# Children's Functional Assessment Rating Scale

John C. Ward, Jr., Ph.D.

Michael G. Dow, Ph.D.

Teri L. Saunders, M.S.

Shawn C. Halls, M.A.

Kathy F. Penner, M.A.

Kristina A. Musante, B.A.

Ray T. Berry, B.A.

Natalie Sachs-Ericcson, Ph.D.

Department of Mental Health Law and Policy

Florida Mental Health Institute

University of South Florida

Tampa, FL

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# Development of the Children's Functional Assessment Rating Scale (CFARS)

## Introduction

In October of 1993, the District 7 Alcohol, Drug Abuse and Mental Health (ADM) Program office of the Florida Department of Children and Families (then called the Department of Health and Rehabilitative Services) entered into a collaborative agreement with the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida in which FMHI would assist the District 7Alcohol, Drug Abuse and Mental Health (ADM) Program office in developing procedures to evaluate the effectiveness of their publicly funded mental health and substance abuse treatment services for children and adults. As part of this project, FMHI staff developed the Functional Assessment Rating Scale (FARS). The FARS was adapted from the Colorado Client Assessment Record (CCAR), which had an extensive history of use in evaluating behavioral health services. The FARS was 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 Fiscal Year 1995-1996, Florida's Department of Children and Families' (then called Department of Health and Rehabilitative Services) in District 7 (four counties around Orlando), with assistance from FMHI, implemented the Functional Assessment Rating Scale (FARS) to evaluate effectiveness of 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 indicated that some changes were needed to ensure an accurate reflection of the specific children's issues believed to be important to children's specialists employed in the public behavioral health system. Feedback from the clinician survey, along with input from a consultant child psychologist and several other licensed mental health professionals (including the first and second author's of the scale), were utilized to develop the 17 domains (along with the Children's Global Assessment Scale) that were included in the first version of the "Children's Functional Assessment Rating Scale" (CFARS).

The concept behind the development of the CFARS was to have a single instrument that could: 1) gather functional assessment information for domains relevant for evaluating children, 2) gather Florida's societal outcome data elements that were needed to meet Performance Based Planning and Budgeting (PB$^2$) initiatives required by the legislature, 3) provide information helpful to clinicians and agencies delivering services (e.g., assist in treatment planning and quality improvement monitoring), and 4) be flexible to describe changing status in aggregate reports of Florida's children in care that would reliably inform DCF's mandated reports to the legislature. In December 1996, the CFARS was implemented in a four county pilot area (DCF District 7), and implemented statewide by June of 1997 as part of Florida's Performance Based Planning and Budgeting initiative.

## Other State's use of the 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.  There is a free Internet web site where additional information, form downloads, and on-line training and certification is available for using both the FARS and CFARS (http://outcomes.fmhi.usf.edu). Specific instructions for accessing and using this free site are included later in this manual.

**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 DCF District 7.



CFARS Interrater Reliability
Correlation Coefficients (n= 47)
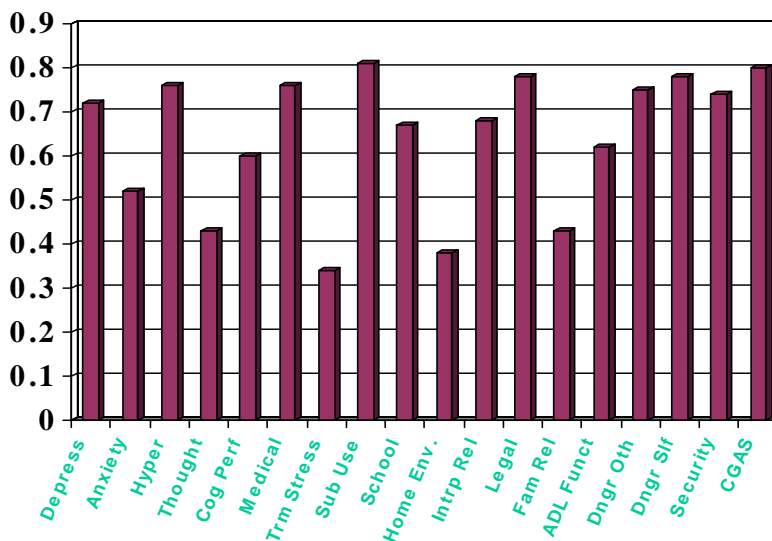
 As shown in the graph above, fourteen of the seventeen problem severity rated domains showed adequate levels of interrater reliability ($\underline{r}$ > .5). The four domains with lower levels of interrater reliability were "Thought Process", "Traumatic Stress", "Home" Environment" and "Family Relationships".  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 a 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.

**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. The table below displays the mean problem severity ratings for admission into 8 different levels of care.

| CFARS Domain | Residential 1 n=8 | CRC Case Management n=34 | CCSU n=281 | Day Treatment n=200 | Outpatient n=914 | FSPT Case Management n=337 | Substance Abuse Residential n=58 | Substance Abuse Outpatient 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 |
| 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 |

The results of this analysis contribute evidence of the validity of the CFARS problem severity rating domains, since the more restrictive levels of care (e.g., Residential Level I, Residential Case management, and Children's Crisis Stabilization) 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. Additional studies of validity of the CFARS were completed and descriptions of the results of those studies were consistent with the above findings. That information is available elsewhere in technical reports that were completed as contract "deliverables" by the FMHI project faculty and staff. Additional information may be obtained from the first author.

Since the initial implementation, there have been several versions of the biographic and demographic sections (front) of the CFARS in Florida. These changes have generally been the result of state needs related to collection of information used to develop legislatively mandated outcome reports. The next section of this manual includes the most recent version of the CFARS for statewide use beginning FY 2005-2006. Florida's DCF Office in Tallahassee replicated the form as an input screen in a relatively new outcomes reporting system still in development. The secure Internet web-interface system is referred to as "One Family" or "SAMH" (Substance Abuse and Mental Health). The system will also include the capability for contributing agencies to view state "aggregate" reports from statewide data for comparison with data from their own agency, and create quality assurance and outcome reports from data they have submitted in order to monitor their own progress.

# Children's Functional Assessment Rating Scale – Florida Version

**Name of Person being evaluated** *(Optional - required only if needed by your agency or a paper copy is retained in clinical record, please print)*:

(last)_____(first)_____(mi)___

**Date of Birth** *(Required)*: _____/_____/_____
mm          dd          yyyy

**Gender:**
*(Required)*                    ☐ Male          ☐ Female

**SSN of Person being evaluated** *(Required)* :

___ ___ ___ /___ ___ / ___ ___ ___ __

**Provider Agency Tax ID** *(Required)*: _____

**Sub-contractor Tax ID** *(if CFARS done by Sub)*: _____

**Date of Assessment** *(Required)*: _____/_____/_____
mm          dd          yyyy

| Purpose of Evaluation | |
|---|---|
| **DCF Outcomes Report** *(Required)* mark only one | **Program Evaluation** *(Optional)* |
| ☐ Admission to Provider | ☐ Admission to Program |
| ☐ Post Admission Evaluation (e.g., six months, annual, etc.) | ☐ 6 Months After Admission to Program |
| ☐ Discharge from Provider | ☐ Annually After Admission to Program |
| ☐ Administrative/Immediate Discharge | ☐ Planned Discharge from, or Transfer to another Program within agency |
| ☐ None of the above | ☐ Administrative/ Immediate Discharge |
| | ☐ None of the above |

DSM-IV Code for Primary Diagnosis *(Optional)*:     ___ ___ ___ . ___ ___

DSM-IV Code for Secondary Diagnosis *(Optional)*: ___ ___ ___ . ___ ___

## Substance Abuse History *(Required)*
This person indicates they have abused drugs or alcohol within past six months:

Yes____          No____

## CFARS Rater Information

### Educational Category of CFARS Rater
*(Please refer to DCF Pamphlet 155-2 for complete descriptions of each category)*

| Mark Only One Category: | __(01) Non-degree tech. | __(02) AA degree tech. |
|---|---|---|
| __(03) Unlicensed Bachelor's degree | __(04) Unlicensed Master's degree | __(05) Licensed CSW/MFT/MHC/AARNP/PA |
| __(06) Ph.D., Ed.D. or Licensed Psychologist | __(07) M.D., D.O. Licensed Board Certified Psychiatrist | |

**Nine Digit Certified CFARS Rater ID Number of person completing the Problem Severity Ratings on the back of this form** *(Required)*:
*(note: free training and certification available at http://outcomes.fmhi.usf.edu)*

___ ___ ___   ___ ___ ___   ___ ___ ___

**Signature of CFARS Rater:** *(Optional - required only if needed by your agency or a paper copy is retained in clinical record)*:

_____

**CFARS Rater's Notes** *(Optional)*:

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# 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. (*Refer to CFARS User's Manual for instructions...available at http://outcomes.fmhi.usf.edu*)

| 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 _____

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

### Anxiety _____

| | | |
|---|---|---|
| Anxious/Tense | Calm | Guilt |
| Phobic | Worried/Fearful | Anti-Anxiety Meds |
| Obsessive/Compulsive | Panic | |

### Hyperactivity _____

| | | |
|---|---|---|
| Manic | Inattentive | Agitated |
| Sleep Deficit | Overactive/Hyperactive | Mood Swings |
| Pressured Speech | Relaxed | Impulsivity |
| ADHD Meds | Anti-Manic Meds | |

### Thought Process _____

| | | |
|---|---|---|
| Illogical | Delusional | Hallucinations |
| Paranoid | Ruminative | Command Hallucination |
| Derailed Thinking | Loose Associations | Intact |
| Oriented | Disoriented | Anti-Psych. Med. |

### Cognitive Performance _____

| | |
|---|---|
| Poor Memory | Low Self-Awareness |
| Poor Attention/Concentration | Developmental Disability |
| Insightful | Concrete Thinking |
| Impaired Judgment | Slow Processing |

### Medical / Physical _____

| | | |
|---|---|---|
| Acute Illness | Hypochondria | Good Health |
| CNS Disorder | Chronic Illness | Need Med./Dental Care |
| Pregnant | Poor Nutrition | Enuretic/Encopretic |
| Eating Disorder | Seizures | Stress-Related Illness |

### Traumatic Stress _____

| | |
|---|---|
| Acute | Dreams/Nightmares |
| Chronic | Detached |
| Avoidance | Repression/Amnesia |
| Upsetting Memories | Hyper vigilance |

### Substance Use _____

| | | |
|---|---|---|
| Alcohol | Drug(s) | Dependence |
| Abuse | Over the Counter Drugs | Cravings/Urges |
| DUI | Abstinent | I.V. Drugs |
| Recovery | Interfere w/Functioning | Med. Control |

### Interpersonal Relationships _____

| | |
|---|---|
| Problems w/Friends | Diff. Estab./Maintain |
| Poor Social Skills | Age-Appropriate Group |
| Adequate Social Skills | Supportive Relationships |
| Overly Shy | |

### Behavior in "Home" Setting _____

| | |
|---|---|
| Disregards Rules | Defies Authority |
| Conflict w/Sibling or Peer | Conflict w/Parent or Caregiver |
| Conflict w/Relative | Respectful |
| Responsible | |

### ADL Functioning _____

| | | |
|---|---|---|
| Handicapped | Not Age Appropriate In: | |
| Permanent Disability | Communication | Self-Care |
| No Known Limitations | Hygiene | Recreation |
| | Mobility | |

### Socio-Legal _____

| | | |
|---|---|---|
| Disregards Rules | Offense/Property | Offense/Person |
| Fire setting | Comm. Control/Reentry | Pending Charges |
| Dishonest | Use/Con Others(s) | Incompetent to Proceed |
| Detention/Commitment | | Street Gang Member |

### Select: Work / School _____

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

### Danger to Self _____

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

### Danger to Others _____

| | |
|---|---|
| Violent Temper | Threatens Others |
| Causes Serious Injury | Homicidal Ideation |
| Use of Weapons | Homicidal Threats |
| Assaultive | Homicide Attempt |
| Cruelty to Animals | Accused of Sexual Assault |
| Does Not Appear Dangerous to Others | Physically Aggressive |

### Security/Management Needs _____

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

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# Instructions for Using the Free "Web-based" FARS and CFARS Certification System

1) Type in **http://outcomes.fmhi.usf.edu** into your Internet Explorer address space (URL).

2) On the "Outcomes" page, click on the blue **FARS** (for FARS training) or **CFARS** (for CFARS training) which takes you either to a FARS download page or CFARS download page where you can download a copy of forms and manuals. You will need to download and review the 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.

3) After downloading and studying the manual, you are ready to register, select your password and begin your training. You do that by clicking on the "Training and Certification" link on the page where you downloaded the manual…that takes you to the login page to begin your registration process …or to login if you have already registered before and have a password and are returning to complete your training or print additional copies of your certificate. *(Note: you must register before you will be allowed to enter your social security number (ssn) and password on the login page…and, there is a password retrieval link above the ssn box on the logon page if you forget your password at any time.*

4) Unless you have registered before on the site to take FARS or CFARS training, do not put anything in the soc. number or password boxes, instead look below that line and click on the phrase that says "click here to register". 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.

5) 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.

6) When you complete the information for your registration, click on the "continue" button on the bottom left of the page. That takes you to a page where you select a password and enter it once in the top box and then again in the bottom box to confirm your selection...pick something simple that you can remember...but whatever you choose, write it down and store it where you can get it later...but, if you forget it later and need to return to the site, there is a "password retrieval" link above the social security box on the login page.

7) Once you have registered and selected and entered your password twice on the password selection page, or the next time you return to the site and enter your ssn and password on the logon page, you will automatically go to a "Welcome" page with your name on it. On that page you should click on the link that takes you to a page where you will read about the requirements for the training. After clicking on and reading the "learning objectives", you click on the "practice vignettes" link. As explained in the "requirements" page, 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 6.0 of Adobe Reader in order to view or print your certificate. There is a link to download a free version of Adobe Reader 6.0 located at the bottom of the "Welcome [your name]" page where it says, "Requires **Adobe Acrobat Reader**". You can also return at any time to the site, logon and print additional copies of your certificate.

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 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.

Dr. John C. Ward, Jr.
Associate Professor
Department of Mental Health Law and Policy, Louis de la Parte Florida Mental Health Institute
and
Department of Epidemiology and Biostatistics, USF Health Sciences College of Public Health
University of South Florida
Tampa, Florida (telephone #: 813-974-1929, or email: ward@fmhi.usf.edu)

**Instructions for Completing "Early" versions of CFARS Information fields:**

(Note: some of these fields appear only on older CFARS forms.  PB[2] outcomes, including FARS or CFARS scales, are now reported in Florida using electronic methods developed by DCF.)

**Social Security Number of Person Being Rated -** Enter the individual's **social security number** in the boxes provided.  Then darken with a # 2 pencil the appropriate circles below each number.
If you are not able to get the person's SSN, please follow the instructions below to create a "Pseudo-Identification Number" if use of that identifier is permitted by your agency or funding source.

 Each bit of information listed below is necessary to create the 'pseudo-ID':

| | |
|---|---|
| **Digit 1** | Enter a "9" in the box to the far left.  This helps distinguish the "Pseudo-ID" from a "real" SS# since SS#'s cannot begin with a "9". |
| **Digit 2** | Sex:<br>          1 = Male<br>          2 = Female |
| **Digit 3** | Race:<br>          1 = White<br>          2 = Black<br>          3 = American Indian<br>          4 = Asian/Pacific Islander<br>          5 = Alaskan<br>          6 = Other |
| **Digit 4 - 5** | Month of Birth (use leading zeros for Months 1- 9), e.g., April = 04. |
| **Space 6-7** | Day of Birth (use leading zeros for days 1- 9), e.g., 15th of the month = 15. |
| **Space 8-9** | Year of Birth (use leading zeros when necessary), e.g., 1902 = 02, 1952 = 52. |

   Once you have used the procedure described above to create a "Pseudo-ID" for the person for whom you do not have a SS#, enter the "Pseudo-ID" into the nine spaces listed on the CFARS labeled:  Social Security Number of Person Being Rated.  If you are marking responses on a "scannable" form, you must also use a "number 2" pencil to darken the appropriate circles under each number so the scanner can "read" the information.  Do not use a pen or  "light" pencil because the marks may not be "visible" to the scanner.  It is also important that you do not place marks or write on any part of a scannable form except where circles or boxes are designated for entering information.

**Date of Birth -** Enter the individual's date of birth and, if you are using a "scannable" form, darken the appropriate circles below each box.

**Provider Agency Tax ID# -** the provider agency's **Federal Tax ID number** assigned by the Internal Revenue Service (IRS) Department of the Federal government.

**Evaluation Date -** Indicate the <u>date the evaluation was completed</u> on which these ratings are based.

**District of Payer/Service – "**District" refers to the number that designates one of the 15 Districts of the Florida Dept. of Children and Families.

**Florida's Population Certification Categories** – Florida has developed an "enrollment" and event-tracking model to capture service information about people who receive state supported behavioral healthcare services. The procedure includes a set of criteria developed by the state Department of Children and Families to determine which "population" an individual fits into that qualifies the person to have their care paid for by state tax dollars. These enrollment categories, reported monthly to DCF electronically by contracted provider agencies, are entered into an Integrated Data System (IDS).

The certification categories for children are: **Children's Mental Health Categories** = *Seriously Emotionally Disturbed (SED), Emotionally Disturbed (ED), or At Risk for Developing an Emotional Disturbance*; **Children's Substance Abuse Categories** = At *Risk, Under State Supervision, or Not Under State Supervision*. Enter the certification category as it was determined using criteria in the IDS "certification program" or the Mental Health and Substance Abuse (MHSA) computer software "Target Population Certification Form".

**Gender of Person Being Rated –** Select male or female to identify the gender of the child or adolescent being rated.

**DSM-IV Diagnosis Axis I or II –**

> **Primary Diagnosis -** Select the child's current primary diagnosis (may be either an Axis I or Axis II diagnosis) from the DSM-IV or ICD – 9.

> **Secondary Diagnosis -** Select the child's current secondary diagnosis from the DSM – IV or ICD -9. This field is generally optional but may be required in selected programs.

**Florida's Population Certification Categories for Children**

The Florida Department of Children and Families developed a system for "enrolling" clients of contracted provider agencies if all or a portion of that person's care is paid using state general revenue dollars.  These categories are reported initially to DCF as part of information in an Integrated Data System (IDS) electronic submission tied to an "admission" and "enrollment" event of service.  The certification categories for children are: **Children's Mental Health** = *Seriously Emotionally Disturbed (SED), Emotionally Disturbed (ED), or At Risk for Developing an Emotional Disturbance*; **Children's Substance Abuse** = At *Risk, Under State Supervision, or Not Under State Supervision*. Enter the certification category as it was determined using criteria in the IDS "certification program" or the Mental Health and Substance Abuse (MHSA) computer software "Target Population Certification Form".


**Official CFARS Rater Identification Number**

This rater ID number is required on all forms submitted to DCF in Florida.  Enter the nine-digit official CFARS Rater ID number you received when you passed your CFARS rater certification training.  That unique rater ID must be entered on all completed CFARS submitted to DCF to ensure that clinicians completing those assessments have been properly trained. In the early phases of the District 7 pilot and later statewide implementation of the CFARS, FMHI project staff provided face to face training to certify "raters" and certify a number of "trainers" in the CFARS system.  Some of the Certified Trainers who received training from FMHI continue to do face to face training at their agencies.  However, in addition to those dwindling numbers, there is now a free internet web site where CFARS training, certification and assignment of an official CFARS Rater ID is available: http://outcomes.fmhi.usf.edu.  An earlier section of this manual includes detailed instructions for accessing and completing that internet-based CFARS training. Certificates can be printed from the site once the training is completed. Certified Trainers are also permitted to enter results of their "face to face" training on this internet site and obtain a rater ID and Certificate for their students using an access system set up especially for their needs. Certified Trainers must contact the first author in order to obtain those specific Trainer access instructions.

**General Guidelines for Determining Problem Severity Ratings for the 16 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.  To help you identify issues to consider in defining a domain that is to be rated, the FARS lists "words or phrases" associated with symptoms or behaviors in each domain.  It is suggested that you 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. Then, using the general principles and behavioral anchors discussed below, assign a Problem Severity Rating to describe recent (within the last three weeks) functioning in each separate domain.

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: 1) how **immediate** is the need for intervention (i.e., none, to some time in the future, to immediate, etc.), or 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.), or 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 table on the next page summarizes the above guidelines and will be helpful as you learn to determine problem severity ratings for each domain. 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 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 that 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 | 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 |

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# 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/Encoperetic | 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.

# 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 w/ Friends | An interpersonal problem involving other than close family members. |
| Difficulty Estab./Maint. 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 Caregiver**    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

| 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. |
| Firesetting | 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. |
| 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

<u>1 = No Problem</u>  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.)

<u>2 = Less than Slight Problem</u>

<u>3 = Slight Problem</u>  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.

<u>4 = Slight to Moderate Problem</u>

<u>5 = Moderate Problem</u>  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).

<u>6 = Moderate to Severe Problem</u>

<u>7 = Severe Problem</u>  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).

<u>8 = Severe to Extreme Problem</u>

<u>9 = Extreme Problem</u>  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*

| 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. |
| 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 be 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(es) or school not due to illness, medical appointments or other 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 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 problem 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.

Note:   *   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

<u>1 = No Problem</u>  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.)

<u>2 = Less than Slight Problem</u>

<u>3 = Slight Problem</u>  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.

<u>4 = Slight to Moderate Problem</u>

<u>5 = Moderate Problem</u>  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).

<u>6 = Moderate to Severe Problem</u>

<u>7 = Severe Problem</u>  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).

 <u>8 = Severe to Extreme Problem</u>

 <u>9 = Extreme Problem</u> 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 w/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 profession 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 intervention 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.

# Using Completed CFARS Ratings to Develop Individualized Treatment/Service/Recovery Plans to Monitor Functional Change/Improvement

It is always important to remember that the basic assumption and philosophy of functional assessment involves a primary f*ocus on assessing problems and strengths in cognitive, social and behavioral domains in order to create a  "treatment" or "recovery" process that restores or improves the individual's quality of life… in addition to identifying and reducing impact of positive or negative symptoms.* This means that it is important to use all the information obtained in your 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 | No Problem | | Slight Problem | | Moderate Problem | | Severe Problem | | Extreme Problem |
|---|---|---|---|---|---|---|---|---|---|
| • A. Teen – 15yo Hispanic female School referral with parents accompanying | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 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 FARS rating:

**Description of 1<sup>st</sup> 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 <u>you and the</u>

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.

# "Index" Scores derived from 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.

# "Clinically" Derived Scales for the CFARS

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 are shown 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, Health Options, 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. With the help of his group, these Clinically Derived Scales will also be used in Florida by the Department of Children and Families to help understand the service outcomes of people receiving state contracted or state paid mental health services.

# 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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