Legal**
- **+ Substance Use**
- **+ Security Management Needs**
- **+ Danger to Self**
- ***total of all four scales divided by 4 = CFARS Safety Index score***

- **CFARS SUBSCALE #3**
- ***Emotionality*** **= Anxiety**
- **+ Traumatic Stress**
- **+ Depression**
- ***total of all three scales divided by 3 = CFARS Emotionality Index score***

- **CFARS SUBSCALE #4**
- ***Disability*** **= ADL Functioning**
- **+ Medical/Physical**
- **+ Thought Process**
- ***total of all three scales divided by 3 = CFARS Disability Index score***

In Florida, these ***Index*** scores have been used to track change in the "presenting" problem. For example, if "***Safety***" is the highest ***Index*** score at "admission", comparisons are made between the "***Safety***" ***Index*** score at admission and the "***Safety***" ***Index*** score at discharge (or at every six-month evaluation if the child is in a long-term program like case-management) to determine if there is improvement in the functional domains that most likely caused the child to be admitted into treatment.

X. "Clinically" Derived Scales for the 16 CFARS Domains

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 16 domain scores on the Children's Functional Assessment Rating Scales.

If you scan the back of the CFARS form as if you were reading text, the order of the 16 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 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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