MIRACLE Counseling

LEVEL 2—Repetitive Thoughts and Behaviors—Child Age 11–17*

***Adapted from the Children's Florida Obsessive-Compulsive Inventory (C-FOCI) Severity Scale**

Patient Name _____ DOB _____ Female ☐ Other ☐

Provider Name _____ Date _____ Male ☐

Instructions to the child: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you have been bothered by "thoughts that kept coming into your mind that you would do something bad or that something bad would happen to you or to someone else", "feeling the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off", "worrying a lot about things you touched being dirty or having germs or being poisoned", and/or "feeling you had to do things in a certain way, like counting or saying special things, to keep something bad from happening" at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you have been bothered by a list of symptoms **during the past 7 days. Please respond to each item by marking (✓ or x) one box per row.**

						Clinician Use
During the past SEVEN (7) DAYS….						**Item Score**
1. On average, how much *time* is occupied by these thoughts or behaviors each day?	☐ 0—None	☐ 1—Mild (Less than an hour a day)	☐ 2—Moderate (1 to 3 hours a day)	☐ 3—Severe (3 to 8 hours a day)	☐ 4—Extreme (more than 8 hours a day)	
2. How much do they *bother* you?	☐ 0—None	☐ 1—Mild (slightly upsetting)	☐ 2—Moderate (upsetting but still manageable)	☐ 3—Severe (very upsetting)	☐ 4—Extreme (overwhelming distress)	
3. How hard is it for you to *control* them?	☐ 0—Complete control	☐ 1—Much control (usually able to control thoughts or behaviors)	☐ 2—Moderate control (sometimes able to control thoughts or behaviors)	☐ 3—Little control (not usually able to control thoughts or behaviors)	☐ 4—No control (unable to control thoughts or behaviors)	
4. How much do they cause you to *avoid* doing things, going places or being with people?	☐ 0—No avoidance	☐ 1—Mild (occasionally avoids things)	☐ 2—Moderate (regularly avoids doing these things)	☐ 3—Severe (frequently avoids these things)	☐ 4—Extreme (nearly complete avoidance; can't leave the house)	
5. How much do they *interfere* with school, your social or family life, or your job?	☐ 0—None	☐ 1—Mild (slight interference)	☐ 2— Moderate; (definite interference with functioning, but can still manage)	☐ 3—Severe (substantial interference)	☐ 4—Extreme (near-total interference)	
					Total/Partial Raw Score:	0
					Prorated Total Raw Score (*if 1 item is left unanswered*):	
					Average Total Score:	0

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Instructions to Clinicians

The DSM-5 Level 2—Repetitive Thoughts and Behavior—Child Age 11–17 is an adapted version of the 5-item Children's Florida Obsessive-Compulsive Inventory (C-FOCI) Severity Scale that is used to assess the domain of repetitive thoughts and behaviors in children and adolescents. The C-FOCI Severity Scale was developed for and can be used with children ages 7–17; however, it was tested only in children ages 11-17 in the DSM-5 Field Trials. The measure is completed by the child prior to a visit with the clinician. Each item asks the child to rate the severity of his or her repetitive thoughts and behaviors **during the past 7 days**.

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (i.e., 0 to 4) with the response categories having different anchors depending on the item. The total score can range from 0 to 20, with higher scores indicating greater severity of repetitive thoughts and behaviors. The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for "Clinician Use." The raw scores on the 5 items should be summed to obtain a total raw score. If the child receiving care has a score of 8 or higher, you may want to consider a more detailed assessment for an obsessive compulsive disorder. In addition, the clinician is asked to calculate and use the **average total score. The average total score** reduces the overall score to a 5-point scale, which allows the clinician to think of the child's repetitive thoughts and behavior in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4). The use of the average total score was found to be reliable, easy to use, and clinically useful to the clinicians in the DSM-5 Field Trials. The **average total score** is calculated by dividing the raw total score by number of items in the measure (i.e., 5).

Note: If 2 or more items are left unanswered on the measure (i.e., more than 25% of the total items are missing), the scores should not be used. Therefore, the child should be encouraged to complete all of the items on the measure. If only 4 of the 5 items on the measure are answered, you are asked to prorate the raw score by first summing the scores of the items that were answered to get a **partial raw score**. Next, multiply the partial raw score by the total number of items on the measure (i.e., 5). Finally, divide the value by the number of items that were actually answered (i.e., 4) to obtain the prorated total raw score.

$$\text{Prorated Score} = \frac{\text{(Partial Raw Score x number of items on the measure)}}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

Frequency of Use

To track change in the severity of the child's repetitive thoughts and behavior over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the child's symptoms and treatment status. Consistently high scores on the measure may indicate significant and problematic areas for the child that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.

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NOTES:

The APA is offering a number of "emerging measures" for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments' usefulness in characterizing patient status and improving patient care at http://www.dsm5.org/Pages/Feedback-Form.aspx.

Measure: LEVEL 2—Repetitive Thoughts and Behaviors—Child Age 11–17
(adapted from the Children's Florida Obsessive-Compulsive Inventory [C-FOCI] Severity Scale)
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