Appendix A

The Emotional Cutoff Scale
Appendix B

The Global Assessment of Functioning
Appendix B  The Global Assessment of Functioning

Global Assessment of Functioning (GAF) Scale

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health–illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Code  (Note: Use intermediate codes when appropriate, e.g., 45, 60, 72.)
100 Superior functioning in a wide range of activities; life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).
70 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).
50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beata up younger children, is defiant at home, and is failing at school).
30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication (e.g., sometimes incoherent, autistic inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
20 Some danger of hurting self or others (e.g., suicide attempt without clear expectation of death; frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., amusia feeds) OR gross impairment in communication (e.g., largely incoherent or mute).
10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
0 Inadequate information.
Appendix C

The Child and Adolescent Functional Assessment Scale

The Child and Adolescent Functional Assessment Scale was purchased commercially for use in this study.
### Child and Adolescent Functional Assessment Scale (CAFAS™)

**Time Period Rated:**
- Last 3 Months
- ... (continued)

**Scales:**
- Social Behavior
- School Behavior
- Family Behavior
- Self-Harmful Behavior
- Resistance Use
- Thinking
- Levels of Overall Functioning Based on Youth
  - 0 to 20
  - 21 to 70
  - 71 to 90

**Assessment:**
- Change in Intensity of Service
- Other

**Sources of Information:**
- School
- Physician
- Social Worker
- Other

**Youth's Living Arrangement:**
- Residential Placement
- Foster Home
- Group Home
- Other Residential Setting
- Other

**Youth's Education:**
- In School
- Home School
- Other

**Youth's Employment:**
- Yes
- No

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**Instructions:** Refer to the Self-Training Manual. Be sure to rate the youth's current行为 level of function for the time period specified above (e.g., the last 3 months). The CAFAS is designed as a measure of functional status and should not be used as a tool for determining severity of illness or eligibility for services, intensity of services, or disengagement in welfare systems.
Appendix D  Informed Consent

ARLINGTON COUNTY, VIRGINIA
DEPARTMENT OF HUMAN SERVICES
MENTAL HEALTH, MENTAL RETARDATION AND
SUBSTANCE ABUSE SERVICES DIVISION
1725 N. GEORGE MASON DRIVE
ARLINGTON, VIRGINIA 22205
(703) 228-3150

RON CARLEE
DIRECTOR

LEONARD H. AMES, M.S.W.
DIVISION CHIEF

Informed Consent Form

You are requested to participate in a study for families with teenagers. The purpose of the study is to better understand the kinds of relationships which are helpful to parents who are facing problems with their teenagers. The goal of the research is to help programs provide the most effective services to families in the future.

For the study, you and your teenager are asked to answer ten questions on a form by circling with a pencil the answer which best describes the relationships in your family. This form will take you approximately ten minutes to fill out. All information given on this form is confidential.

Your participation in this study is voluntary. You are free to withdraw from the study at any time. No member of your family is required to complete the questions in order to receive services for which you qualify at the Arlington County Dept. of Human Resources, Child and Family Bureau.

I have read and understand this Informed Consent Form and my participation in the study. I agree to participate in this project.

Signature_________________________ Date________________

Witness_________________________