DAILY LIVING ACTIVITIES (DLA) FUNCTIONAL ASSESSMENT

Beyond Global Assessment of Functioning: Ensuring Valid Scores and Consistent Utilization for Healthcare Report Cards

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The Daily Living Activities (DLA) Functional Assessment is a functional assessment, proven to be reliable and valid, designed to assess what daily living areas are impacted by mental illness or disability. The assessment tool quickly identifies where outcomes are needed so clinicians can address those functional deficits on individualized service plans.

The DLA is intended to be used by all disabilities and ages. Developmental Disabilities and Alcohol/Drug Abuse forms are personalized for daily functional strengths and problems associated with those diagnoses. An Adult form exists for SMI and SPMI consumers over the age of 18 and a Youth form for consumers between the ages of 6 and 18.

A sample of five domains (of the Twenty DLA Indicators) and the scoring criteria are listed in Appendix A below.

RELIABILITY AND VALIDITY: The DLA is a reliable and valid measure for the purposes oflevel of care consideration, treatment planning around outcomes, and to correlate and predict DSMIV, Axis V. Two studies with 971 consumers over repeated measures will be reviewed with the results reflecting a satisfactory treatment plan time-saver for case coordinators. The tool is published in the *Research on Social Work Practice* (Abstract and other reference articles are in Appendix B). Please note, however, that since 2005, the DLA has been copyrighted to protect reliability and validity, not for additional monetary remuneration beyond training fees.

WHO COMPLETES THE DLA FUNCTIONAL ASSESSMENT: The consumer's primary clinician or case manager typically has the most information about daily functioning at home or in the community and are best prepared to complete the form. The tool has been shown to take approximately 6 to 10 minutes to complete at the conclusion of an assessment. The information has proven value for treatment planning and estimating Axis V (Global Assessment of Functioning or GAF) of DSMIV and contributes valuable information in psychiatric approval for Medicaid reimbursement and healthcare reporting standards.

TRAINING ON THE DLA

The DLA is a copyrighted measure available for free after appropriate training from MTM Services. Programs who register for training are awarded the rights to manually or electronically use the tool as long as the DLA is not altered, shortened and it is used for validated purposes. The tool is not to be implemented without training through MTM Services.

A DESCRIPTION OF TRAINING SEMINAR: Participants will initially learn why functional assessments are in the forefront of audits and accountability. They will participate in established pretests in order to experience the definition of reliability and validity. They will be introduced to criteria for scoring the functional assessment tool (copyrighted DLA) via the presentation of a current consumer's functional assessment. Subsequently, small groups congregate under the supervision of the author to assess various members' consumers using the DLA. Small groups confront intricate questions, misconceptions and learn to focus on functioning for designing measurable goals and treatment plans. In concluding the session, participants reconvene to examine DLAs and their correlation with level of care assignments, DSMIV, Axis V (GAF), scoring GAF with and without objective criteria and using functional assessments in treatment plans, progress notes, and tracking outcomes. Materials for training trainers and clinicians are included.

WHO SHOULD ATTEND THE TRAINING: Psychiatrists, Clinicians, Case Managers, Quality Assurance Officers, human resource trainers working with the aforementioned employees.

Educational Objectives:

1. To Inform programs serving severely mentally ill, substance abuse and developmental disabilities about the APA, Medicaid, OIG Healthcare Report Card basis for requiring functional assessments (separate from symptoms) and research-based criteria necessary for shifting from a subjective to a quantitative Global Assessment of Functioning (GAF).
2. To Validate the GAF: Score, Use, Interpret GAF for customers - Customers who pay and audit us; Customers (staff) who have varying needs when serving consumers; Customers (managers) who manage service and pay employees; and most important with the most emphasis: **consumers' reported satisfaction with treatment, outcomes.**
3. To Ensure GAF utilization is consistently scored, reliable with national norms for public healthcare report cards.

Appendix A: Five Sample Domains (of the Twenty DLA Indicators) and the Anchors Supporting the Scoring

Consumer Name:
Consumer ID:

Daily Living Activities (©DLA-20): Adult Mental Health

© W.S. Presmanes, M.A., M.Ed., and R.L. Scott, PhD.

Instructions: Using the scale below, rate how often or how well the consumer independently performed or managed each of the 20 Activities of Daily Living (ADLs) in the community during the last 30 days.

If the consumer's level of functioning varied, rate the lower score. Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Do not consider environmental limitations (e.g., "no jobs available"). Strengths are scored >=5 in an activity and indicate functioning "within normal limits" (WNL) for that activity. Enter N/A only if the activity was not assessed & do not exceed 5 N/A DLAs.

1	2	3	4	5 (WNL)	6 (WNL)	7 (WNL)
None of the time; extremely severe impairment of problems in functioning; pervasive level of continuous paid supports needed	A little of the time; severe impairment or problems in functioning; extensive level of continuous paid supports needed	Occasionally; moderately severe impairment or problems in functioning; moderate level of continuous paid supports needed	Some of the time; moderate impairment or problems in functioning; low level of continuous paid supports needed	A good bit of the time; mild impairment or problems in functioning; moderate level of intermittent paid supports needed	Most of the time; very mild impairment or problems in functioning; low level of intermittent paid supports needed	All of the time; independently managed DLA in community; no impairment or problem in functioning requiring paid supports

ACTIVITIES	Examples of scoring strengths as WNL behaviors (Scores 5-7) Dates:	Eval	R2	R3	R4	R5
1. Health Practices	Takes care of health issues (includes diabetes, weight, physical ailments), manages moods, infections; takes medication as prescribed; follows up on medical appointments.					
2. Housing Stability, Maintenance	Maintains stable housing; organizes possessions, cleans, abides by rules and contributes to maintenance if living with others					
3. Communication	Listens to people, expresses opinions/feelings; makes wishes know effectively.					
4. Safety	Safely moves about community – adequate vision, hearing, makes safe decisions. Safely uses small appliances, ovens/burners, matches, knives, razors, other tools.					
5. Managing Time	Follows regular schedule for bedtime, wake-up, meal times, rarely tardy or absent for work, day programs, appointments, scheduled activities.					

Scoring Instructions						
Scoring Instructions: Ratings for all 20 DLAs can be added then divided in half to estimate mGAF or: If any ADLs are missing scores, Step 1. Add scores from applicable column. Step 2. Divide sum by number of activities actually rated. This is the average DLA score. Step 3. To estimate GAF or mGAF, multiply the average DLA by 10. Compare to DSMIV Axis V GAF description on back and compare to calculated DLA+-3 points. Step 4. +/- Change/Outcome Score: subtract GAF/mGAF, column R1 from most recent rating R2 to R5.	**Sum (max.140)**					
	Average/ DLA					
	Est. mGAF					
	Change Score					

SAMPLE Page 1 of 5, 5 of 20 DLAs copyrighted W.Presmanes, contract for training through National Council CBH: Contact MTMWilla@aol.com, 7708512972

DAILY LIVING ACTIVITIES (©DLA-20) ANCHORS	1- Extremely severe functional impairment, needs pervasive level of continuous paid supports	2- Very severe functional impairment, needs extensive level of continuous paid supports	3- Severe functional impairment, needs moderate level of continuous paid supports	4- Moderate functional impairments, needs low level of continuous paid supports	5- WNL/Strength Mild functional impairment, needs moderate level of intermittent paid supports	6- WNL-Strength Intermittent mild functional impairment, needs low level of paid supports	7- WNL-Strength Independent, Optimal functioning, no need for paid supports.
Health Practices: Rate independent self-care for physical and mental health, including treatment plan compliance, medication compliance	Dependent, No self-care, potentially health endangering, requires pervasive interventions (example: multiple and lengthy stays in crisis, jail, etc)	Marked limitations in self-care and compliance, relies on extensive assistance for very severe mental impairments, concern for danger to self/other	Limited self-care and compliance, severe impairments in moods, mental status; often relies on the continuous assistance of helping persons for health care.	Marginal self-care and compliance with service plans or prescriptions, managing moods is moderate problem; requires low level but routine mental health assistance	Moderately self-sufficient, manages moods but relies on intermittent, some routine assistance or home visits by helping persons, in private or self-help residences.	Independent self-care, compliant with treatment, meds - minimal support, some assistance from family, friends, other helping persons).	Optimally independent in taking care of physical & mental status; makes good health care decisions, no assistance needed
Housing Maintenance: Rate self-sufficiency for maintaining independent and adequate housing, management of household	Not self-sufficient, approaching health endangering threat, relies on pervasive supervision in protective environment, dependent – does not manage independent household.	Marked limitations in keeping or maintaining independent housing, on the street or constant supervision and assistance, likely in 24/7 supported or protective residences.	Dysfunctional in independent housing, unstable, Limited self-sufficiency; relies on frequent assistance, private or self-help home, may occasionally help in household maintenance.	Stable community housing but housing may be inadequate or s/he may be only marginally self-sufficient, e.g., relies on regular assistance to maintain stable household.	Moderate self-sufficiency in own place with routine, low level assistance, (e.g. home visits by helping persons), maintains household good bit of the time by self.	Adequate independence: self-sufficient with minimal assistance in community based, independent housing (e.g. some support from family, friends, other helping persons).	Optimal independence: Self-sufficient in community based, independent living with no significant assistance.
Communication: Rate ongoing and effective communication	Not effective in communicating with others, extremely dependent on assistance.	Communication is dysfunctional, blunted or antagonistic with others, dependent on assistance.	Limited effectiveness in communicating with others, dependent on assistance.	Not clear about problems, marginal effectiveness in communicating with others, uses regular assistance.	Moderately effective in communicating with others, using routine assistance	Adequately effective in communicating with others, minimal need for assistance	Optimal effectiveness in communicating with others, no significant assistance needed.
Safety: Rate maintenance of personal safety	No self-protection approaching health endangering threat, relies on pervasive level of continuous supervision.	Marked limitations in self-protection relies on extensive level of continuous supervision.	Limited self-protection, relies on moderate level of continuous supervision.	Marginal self-protection, relies on regular assistance and monitoring.	Moderate self-protection, relies on routine assistance or monitoring (e.g. home visits by helping persons).	Adequate self-protection with minimal assistance, family, neighbors, friends, other support.	Optimal self-protection with no significant assistance from others.
Managing Time: Rate management of time, self - direction.	No management of time, relies on the pervasive, continuous direction of others.	Marked limitations management of time, often relies on extensive, continuous direction by others	Limited time management, often relies on constant direction of others	Marginally effective time management, relies on regular direction of others	Moderately effective time management, relies on routine direction of others.	Adequate time management, minimal reliance on direction of others.	Optimal time management and self-direction.

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Appendix B: References

Abstract from *Research on Social Work Practice* (v11:3), 373-389 (2001)

Reliability and Validity of the Daily Living Activities Scale: A Functional Assessment Measure for Severe Mental Disorders

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Objective: Two studies evaluated the validity and reliability of the Daily Living Activities Scale (DLA), a 20-item functional assessment measure for adults with severe mental disorders. Method: The first study evaluated the internal consistency and interrater reliability of the DLA scoring for 85 clients with severe mental disorders currently receiving services from one of five different treatment programs. In the second study, symptomatology and functional assessment data were collected for 886 clients at time of admission to three different levels of care in community treatment and support services and at the time of 6-month progress reviews. Results: Internal consistency and interrater reliability were adequate. Criterion-related validity was evidenced by the ability of DLA scores to differentiate consumers in different levels of care and by diagnostic categories. Conclusions: Study findings provide evidence of the usefulness of the DLA to support the functional assessment data needs of service providers.

Additional References:

- PERMES Training Materials (Performance Evaluation), State of Ga., DHR, 2002 - 2005
- *Reliability, Validity of the Daily Living Activities Scale (to correlate and improve Axis V reliability), 2001*
- *JCAHO Valid Outcome Indicator, 1998 (Chicago)*
- CARF suggested outcome indicator, 2005
- *Role Functioning Scale (GA-RFS, 1985 – 2004 multiple publications)*

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