

Children's Global Assessment Scale (CGAS)

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RATING SCALES AND DIAGNOSTIC INSTRUMENTS

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Objectify and standardise clinical data with valid tools

- Symptoms/ Diagnostic category
- Global functioning



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When does a patient qualify as a clinical "case"?

When he or she:

1. Fulfills diagnostic criteria
2. Has not only symptoms but associated with functional impairment
3. Suffers from his or her symptoms
4. His or her family and social network are affected

Unidimensional scales

- ✦ Global Assessment scale, GAS, 1973 (Endicott 1976)
- ✦ Children's Global Assessment Scale, CGAS, 1983 (Shaffer 1983)
- ✦ Global Assessment of Functioning, GAF, 1987 (DSM-III-R)

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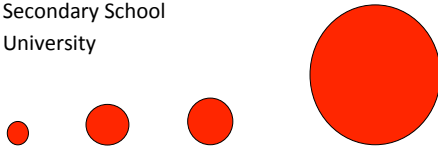
Different Types of Rating Scales

- Nominal scales
 - Example: Boy / Girl



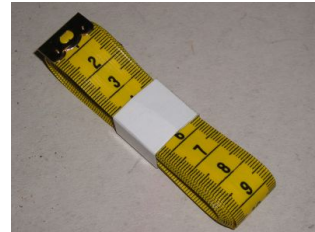
Ordinal scales

- Example: Educational level
 - Preschool
 - Primary School
 - Secondary School
 - University

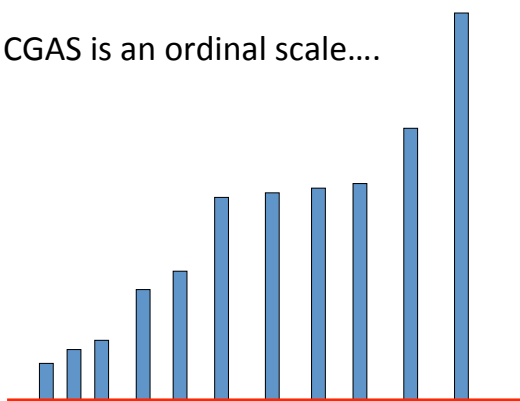


Quota scales

- Example: a measuring tape



CGAS is an ordinal scale....



... that can only be interpreted based on background knowledge ...

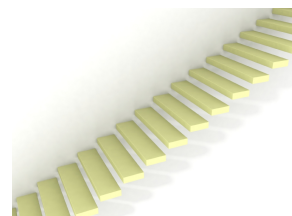


...but it looks like a measuring tape!



CGAS

- Rated on a continuum, from 1 to 100
- All steps on the scale are used
- Is useful in both research and clinical assessment
- Takes account of patient's functioning and symptoms



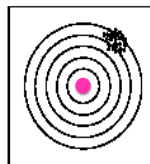
Training in the use of CGAS

- Inadequately described
- Recommended
- Best to combine theory and practice
- Needs to be repeated
- Untrained rated higher than experts (Lundh 2012)
- It is hard to change rater behavior

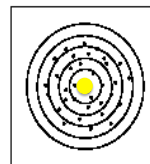


It is important that clinicians and researchers:

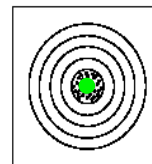
- Rate similarly!
- Rate correctly!



High reliability
Low validity



Low reliability
High validity



High reliability
High validity

For what ages is CGAS a relevant tool?

- Originally used with 4-16-year olds
- Has been used with 0-23-year olds
- The Swedish version has been used with 4-20-year olds

There has been no psychometric evaluation with children < 4 years.
Functioning is different for small children.

How does one use the scale?

IMPORTANT!

- Rate the child's LOWEST level of individual functioning
- Use a limited time period, usually one month.

Challenges with getting clinicians to rate the lowest level of functioning over one month

Many clinicians are focused on a patient's resources and positive developments, and uncomfortable giving weight to the lowest level of functioning instead

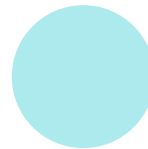
CGAS is not useful with acute, short-term treatments

- Designed to measure the lowest level of functioning over a month
- Not useful for measuring the effects of treatment during time periods under one month

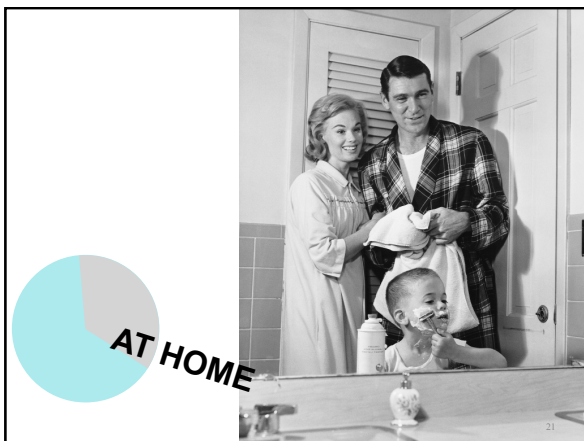
The information one has about a patient determines the quality of the rating

- Requires basic training -- not a scale for laymen
- Requires a good patient psychiatric history
 - Lacks structured questions
- **Corresponds to** diagnostic evaluation
- Requires information about age-appropriate functioning

AREAS INCLUDED IN GLOBAL FUNCTIONING



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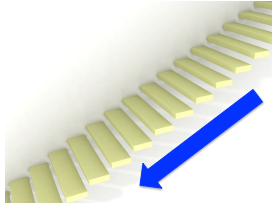


HOW TO USE CGAS

Go DOWN the scale

FIRST:

1. Focus on the overarching headings
2. Go down the scale until you reach an interval that is "too" low for the patient
3. Go up one step to the interval above



Look above and below

SECOND:

1. Look at the descriptive characteristics within the interval to see if they correspond to the patient
2. Determine whether the level leans towards the interval above, below, or is in the middle



Use all the steps on the scale

THIRD:

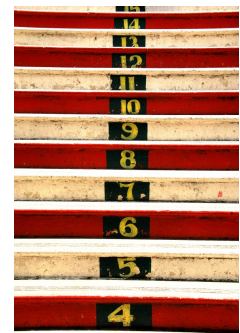
1. The scale is a continuum
2. All steps should be used – 17, 23, 54, 68
3. The examples are not required behaviours for that level, but should be seen as examples



Arriving at the rating

FOURTH:

1. Rate the patient at a number between 1 and 100 that best corresponds to the lowest level of functioning
2. Rate the patient independent of any treatment, diagnosis or prognosis!

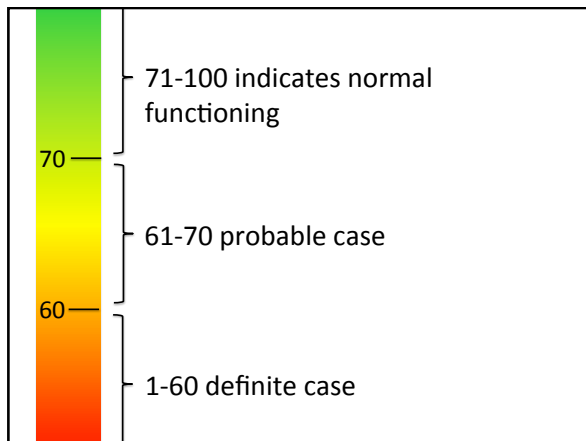


CUT-OFFS



100 corresponds to the highest level of functioning

1 is the lowest level of functioning



Prioritizing clinical cases with cut-offs

- Appealing for administrators -- makes prioritizing cases easier!
- **But:** Clinicians can adapt ratings when cut-offs are used
- Therefore: Important that administrators also understand how CGAS works!



Tricky Issues



- Somatic illness and disability can directly affect functioning at home, in school, with friends without being correlated with psychiatric symptoms
- Does not affect CGAS rating

Broken bone and depression

- But somatic illness and disability can cause or intensify psychiatric symptoms and thereby affect psychosocial functioning at home, in school, with friends
- Will affect CGAS ratings



The Challenge – Maintaining Objectivity as a Clinician

Example: A female patient who engages in self-harming behaviour

- She has undergone largely successful DBT-treatment for 6 months
- A CGAS rating is carried out every 3 months
- Three weeks prior to the latest CGAS rating she took an overdose of pills

Rate together regularly!

