



Score Report

by

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and
PAR Staff

Patient Information

Name: Case Sample	ID: CS 12008
Gender: Male	Age: 90
Race/Ethnicity: Caucasian/White	Marital Status: Widowed
Highest Level of Education Attained: 8 th Grade	Date of Birth: (not specified)
Date of Service: 01/20/2007	Examiner: R Jacoby
Type of Evaluation: Preliminary	

Caveat and Descriptive Text Regarding the GRRAS

The test scores and other interpretive information provided in this computer-generated report are predicated on the following assumptions. First, it is assumed that the various instruments were administered and scored correctly in adherence with the general and specific administration and scoring guidelines provided in chapter 2 of the GRRAS Professional Manual. Second, it also is assumed that the examinee was deemed to be appropriate for testing, demonstrated minimal levels of immediate attention and verbal comprehension to complete the testing, and demonstrated the ability to hear and see adequately.

This report is intended for use by individuals who are qualified and credentialed to interpret the GRRAS. These professional requirements, detailed in chapter 2 of the GRRAS Professional Manual, include, but are not limited to, having a working knowledge of geriatric rehabilitation psychology.

Description of GRRAS Measures and Components

The Mind Body Wellness Geriatric Rehabilitation and Restorative Assessment System™ (GRRAS™) was designed to assess emotional and behavioral dysfunction associated with medical and psychiatric comorbidities in geriatric medical and long-term care (LTC) settings. It is intended to be used in the evaluation of LTC residents who show emotional and behavioral dysfunction associated with chronic medical conditions and psychiatric syndromes. It is to be used by psychologists, psychiatrists, psychiatric nurse practitioners, clinical social workers, and appropriately trained and/or supervised geriatric psychotherapists who are working in LTC settings or who are treating LTC residents in medical settings. The GRRAS is composed of three instruments: the Geriatric Multidimensional Pain and Illness Inventory (GMPI), the Psychosocial Resistance to Activities of Daily Living Index (PRADLI), and the Geriatric Level of Dysfunction Scale (GLDS). These three instruments were designed to be used jointly as part of a comprehensive rehabilitation and restorative assessment evaluation.

The Psychosocial Resistance to Activities of Daily Living Index (PRADLI) is an eight-item clinically rated instrument that assesses a resident's level of functional independence and cooperation with psychosocially related activities of daily living (ADLs). The eight domains are: Up Time, Eating Habits, Dressing, Toileting, Bathing, Medical Compliance, Rehabilitative/Restorative Care, and Social/Recreational Participation. Each item is rated on a 7-point scale, with 1 representing the lowest level of independence and cooperation and 7 representing the highest level of independence and cooperation.

The Geriatric Multidimensional Pain and Illness Inventory (GMPI) is a 14-item instrument designed to assess pain and other noxious illness symptoms (e.g., dizziness, nausea, weakness, shortness of breath) and their functional, social, and emotional consequences in LTC settings. In the absence of pain, the GMPI assesses the severity of the resident's primary chronic medical symptom (e.g., dizziness, nausea, weakness, shortness of breath) and its functional, emotional, and social impact on the resident. All items are rated on a 10-point scale, with each point associated with specific behavioral criteria. The scaling of the items is behaviorally oriented because the GMPI is completed by a clinician whose ratings are based both on what the resident reports and on behaviors directly observed by the clinician or facility staff (e.g., nursing, rehabilitation), with more weight given to directly observed behaviors.

The Geriatric Level of Dysfunction Scale (GLDS) is a measurement of dysfunctional behaviors that are associated with (a) chronic pain or other noxious symptoms, (b) dementia, (c) physical disability, and (d) chronic/acute medical or psychiatric conditions. The GLDS is completed by the clinician and assesses the intensity, frequency, and duration of 20 possible dysfunctional behaviors, including agitation, verbal aggression, withdrawal, weight loss, yelling, disinhibition, and physical aggression. All ratings are made on an 8-point scale, with each point on the scale representative of a specific behavioral anchor.

GRRAS Score Summary Table

GRRAS Scale/Cluster	Raw score	Percentile	Clinical range of raw scores	Qualitative descriptor
PRADLI				
Total score	21	80	21 - 29	Moderate Clinical Range
GMPI				
Total score	87	63	83 - 107	Moderate Clinical Range
Pain and Suffering Cluster	21	71	20 - 27	Moderate Clinical Range
Life Interference Cluster	39	44	37 - 41	Subclinical Range
Emotional Distress Cluster	45	78	40 - 46	Moderate Clinical Range
GLDS				
Total score	157	98	> 101	Severe Clinical Range
Aggressive Agitation Cluster	79	97	> 35	Severe Clinical Range
Irrational Agitation Cluster	61	88	> 53	Severe Clinical Range
Dysfunctional Illness Behaviors Cluster	64	75	> 63	Severe Clinical Range

Note. The General Affected Group was selected by the user as the comparison population for establishing the percentile rank of the GRRAS scores.

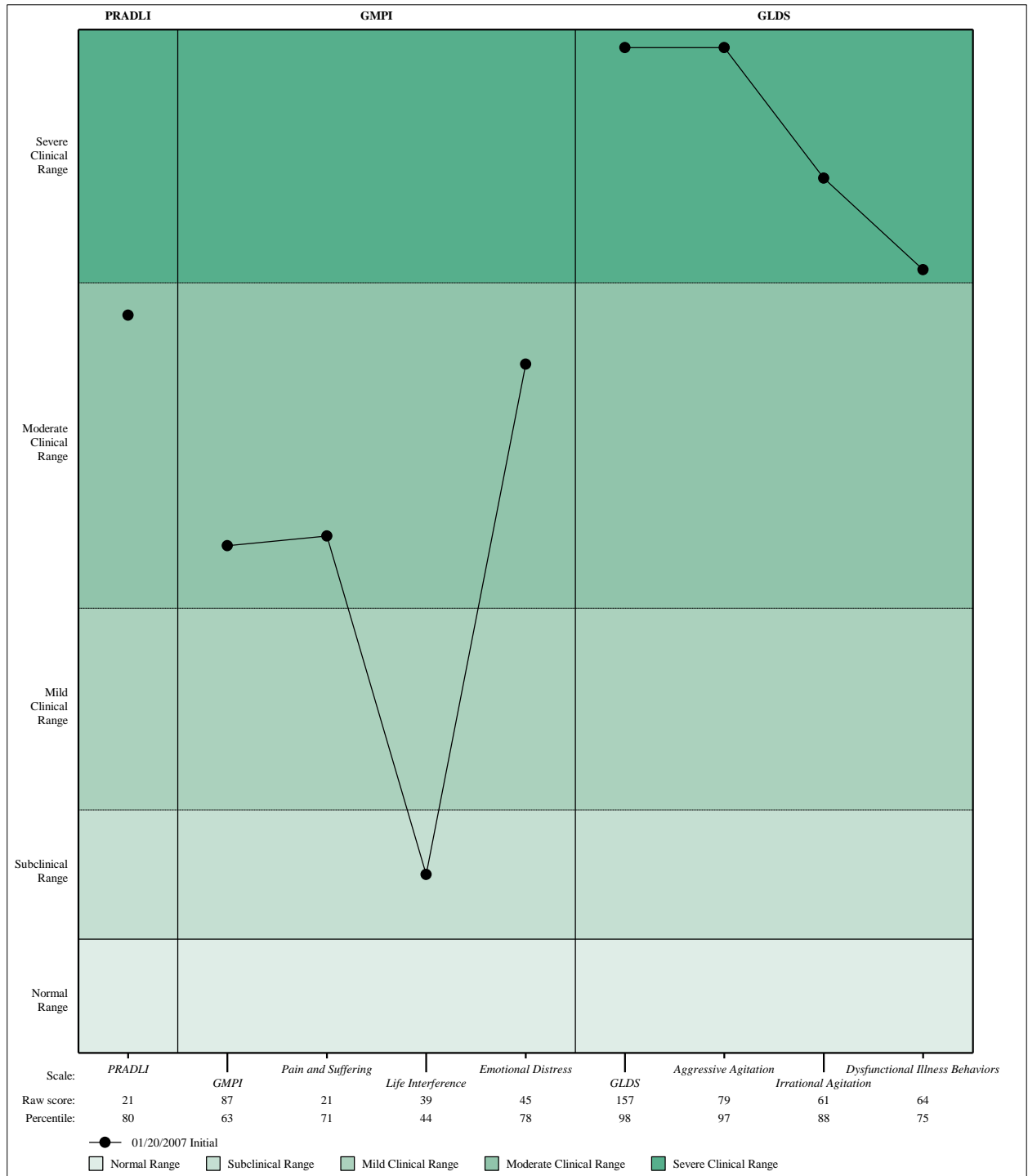
Nature of Percentiles and Comparison Groups

The General Affected Group was composed of 316 individuals who were living within a variety of LTC settings, including assisted living facilities and nursing homes. Individuals within this population reported either moderate to severe levels of dementia (i.e., Reisburg Global Deterioration Scale [RGDS; Reisberg, Ferris, de Leon, & Crook, 1982] score ≥ 4) and/or reported moderate to severe levels of pain (i.e., 10-point analog scale score ≥ 5). This comparison group is selected when evaluating an individual for placement into a LTC setting because it can help answer the question, “How does this individual compare to others who are living in LTC facilities and experiencing some general difficulties with functioning?” It also is appropriate to use this comparison group when the true nature and severity of the LTC facility resident’s presenting symptoms are unknown (i.e., at initial evaluation). In this situation, the percentile represents the percentage of people in the General Affected Group whose score(s) on the GRRAS measures fell below the patient’s score(s). For more information regarding percentiles and comparison groups, please see chapters 2 and 3 of the GRRAS Professional Manual.

Nature of Clinical Score Ranges and Qualitative Descriptors

Each clinical score range listed in the GRRAS Score Summary Table considers both the cutoff score (i.e., the point on the distribution of raw scores where the score transitions from mildly elevated to clinically elevated) and the separation between the unaffected and affected groups. To provide a context for these ranges, each clinical score range is associated with a qualitative descriptor: Normal Range, Subclinical Range, Mild Clinical Range, Moderate Clinical Range, and Severe Clinical Range. Although, in most instances, these descriptors are useful for explaining levels of performance to a nonprofessional audience, changes from one category to another cannot be used reliably to indicate real changes in GRRAS performance. For a detailed description of the different criteria utilized to establish the various clinical ranges, see chapter 4 of the GRRAS Professional Manual.

GRRAS Scale and Cluster Profiles



Note. The General Affected Group was selected by the user as the comparison population for establishing the percentile rank of the GRRAS scores.

GRRAS Total and Cluster Score Interpretations

On the PRADLI, Case Sample achieved a total score of 21. This score falls within the Moderate Clinical Range, indicating a moderate degree of impairment in activities of daily living. This score also indicates that his ADLs are worse than 80 percent of residents in the General Affected Group.

Case Sample's GMPI Total of 87 falls in the Moderate Clinical Range, his Pain and Suffering Cluster Score of 21 falls in the Moderate Clinical Range, his Life Interference Cluster Score of 39 falls in the Subclinical Range, and his Emotional Distress Cluster Score of 45 falls in the Moderate Clinical Range. His GMPI Total Score indicates that his overall level of pain and impairment is higher than 63 percent of his peers in the General Affected Group. His Pain and Suffering Cluster Score suggests that his level of pain and suffering is higher than 71 percent of residents in the General Affected Group. Finally, his Emotional Distress Cluster Score suggests that he is experiencing more distress than 78 percent of residents within the General Affected Group.

Case Sample's GLDS Total Score of 157 falls in the Severe Clinical Range, his Aggressive Agitation Cluster Score of 79 falls in the Severe Clinical Range, his Irrational Agitation Cluster Score of 61 falls in the Severe Clinical Range, and his Dysfunctional Illness Behavior Cluster Score of 64 falls in the Severe Clinical Range. Case Sample's GLDS Total Score suggests that he is experiencing a greater degree of overall behavioral problems than 98 percent of his peers in the General Affected Group. His Aggressive Agitation Cluster Score indicates that he is experiencing a greater degree of aggressive and agitated symptoms than 97 percent of the other residents in the General Affected Group. His Irrational Agitation Cluster Score indicates that he is experiencing more irrational and agitated symptoms than 88 percent of his peers in the General Affected Group. Finally, his Dysfunctional Illness Behavior Cluster Score suggests that his behavioral symptoms associated with pain, illness and mood are greater than 75 percent of his peers in the General Affected Group.

When interpreting a resident's performance on the GRRAS, it is essential not only to consider his Total and Cluster Scores, but also to examine the item-level data available in subsequent pages of this report (i.e., GRRAS Item Summary Tables and GRRAS Item Level Profiles). Remember that Case Sample's Total and Cluster Scores represent his global level of functioning, whereas his item-level information allows for a more detailed evaluation of any one single behavior. This is particularly important when the resident's Total or Cluster score is in the Normal or Subclinical Range and yet he has a single problematic activity, pain, or behavioral domain that is potentially dangerous and requires immediate intervention. To that end, the Critical Elevation Care Plan at the end of this report provides a useful summary of Case Sample's Critical Total and Cluster Score elevations and his Critical Item-Level elevations. This table can be used to help the clinician target their intervention at key areas of importance.

GRRAS Item Summary Table

PRADLI			
PRADLI item	Raw score	PRADLI item	Raw score
Item 1: Up-Time (UPT)	5	Item 5: Bathing (BAH)	2
Item 2: Eating (EAT)	5	Item 6: Medical Interventions (MED)	2
Item 3: Dressing (DRS)	2	Item 7: Rehabilitation (REH)	1
Item 4: Toileting (TOL)	2	Item 8: Recreation/Social (REC)	2

Note. On the PRADLI, a raw score of 7 on any given item indicates independent functioning, whereas a raw score of 1 indicates maximum assistance and, in many cases, noncompliance.

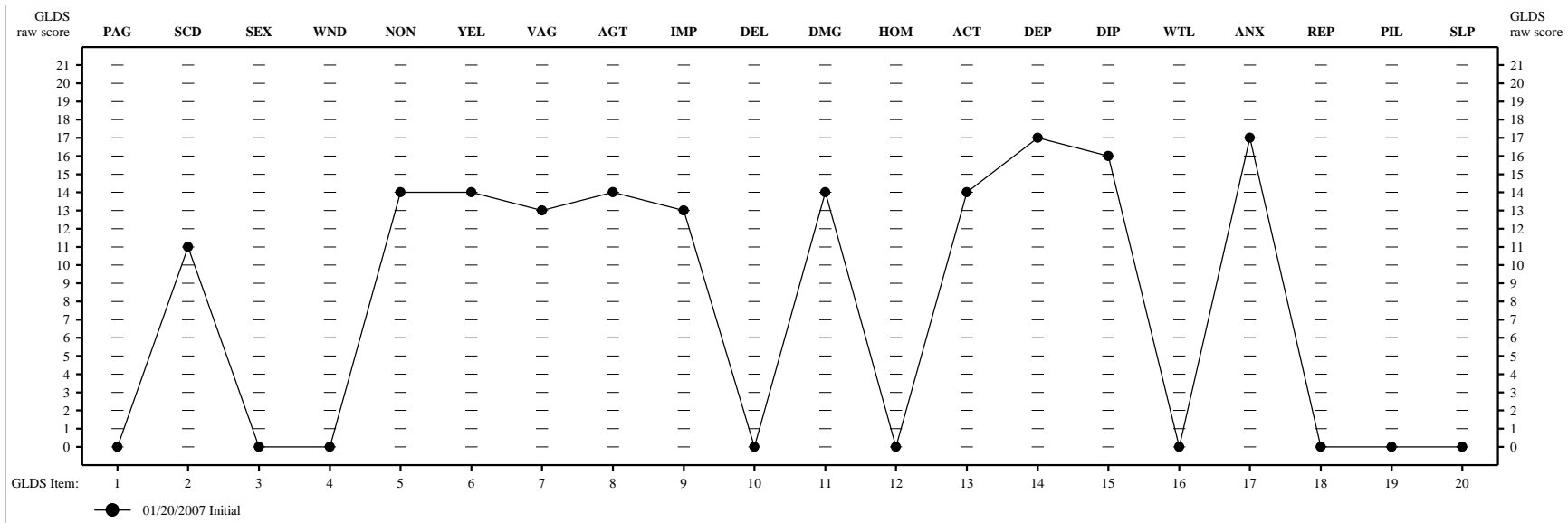
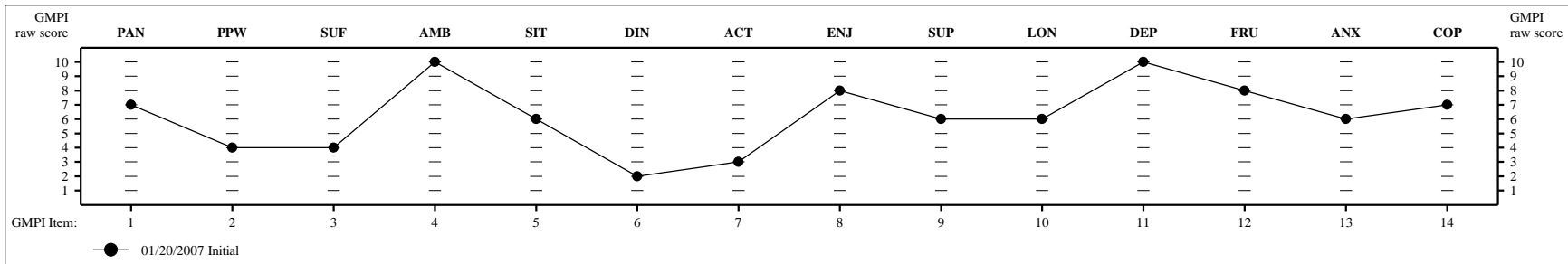
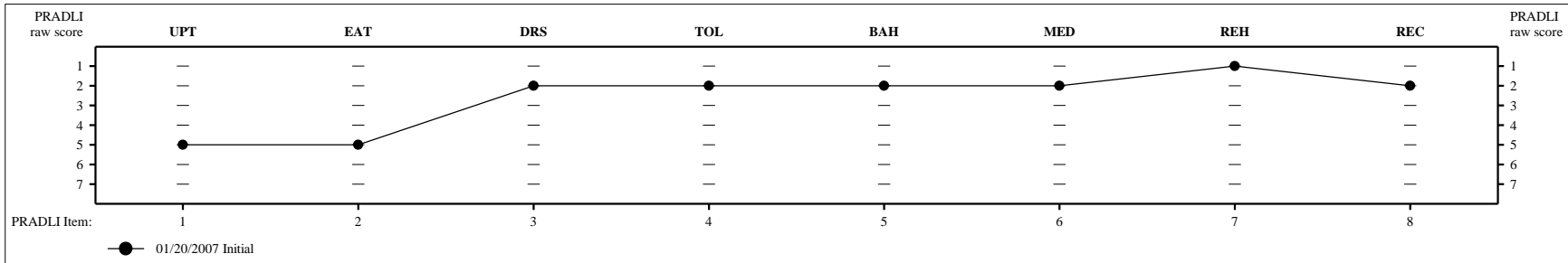
GMPI			
GMPI item	Raw score	GMPI item	Raw score
Item 1: Pain Now (PAN)	7	Item 8: Activity Enjoyment (ENJ)	8
Item 2: Pain Past Week (PPW)	4	Item 9: Caregiver Support (SUP)	6
Item 3: Suffering Past Week (SUF)	4	Item 10: Loneliness (LON)	6
Item 4: Moving About (AMB)	10	Item 11: Depressed (DEP)	10
Item 5: Sitting (SIT)	6	Item 12: Irritable/Angry (FRU)	8
Item 6: Out of Room-Meals (DIN)	2	Item 13: Anxious/Worried (ANX)	6
Item 7: Out of Room-Activities (ACT)	3	Item 14: Active Coping (COP)	7

Note. On the GMPI, a raw score of 10 indicates the maximum level of pain/illness behaviors or dysfunction, whereas a raw score of 1 indicates mild pain/illness behaviors or no noticeable dysfunction.

GLDS				
GLDS item	Intensity raw score	Frequency raw score	Duration raw score	Total raw score
Item 1: Physical Combativeness (PAG)	0	0	0	0
Item 2: Socially Disruptive (SCD)	4	4	3	11
Item 3: Sexually Inappropriate (SEX)	0	0	0	0
Item 4: Wandering (WND)	0	0	0	0
Item 5: Resistant/Noncompliant (NON)	4	4	6	14
Item 6: Yelling (YEL)	6	4	4	14
Item 7: Verbal Aggression (VAG)	6	4	3	13
Item 8: Agitated/Hyperactive (AGT)	6	4	4	14
Item 9: Impulsive/Unsafe (IMP)	6	4	3	13
Item 10: Delusional/Psychotic (DEL)	0	0	0	0
Item 11: Demanding/Complaining (DMG)	6	4	4	14
Item 12: Wanting to Go Home (HOM)	0	0	0	0
Item 13: Activity Level (ACT)	6	4	4	14
Item 14: Depressed/Withdrawn (DEP)	6	6	5	17
Item 15: Dysfunctional Illness/Pain (DIP)	6	6	4	16
Item 16: Weight/Appetite Loss (WTL)	0	0	0	0
Item 17: Anxious/Distressed (ANX)	6	6	5	17
Item 18: Repetitive Behavior (REP)	0	0	0	0
Item 19: Hoarding/Stealing (PIL)	0	0	0	0
Item 20: Sleep Problems (SLP)	0	0	0	0

Note. On the GLDS, a total raw score of 21 indicates the maximum level of dysfunctional behavior, whereas a raw score of 0 indicates no noticeable dysfunctional behavior. Using only the Intensity rating, a raw score of 7 indicates immediate danger and a raw score of 0 indicates no evidence of the behavior. Using only the Frequency rating, a raw score of 7 indicates the behavior is continuous and a raw score of 0 indicates no evidence of the behavior. Using only the Duration rating, a raw score of 7 indicates the behavior lasts more than 6 hours a day and a raw score of 0 indicates no evidence of the behavior.

GRRAS Item Profiles



GRRAS Critical Elevation Care Plan

PRADLI			
Score elevation	Raw score	Identified problem	Treatment goal
Item 1: Up-Time (UPT)	5	5.5 - 7 hours Out of Bed	6 = 7.1-9 hours Out of Bed
Item 7: Rehabilitation (REH)	1	Max Assist Noncooperative with Restorative Care	2 = Max Assist Cooperative with Restorative Care
Item 8: Recreation/Social (REC)	2	.5 - 2 hours in Social or Recreational Activities	3 = 2 - 3 hours in Social or Recreational Activities
Total Score	21	Moderate Clinical Range	Mild Clinical Range

The PRADLI Critical Elevation Care Plan identifies significant reductions in the PRADLI Total score and any problematic responding at the item level. A critical PRADLI Total score is a raw score that falls in the Mild, Moderate, or Severe Clinical Range. Scores falling in these ranges suggest that the resident is having greater difficulties with his ADLs than a large portion of the individuals in the GRRAS sample used to generate the PRADLI clinical score ranges (see chapter 4 of the GRRAS Professional Manual for a description of the sample). Medical and psychosocial treatment for a resident who obtains such scores should focus on increasing the resident's ADLs. At the item level, an individual PRADLI item is flagged as critical when the ADL in question is sufficiently reduced *or* when there is some resistance evident in the resident while he or she is performing the ADL. When resistance is noted in the PRADLI Critical Elevation Care Plan, treatment should focus on diminishing the resistance to ADLs, with the goal of the resident cooperating with his care.

GMPI			
Score elevation	Raw score	Identified problem	Treatment goal
Item 4: Moving About (AMB)	10	2x Transfer gets around Max Assist	9 = 2x Transfer gets around in WC limited
Item 5: Sitting (SIT)	6	2 hours per day	5 = 3 hours per day
Item 7: Out of Room-Activities (ACT)	3	Once a Day	1 = Occasionally Misses a Social Activity or 2 = > 2 Activities Per Day
Item 8: Activity Enjoyment (ENJ)	8	Disabling 26 - 49%	7 = Interferes > 75%
Pain and Suffering Cluster	21	Moderate Clinical Range	Mild Clinical Range
Emotional Distress Cluster	45	Moderate Clinical Range	Mild Clinical Range
Total Score	87	Moderate Clinical Range	Mild Clinical Range

The GMPI Critical Elevation Care Plan identifies significant elevations in the GMPI Total and Cluster scores and any problematic responding at the item level. A critical GMPI Total or Cluster score is a raw score that falls in the Mild, Moderate, or Severe Clinical Range. Scores falling in these ranges suggest that the resident is experiencing greater amounts of pain, interference, or emotional distress than a large portion of the individuals in the GRRAS sample used to generate the GMPI clinical score ranges (see chapter 4 of the GRRAS Professional Manual for a description of the sample). Depending on the specific cluster that is elevated, medical and psychosocial treatment for a resident who obtains such scores should focus on decreasing the resident's levels of pain, interference, and/or emotional distress so that the resident's quality of life and functioning in other areas might be improved. At the item level, GMPI items flagged as critical are those which suggest that pain is interfering with the resident's ability to physically accomplish ADLs or to interact socially with others (i.e., Items 4 through 8). When such interference is noted, treatment should focus on improving the

resident’s pain so that the resident might improve his ADLs and gain more access to social interaction.

GLDS			
Score elevation	Raw score	Identified problem	Treatment goal
Item 6: Yelling (YEL)	6	Possible Danger	5 = Interfering with Medical Care
Item 7: Verbal Aggression (VAG)	6	Possible Danger	5 = Interfering with Medical Care
Item 8: Agitated/Hyperactive (AGT)	6	Possible Danger	5 = Interfering with Medical Care
Item 9: Impulsive/Unsafe (IMP)	6	Possible Danger	5 = Interfering with Medical Care
Item 11: Demanding/Complaining (DMG)	6	Possible Danger	5 = Interfering with Medical Care
Item 13: Activity Level (ACT)	6	Possible Danger	5 = Interfering with Medical Care
Item 14: Depressed/Withdrawn (DEP)	6	Possible Danger	5 = Interfering with Medical Care
Item 15: Dysfunctional Illness/Pain (DIP)	6	Possible Danger	5 = Interfering with Medical Care
Item 17: Anxious/Distressed (ANX)	6	Possible Danger	5 = Interfering with Medical Care
Aggressive Agitation Cluster	79	Severe Clinical Range	Moderate Clinical Range
Irrational Agitation Cluster	61	Severe Clinical Range	Moderate Clinical Range
Dysfunctional Illness Behaviors Cluster	64	Severe Clinical Range	Moderate Clinical Range
Total Score	157	Severe Clinical Range	Moderate Clinical Range

Note. Items appear in the GRRAS Care Plan based on their intensity elevations.

The GLDS Critical Elevation Care Plan identifies significant elevations in the GLDS Total and Cluster scores and any problematic responding at the item level. A critical GLDS Total or Cluster score is a raw score that falls in the Mild, Moderate, or Severe Clinical Range. Scores falling in these ranges suggest that the resident is experiencing greater amounts of behavioral disturbances than a large portion of the individuals in the GRRAS sample used to generate the GLDS clinical score ranges (see chapter 4 of the GRRAS Professional Manual for a description of the sample). Depending on the specific cluster that is elevated, medical and psychosocial treatment for a resident who obtains such scores should focus on decreasing the resident’s behavioral symptoms that are associated with aggressive agitation, irrational agitation, or dysfunctional illness so that the resident’s quality of life and his overall functioning in other areas might be improved. At the item level, a GLDS item is flagged as critical when it exceeds an Intensity rating of 3. This indicates that the behavior has become sufficiently distressing or disruptive to the resident and to others so as to warrant intervention. In these cases, treatment should be directed at lowering the level of the distressing or disruptive behavior so that its impact on the resident and others they encounter (e.g., staff, family, other residents) might be decreased. When the Intensity rating for any given behavior exceeds 6, this indicates that the resident is a possible danger to himself or others and that immediate intervention may be required to reduce the intensity of this behavior to a more acceptable level.

- End of Report -