MANUAL FOR USING
THE
FUNCTIONAL ASSESSMENT RATING SCALE

™

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A MANUAL FOR USING THE
FUNCTIONAL ASSESSMENT RATING SCALE (FARS)
Florida Version – 1998-99, with text revisions - 2004

INTRODUCTION:

For a variety of economic, political, and humanitarian reasons, it is important to ensure the **quality** and **effectiveness** of our full range of healthcare services. Prudent **consumers** generally seek this type of information to **select providers** who meet **standards of best practice** for any number of these services. Traditionally, the term "consumer" referred to people who needed or received the healthcare service. Over the last decade, as the cost of health care continued to spiral upward, third party payers (e.g., insurance companies) elected to become more prudent consumers themselves as they attended to their roles in "purchasing" healthcare services. This evolved into the practice of **managed care** that places greater demands on providers to **document** quality and effectiveness of the process and the outcome of their interventions. This information has been used both to justify **and** control payments for service.

Medical healthcare **treatments**, **outcomes**, and **standards** of care have been extensively evaluated and may be more easily understood than **behavioral** healthcare services (e.g., mental health and substance abuse services). In general, behavioral healthcare services have been examined less intensively since they are often covered by public funds or only partially covered by **limited** benefit clauses in private insurance contracts. As demands for improved accountability for use of these public funds (e.g. tax dollars) increases, state and federal agencies have adopted many of the practices of managed care. Standards of care and measures of behavioral healthcare outcomes are at varying stages of development. Many states are now in the business of describing and establishing standards for delivery of publicly funded mental health and substance abuse services.

In Florida the "Government Performance and Accountability Act" was passed by the Legislature in 1994. This act established requirements that all State Agency budgets would be evaluated annually through a process of negotiated performance measures. The process, referred to as "Performance Based Planning and Budgeting" $(PB)^2$, requires each general revenue funded state agency to establish, monitor, and report annually to the legislature on three types of measures: 1) ***Inputs*** – which are the quantities of resources (e.g., dollars) used; 2) ***Outputs*** – which are the types of services delivered and the people served (e.g., "units of case management services for persons with severe mental illness"); and 3) ***Outcomes*** – which are the results of the services delivered (e.g., "improved functioning of a person with serious mental illness".

In October of 1993, the District 7 Alcohol, Drug Abuse and Mental Health (ADM) Program Office of the Florida Department of Children and Families – C&F (formerly the Department of Health and Rehabilitative Services – HRS), entered into a collaborative agreement with the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida (USF), in which FMHI would assist the District 7 ADM program office in developing procedures to evaluate the effectiveness of their state funded mental health and substance abuse treatment services for children and adults. That district was one of the first areas of the state to pilot "Performance Contracting" as a way of negotiating and monitoring expected outcomes and quality of care with community provider agencies (e.g., CMHCs). By 1996, the Florida Department of Children and Families adopted the measures used in the "District 7 Project" to evaluate <u>all</u> Adult Mental Health Performance Contracts <u>throughout</u> the state. Similar procedures were implemented to evaluate state contracted substance abuse services for adults <u>and</u> mental health and substance abuse services for children. Providers were also required to report outcomes (using the same measures) for people they served whose care was paid for by Medicaid funds. Thus, <u>all</u> people receiving state supported behavioral healthcare services were evaluated (using the state approved measures) at ***admission*** to the provider agency, ***six months or annually*** from admission if still in care, and at ***discharge*** from the provider agency. That information was used to inform decisions about service

effectiveness of agency contracts. Information reported as “Performance Contract” outcome measures by individual provider agencies were also ***aggregated*** across the state to create “Performance Budgeting” reports to the Florida Legislature to monitor approximately 350 million dollars of the Florida Dept. of Children and Families annual budget.

While normative standards may not yet exist, some "tools" have been developed and described in the research literature that examine the **process** and/or **outcome** of participation in a variety of behavioral healthcare services. Several important “principles” guided the quest for valid and reliable measures. In addition to being sensitive to "cost," these principles included: 1) each consumers' ***quality of life*** should be improved or restored as a result of participating in or receiving services; 2) consumers' levels of ***functioning*** should be improved or restored as a result of participating in or receiving services; 3) consumers should be asked about their experience and/or ***satisfaction*** with their participation in or reception of services; and 4) outcome measures and reporting procedures should be “***user friendly***”, provide **immediately available** information that is ***helpful to the agencies*** who are delivering services (e.g. assist in treatment planning and quality assurance monitoring) and be able to be ***applied and interpreted consistently***.

DEVELOPMENT OF THE FUNCTIONAL ASSESSMENT RATING SCALE (FARS):

Project staff examined a number of levels of functioning scales and functional assessment procedures. One scale, the Colorado Client Assessment Record (CCAR) (Ellis, Wackwitz & Foster, 1991) has an extensive history of use for monitoring changes in functioning in both mental health and substance abuse populations for children and adults. The CCAR has been used in Colorado for over fifteen years as a point of service assessment. It has also been employed as a research or service tool in several other states, including New York and Arizona. The CCAR can be completed by clinicians with varying levels of training or experience and appeared to be adaptable without compromising validity or reliability. Portions of the CCAR were revised to make it more useful to the needs of the District 7 project. In discussions with representatives of the State of Colorado Department of Human Services (Ellis, 1994), it was discovered that Colorado was also making revisions to the CCAR. Following exchanges of several drafts, similarities and differences evolved between the Colorado and Florida versions. The Florida revisions to the CCAR resulted in the development of the Functional Assessment Rating Scale (FARS). The FARS was approved by the District 7 Project Advisory Council and was implemented in District 7 performance contracts in July of 1995. In October of 1995, the FARS was adopted by DCF for **statewide** use along with specific “societal” outcome indicators (e.g., income and days employed in previous month, days “in community” in previous month (i.e., not in jails, hospitals, psychiatric inpatient) as part of the Department of Children and Families Performance Based Planning and Budgeting $(PB)^2$ legislative requirement to monitor outcomes of the approximately 350 million dollars of DCF service contracts.

Most behavioral healthcare evaluations are conducted as part of an admission interview, discharge planning or a case review. Although historical information is often necessary in understanding human behavior, in order to ensure that decisions made as a result of the assessment are sensitive to **current** levels of cognitive and behavioral functioning, raters are asked to focus on a relatively brief period of time (i.e., the individual's functioning within the three weeks prior to the rating). As a **clinical tool**, the scales help **identify** and **document** an individual's level of cognitive and behavioral (social or role) functioning. This can then be used to develop and monitor progress on achieving short or long-term goals on a comprehensive **treatment** or **service** plan. As a **program managemen**t or **service monitoring tool,** aggregated data from large groups of people can be used to: 1) **identify characteristics** of those who use (e.g., benefit from) particular types of services; 2)

develop risk adjusted norms (taking into consideration characteristics of consumers and/or systems of care) to compare outcomes of similar programs or services; 3) **evaluate continuity of care systems** to determine if needs are being adequately addressed by available resources and, 4) **identify programs** or services that can serve as **benchmarks** for **effective models** of care. It is important to note that the FARS is a way of documenting and standardizing impressions **from clinical evaluations or mental status exams using cognitive, social and role functioning** as its' focus. Although it is not intended as a "structured interview" procedure, half of the clinicians who participated in the implementation and evaluation of the FARS indicated they added questions to their standard assessment in order to complete all areas of the scale. During that implementation evaluation, the clinicians indicated that it took between five to ten minutes to complete a FARS after conducting a mental status or admission/discharge interview.

Evaluation of Interrater Reliability and Validity of the FARS Domains

Tables 1. shows the results of Inter rater reliability examination for the FARS.

Table 1. Functional Assessment Rating Scale (FARS)
Evaluation of Interrater Reliability

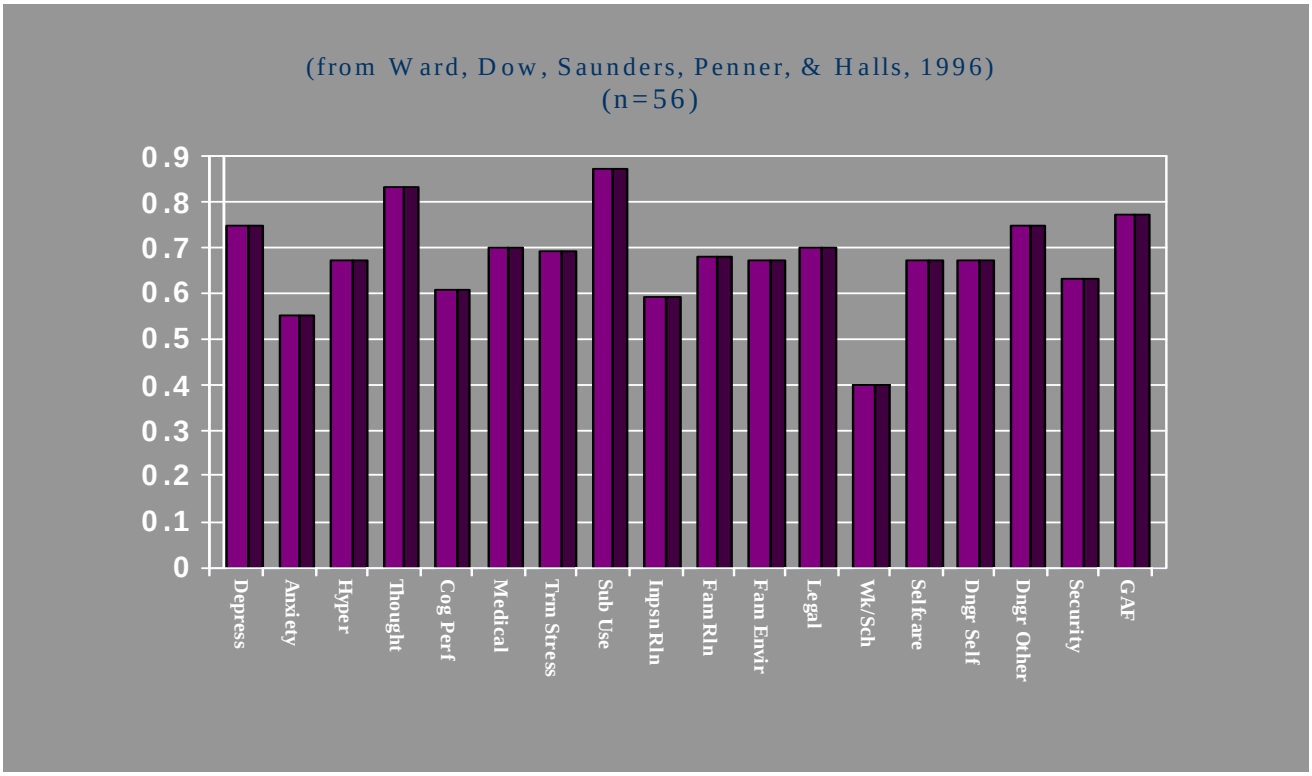
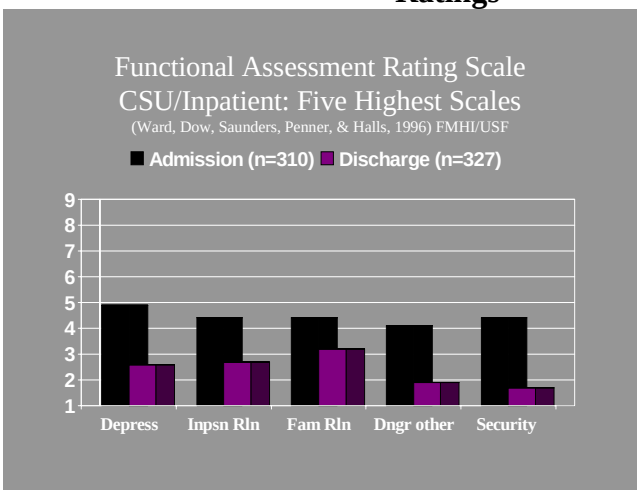
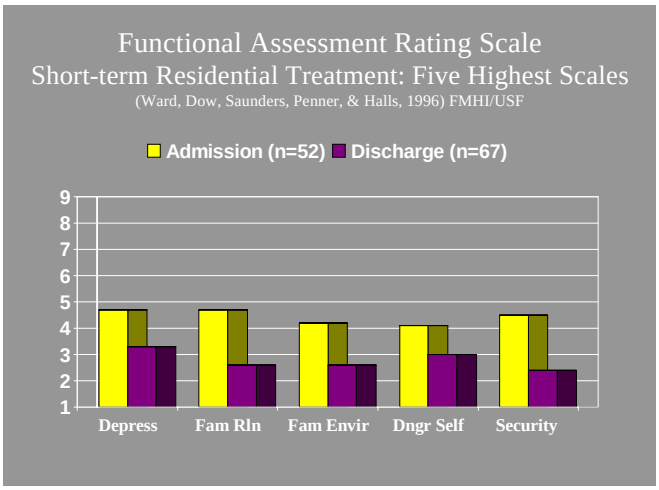
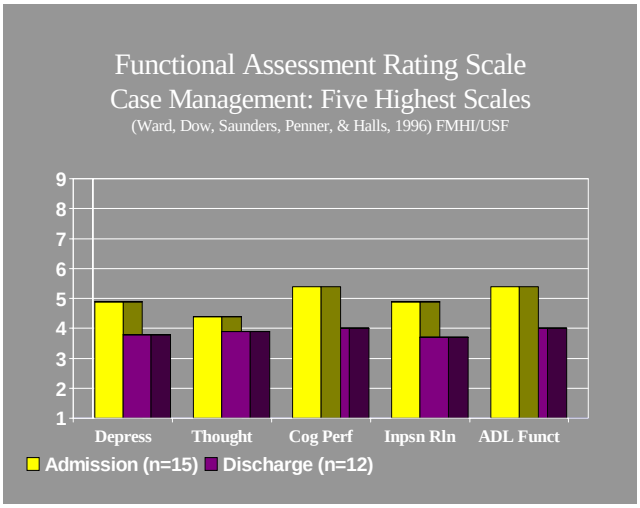


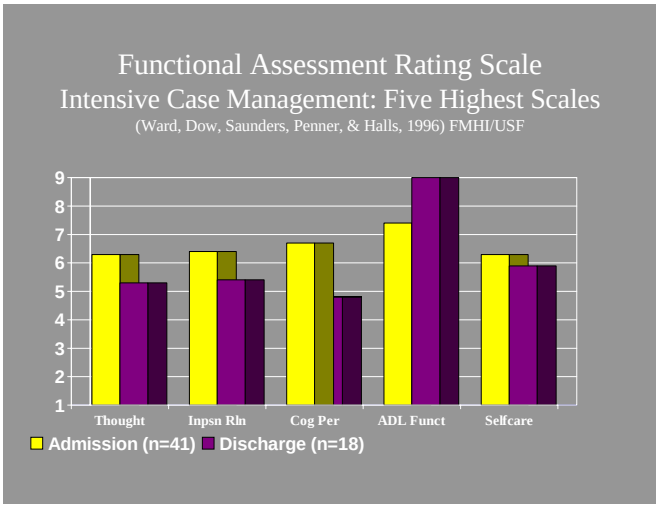
Table 2. shows the results of one type of validity study of the FARS (i.e., a comparison of the highest admission domains with discharge ratings of those domains across several levels of care).

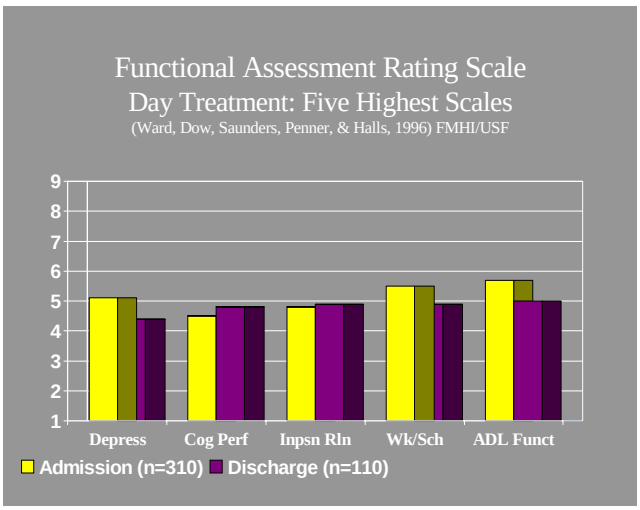
Table 2. Comparison of Admission and Discharge FARS Problem Severity Ratings

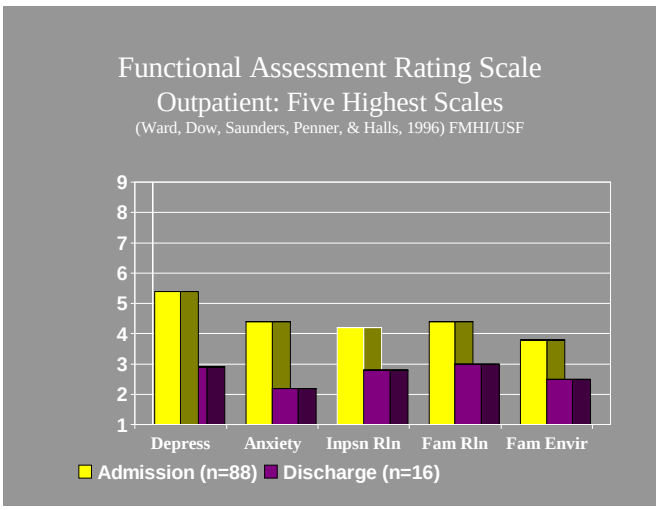












A description of FMHI's activities in the District 7 Project along with a discussion of the development and evaluation of the FARS and the project's multi-dimensional consumer satisfaction measure (Behavioral Healthcare Rating of Satisfaction – BHRS) are included in two reports (Ward, Dow, Saunders, Penner, Halls & Burbine, 1995, and Dow, Ward, Saunders, Penner, Halls, Thornton, Carroccio, Salmon and Sachs- Ericsson, 1996).

The FARS and the children's version, referred to as the Children's Functional Assessment Rating Scale – CFARS, have been implemented in Florida and other states or areas to evaluate or track effectiveness of behavioral health services. Currently, contracted provider agencies send FARS and CFARS data to the State DCF Office using the OneFamily secure internet reporting system. The Joint Commission on Accreditation of Healthcare Organizations also approved both measures for use by accredited agencies to report ORYX outcomes to the JCAHO. The FARS and CFARS scales were also available in several versions of the Management Information Systems (MIS) software developed by CMHC Systems.

OTHER STATE'S USE OF THE FARS and CFARS:

In July of 1998, with training assistance from the Florida Mental Health Institute, the Wyoming Division of Behavioral Health implemented the FARS and CFARS (which was also in use statewide in Florida to monitor outcomes of children's mental health service contracts in Wyoming.

Within a couple of years of adoption of the FARS and CFARS in Florida and Wyoming, New Mexico and Illinois also completed statewide implementation of the FARS and CFARS to monitor service outcomes. Both scales are also in use in several other states or countries at agency or small regional levels, including use of the CFARS by Malta to monitor services for children receiving state supported residential care.

The remaining sections of this manual will show you an example of the most recent version of the FARS that is in use in Florida, along with sections that explain procedures for completing each area of the FARS, some important guidelines that will help you determine the most accurate problem severity ratings for each functional domain, how to use the FARS domain ratings to develop individualized treatment/service/recovery plans, descriptions of rating "anchors" for each of the 18 domains, and a brief "case" example vignette that you can use for practice ratings before you take the free web-based on-line training and certification (see page 12 in this manual for detailed instructions about how to register and take this free training on the internet).

FARS *Functional Assessment Rating Scale* – *Florida Version*

Name of person being evaluated (*Optional* - *required only if needed by your agency or a paper copy of this form 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*) :

___ ___ ___/___ ___/ ___ ___ ___ ___

Client ID# (*Optional*): ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Provider Agency Tax ID (*Required*): _____

Sub-Contractor Tax ID (*if FARS 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*): ____ ____ ____ . ____ ____

FARS Rater's Notes (*Optional*):

Substance Abuse History (*Required*) This person indicates they have abused drugs or alcohol within past six months:	**Modified Global Assessment of Functioning Revised (MGAF-R) Rating** (*Required instead of FARS for People receiving "Medication Only" Services*)
Yes___ No___	_____

FARS Rater Information

Educational Category of FARS 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 FARS 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 Rater: (*Optional - required only if needed by your agency or a paper copy of this form is retained in clinical record)*

_____

FARS Problem Severity Ratings

Use the following 1 to 9 scale to rate the individual's current (within last 3 weeks) problem severity for each functional domain listed below. Place your rating number on the line to the right of the Domain name. Also, using the list below each domain rating, place an "X" mark next to the adjectives or phrases that describe symptoms or assets. (*Refer to FARS User's Manual for specific examples of use of this scale...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	Worthless	Lonely
Anhedonic	Hopeless	Sleep Problems
Sad	Happy	Anti-Depression Meds

Anxiety _____

Anxious	Calm	Guilt
Tense	Fearful	Anti-Anxiety Meds
Obsessive	Panic	

Hyper Affect _____

Manic	Elevated Mood	Agitated
Sleep Deficit	Overactive	Mood Swings
Pressured Speech	Relaxed	Anti-Manic Meds

Thought Process _____

Illogical	Delusional	Hallucinations
Paranoid	Ruminative	Intact
Derailed Thinking	Loose Associations	Anti-Psych. Med.

Cognitive Performance _____

Poor Memory	Low Self-Awareness	Impaired Judgment
Short Attention	Developmental Disability	Slow Processing
Insightful	Poor Concentration	Oriented times 4
Not Oriented to Person	Not Oriented to Place	
Not Oriented to Time	Not Oriented to Circumstance	

Medical / Physical _____

Acute Illness	Handicap or Perm. Dis.	Good Health
CNS Disorder	Chronic Illness	Need Health Care
Pregnant	Poor Nutrition	Enuretic/Encopretic
Eating Disorder	Seizures	Stress-Related Illness

Traumatic Stress _____

Acute	Dreams/Nightmares
Chronic	Detached
Avoidant	Repression/Amnesia
Upsetting Memories	

Substance Use _____

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

Interpersonal Relationships _____

Problems w/Friends	Diff. Estab./Maintain Relationships
Poor Social Skills	Difficulty Maintaining Relationships
Adequate Social Skills	Supportive Relationships

Family Relationships _____

No Contact with Family	Poor Parenting Skills	Supportive Family
Difficulty with Partner	Acting Out	No Family
Conflict w/Relative	Difficulty with Child	Difficulty with Parent

Family Environment _____

Family Instability	Separation	Custody
Family Legal Problems	Stable Home	Divorce
Single Parent	Birth in Family	Death in Family

Socio-Legal _____

Disregards Rules	Probation	Pending Charges
Dishonesty	Uses or Cons Other(s)	Reliable
Offense/Property	Offense/Person	

Select: Work/School _____

Absenteeism	Poor Performance	Attends School
Dropped Out	Learning Disabilities	Seeking Employment
Employed	Doesn't Read/Write	Tardiness
Disabled	Not Employed	

ADL Functioning _____

Money Management Problems	Meal Preparation Difficulties
Personal Hygiene Problems	Transportation Problems
Problem Obtain/Maintain Employment	Problem Obtain/Maintain Housing

Ability to Care for Self _____

Able to Care for Self	Risk of Harm
Suffers from Neglect	Refuses to Care for Self
Not Able to Survive without Help	Alternative Care not Available

Danger to Self _____

Suicidal Ideation	Current Plan	Recent Attempt
Past Attempt	Self-Injury	Self-Mutilation

Danger to Others _____

Violent Temper	Threatens Others
Physical Abuser	Homicidal Ideation
Hostile	Homicidal Threats
Assaultive	Homicide Attempt
Does Not Appear Dangerous to Others	

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

Adapted from the Colorado Client Assessment Record (CCAR)

What is an Official FARS Rater Identification Number:

Note that in Florida, the officially certified FARS Rater ID is required to be entered on all FARS assessments submitted to the State DCF for outcomes reporting. (See previous section of this manual for instructions to access and complete free Internet based FARS/CFARS training and Certification System). If not required or if not available, enter the Social Security Number (or other assigned employee number) of the person conducting the evaluation. If the rater's ID number is less than 9 digits, add zeros to the left of the number so that it totals nine numbers, then enter the nine numbers into the 9 boxes of the rater ID section. (e.g., If the ID number is **1234**, you would enter **000001234** into the boxes.) You also need to mark the circle next to "Type of ID#" to identify if the rater ID is a Social Security Number, an Employee ID number, or some other method of assigned employee identification. If you are using a "scannable" form, you must darken the appropriate circles beneath the boxes so that the scanner can "read" the numbers.

Completing Biographic and Demographic sections (first page) of Early versions of FARS:

(Note: some of these fields appear only on older FARS 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:
1 = Male
2 = Female

Digit 3 Race:
1 = White
2 = Black
3 = American Indian
4 = Asian/Pacific Islander
5 = Alaskan
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 9 digit "Pseudo-ID" into the nine spaces listed on the FARS 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# - Enter the provider agency's **Federal Tax ID number** (assigned by the Internal Revenue Service (IRS) Department of the Federal government) into the boxes and use a pencil to darken the

appropriate circle below each box.

Site ID – On older versions of the FARS, Florida's Department of Children and Families (DCF) contracted Mental Health programs should use then Integrated Data System IDS assigned Site Code, Substance Abuse programs should use the SISAR Site Code. For most mental health agencies, the two digit site code = 00.

Evaluation Date - Indicate the date the evaluation was completed on which these scales are based. Use a pencil to darken the circle for the **month.** Then fill in the numbers in the boxes at the top to indicate the **day of the month** (01 for the first through 31 for the thirty-first) and all four digits for the **year** (e.g., 1998 or 2000).

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

District of Payer - Fill in the District number that pays for the service, e.g., District 1 = 01.

District of Service - Fill in the District number where the service is provided, e.g., 1 = 01.

Population Certification – Florida has developed an "enrollment" model to track progress of people who receive state supported behavioral healthcare services. The procedure uses 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. Expected outcomes may be different for each state approved "population" served by a contracted agency. The state has different categories within "populations" that are determined by whether or not the person is receiving state funded mental health or state funded substance abuse services. Categories within the Adult Mental Health Population include***:*** **Forensic, Severe and Persistent Mental Illness, Crisis, and Other**. Adult Substance abuse categories include: **Parents Putting Children at Risk, Involved in Criminal Justice System, Dually Diagnosed, Intravenous (IV) Drug User, and Other SA Diagnosis.** On some earlier versions of the FARS you must select the appropriate category based on the certification criteria provided to your agency by the state. In Florida, those criteria are available from your DCF district office or the state ADM office of DCF.

Gender of Person Being Rated - Fill in the appropriate circle (i.e., next to either male or female) to identify the gender of the person being rated.

Person being rated has Medicaid Coverage – Enter either a "Yes" or "No", or if you are not able to determine if Medicaid presently covers the person for health services, enter "Could not be determined".

Purpose of Evaluation - Indicate the purpose of evaluation by filling in the circle next to the choice that best fits the situation. Definitions for the choices are:

Provider Agency Evaluation (Mark One) -

Admission to Provider - The form is being completed at admission to the provider organization.

Every three Months after Admission - The form is being completed every three months after admission to the provider organization.

Discharge from Provider Agency- The form is being completed at discharge from the provider organization.

Program/Service Evaluation (Mark One)

(Completion of this section allows an agency to monitor progress or effectiveness of any or all 'levels of care' rather than just the more general admission or discharge from the 'agency'. The state approved FARS Computer Software includes menu options for Quality Assurance type reports of the program or service level outcomes within the agency.

Admission to Program or Service -
6 Months After Admission to Program or Service -
1 Year after Admission to Program or Service -
Planned Discharge from, or Transfer to, Program or Service within Agency -
Other -

Level of Care – This refers to the type of care (e.g., program or service) the person is receiving.

Current Level of Care, or if just admitted, indicate admission level(s) of care: (Mark all that apply) - Enter the individual's current level of care, or if in the process of being admitted to the provider, indicate level of care into which the person is being admitted.

For "Discharge" or "Transfer", indicate the level(s) of care the individual is being discharged or transferred to: - Enter the level of care into which the person is being discharged. This is only used if the purpose of evaluation is one of the discharge categories (e.g. the person is being discharged from an agency to another agency or the person is being discharged from a particular level of care within an agency into another level of care within the same agency).

Does the individual report a history of (mark all that apply) - this is an optional section on some early FARS forms that may be used by the individual agency to monitor abuse histories of persons in their care. This is becoming extremely important as we become even more aware of the increased prevalence and significant negative effects childhood trauma (both sexual abuse and physical abuse) appears to have on adult functioning and response to treatment.

Days spent in Community in Last 30 Days - Fill in the circle of the number which indicates the total number of days **during the last 30 days** the individual was: 1) **not in jail** or **not in any other type of detention facilities:** 2) **not in a Crisis Stabilization Unit** (CSU) or a **Short-Term Residential Treatment Facility** (SRT) 3) **not in an inpatient medical substance abuse or inpatient mental health treatment program:** or 4) **not homeless. (Maximum = 30 days)**

Total days of paid work in the last 30 days - - Fill in the circle of the number, which indicates the total number of days **during the last 30 days** the individual was employed for which the compensation would be considered "taxable" income. Note: People employed "full time" generally work about **22** days in a thirty-day period.

Legal Status (Mark One) – Note: These legal status codes are taken from the State Department of Children and Families' Integrated Data System (IDS) Manual (7/1/1996). Select the category that best describes the legal status of the person you are evaluating.

Monthly Income (from each source in the Last 30 Days) -

<u>Consumer's paid employment</u>: Up to a 4-digit number showing total MONTHLY income earned by consumer from paid employment in last 30 days.
Fill in the circle, which indicates the total amount of income earned in **the last 30 days** (i.e., for which the individual performed work and received compensation that could be reported as income. Paid sick or vacation days should be counted. (Note: Most full-time employees work 22 days per month). Food stamps are **not** considered income for purpose of this rating category.

<u>Consumer's government subsidies</u>: Up to 4-digit number showing total MONTHLY income received by consumer from government subsidies in last 30 days.

<u>Other income</u>: Up to a 4-digit number showing total MONTHLY income received by consumer from other sources in last 30 days.

DSM-IV Diagnosis (or DSM TR or ICD 9 as required by funders) Axis I or II –

<u>Primary Diagnosis</u> - Select the person's current primary diagnostic category. This will be a 3-digit code indicating DSM-IV primary diagnosis (Axis I or II)

<u>Secondary Diagnosis</u> - Select the person's current primary secondary category. This will be a 3-digit code indicating DSM-IV primary diagnosis (Axis I or II). This field is optional.

Optional Code - This can be used by your provider organization at their discretion to further identify categories of services or client characteristics that the agency wishes to monitor separate from their state outcome requirements for reporting.

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 the manuals which include the most recent rating forms. You will need to download and review the manual and the form and have it available to refer to in order to make your ratings as you take the training. On the FARS or CFARS home pages, click on "Training and Certification" to go to the login page to begin your registration process …or to login if you have already registered before and want to continue your training or if you are returning to the site to print a copy of your official Rater Certificate with your rater ID on it. ***(Note: you must follow the directions below and register before you will be allowed to enter your social security number and password on the login page to begin your training.)***

3) If you click on the "Information about..." phrase on the FARS or CFARS download page it will take you to a page where you can read more about FARS or CFARS. Those pages also have links to more information about the certification test procedures. After you have read that, go back to the FARS or CFARS home page and click on the "Training and Certification" link to begin your registration and select a password.

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, enter your social security number (without dashes or spaces) and the password you selected when you first registered, and skip to number **7)** in the instructions below. **(Note: once you have registered for either the FARS or CFARS training, your registration and password selection is good for training on both and you must not register again or you will delete your previous training record.)** ***There is a password retrieval link on the logon page if you forget your password at any time.***

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.). Keep your agency name to no more than 20 characters – abbreviate if necessary.

6) When you complete the information for registration, click on the "continue" button on the bottom left of the page. That takes you to a page where you select a password...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, there is a "password retrieval" link above the social security box on the login page. On the password selection page there are two boxes…you must enter the password you want to use in **both** boxes to verify your selection.

7) On the "Welcome [your name]" page, (the one you go to when you enter your social security number without dashes or spaces and your password on the login page, you must select "practice vignettes", then take two practice vignettes and pass at least one before taking the actual certification test option becomes available on your welcome page. When you pass an 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**".

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.

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General Guidelines for Determining Problem Severity Ratings for the 18 FARS Functional Domains

In order to complete the problem severity ratings of the FARS, you must determine the degree to which the person you are evaluating 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 person 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 individual. Then, using the general principles and behavioral anchors discussed below, assign a Problem Severity Rating (i.e., 1 to 9 as shown on the form in the preceding section of this manual) to describe recent (within the last three weeks) functioning for that individual in each of the 18 separate domains. For practice, you should try to rate yourself on each of these domains since they are relevant to areas in which we all function as we think, feel, interact with others, and experience life.

All adults, with or without mental, emotional, physical, cognitive or behavioral problems, can be rated using the FARS domains. Adults who are functioning and performing in ways that are considered age or role 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 18 domains. In contrast, an adult in the process of being admitted into a Crisis Inpatient program following a suicide attempt would certainly have domains where the ratings would reflect serious problems in functioning and need for immediate help. In general, severity ratings are associated with: 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 **interpersonal relationships**, **family relationships**, **work or school** functioning, and increases potential for **danger to self**, etc. the depression domain would be rated as more severe than if no other domains were impacted).

In situations where acceptable functioning in a specific domain is being "maintained" or "controlled" by medication or other supports (i.e., functioning in a domain has been improved by medications or counseling support), that domain should not be rated as a "1" (no problem) or "2" (less than a slight problem). This is because there are still "costs" (e.g., risk of serious medication side effects or time or monetary investments) associated with maintaining the intervention…**and** it is possible in some instances that decreased functioning could return if the interventions were removed. For example, the **Depression** domain would be rated as a "3" (slight problem) if the functioning is being maintained at a "normal" level by medications or counseling. However, if functioning in the domain is not improved by the intervention, but the intrusive or risky interventions are still being used or tried, the domain should be rated a "4"…or even higher if there is a need for even more structured or more intrusive interventions to maintain safety…or there continues to be high negative influence from Depression on other domains. The next sections of this manual include "definitions" for a few of the important symptoms or behaviors (words or phrases) you should look for during your assessment of the individual…and descriptions of the "behavioral anchors" that will help you select the most appropriate problem severity rating for each functional domain you are evaluating. The table on the next page will help you identify the most important considerations for ratings of severity for the guidelines described above.

FARS ©

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

DEPRESSION

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

Behavioral Anchors for Depression Severity Ratings

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

2 = Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

ANXIETY

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

Behavioral Anchors for Anxiety Severity Ratings

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

2 = Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

HYPER AFFECT

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

Behavioral Anchors for Hyper Affect Severity Ratings

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

2 = :Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

THOUGHT PROCESS

Words or Phrases	Definitions
Illogical	Contradicting or disregarding the principles of logic. Without logic, senseless.
Delusional	Belief(s) held in the face of evidence normally sufficient enough to destroy that (those) beliefs.
Hallucinating	Perceptions that appear real to the client but are not supported by objective stimuli or social consensus; basis may be organic or functional.
Loose Associations	A loose mental connection or relationship between thoughts, feelings, ideas, or sensations.
Paranoid	Believes 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 any way.
Derailed Thinking	Inability to articulate in a single, simple train of thought.
Loose Associations	A loose mental connection or relation between thoughts, feelings, ideas, or sensations.
Anti-Psych. Meds	Taking prescribed medication to treat symptoms of psychosis.

Behavioral Anchors For Thought Process Severity Ratings

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

2 = Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

COGNITIVE PERFORMANCE

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

Behavioral Anchors for Cognitive Performance Severity Ratings

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

2 = Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

MEDICAL/PHYSICAL

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

Behavioral Anchors for Medical/Physical Severity Ratings

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

2 = Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

TRAUMATIC STRESS

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

Behavioral Anchors for Traumatic Stress Severity Ratings

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

2 = Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

SUBSTANCE USE

Words or Phrases — Definitions

Alcohol	Alcohol use presents a problem in the person's life.
Drug(s)	Use of illicit, prescription, over the counter drugs, and / or other substances which is a problem in the person's life.
Dependence	Person relies on alcohol or drugs for support, and continues use of substance even though substance use has caused significant problems. May include 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, home.
Family History	Alcohol or drug dependency in a blood relative.
Cravings/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 drugs are currently a problem. Includes arrest or conviction for DUI.
Abstinent	Refraining from the use of alcohol or drugs.
Med. 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/ Duties	Use of alcohol or drugs impairs the person's ability to perform job, school, or other responsibilities.
I.V. Drugs	Drugs that are injected into artery or vein or below the surface of the skin

Behavioral Anchors for Substance Abuse Severity Ratings

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

2 = Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

INTERPERSONAL RELATIONSHIPS

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

Behavioral Anchors for Interpersonal Relationships Severity Ratings

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

2 = Less Than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

FAMILY RELATIONSHIPS

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

Behavioral Anchors for Family Relationships Severity Ratings

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

2 = Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

FAMILY ENVIRONMENT

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

Behavioral Anchors for Family Environment Severity Ratings

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

2 = Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

SOCIO-LEGAL

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

Behavioral Anchors for Socio-legal Severity Ratings

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

2 = Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

*WORK OR SCHOOL

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

Behavioral Anchors for Work or School Severity Ratings

1 = No Problem Functioning is consistently average or better than what is typical for this person's age, sex, and subculture. (i.e., There is no problem with Work or School or need for treatment of Work or School problems.)
2 = Less than Slight Problem
3 = Slight Problem Functioning in this range falls short of typical for a person of this age, sex, and subculture most of the time. That is, a problem with Work or School may be intermittent or may persist at a low level. The problem or symptoms of Work or School have little or no impact on other domains. The need for treatment of Work or School is not urgent but may require therapeutic intervention in the future.
4 = Slight to Moderate Problem
5 = Moderate Problem Functioning in this range is clearly marginal or inadequate, not meeting the usual expectations of a typical person of this age, sex, and subculture. This means that the dysfunction or problem with Work or School may persist at a moderate level or become severe on occasion. Work or School problems may be related to problems in other domains and do require beginning or continuing therapeutic intervention(s).
6 = Moderate to Severe Problem
7 = Severe Problem Functioning in this range is marked by obvious and consistent failures, never meeting expectations for a typical person of this age, sex, and subculture. The dysfunction or problem with Work or School may be chronic. It almost always extends to other domains and generally interferes with interpersonal or social relationships with others. Hospitalization or some other form of external control may be needed in addition to other therapeutic intervention(s).
8 = Severe to Extreme Problem
9 = Extreme Problem The highest level of the scale, suggesting the person's problem with Work or School is creating a situation that is totally out of control, unacceptable, and/or potentially life-threatening. The need for external control or intervention is immediate.

* Select the area (e.g., Work or School) in which the person is having the most difficulty.

ADL FUNCTIONING

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

Behavioral Anchors for ADL Functioning Severity Ratings

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

2 = Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

ABILITY TO CARE FOR SELF

Words or Phrases	Definitions
Able to Care for Self	Is manifestly capable of surviving alone or with the help of willing and responsible family or friends or available alternative services.
Risk of Harm	Person's inability or refusal to care for self places them at risk for harm.
Suffers from Neglect	Failure to care for or give proper attention to such that a real and present threat of substantial harm to well being is present.
Refuses to Care for Self	Refusing to care for self poses a real and present threat of substantial harm to the person's well-being.
Not Able to Survive w/o help	Incapable of surviving alone or with the help of willing and responsible family or friends, including available alternative services.
Alternative Care not Available	All available less restrictive treatment alternatives which would offer an opportunity for improvement of the condition have been judged to be inappropriate.

Behavioral Anchors for Ability to Care for Self Severity Ratings

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

2 = Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

DANGER TO SELF

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

Behavioral Anchors for Interpersonal Relationships Severity Ratings

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

2 = Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

DANGER TO OTHERS

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

Behavioral Anchors for Danger to Others Severity Ratings

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

2 = Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

SECURITY/MANAGEMENT NEEDS

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

Behavioral Anchors for Security/Management Severity Ratings

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

2 = Less than Slight Problem

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

4 = Slight to Moderate Problem

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

6 = Moderate to Severe Problem

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

8 = Severe to Extreme Problem

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

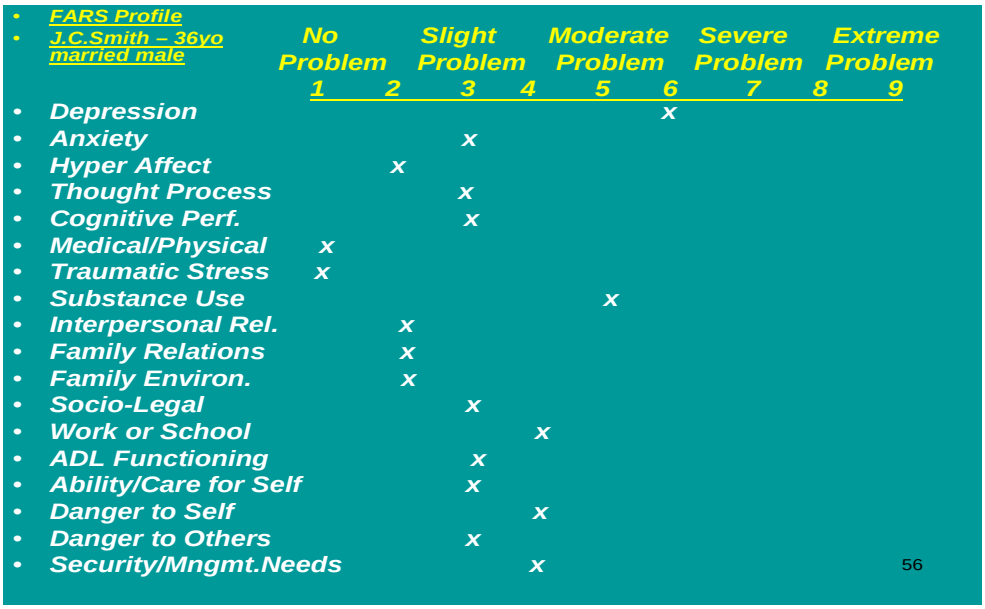
Using Completed FARS Ratings to Develop Individualized Treatment/Service/Recovery Plans to Monitor Functional Change/Improvement

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 FARS ratings (problem severity ratings and symptom/behavior/asset checklists). It is also important that you review your ratings with the person you are evaluating. The next section of this manual shows steps that you can follow to use the FARS ratings to create individualized, negotiated, treatment/service/recovery plans to engage that person in an effective process of recovery.

Basic Steps in Developing a Negotiated Individualized Treatment Plan

1)Conduct a Clinical Interview and assess mental status
2) Complete an "Admission" FARS ratings for each of the 18 domains & symptom, etc. descriptors
3) Review the completed FARS 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 FARS Rating profile of an individual for each of the 18 Domains followed by the list of adjectives, assets, symptoms, etc. for each of the clinically relevant domains.



Next, 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** ✓ **Worthless** ✓ **Lonely**

Anhedonic ✓ **Hopeless** **Sleep Problems** ✓

Sad ✓ **Happy** **Anti-Depression Meds**

Substance Use__5__

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

Work__4__

- **Absenteeism** ✓ **Poor Performance** ✓ **Attends School** **Dropped Out**
- **Learning Disabilities** **Seeking Employment** **Employed** ✓
- **Doesn't Read/Write** **Tardiness** ✓ **Disabled** **Not Employed**
-
-

Danger to Self __4__

- **Suicidal Ideation** ✓ **Current Plan**
- **Recent Attempt** **Past Attempt**
- **Self-Injury** **Self-Mutilation**
-

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Security/Management Needs __4___

- **Home w/o Supervision** **Suicide Watch** **Behavioral Contract** 
- **Locked Unit** **Protection from Others** **Seclusion** **Restraint**
- **Home w/Supervision**  **Run/Escape Risk** **Involuntary Exam /Commit**

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

Medical Physical __1___

Acute Illness **Handicap or Perm. Disability** **Good Health** 

CNS Disorder **Chronic Illness** **Need Health Care**

Pregnant **Poor Nutrition** **Enuretic/Encopretic**

Eating Disorder **Seizures** **Stress-Related Illness**

Interpersonal Relationships__2__

Problems w/Friends **Diff. Estab./Maintain Relationships**

Poor Social Skills **Difficulty Maintaining Relationships**

Adequate Social Skills  **Supportive Relationships** 

Family Relationships__2__

- **No Contact with Family** **Poor Parenting Skills** **Supportive Family** 
- **Difficulty with Partner** **Acting Out** **No Family**
- **Conflict w/Relative** **Difficulty with Child** **Difficulty with Parent**
-

Family Relationships__2__

Family Instability **Separation** **Custody Problem**

Family Legal Problems **Stable Home**  **Divorce**

Single Parent **Birth in Family** **Death in Family**

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 derived from the FARS rating:

Description of 1st Domain to be addressed in Treatment/Recovery Plan: "Mr. Smith exhibits Moderate to Severe level of Depressive functioning as evidenced by a FARS rating of "6" on the FARS Depression Domain and self report of depressed mood, feelings of worthlessness, sadness, loss of interest in most activities and sleep problems described as taking two or three hours to fall asleep and waking up at 3or 4am each morning resulting in less than five hours sleep each night".

Next, 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. (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 3 sessions this week and meet with my Therapist on Friday at 3pm to discuss my "positive self statement" script.**
- **Action Statement for Goal 2. I will plan with my wife for us to take a 30 minute walk after dinner each evening (supportive spouse 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 my therapist**

After you or your treatment team have completed all the above steps for one of the clinically elevated

domains, complete the same steps for each of the other "Clinically Elevated" domains identified from your FARS ratings.

And finally, meet again with the individual for whom you are developing the plan, negotiate consensus and begin the most important part of your process, Step 9. "All parties sign and receive copy of the completed "negotiated" treatment/service/recovery plan document".

Once this process has been completed, you are ready to implement the agreed upon action steps and you and the person you are assisting will be able to monitor the recovery process. Subsequent FARS evaluations will be helpful in documenting functional change and determining if modifications are needed in the plan to continue the therapeutic relationship and functional improvement.

Factor Analysis of the 18 FARS Domains

In addition to the 18 Domain Ratings you can derive from the FARS system, you can also create "Index" Scores. These "index scores" help you understand differences between people you are evaluating and treating using certain combinations of FARS domains that are based on Factor Analysis of the 18 FARS Domains

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

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

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

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

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

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

It is important to note that the ways the domains cluster within an index suggest ways in which functional domains are likely to clinically and behaviorally influence each other in this group of adults. For example, in both the CFARS and FARS factor analyses, substance use was strongly related to higher scores in danger to self and security management needs. On the other hand, based on the factor analyses for the FARS admission ratings, substance use, which as a symptom or behavior is also frequently ***clinically*** and ***empirically*** associated with danger to others, seemed equally important functionally to how the person relates to or interacts with other people (or meets role needs or is currently rated as dangerous to others) as it did in defining issues of personal safety.

PRACTICE VIGNETTE FOR FUNCTIONAL ASSESSMENT RATING SCALE (FARS)

IDENTIFYING INFORMATION:

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

Jim presents with flat affect and depressed mood, he does not know the date or year and thinks he is being evaluated for a job as a brain surgeon. He says he is lonely, sleeps 12-14 hours a day and complains of experiencing boredom and worthlessness. He denies suicidal or homicidal thoughts or plans and denies drug or alcohol use. Jim's relationships with his son and mother are strained at this time. Two weeks ago he was asked to leave his mother's house for stealing money from her. He reports three recent arguments with his son regarding his frequent requests for money and his desire to live with him. His family relationships are very unstable (mother is very ill and not willing to assist Jim further) and he has no stable residence. Jim states he eats irregularly, usually from garbage cans of restaurants or handouts that people give him.

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

During the interview, Jim presents as calm, relaxed, cooperative and states he is not afraid of what will happen to him--"everything will be OK". He displays confusion. Jim frequently wandered away from his Mother's house and on two (2) occasions in the last three (3) weeks has been brought back by police. He

was often missing for hours at a time. He is not oriented to place, time or circumstance. He expresses believing that he has "special powers--I can control the weather". He is illogical, has difficulty with immediate and short term memory. He demonstrated impaired judgment (i.e., following strangers), low self awareness (i.e., wandering onto private property and frequent bumping into objects) and currently is unable to care for himself or complete even the basic activities of daily living and hygiene, protecting himself from dangerous situations or managing finances.

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

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