Global Assessment of Functioning

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The **Global Assessment of Functioning** (**GAF**) is a numeric scale (1 through 100) used by mental health clinicians and physicians to rate subjectively the social, occupational, and psychological functioning of adults, e.g., how well or adaptively one is meeting various problems-in-living. The scale is presented and described in the DSM-IV-TR on page 34. The score is often given as a range.

The GAF is no longer included in the DSM-5. The new DSM-5 includes a WHODAS (World Health Organization's Disability Assessment Schedule) outline, which takes the GAF score's place. It is a survey and check box that is less likely to be subjective.

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Development, history and exclusion from DSM-5 [edit]

The DSM-IV records the development of the GAF scale. The beginnings of the scale started in 1962 with the publication of the Health-Sickness Rating Scale (which was rated 0 to 100) by Luborsky et al. al in the paper "Clinicians Judgements of Mental Health". This was subsequently revised in 1976 as the Global Assessment Scale (GAS) in the paper "The Global Assessment Scale:Procedure for Measuring Overall Severity of Psychiatric Disturbance" by Endicott et al. This was further modified and published as the Global Assessment of Functioning Scale in the DSM-III-R and DSM-IV.

The related SOFAS (Social and Occupational Functioning Assessment Scale) scale was initially described in a paper by Goldman et al. in 1992 in the paper 'Revising Axis V for DSM-IV: A review of measures of social functioning' by Goldman et al. and was subsequently included in the DSM-IV within the section 'Criteria Sets and Axes Provided for Further Study'. The SOFAS scale is similar to the GAF but only looks at social and occupational functioning rather than symptoms, and the SOFAS is usually used to rate the current period.

In DSM-5 the multiaxial system was removed including Axis-5 disability and the DSM-5 task force recommended the GAF be dropped. However for a measure of global disability the WHO Disability Assessment Schedule (WHODAS 2.0) was included in assessment measures section.

GAF Scale [edit]

91 - 100 No symptoms. Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities.

81 - 90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.

71 - 80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).

61 - 70 Some mild symptoms (e.g., depressed mood and mild insomnia) *or* some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

51 - 60 Moderate symptoms (e.g., flat affect and circumlocutory speech, occasional panic attacks) *or* moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).

41 - 50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) *or* any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job, cannot work).

31 - 40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) *or* major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed adult avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

21 - 30 Behavior is considerably influenced by delusions or hallucinations *or* serious impairment, in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) *or* inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends)

11 - 20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) *or* occasionally fails to maintain minimal personal hygiene (e.g., smears feces) *or* gross impairment in communication (e.g., largely incoherent or mute).

1 - 10 Persistent danger of severely hurting self or others (e.g., recurrent violence) *or* persistent inability to maintain minimal personal hygiene *or* serious suicidal act with clear expectation of death.

0 Inadequate information

Use in litigation [edit]

Montalvo v. Barnhart, 2005 U.S. Dist. LEXIS 44133 (W.D.N.Y. 2005).(RAMS 2011)

Montalvo attempts to substitute "overall level of functioning and carrying out activities of daily living" with "social, occupational, or school functioning." It is possible to see the recourse of some degree of overlap because "Social functioning" is arguably a subset of overall functioning and Activities of daily living. However, some have argued that equivalence is not clearly stated in DSM-IV-TR.

GAF levels are commonly used by the Veterans Benefits Administration of the United States Department of Veterans Affairs in determining the appropriate level of disability compensation to be paid to veterans who suffer from service connected psychiatric disorders. The emphasis by the Veterans Administration on using the GAF score has, however, decreased in recent years.[1]

In disability cases before the Social Security Administration, the agency determines if the GAF is consistent with the narrative report and it is addressed as one technique for capturing the "complexity of clinical situations." American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Washington, DC 1994 (pp. 25–35). The agency noted the GAF is just one tool used by clinicians to develop the clinical picture. It cannot be used in isolation from the rest of the evidence to make a disability decision. Unlike the Veteran's Administration, the Commissioner of Social Security has specifically declined to endorse the GAF scale for use in the disability programs, and has stated that the GAF scale "does not have a direct correlation to the severity requirements in our mental disorders listings." Revised Medical Criterial for Evaluating Mental Disorders and Traumatic Brain Injury, 65 Fed. Reg. 50, 746-50, 764-65 (August 21, 2000)

See also [edit]

- Diagnostic classification and rating scales used in psychiatry
- DSM-IV Codes
- Children's Global Assessment Scale
- High-functioning alcoholism

Autism [edit]

- High-functioning autism
- Low-functioning autism

References [edit]

1. ^ The Humane Guide to VA Benefits for Veterans with PTSD

- Hall RC. Global assessment of functioning. A modified scale. Psychosomatics. 1995 May-Jun;36(3):267-75. PMID 7638314. The modified Global Assessment of Functioning (GAF) scale has more detailed criteria and a more structured scoring system than the original GAF.

External links [edit]

- Modified Global Assessment of Functioning – Revised (mGAF-R) - adapted in 2004 by the Florida DCF Functional Assessment Workgroup from the original M-GAF reported by S. Caldecott-Hazard & R.C.W. Hall, 1995

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