FACTR-R

Functional Assessment of Characteristics for Therapeutic Recreation, Revised

Purpose: The purpose of the Functional Assessment of Characteristics for Therapeutic Recreation, Revised (FACTR-R) is to determine client needs relative to his/her basic functional skills and behaviors. The FACTR-R may be used as an initial screening tool for most populations. Further testing is usually indicated for all clients except those on a short-term stay.

Time Needed to Administer the FACTR-R: The FACTR-R is a screening tool administered after observing the client in multiple group activities and reviewing the client's chart. Under these conditions, it should take less than 20 minutes to administer and score.

Background Information: Functional behaviors and abilities selected for inclusion in the screening are those behaviors that are determined to be prerequisite or generally required within leisure participation. Low scores on the three categories of functional skills indicate that clinical program intervention is needed or desirable.

Three areas of functional ability have been selected for the initial screening. These areas are *physical, cognitive,* and *social/emotional*. These will be described and elaborated on below. These three categories represent basic and commonly identified domains of ability, skills, and behavior which cut across all illnesses and disabilities. The intent is to identify functional limitations that may interfere with, or make difficult, the self-directed leisure involvement of clients. Thus, these three behavioral categories become target areas for treatment and clinical services since leisure participation is dependent on certain identifiable functional behaviors.

1. Physical: Eleven areas of physical functioning are used in the screening process. With the exception of the first four (vision, hearing, ambulation, and bowel and bladder), all other items indicate areas of physical functioning that can be improved (treated) through clinical leisure services. In the initial screening process, judgments will need to be made regarding whether a given physical behavioral area can be improved and if it is problematic enough to warrant program intervention.

2. Cognitive: Eleven areas of cognitive functioning are used in the screening. All eleven areas are areas that can be impacted by clinical leisure programming. All eleven are viewed as functional areas with relevance for leisure involvement, thus they are critical areas for possible program intervention. Again, judgments will need to be made regarding the significance of behavioral ability for the individual client in question.

3. Social/Emotional: Eleven items comprise this section. These eleven areas address functional abilities in social interaction and emotional expression. They are dealt with in one major combined category since so much of emotional behavior is addressed in a general way as opposed to a pathological or diagnostic manner. All eleven areas can be impacted by clinical leisure services. Judgment regarding the importance of the given item must be made for each individual client.

The FACTR was developed in 1983 by Peterson, Dunn, and Carruthers. Idyll Arbor, Inc. reformatted the assessment and made it available to therapists in 1988. This current version of the documentation for the FACTR was developed by the Idyll Arbor, Inc. staff in 1990. In 1996 two questions were exchanged to place them in domains more generally recognized as appropriate. Question 2.11 "Purposeful Interaction with the Environment" was moved into the Social/Emotional domain. Question 3.11 "Decision Making Ability" was moved into the cognitive domain. (The numbers were changed, too.) The original version of the FACTR and the revised version, FACTR-R, cannot be compared if the need for therapeutic recreation services was noted in either of these areas.

Administration and Scoring:

The screening for areas of need is conducted through observation of the client and *review of the medical record.* If the therapist administering the screening is familiar with the client, the evaluation should be relatively easy to make and take very little time.

Scoring, analysis, and interpretation are an important part of the FACTR-R. ***There are no absolutes relative to leisure functioning*** and thus no definite way to determine if a given functional behavior will create problems in future independent leisure involvement. The items of the instrument do, however, identify significant functional behaviors that are related to leisure participation. Thus, a low score in any of the three categories, or in all three components, can be interpreted as a logical indication of need for clinical program intervention. Equally important to the category score is the analysis of individual items in each category. Program referral should be made based on prioritized functional need assessment of specific items. The category score will only identify if one or more categories are extremely low or high. The specific items, however, will indicate what behaviors or skills need improvement.

Scoring Procedure: Each item has a list of descriptive statements. The therapist who is conducting the screening should mark an "X" on the line in front of the one descriptive state-

ment that best describes the client's functional behavior related to that item.

The therapist administering the assessment should refer to the detailed definition of each description (see below) to help him/her make the best choice based on a common definition. By using the definitions supplied with this assessment, the inter-rater reliability of this assessment should be very high. In trials run by Idyll Arbor, Inc. staff in 1988 and 1989 the inter-rater reliability without using the definitions was poor.

The next step is for the therapist to determine if this is a behavior that can be improved through recreational therapy services and if that behavior is problematic enough to warrant program intervention. If the answer to both of these questions is "yes," then an "X" is placed in the corresponding square to the right of the item.

There are three categories of the FACTR-R: physical, cognitive, and social/emotional. After the evaluations are made in all three components, scores are tabulated. For each component, total the number of "no" responses from the "Can be improved" columns. The three different components are clearly marked. Place the totals at the top of page 1 in the upper right hand corner. The "no" response indicates functional ability. High scores indicate functional ability and adequacy. Low scores indicate greater problems in functional areas. Thus, the lower the score, the greater the need for clinical program intervention.

Indications for Further Testing:

After administering and scoring the FACTR-R, the therapist may determine that further testing is needed to better define the specific functional skills in need of intervention in the domain of greatest need.

Additional assessment to determine the client's leisure preferences and patterns of participation should also be completed.

FILLING OUT THE CLIENT INFORMATION

Name: Include the client's full name and any appropriate "nicknames".

Staff: Print the name of the staff person administering the assessment. The staff person should also include the appropriate credential abbreviation after his/her name (e.g., CTRS). After the appropriate credential abbreviation, the staff person should place his/her initials to indicate that they were truly the one to administer the assessment.

Unit: Indicate the unit and the current room number (e.g., Rehab 103W or Chartely House, #05).

Birthday: Indicate the client's date of birth.

Date: Indicate the date that the assessment is given. On clients whose ability fluctuates noticeably throughout the day, also include the starting time of the assessment using military time (a 24 hour clock).

Admit: Write in the current admission date. If the client was first admitted to ICU (intensive care unit) then transferred to rehab. three weeks later, indicate both dates (e.g., ICU 9/12/89: Rehab. 10/3/89).

Physical/Cognitive/Social Emotional: These three sections are to be completed only after the assessment has been fully administered. This is the section in which the therapist indicates the client's scores.

FILLING OUT 1.0 THE PHYSICAL DOMAIN

Note: Questions #1.1 - 1.4 may not be amenable to improvement through recreational therapy. However, knowledge of them is necessary for programming.

1.1 Sight/Vision: Check the appropriate statement. "Correctable" means that the client has good enough vision to function on a day-to-day basis with the aid of glasses. Just because a client has glasses does not mean that s/he uses them. If the client's vision is correctable and s/he usually chooses not to wear his/her glasses, note that in the space just to the right of the question.

1.2 Hearing: Check the appropriate statement. "Correctable" means that the client has good enough hearing to function on a day-to-day basis with the help of a hearing aid. Just because a client has a hearing aid does not mean that s/he usually wears his/her hearing aid. If the client's hearing is correctable and s/he usually chooses not to wear his/her hearing aid, note that in the space just to the right of the question.

1.3 Ambulation:
a. Normal: No difficulty in higher order ambulatory skills (e.g., negotiates stairs, runs and/or jumps, hops in place on each foot). Has adequate endurance to walk for 10 minutes around facility without the need for a rest.
b. Ambulates with Difficulty (no aids): Client demonstrates an inability to meet all of the criteria listed under normal *and* does not use any aids.
c. Ambulates with Aids: (circle one or more of: crutches, cane, walker. If aid is not listed, e.g., leg braces, write that information in to the right of the question.) If this choice is selected, note to the right of the question the degree of impairment in ambulation when the client is using the aid (e.g., "the client climbed a 14,000 foot mountain with her leg braces, no noticeable limitation.").
d. Wheelchair (difficulty in use): Client uses a w/c for locomotion. If the client does not have significant difficulty using his/her w/c, note that to the right of the question (e.g., "w/c athlete: very skilled in use of w/c").
e. Wheelchair (unable to use independently): Client is placed in w/c to aid in locomotion. Client is 100% dependent on others to move self through space.

f. No ambulation (bedridden): There is an extremely large variation of movement in clients who are "bedridden." To the right of the question indicate the amount of independent movement the client is able to demonstrate (e.g., traction due to spinal fx and Rt femur fx — little to no movement of trunk and legs possible).
Note: If client uses a gurney or a banana cart as a means to move around, check the appropriate selection under w/c — then indicate the vehicle of locomotion to the right of the question.

1.4 Bowel and Bladder:

a. Normal Bowel and Bladder: Client demonstrates the ability to be continent day and night; able to anticipate needs to toilet and does not exhibit a great sudden urgency to void to avoid incontinence.
b. Occasional Incontinence Problems: Client is incontinent less than 1x week; staff and client cannot anticipate timing or activity associated with incontinence (e.g., coughing which leads to incontinence).
c. Incontinent: Client has a high probability of being incontinent during at least one leisure activity over a 7-day period of time. Indicate frequency of incontinence and whether the incontinence is just nocturnal in nature to the right of the question.
d. Uses Adaptive Devices: If the client uses appliances, check here and indicate both the type(s) of appliance and the client's independence in changing the appliances to the right of the question. *Also* check one of the other 3 choices under Bowel and Bladder to indicate how successful the appliance is in aiding the client to be fully continent.
Note: If the client is at risk for autonomic dysreflexia, note that to the right of the question and circle it in red to flag the concern.

1.5 Upper Extremity Manipulation:

a. Normal: Client is able to manipulate 1/8" objects with ease with both hands; uses a pincer grasp appropriately, has no difficulty in movement and demonstrates full (or almost full) range in upper extremities.
b. Stiffness: Client is not able to fully range joints; tone of muscles in upper extremity less than normal range.
c. Weakness: Client requires at least one rest period for even light upper extremity activity lasting less than 10 minutes. Upper extremity does not have the muscle strength to complete normal activity (e.g., twisting top off of a jar or pushing w/c along hallway).
d. Uses Adaptive Devices: If the client uses adaptive devices check here *and* indicate both the type(s) of devices and the client's degree of skill for upper extremity manipulation while using the devices.

1.6 General Coordination:

a. Normal: The client demonstrates full functional use and control of neck, trunk, and extremities. No difficulty with balance and agility; no difficulty integrating actions of both arms and of both legs. Independently sequences most movements/actions logically and with relative grace.
b. Minor Coordination Problems: The client demonstrates some limitation in use and control of neck, trunk, and extremities. Demonstrates ability to maintain balance while standing or sitting but has difficulty integrating balance while sequencing complex tasks (e.g., walking over uneven terrain). Has difficulty sequencing motor tasks logically and gracefully.
c. Major Coordination Problems: Demonstrates limitations in the use and control of neck, trunk, and extremities, which cause a significant inability to carry out normal leisure tasks. Ambulation is significantly limited or impossible due to the inability to coordinate movement.

1.7 Hand-Eye Coordination:

a. Normal: The client can select one of many small objects (1/8") in a group and pick up desired object. Is able to connect numbered dots on a piece of paper in an error free manner. Demonstrates no problems when reaching for objects in a difficult figure-ground situation. Does not over or under reach. Demonstrates appropriate pressure of grasp on objects held (e.g., not too tight, not too loose).
b. Minor Hand-Eye Coordination: Client has enough impairment in this area to be considered below "normal" but is not impaired enough to exclude him/her from most normal leisure activities.
c. Major Hand-Eye Coordination: Client has enough impairment in this area to be significantly limited in his/her participation in normal leisure activities.

1.8 Strength:

a. Normal: Endurance and strength adequate to complete tasks attempted. Requires little to no rest period after a heavy muscular activity.
b. Minor Weakness: Requires rest periods during activities that require moderate strength and endurance. Strength is almost adequate to allow normal participation in leisure activities.
c. Major Weakness: Client tires almost immediately upon attempting to utilize muscles groups. Requires frequent rest periods. Normal leisure participation is not attainable due to lack of strength.

1.9 Cardiovascular Functioning:

a. Excellent: Client's heartbeat and respiratory rate do not show significant increase after 10 minutes of moderate physical activity. Recovery takes place in less than 5 minutes.
b. Normal: Client's heartbeat and respiratory rate show large increase during a 10-minute period of moderate physical activity. Recovery takes place in less than 10 minutes but more than 5 minutes.
c. Poor: Client's heartbeat and respiratory rate are limited to the point of the client not being able to participate in moderate

physical exercise for 10 minutes; recovery takes greater than 10 minutes.

1.10 Weight:
Note: Some facilities use "Ideal Body Weight" (IBW) and some use "Normal Body Weight" (NBW). Check the appropriate selection as indicated by the dietitian *and* to the right of the question indicate whether the IBW or the NBW was used.

1.11 Balance:
a. Normal: No difficulty with static and dynamic balance and agility; no devices used.
b. Minor Balance Difficulties: Static and dynamic balance and agility functional under normal, non-stress situations; some difficulty with uneven terrains, sudden movements, and in overstimulating environments.
c. Major Balance Difficulties: Static and dynamic balance impaired enough to significantly limit client's participation in normal leisure activities.

FILLING OUT 2.0 THE COGNITIVE DOMAIN

2.1 Orientation:
a. Normal: Client is oriented to person, place, and time. If a reality orientation assessment is given, client falls within the category of "mild to no impairment."
b. Confused and Disoriented Occasionally: Client demonstrates disorientation once or twice a day for short periods of time (e.g., right after waking up or when placed in an unfamiliar situation). Client is still able to function in society with a relative degree of personal safety even when disoriented.
c. Confused and Disoriented Most of the Time: Client lacks the ability to demonstrate orientation to person, place, and time 2 out of 3 trials which are given over an 8-hour period of time. The therapist has significant doubt about the client's ability to function in society with a relative degree of personal safety.
d. Confused and Disoriented All of the Time: Client is consistently disoriented to 2 out of 3 (person, place, time) more than 90% of the time.
Note: Obviously if a client has been scored as being confused and disoriented most or all of the time, s/he will score poorly on the rest of this section. A formal, standardized reality orientation assessment should be given to any client who has scored poorly in this area in addition to scoring questions 2.2 - 2.11 on the FACTR-R. Often the medications a client is being given decrease his/her scores in this area. The therapist's close measurement in this area can help the physician and the rest of the team to determine if a change in medications is indicated.

2.2 Oral Expressive Language:
a. Very Articulate: No expressive verbal language deficits. Converses well with groups on a variety of topics.
b. Average Articulation: A few expressive verbal language deficits; has some difficulty conversing well with groups.
c. Poor Articulation: Noted difficulty with pronunciation, obvious problems with word finding skills, tends to use jargon, perseveration possible, possible motor planning problems or general slowness.
d. No Oral Expressive Language: Does not demonstrate the ability to produce intelligible language.

Manual Communication:
Suggested modification of this section of the assessment: Do not limit the response to manual communication (e.g., sign language) if the client utilizes some other means of augmented communication. Use the criteria listed below to determine the degree of skill demonstrated by the client. To the right of the descriptors indicate the type of augmented communication used by the client.
a. Excellent: No noted slowness, few if any errors in processing and output of augmented communication. Communication output flows naturally.
b. Average: General slowness related to motor planning problems or cognitive processing difficulties.
c. Poor: Severely limited ability to utilize system; major motor planning problems or delayed responses.

2.3 Receptive Language:
a. Can Process and Act on Directions Immediately: Demonstrates working understanding of language. Demonstrates the ability to discern key points; does not get lost in details. Demonstrates the ability to filter out noises and stimuli to concentrate on speaker.
b. Needs Time to Process and Act on Directions: Demonstrates ability to understand language, however a noted delay is evident in the client's ability to hear and then respond. At times has difficulty with language comprehension leading to inaccurate responses or to getting lost in detail.
c. Needs Cues, Prompts, or Second Set of Directions: The client has difficulty in organizing and integrating words and concepts when presented, makes weak or bizarre associations.
d. Does Not Process Directions: The client does not demonstrate an awareness of what words mean. Any reaction to spoken word is reaction to tonation of voice, not to the actual words.

2.4 Attending and Concentrating:
a. Concentrates and Focuses Well: No difficulty with attention span; is able to attend to activity with little or no inattention demonstrated for up to 20 minutes. Can stick to a subject that s/he enjoys for over 20 minutes.
b. Concentration and Focus Drifts or Is Easily Distracted: Demonstrates inability to attend to a topic (even one that s/he is interested in) for 20 minutes. Requires up to one cue every five minutes. When client is distracted s/he is inattentive for up to 5 seconds, frequently requiring a cue to re-focus. Even with distractibility, client is able to retain knowledge of subject.
c. Major Difficulties Attending and Concentrating: Requires more than one cue every 5 minutes to attend; concentration is broken for periods greater than 5 seconds. Even with cueing is not always able to concentrate on issue at hand.
d. Seems Functionally Unaware of People and Objects in the Environment: Client startles when spoken to or when s/he sees a person, or client demonstrates little to no recognition of others. Client's attention is taken up by internal stimuli, self-stimulation, and other non-interactive activities.

2.5 Long Term Memory:

a. Clear Recall of Past Events: Client is able to recall 80% of events from the past 7 days; is also able to demonstrate a knowledge of his/her personal history (date of birth, length of time in school, mother's maiden name, etc.).

b. Vague or Occasional Recall of Past Events: Client has difficulty remembering personal history; is able to remember person, place and time between 40% - 80% of the time.

c. Unrealistic or Distorted Recall: Client reports incorrect answers over 40% of the time; demonstrates some belief that s/he is giving the correct answer. Recall of time is distorted.

d. No Recall of Past Events: Client is unable to provide information due to cognitive impairment.

2.6 Short Term Memory:

a. Clear Recall of Recent Events: Client demonstrates the ability to retain 70% or more of pertinent information for up to 1 hour. Recall has little to no errors.

b. Vague or Occasional Recall of Recent Events: Client is able to recall between 25% - 70% of pertinent information for up to 1 hour. Noted difficulty in reporting information correctly due to cognitive confusion. Even if information recalled from short term memory is distorted, it is at least related to actual event.

c. No Recall of Recent Events: Client is unable to report back up to 25% of pertinent information and/or information reported has little to nothing to do with actual event.

2.7 Thought Process (logic, problem solving, creativity, abstraction):

a. Excellent: Client is able to process information quickly with little to no distortion. Actions taken demonstrate that multi-step reasoning has taken place, including the anticipation of possible consequences for one's actions. Awareness of more than one solution to most problems. Client demonstrates the ability to predict other's reactions to his/her decisions at least 60% of the time.

b. Average: Client is able to process most information if given adequate time. Because of an incomplete comprehension of the material presented, client may demonstrate a slightly distorted understanding. Many, but not all, actions are thought through for potential consequences. Especially under pressure the client has difficulty developing more than one solution to the problem. Client is, at times, surprised at the reaction of others.

c. Poor: Client has difficulty processing information. Actions taken demonstrate little to no understanding of cause and effect, of multiple step planning, or awareness of the consequences for one's actions. Client reacts to problems instead of taking time to cognitively process solutions.

2.8 Learning:

a. Learns New Material Quickly and Easily: Client grasps ideas with little instruction needed. New information is quickly integrated with already acquired knowledge; the client's knowledge base expands synergistically. Client finds the assimilation of new ideas easy and usually enjoyable.

b. Average Learning Ability: Client is able to understand most concepts with adequate instruction and experience. New information is retained but not automatically integrated with already acquired knowledge; the client's knowledge base continues to expand with each new bit of information but not synergistically. Client demonstrates some inattention and frustration when learning information that challenges his/her capabilities.

c. Slow Learning Ability: Client has difficulty understanding and retaining new concepts, even with skilled instruction using multi-learning methods (e.g., seeing a demonstration and reading or hearing about it).

2.9 Literacy:

a. Good Reading Ability: Client is able to read any book or magazine; able to learn new skills just by reading instructions.

b. Basic Reading Ability: Client is able to read most books and magazines; is able to learn some new skills just by reading instructions.

c. No Functional Reading Ability: Client is either a non-reader or has limited reading ability.

Note: The basic ability to read important signs, activity calendars, and books (letters, etc.) is often taken for granted. Even prior to being admitted into a health care system 11% to 20% of the people in the United States are non-functional readers. (Based on the studies listed in the *World Book Encyclopedia*, 1989). In this assessment reading means not only being able to read the words out loud. It also means the ability to remember the basic point of what was read five minutes later. This criterion would mean that many individuals who are moderately to severely impaired on a reality orientation assessment would be rated as "nonreaders".

2.10 Math Concepts:

a. Above Average Mathematical Computation Ability (add, subtract, divide, and multiply): Client is able to add, subtract multiply, and divide two digit numbers in his/her head quickly with less than a 5% error rate.

b. Average Mathematical Computation Ability: Client can balance a check book, can determine how much an individual item is if its price is 3 for $1.20 without using paper, has only limited difficulty determining 15% of a food bill to leave a tip.

c. Basic Computation (add, subtract): Client is able to add or subtract numbers with two or three digits. Client demonstrates an error rate of 30% or more if computation is executed in his/her head. Client does not demonstrate the ability to determine 15% of a food bill to leave a tip.

d. No Functional Mathematical Computation Ability: Client is not able to manage a checkbook, even with the use of a calculator. Requires assistance from others to select the correct coin combinations to pay for simple purchases. Client has extreme difficulty to no ability to count up to $20.00 of change using nickels, dimes, quarters, and one-dollar bills.

2.11 Decision Making Ability:

a. Surveys Alternatives and Selects Positive Approach: Client is able to anticipate outcomes to actions prior to taking the action and makes a reasonable choice given that knowledge.

b. Somewhat Ambivalent and Uncertain in Decision Making: Client has noted difficulty in making a choice, seems unsure about course of action to take, not convinced of choice after decision was made.

c. Extremely Ambivalent and Uncertain in Decision Making: Client is significantly impaired in his/her ability to make decisions. Functional ability in the community is at risk due to this limitation.

FILLING OUT 3.0 SOCIAL/EMOTIONAL DOMAIN

3.1 Dyad (2 person):

a. Initiates and Maintains Dyad Situations/Conversations: Client interacts freely with another individual of his/her choice. Few if any uncomfortable, awkward moments. Initiates conversations at a socially appropriate rate; maintains conversations to their logical end.

b. Responds to and Maint‹ins Dyad Situation when Initiated by Others: Client interacts freely with another person of his/her choice but actual initiation of conversation is not frequently demonstrated by client. Client will maintain a conversation begun by another to its logical end.

c. Responds Minimally to Dyad Situations: Client demonstrates limited initiation of conversation in dyad situations and does not usually carry out conversations to their logical end.

d. Does Not Respond to Dyad Situations: Client does not initiate, respond to, or maintain conversations with another person.

3.2 Small Group (3 - 8 persons):

a. Initiates and Maintains Small Group Interactions: Client interacts freely with two or more individuals of his/her choice. Few, if any, uncomfortable, awkward moments. Initiates and maintains conversations at socially appropriate rate; maintains conversations to their logical end.

b. Responds To and Maintains Small Group Situations when Initiated by Others: Client interacts freely with two or more people of his/her choice but actual initiation of conversation is not frequently demonstrated by client. Client will maintain a conversation begun by another to its logical end.

c. Responds Minimally in Small Group Interactions: Client demonstrates very limited initiation of conversation in small group situations and does not usually carry out conversations to their logical end. Does not contribute new content or questions to conversation.

d. Does Not Respond in Small Group Situations: Client does not initiate, respond to, or maintain conversations with individuals while in a group situation.

3.3 Social Interest:

a. Seeks Social Contacts/Situations: The client demonstrates an interest in others; demonstrates enjoyment in the close proximity of other people.

b. Doesn't Initiate, But Doesn't Avoid Social Contacts/Situations: Client initiates less than 20% of his/her social contacts; few, if any, avoidance techniques are exhibited by client to avoid others.

c. Avoids Social Contacts/Situations: The client demonstrates a variety of maneuvers to avoid having to interact with other people. Demonstrates the desire to end conversations before their logical end.

d. Excessive Need for Social Contact: Client over-initiates interactions with others. Demonstrates a lack of understanding of body language that indicates another person's desire to be left alone. Tries to carry conversations beyond their logical end.

3.4 General Participation:

a. Self-Initiation: Client independently initiates activity without cueing from staff. Actively participates, responsive, eye contact, alert, enthusiastic, willing, engrossed in activity.

b. Voluntarily Complies with Activities Initiated by Others: Initiates activity after being cued by staff. Participates with encouragement, wants staff assistance but does not necessarily require it, needs cues to willingly participate, needs staff encouragement.

c. Responds to Direct Commands or Instructions: Requires staff cueing and assistance to participate in activity; does not indicate desire to participate and/or initiate activity.

d. Does Not Engage in Cooperative Behavior: Client declines, does not participate, resistive, non-cooperative, refuses to stay in area, demonstrates inappropriate behaviors, interferes with the activity, disruptive.

3.5 Cooperation (compliments, shares voluntarily, comments of emotional support, etc.):

a. Understands and Engages in Cooperative Behavior: Client demonstrates the ability to get along with others; to be flexible; to share and go along with another person's wish.

b. Cooperation with Prompting and Reinforcement: Client demonstrates the ability to be cooperative, but seldom initiates that behavior.

c. Does Not Engage in Cooperative Behavior: Client is unable to, or unwilling to, cooperate with others.

3.6 Competition:

a. Understands and Engages in Competitive Behavior Appropriately: Client demonstrates enough competitive behavior to fit into the social group. Is competitive for the fun of it, not to "get others."

b. Overly Aggressive in Competitive Behavior: Tries to win to the point of physically or emotionally hurting others in the group. Client appears to be almost "driven" to win.

c. Overly Passive in Competitive Behavior: Client is unable to, or chooses not to, engage in competitive behavior with others in the group. Client is frequently at a disadvantage because of the lack of competitive behavior.

3.7 Conflict/Argument:

a. Appropriate Communication and Behavior in an Argument/Conflict Situation: Client maintains emotional and physical control and verbally responds appropriately.

b. Loses Emotional and/or Physical Control in Argument/Conflict Situations: Client has noted difficulty in maintaining

emotional and/or physical control during heated arguments. Client talks in a raised or threatening voice.

c. Passively Submits in Argument/Conflict Situations: Client does not take actions to defend self when threatening situations arise.

3.8 Emotional Expression:

a. Appropriate Emotional Response to Situations: Client demonstrates logical emotional responses to situations; degree of control exhibited is culturally appropriate.

b. Excessive Emotional Response: Client demonstrates an over-reaction to a situation; the reaction is beyond logical and cultural norms.

c. Withholds Emotional Response: Client demonstrates less emotional response than the situation normally would dictate; response is understated given cultural background.

d. Inappropriate Emotional Expression: Unlike a client who demonstrates either an excessive or an understated response, the client demonstrates an illogical response (e.g., laughs at his/her own pain).

3.9 Authority/Leadership:

a. Responds Appropriately to Authority: Client responds in a culturally appropriate manner when presented with a request from someone with authority.

b. Defies or Actively Resists Authority: Client demonstrates behavior contrary to what is expected of him/her. This defiance is an active, knowledgeable choice on the part of the client.

c. Overly Passive with Authority: Client does not stand up for his/her rights; goes along with leader or group suggestions even if s/he does not feel good about doing so. This is an active, knowledgeable choice on the part of the client.

Note: If the client is not cognitively able to respond to authority in a purposeful manner, write N/A to the left of the choices and then make a note to the right of the question.

3.10 Frustration:

a. High Tolerance for Frustration: Client participates without appearing frustrated; at times may appear discouraged but completes activity.

b. Average Frustration Tolerance: Client will generally stick to an activity for up to 20 minutes before giving up. Client does not demonstrate significant frustration behaviors that disrupt those around him/her.

c. Frequent Frustration Behavior: Client becomes easily frustrated and, as a result, is functionally unable to complete an activity. At times the client will be too frustrated to respond or to participate.

3.11 Purposeful Interaction with Environment:

a. Interacts Purposefully with Other Persons and Objects: Client initiates and maintains social interactions; demonstrates a cooperative nature with others in the environment a majority of the time. Demonstrates an interest and awareness of objects in the environment.

b. Intermittent Purposeful Interaction with Environment: A consistent pattern of meaningful and purposeful interaction with others and objects is not maintained. At times the client is internally distracted, causing inattentiveness to the environment. Does not always respond to cueing.

c. Minimal Purposeful Interaction with Environment: Client interacts with the environment only to meet personal needs; frequently cannot or will not interact with others.

For more information or additional score sheets contact:
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