

## **Appendix 19c ■ Psychological Functioning Instructions and Definitions**

To be completed in full at each assessment. If Care Manager decides not to complete, the reason must be documented in the "Comments" section. Evaluate each aspect of functioning for evidence of problems or impairment. Explanatory comments are required if "Some" or "Severe" is circled.

### **Memory**

Recalling learned behaviors and information from distant and recent past.

- None: No problem. Able to give correct recent history; able to refer appropriately to comments given earlier in the conversation.
- Some: Moderate or intermittent problem (i.e., experiences memory loss, but not to a degree which causes risk; client needs occasional reminding).
- Severe: Severe memory deficit (i.e., forgets to start or finish activities thus posing risk to self).

### **Orientation**

Awareness of time, place and other individuals in one's environment.

- None: Client is aware of where s/he is and can give information related to living arrangement, family, etc.; aware of passage of time during the course of the day.
- Some: Occasional disorientation and confusion apparent but does not put self at risk. Has general awareness of time of day; able to provide limited information about family, age, daily living.
- Severe: Severe disorientation, which puts client at risk (i.e., wanders off; lacks awareness or concern for safety or well-being; unable to identify significant others or relate to environment or situation; no sense of time of day).

## **Judgement**

The ability to perceive and distinguish relationships or alternatives; capacity to make reasonable decisions.

- None: No problem with judgment. Able to evaluate environmental cues and respond appropriately; makes sound judgments.
- Some: Mildly impaired (i.e., shows lack of ability to plan for self; has difficulty deciding between alternatives but is amenable to advice; social judgment is poor).
- Severe: Severely impaired (i.e., fails to make decisions or makes decisions without regard to safety or well-being).

## **Anxiety**

A feeling of apprehension, worry, uneasiness, or dread, especially of the future.

- None: No problems. Concerns are realistic considering life circumstances.
- Some: Moderate (i.e., some unrealistic or excessive worry about life circumstances, apprehension, restlessness, feeling "on edge"),
- Severe: Intensive or chronic (i.e., frequent unrealistic or excessive worry, apprehension, difficulty concentrating, motor tension, may experience panic reaction).

## **Combative, Abusive, or Hostile Behavior**

- None: Not combative, or rare/occasional aggression that does not result in problems.
- Some: Some inappropriate aggressive behavior.
- Severe: Frequent verbal and/or physical aggressiveness.

## Depression

Exhibits behavior or language expressing feelings of worthlessness; altered mood with loss of interest in food and normal activities; psychomotor agitation or retardation; loss of energy; excessive or inappropriate guilt; diminished ability to think or concentrate.

- None: No problem with depression.
- Some: Behaviors/symptoms exhibited over a short period of time, but not on a daily basis, may occasionally interfere with daily functioning but does not place the individual at risk.
- Severe: Exhibits behaviors/symptoms on a daily basis, over a longer period of time. May be unable to perform functions physically capable of; may have formulated a suicide plan.

## Delusions/Hallucinations

Delusion is a false belief brought about without appropriate external stimulation and inconsistent with the individuals own knowledge and experience. Hallucination involves the false excitation of one or more of the senses (e.g., hearing voices or seeing something no one else does.)

- None: No problem with delusion/hallucination.
- Some: Mild or moderate delusional or hallucinating behavior which is transitory and does not interfere to a great extent in everyday functioning.
- Severe: Delusional or hallucinating on a regular basis so that client is at risk to self or others. Out of contact with reality enough to interfere with everyday function all or most of the time.

## **Paranoid Thinking/Suspiciousness**

Exhibits resentment, anger, bitterness, megalomania, persecution complex, delusional jealousy.

- None: None or few signs of paranoid thinking/suspiciousness.
- Some: Displays some behavior/symptoms to the degree that others are concerned and/or it sometimes interferes with daily functioning.
- Severe: Displays some or many behaviors/symptoms (i.e., is in danger of harming self or others; is disturbing to others and interferes with daily functioning).

## **Wandering:**

Wants to leave their environment for another location on a consistent basis.

- None: No wandering at home.
- Some: Wants to leave and would likely be lost if outside the safety of center or home. May be able to take routine walks with some success.
- Severe: Frequently wanders away from safe environment if not secure and/or needs constant monitoring if no security is provided. At high risk of being lost. No apparent comprehension of distance or direction.

## **Suicidal:**

- None: No suicidal ideations.
- Some: Makes comments on worthlessness life not worth living. Beginning to withdraw from everyday activities previously enjoyed.
- Severe: Has actually thought of a method of suicide. Has the means to accomplish the act. Almost complete withdrawal, or a fairly dramatic and sudden reversal from a previously down mood to elevated happy mood.