The UK FAM self-service Training Course: FAM only Part 3 Cognitive items

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Contents of this presentation

- General description of scoring levels
  - A reminder
    - skip to slide 16 if not needed
- Item by item guide to scoring
  - Communication
  - Cognitive / psychosocial
FIM+FAM – Cognitive 14 items

FIM - Yellow items

- Communication
  - Comprehension
  - Expression
  - Reading
  - Writing
  - Speech intelligibility

FAM - Blue items

- Psychosocial / Cognition
  - Social interaction
  - Problem-solving
  - Memory
  - Emotional status
  - Adjustment to limitations
  - Use of leisure time
  - Concentration
  - Safety awareness
## Seven level scoring system

### Score system for motor items

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
<th>Assistance Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Fully independent</td>
<td>No help from a person</td>
</tr>
<tr>
<td>6</td>
<td>Independent with device</td>
<td>Set-up / supervision</td>
</tr>
<tr>
<td>5</td>
<td>Supervision / set-up</td>
<td>No physical contact</td>
</tr>
<tr>
<td>4</td>
<td>Minimal assistance (&lt;25% of task)</td>
<td>Help from a person</td>
</tr>
<tr>
<td>3</td>
<td>Moderate assistance (25-50% of task)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Maximal assistance (50-75% of task)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Total assistance (&gt;75% of task)</td>
<td></td>
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</tbody>
</table>
Essentially the same principles

- But assessed somewhat differently
  - Hands-on help rarely required
- Best scored whilst observing activities in daily practice
  - Social interaction, therapy, daily care etc
- Consider the burden of care
  - What can the patient do without prompting?
    - Eg comprehension – score the % they comprehend before prompting occurs
- Level 6-7
  - Rated on ability to perform complex activities
- Levels 5-1
  - Rated on ability to perform simple level tasks
7 Level Scoring – as for the FIM

- **7 = Fully independent**
  - No help from a person

- **6 = Independent with device**
  - Set-up / supervision
  - No physical contact

- **5 = Supervision / set-up**
  - Help from a person

- **4 = Minimal assistance**
  - Not as straightforward as for FIM
  - Items individually described

- **3 = Moderate assistance**
  - Often on basis of frequency of intervention

- **2 = Maximal assistance**

- **1 = Total assistance**
General description of scoring levels
Cognitive items

Assessed somewhat differently
- Most types of intervention
  - Are likely to be in the form of verbal prompting
- Cut off between ‘6-7’ and ‘5 and below’
  - Ability to manage complex (as opposed to basic) tasks

FIM items:
- Consider all activities across 24 hours
  - in different environments
- In what proportion of time do they need help?

FAM items
- Many of these are framed in terms of
  - the frequency of intervention
Level 7

- Patient is independent
  - in all components of the task
  - Including complex level activities
- Able to manage complex level tasks
  - Without errors
  - And without need for cueing, prompting or coaxing
- No assistive devices used
  - Or strategies such as self-correction
- Task is performed safely
- Within a reasonable amount of time
Level 6

- Patient is independent
  - in all components of the task
  - Including complex level activities
- No helper is required
  - even for cueing, prompting or coaxing

BUT:

- An assistive device may be used
  - Which include strategies eg self-correction
- Or takes more than reasonable time
- Or there are concerns the safety.
Level 5

- Patient is largely independent
  - for basic level tasks
- Helper may be required for
  - Cueing, prompting or coaxing
    - Standby verbal instruction only
    - Eg prompting to use strategies
  - But less than 10% of the time
    - Eg under stressful / unfamiliar conditions
Level 4

- Helper provides minimal assistance
  - for basic level tasks
  - Eg cueing, prompting etc
    - Or help at the level of touching only
  - Significant errors occur
    - Requiring help to correct

- Patient completes at least 75% task
  - Before prompting occurs

- Or manages >75% of the time
Level 3

- Helper provides moderate assistance
  - for basic level tasks
  - Eg cueing, prompting etc
  - Or help to correct errors

Patient completes at least 50% of the task
  - Before prompting occurs

Or manages 50% of the time
Level 2

- Helper provides maximum assistance
  - Eg cueing, prompting etc
  - Or help to correct errors
- Patient completes less than half the task
  - Before prompting occurs
  - But more than 25%
- Or manages less than half of the time
  - Helper does most of the task
Level 1

- Helper provides total assistance for basic level tasks

- Patient may make a small amount of effort
  - But completes less than 25% of the task
    - Before prompting occurs

OR..

- Patient does not perform activity

- There are no level 0 scores
  - for FIM or FAM cognitive items
Essential scoring rules

- Score on what patient does day-to-day
  - Not on what he could, might or should do
- Score all items - leave no blanks
- Score only 1-7 – no half scores
  - Make up your mind
  - If in doubt, score the lower
Phrasing

- Unlike motor tasks
  - Cognitive and communication activities
    - Occur throughout the day
    - Pt does not necessarily have help all of the time

- Therefore
  - Some items framed in terms of
    - Level of support that is ‘needed’
    - As opposed to support necessarily received
      - all of the time
General decision tree

Boxes at top of page
- Left – what is included in the item
- Right – a description of level 7

Box at bottom of page
- Level descriptors
  - Check this to make sure the description matches the level you have reached through the decision trees

Conundrums
- Page opposite
  - Commonly encountered problems
    - These may help if you have difficulty agreeing a score
Communication items

- Comprehension
- Expression
- Reading (FAM item)
- Writing (FAM item)
- Speech intelligibility (FAM item)
Reading (FAM item)
Reading includes:

- Ability to understand written material
  - In the language of the environment
  (The functional relevance of reading is to be able to make use of written cues in the environment)

Complex material
- Information leaflets
- Menu cards
- Timetables
- Newspapers

Simple material
- Signs
  - Single words/ phrases
- Simple cue cards
  - Large print
- Word / picture matching
- Single Letter cards
Conundrums – Reading

- English not their first language
  - From the functional view-point
    - Reading ability must be judged in the predominant language of the environment
      - Ie English in rehab units in the UK
  - Whilst this may seem politically incorrect
    - The functional application of reading is to be able to read signs, written information, timetables etc
      - The FAM is environmentally dependent,
        - and the environment may be limiting
      - Even if they can read in their own language,
        - it is unlikely to be possible to test this accurately
Reading - level 7

- Complete independence
- Able to read and completely understand
  - Complex material
    - Eg information leaflets, newspapers / books
  - In the language of the environment
  - Without help or prompting
Modified independence

- Reads complex material without assistance
  - Complex sentences and short paragraphs

May require

- Glasses or other assistive device
- Adaptation
  - Eg Braille
- Extra time to understand the information
  - Reduced speed or retention
Reading - level 5

- Able to read simple material
  - Eg short sentences
  - Requires prompting
    - For longer or more complex sentences
Reading levels 4, 3, and 2

Level 4 – minimal assistance
- Recognises single words and familiar short phrases consistently

Level 3 – moderate assistance
- Able to read letters and recognise objects
  (Eg Matches words to picture correctly > half the time)

Level 2 – maximal assistance
- Able to match identical objects / letters.
  (If matches words to pictures, they are inconsistent,
  - managing correct matching < half of the time)
Reading - level 1

Total assistance

- Unable to match or recognise identical letters or objects consistently
Vignette - Reading

John was dyslexic before his CVA. Reading is now limited to recognizing names and familiar words and phrases, eg. he gleans some information from newspaper headlines and football results.

Score 4

- More than single words and letters
- but not as much as sentences
Vignette - Reading

Colin reliably recognises his name and his wife's name.

- Recognises some letters or numbers,
- but is inconsistent with picture-word matching or using a written word or alphabet board.

Score 2

- Recognises letters /numbers (=3)
- But unable to match words to pictures consistently (=2)
Writing (FAM item)
Writing includes:

- Ability to produce written material
  - In the language of the environment
    - Again, note contrast to FIM in this respect
      - (The functional relevance of writing is to be able to make use of written notes in the environment)
  - Includes
    - Spelling
    - Grammar
    - Syntax
    - Completeness of written communication
  - Includes hand-writing and word-processing
    - Computers are increasingly a normal household item
Writing - level 7

Complete independence

- Able to write with acceptable accuracy in spelling, grammar, syntax and punctuation
  - Without help or prompting

- Written output
  - May be in the acceptable form for the medium
    - Eg text messaging language
Modified independence

- Writes sentences and short paragraphs accurately

May require

- Glasses or other assistive device
  - Eg word-processor
- Errors
  - May make occasional spelling / grammatical errors
- Extra time
  - Reduced speed of writing
Writing - level 5

- Able to write simple material
  - Eg phrases / short sentences
    - May be evidence of spelling / grammatical errors
  - Requires prompting
    - For longer or more complex sentences
Writing levels 4, 3, and 2

Level 4 – minimal assistance
- Writes single words and occasional short phrases
  - But with errors / poor legibility - some reader burden

Level 3 – moderate assistance
- Writes their own name / some familiar words
  - Cueing may be required

Level 2 – maximal assistance
- Writes some letter spontaneously
  - Able to trace or copy letters or numbers
Writing - level 1

- Total assistance
  - Unable to copy letters or simple shapes
Vignette - Writing

Lisa writes letters for correspondence and college essays on her WP, but her handwriting is only adequate for her signature or 1-2 messages.

Score 6

– Writes effectively using a device
Vignette - Writing

Teresa can use a letter-board to indicate the first 2-3 letters of a word and can write her name, but she is unable to write whole words accurately, phrases or sentences.

Score 3

- Writes her own name and some words / parts of words

Grey – on the cusp between 2 and 3

- therefore team may agree 2
- If in doubt score to the lower
Speech intelligibility
(FAM item)
Speech intelligibility includes:

- Ability to produce intelligible speech
  - Articulation
  - Rate, volume, quality of vocal communication

In this context:

- Understandability reflects speech quality
  - Not language / meaning
    - Which are assessed separately under expression
Speech intelligibility - level 7

Complete independence

- Able to converse with a voice which is
  - well-modulated
  - Well-articulated

- In all situations, including
  - Talking to strangers
  - Speaking on the telephone
Speech intelligibility - level 6

- **Modified independence**
  - Generally able to speak intelligibly in most situations

- May require
  - **Compensatory strategies**
    - Eg to slow down, pinch nose for nasal speech
    - Uses these without prompting

- Extra time
  - To get meaning fully across

- Self-corrects when not understood
Speech intelligibility - level 5

- Produces sentences intelligible to most people in most situations
  - Needs occasional prompting
    - Eg to slow down
    - Or otherwise modify output to speak intelligibly
Speech intelligibility levels 4, 3, and 2

- **Level 4** – minimal assistance
  - Produces simple phrases intelligible to most people

- **Level 3** – moderate assistance
  - Produces words / phrases
    - intelligible only by a familiar listener
    - or within a given context

- **Level 2** – maximal assistance
  - Produces single sounds / syllables
    - recognisable only by a familiar listener
    - or within context
Speech intelligibility - level 1

- Total dependence
  - Does not produce any recognisable speech or speech sounds
Conundrums – Speech intelligibility

What if they speak gibberish with total clarity?

- Can still score 7 in this item

Their inability to make meaningful conversation will be picked up in ‘Expression’
Vignette - Speech intelligibility

Chris's voice and articulation are severely affected making speech fairly unintelligible, though at times familiar listeners understand one or two words if the context is known.

Score 2

- Not adequate but not all un-intelligible speech
Psychosocial / Cognition items

- Social interaction
- Problem-solving
- Memory
- Emotional status (FAM item)
- Adjustment to limitations (FAM item)
- Employability (FAM item)
- Attention (FAM item)
- Safety judgement (FAM item)
Emotional status
(FAM item)
Emotional status includes:

- Ability to take responsibility for controlling emotions
  - impact of mood on day-to-day function

- Frequency and severity of emotional disturbance:
  - Depression
  - Anxiety
  - Euphoria
  - Frustration
  - Agitation
Potential overlap

**Emotional Status and Social Interaction**

- **Social interaction**
  - Level of assistance to manage unwanted behaviours
    - Eg temper tantrums, aggressive outbursts, disinhibited behaviour
  - That impact on interaction with others
    - (May include very withdrawn behaviour due to depression)

- **Emotional status**
  - Separates out disorders of mood
  - Frequency of intervention (encouragement, advice, reinforcement)
  - To manage mood disturbance (eg tearfulness, lability)
    - At a level that may interfere with day-to-day function
    - But not necessarily impacting on interaction / behaviour with others
Emotional status - level 7

Complete independence

– Exhibits an appropriate emotional response
  Without help from others

– Emotional behaviours
  do not interfere with day-today function
Emotional status - level 6

- Modified independence
  - Exhibits occasional emotional disturbance
    - But has adequate coping skills
- May
  - Take medication that is required for control
    - Eg anti-depressants
Emotional status - level 5

- Exhibits occasional emotional disturbance
  - Requires structured environment
    - To remove triggers
  - Or occasional (planned) intervention
    - Eg counselling / support
  - But not more than once a week
Emotional status levels 4, 3, 2 and 1

- Requires direct intervention
  - in the form of encouragement/ advice, reinforcement or preventative action
  - Level is determined by frequency of intervention

- Level 4 – minimal assistance
  - Once a week or less often

- Level 3 – moderate assistance
  - Several times a week, but not daily

- Level 2 – maximal assistance
  - Daily

- Level 1 – total dependence
  - Many times each day
Vignette - Emotional status

Theresa is occasionally low and tearful and has a ‘bad day’ about once a week. At these times, she needs coaxing and prompting to rally round and to look at how well she is doing in therapy which makes her feel more positive.

Score 4

- Help required once a week or less often
Vignette - Emotional status

Abdullah is almost continually cross or upset. This interferes with any activity and he needs encouragement and support to attempt even simple tasks or mix with other patients at any level.

Score 1

- Help many times per day
- Or effectively unable to contribute to the task
Adjustment to limitations
(FAM item)
Adjustment to limitations

Has two main components

– Above the ‘help line’
  A mental set of coming to terms with their disability
  – Insight, awareness and acceptance of limitations
  – Willingness to learn new ways of functioning
  – Having realistic expectations for the future

– Below the help line
  Help with making practical adjustments
  – eg using coping strategies
  – techniques to overcome or compensate for their disabilities
Overlap with safety awareness

- Lack of awareness/acceptance of limitations
  - Often has implications for safety

Overlap with safety awareness item
- Especially at lower levels of functioning

- Adjustment to limitations
  - Primarily about willingness to
    - learn new techniques / adopt compensatory strategies

- Safety awareness
  - Period of time for which they can be left alone
Adjustment to limitations - level 7

Complete independence

– Patient demonstrates
  – Awareness and acceptance of their limitations
    – Understands the implication of these
  – Uses appropriate strategies to compensate for them

– Has realistic expectations for the future
Adjustment to limitations - level 6, 5

Level 6: Modified independence
- Patient has some difficulty in coping with limitations
  - But not interfering with day-to-day function
  - Willing/able to learn new ways of functioning
- May have some unrealistic expectations of long term recovery

Level 5: Supervision / set-up
- Requires cueing or set-up
  - to use new ways of functioning
Adjustment to limitations
levels 4, 3, and 2

Level 4 – minimal assistance
- Needs occasional help or direction to cope with limitations or use new strategies
  - But manages > 75% of the time

Level 3 – moderate assistance
- Has some awareness of limitations
- Needs moderate help to cope with limitations or use new strategies
  - But manages more than half of the time

Level 2 – maximal assistance
- Has minimal awareness of limitations
- Needs frequent help to cope with limitations or use new strategies
  - Requires help more often than not
Adjustment to limitations - level 1

- Total assistance
  - Basically has no awareness of limitations
    - Does not use coping strategies
      - Or uses them <25% of the time
Ron sets himself unrealistically high targets and will not accept or use help/strategies suggested by others.

- He will avoid or deny difficult situations but copes with familiar everyday situations.
- He tries to do things that are now impossible and blames the equipment or someone else when things go wrong.

Score 6
- Might need help but does not take it,
- Unrealistic
Vignette - Adjustment to limitations

Chris has unrealistic expectations but is trying to learn new ways of doing things and has help from her family from time to time to coax her into accepting the changes.

Score 5 (or 4)

- Willing to learn but requires support
- Up to the team to determine whether the intervention is planned or unplanned
Use of leisure time
(FAM item)
Use of leisure time includes:

- Ability to engage in leisure activities
- It has three steps
  - Choosing the activity
    - eg swimming
  - Arrangement to take part
    - Eg getting to the pool
  - Performing the activity
    - Eg swimming

- Leisure activities can include passive activities
  - eg watching TV
    - Providing these are actually enjoyed
      - Eg concentrating on the programme
Use of leisure time - level 7

- Complete independence
  - The patient engages in and pursues a wide range of leisure activities
    - Without assistance
    - Or any special equipment
  - Performs all 3 steps
    - Independently and safely
Use of Leisure time - level 6, 5

Level 6: Modified independence
- Able to use leisure time without help
- But
  - Choice may be limited
  - Or special equipment required
  - Or takes extra time

Level 5: Prompting or set-up
- Able to engage in leisure activities
- Needs prompting just at the start
  - Eg is lacking in initiative or motivation
- But is then independent
Use of leisure time
levels 4, 3, 2 and 1

Depends on the number of steps for which they require help

- **Level 4** – minimal assistance
  - Needs help for just one step
- **Level 3** – moderate assistance
  - Needs help for two of the steps
- **Level 2** – maximal assistance
  - Needs help for all three steps
- **Level 1** – total dependence
  - Unable to engage in leisure activities, despite assistance
Use of leisure time - conundrums

Use of leisure time and employability

– Use of leisure time replaces employability in the original FAM

Employability cannot be rated on what they do whilst undergoing in-patient rehabilitation

– (Work/education is now included in FAM-EADL module)

Even use of leisure time may be limited in this context by the environment

– Whilst in hospital,

Use of leisure time concerns how the person uses their unstructured time

– Physical, cognitive or behavioural difficulties may impact on the score
Kam watches videos or Sky movies and likes most quiz and cookery shows.

- She uses her head switch to operate the TV and video but someone has to change the videos.
- She uses a switch operated page-turner if someone sets up a book, but she misses her dressmaking and cooking.

Score 4

- Needs help with 1 of 3 aspects

This item is unusual as set-up in this item takes you down to a 4, so need to ignore standard labeling on tree structure.
Vignette – Use of leisure time

Paul goes to the club on his own and plays wheelchair basketball in a national league. He spends a lot of time "surfing the net" and corresponds through this with people all over the world.

Score 6

- Limited choice
- Wheelchair basketball
Orientation
(FAM item)
Orientation includes:

Orientation to:

- Person
- Place
- Time
- Situation
Orientation - level 7

Complete independence
- The patient is completely orientated
- 100% of the time
- In all 4 aspects, without cues
Orientation - level 6,5

Level 6: Modified independence
- Orientated without help from another person
- But may
  - Require extra time to respond
  - Use self-initiated cues / aids

Level 5: Prompting or set-up
- Is orientated
  - but requires help from another person
    - To set up aids
    - To prompt to use aids
Orientation levels 4, 3, 2 and 1

Depends on the no. of aspects for which they are orientated

- **Level 4** – Minimal assistance
  - Orientated to 3 of the 4 aspects
    - Requires incidental cues < 25% of the time

- **Level 3** – Moderate assistance
  - Orientated to 2 of the 4 aspects
    - Requires regular cues from someone else
    - but manages more than half of the time

- **Level 2** – Maximal assistance
  - Orientated to only 1 of the 4 aspects
    - Requires frequent cues – manages <half of the time

- **Level 1** – total dependence
  - Disorientated to all 4 aspects, or requires help all of the time

- **Level 0** – No level 0 for this item
Vignette - Orientation

Mick is orientated if he can see or has recently seen environmental clues, but can be misled, so he needs people to change the date board or throw away old newspapers.

Score 5
  – Set-up
Concentration
(FAM item)
Concentration includes:

- The length of time
  - that the patient is able to concentrate for
  - On a task or purposeful activity requiring concentration

- If variable
  - Score the lowest

- At level 7
  - Able to concentrate on a task for at least 30 mins
  - Without assistance
  - Self-directs back to the task after distraction
Concentration - level 6,5

Level 6: Modified independence
- Concentrates on task for 30 mins
  - But some difficulty getting ‘back on track’
  - Or in switching attention to new task

Level 5: Prompting or set-up
- Concentrates on task for 30 mins
- But needs set-up
  - Eg screened work area to remove distraction
- Or prompting
  - To disengage from or return to task
Concentration levels 4, 3, 2 and 1

Depends on the length of time for which they can concentrate on a task with assistance from another person

- **Level 4 – minimal assistance**
  - Concentrates on a task for 15 mins with assistance

- **Level 3 – moderate assistance**
  - Concentrates on a task for 5-15 mins with assistance

- **Level 2 – maximal assistance**
  - Concentrates on a task for 1-5 mins
    - May be easily distractible, or difficult to gain their attention

- **Level 1 – total dependence**
  - No useful attention span
    - Highly distractible or unrousable to attend
Vignette – Concentration

Kay can concentrate on an activity when motivated, such as when eating, which, with her severe ataxia, can take up to 45 minutes at lunchtime. In therapy, watching TV or on the edge of a group conversation, his attention drifts after 10 minutes or so.

Score 3

- Variable concentration
  - score to the lower
Vignette – Concentration

Adam can concentrate on an activity very well for an hour or more, but sometimes does not notice the phone ringing or someone talking to him if preoccupied. Once distracted, it takes him a while to get back into the original activity.

Score 6

- Concentrates > 30 mins
- Difficulty switching attention to get back on track – although he does manage this himself
Safety awareness
(FAM item)
Safety awareness includes:

- Ability to
  - anticipate potential danger and identify risks involved
  - plan ahead to avoid risk
  - avoid impulsivity
  - remember safety-related information
  - respond appropriately if danger arises

It comprises both physical and cognitive ability.

At level 7

- Patient is fully able to maintain their own safety
Level 6: Modified independence
- Requires some supervision to maintain safety
  - While undertake new or complex activities only

Level 5: supervision or set-up
- Safe to be left to cope with routine activities
  - Can be left alone for > ½ a day,
    - Eg while family are out at work)
  - but not safe to be left alone throughout 24 hours
Safety awareness
levels 4, 3, 2 and 1

Depends on the time the person can be left alone for

- **Level 4** – minimal assistance
  - Safe to be left alone for > 2 hrs or up to ½ a day
    - Requires safety check eg at mealtimes, if family are out all day

- **Level 3** – moderate assistance
  - Safe to be left alone for short periods (<2 hours)
    - Eg while carer goes briefly out to the shops
  - Able to summon help in an emergency

- **Level 2** – maximal assistance
  - Requires someone to be constantly in the vicinity
    - Cannot be left alone – unable to summon help

- **Level 1** – total dependence
  - Requires constant one-on-one supervision
    - Eg 24 hour care in the community
Vignette – Safety awareness

- Ray's daughter pops in at lunchtime to make sure he is okay and cooks lunch while his wife is working. They have a Piper Alarm system for emergencies.

- Score 4
  - Safe to be left for up to $\frac{1}{2}$ a day
Vignette – Safety awareness

- Byron needs the cot-sides up and supervision when awake and not wedged into a chair.
  - He has no idea of his impending danger and will fall.
  - He is "specialled" whenever awake and has a ‘baby monitor’ switched on in his room at night.

Score 1

- Constant 1:1 care