



News Gram

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What is the GAF?

by Irwin Savodnik, M.D., Ph.D.

By now, we all know the altered landscape of Workers' Compensation in California. What is not so clear, though, are the myriad details surrounding medical evaluations. It turns out that psychiatric claims (stress claims) may now be among the most expensive within the entire spectrum of conditions encountered in the system. It's more important than ever to understand the way psychiatrists diagnose their patients and, in particular, how they understand something called the Global Assessment of Functioning – the GAF.

The Diagnostic and Statistical Manual of Mental Disorders (4th Edition) of the American Psychiatric Association (DSM-IV), the “bible” of psychiatric practice in the United States, is based on a multi-axial system of diagnosis. Axis I includes all the diagnoses in the full classification with the exception of personality disorders and mental retardation. Major Depression, Bipolar Disorder, Schizophrenia and Anxiety Disorder are but a few examples of the Axis I diagnoses listed in the DSM-IV. Axis II consists of Personality Disorders and Mental Retardation. These are enduring states of the person that are treated separately as a result. Axis III is reserved for General Medical Conditions that may be relevant to understanding and treating the individual's psychiatric difficulty. Axis IV includes Psychosocial and Environmental Problems. These include problems with the primary support group, economic problems and housing problems, among others. Axis V is the GAF.

Assigning a numerical value to “how a person is doing” is not an easy task. The reason is that the psychiatrist is charged with evaluating the individual in a number of different spheres, after which he or she must combine these findings into a single quantitative result. The scale runs from 0 (Inadequate information) to 100 (Superior functioning). When the number is, say, 67, the reason must be a psychiatric factor that is impairing the full functioning of the person. The spectrum of functioning is as follows:

91-100	Superior in a wide range of activities.
81-90	Absent or minimal Symptoms (e.g., mild anxiety before an exam).
71-80	Transient and expectable symptoms to psychosocial stressors.
61-70	Some mild symptoms (e.g., depressed mood, mild insomnia) OR some difficulty in social, occupational, or school functioning.
51-60	Moderate symptoms (e.g., flat affect, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning.
41-50	Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning.
31-40	Some impairment in reality testing or communication (e.g., speech that is illogical, obscure or irrelevant) OR major impairments in several areas, such as work or school, family relations, judgment, thinking or mood.
21-30	Delusions or hallucinations that significantly influence behavior OR serious impairment

11-20	Some danger of hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.
1-10	Persistent danger of hurting self or others OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
0	Inadequate information.

The judgment of the psychiatrist is critical when it comes to the determination of the GAF. There are no simple forms to fill out or computer programs that address the whole person. A careful assessment of the person in such spheres as cognitive functioning, linguistic ability, reality testing, appreciation of social norms and cues, awareness of oneself and ability to regulate affect, as well as various other areas of personal life require not just a mechanical approach to a patient evaluation but an understanding of other people that ultimately transcends the narrow confines of psychiatric diagnosis. There has been considerable research done on the GAF and rater reliability but we can regard this part of the DSM-IV as an ongoing project.

Additionally, in a society as diverse as that of the United States, various symptoms will be regarded differently depending on one's cultural, esthetic and moral values. Those from a tribal background or any group influenced by shamanistic practices may regard hallucinations as divine messages to privileged members of their group. Many immigrant groups disregard what Americans refer to as psychiatric disorders or conditions, preferring to think in moral terms. Gang members may not regard shoplifting – persistent or otherwise – as abnormal behavior. Presumably, the psychiatric criteria that help explain various behaviors are free of social

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or political values, but that is not true by a longshot. In the end, the patient must rely on the psychiatrist to appreciate the cultural differences that separate the patient (and his family) from the assessing and treating physician. If the psychiatrist is to be effective in his evaluative and therapeutic role, then he or she must understand the differences in the way different groups of individuals see the world.

For all its weaknesses, the GAF is a worthwhile attempt to grasp the overall way in which people adjust to their environment. The use of the GAF in the Workers' Compensation system will be interesting to track. While it may constitute a substantial improvement over the now obsolete Work Function Impairment Form, it can be abused in ways that do not advance the best interests of the patient. In the case of the GAF, it is best to know the psychiatrist who is evaluating the claimant. —IS

What is the GAF?

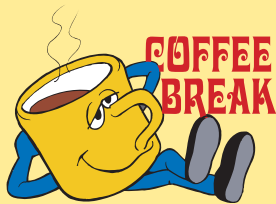
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THE COFFEE BREAK QUIZ

Capgras's Syndrome is:

- A. The sensation of ants crawling on one's body
- B. An allergic condition sparked by long grass in the Midwestern plain
- C. Chain smoking
- D. A delusion that other people have been replaced by exact doubles who are impostors.

The sensation of ants crawling on oneself is formication (Latin: Formica = ants). In Capgras's Syndrome the "doubled" people are usually close to the person. First describe by French psychiatrist Jean Marie Capgras in 1923.
ANSWER: D.

SAVODNIK'S PICKS

A Monthly Review of Dr. Savodnik's Favorite Books-On-Tape

A Room with a View

by E. M. Forster



How many ways can we read a book? When it comes to E. M. Forster, especially to "A Room with a View", the possibilities are endless. First, there's the story. A young English woman, constrained by custom and cousin, visits Italy and is befriended by a man and his son. They are friendly enough and far from brutish but, well, the fact is they're déclassé. Lucy Honeychurch and her pestering cousin, Charlotte Bartlett, are visiting Florence. The younger man seems pleasant enough, though somewhat rough on his periphery. Upon seeing young Lucy, he's struck and is not subtle in his demonstration of affection toward her. He turns out to be an amorous monkey wrench in her regimented world of social obligation and ninnyhood for women.

Which brings us to the second way to read this gem of a novel. Lucy's a smashing talent, a nonchalant pianist who courses through Bach, Beethoven and Brahms without the slightest moistening of her forehead. Without public display, she inhabits a parallel world into which she escapes from the doldrums of her early 20th century life sentence. Surely, there is more to life than what others have carved out for her – or so she thinks, we think. Once George Emerson, whose father offers Lucy and Charlotte their room – the one with a view – at the pension, her world is set on edge. Charlotte's old maid status, her stultifying conformity and her doggedness, make any adventure beyond the perimeter of British social life, out of the question. What's a woman to do?

Yet again, there is the whole superstructure of

upper class life in pre-World War I England, replete with its inhibiting contradictions, its hypertrophied class consciousness and its pummeled women whose existences consist of extended yawns punctuated by servitude. This route is the one to take if one wants to see how the story transcends itself, how Lucy shows us just what can happen when the winds are right and a person – even a female person – sticks to her guns. Read from our temporal perspective, the novel fell from the presses in October 1908, a few months less than six years before the guns of August exploded over the European countryside. The reader can hardly resist the temptation to shout at Charlotte that her crystalline world is about to end, an inclination not suffered by readers at the time of publication. One can't help feel that Forster knew what was about to happen.

Back in England, Lucy finds herself engaged to a man ambitious for pleasure and little more. He finds her simply charming, a mantle piece of a woman for all to admire. Look how her hands move along the keys, how delicate she is, how smooth is the skin under her chin. He treats her like a pet; his pride in her is that he's nabbed her before anyone else. For her part, Lucy doesn't mind much his infatuation with her, though she must have some doubts his affections will sustain themselves much longer than a few passages of the moon. When Emerson shows up after having "violated" her in the form of a kiss on the lips in Florence, the stability of English country life, of the metaphysical love manufactured by centuries of gentrified living, is threatened.

The movie with Maggie Smith and Helena Bonham Carter is splendid and goes a long way toward recreating the mood of the book. But I'd suggest reading the novel first. It's just great! —IS