PARENT-INFANT RELATIONSHIP GLOBAL ASSESSMENT SCALE

91-100  Well Adapted
Relationships in this range are functioning exceptionally well. They are not only mutually enjoyable and unusually conflict free, but they are also growth promoting for both partners’ development*.

81-90  Adapted
Relationships in this range of functioning evidence no significant psychopathology. They are characterized by interactions that are frequently reciprocal and synchronous and are reasonably enjoyable. The developmental progress of the partners is not impeded in any way be the pattern of the relationship, which is “good enough” for both partners.

71-80  Perturbed
Relationships in this range are functioning, less than optimally in some way. The disturbance is limited to one domain of functioning and overall the relationship still functions reasonably well. The disturbance lasts from a few days to a few weeks.
For example: an infant with a minor physical illness sleeps poorly for several nights, exhausting his parents; or parents moving into a new house are less attentive to their infant, who is less able to self-regulate in the unfamiliar new surroundings.

61-70  Significantly Perturbed
Relationships in this range of functioning are strained in some way but are still largely adequate and satisfying to the partners. The disturbance is not pervasive across a large number of domains, but instead, limited to one or two problematic areas. Further, the dyad seems likely to negotiate the challenge successfully and pattern not to be enduring. The disturbance lasts no longer than a month. Caregivers may be stressed by the perturbation, but they are generally not over concerned about the changed relationship pattern, instead, considering it within the range of expectable responses that are likely to be relatively short lived.
For example: a toddler develops food refusal for the first time following the birth of a new sibling.

51-60  Distressed
Relationships in this range of functioning are more than transiently affected but they still maintain some flexibility and adaptive qualities. One or both partners may be experiencing some distress in the context of the relationship, and the development progress of the dyad seems likely to be impeded if the pattern does not improve. Caregivers may or may not be concerned about the disturbed relationship pattern, but overt symptoms resulting from the disturbance in either partner are unlikely.
For example: A child is distressed frequently when her mother ignores her cues to slow down during feedings and face-to-face interactions. Other domains of functioning show no interaction problems nor child distress.

41-50  Disturbed
Relationships in this range of functioning appear to place the dyad at significant risk for dysfunction. The relationship’s adaptive qualities are beginning to be overshadowed by problematic features of the relationship. Although not deeply entrenched, the patterns appear more than transient and are beginning to adversely affect the subjective experience of one or both partners.
For example: Parent and child engage in excessive teasing and power struggles in multiple domains including, feeding, dressing, and bedtime. Although parent and child attempt pleasurable interactions, they often go too far, leaving one or both partners distressed.

31-40  Disordered
Relationships in this range of functioning are characterized by relatively stable, maladaptive interactions and distress in one or both partners within the context of the relationship. Rigidly maladaptive interactions, particularly if they involve distress in one or both partners, are the hallmark of disordered relationships. Although generally conflicted, interaction in disordered relationships may instead by grossly inappropriate developmentally without overt conflicts.
For example: A depressed parent repeatedly seeks comfort from his or her infants, actively recruiting caregiving behaviour from the child.

21-30  Severely Disordered
Relationships in this range of functioning are severely compromised. One more likely both parents are significantly distressed by the relationship itself. Maladaptive interactive patterns are rigidly entrenched, appear to be relatively impervious to change, and seem to be of relatively long duration, although the onset may be insidious. A significant portion of interactions is almost always conflicted.
For example: A father and his toddler frequently interact in a conflicted manner. The father sets no limits until he becomes engaged and then he spanks the toddler vigorously. The toddler is provocative, and the father feels angry with him all the time.

1-20  Grossly Impaired
Relationships in this range of functioning are dangerously disorganized. Interactions are disturbed so frequently that the infant is in imminent danger of physical harm.

* “partner” refers to the carer/infant dyad

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Text and Scale from Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood (DC: 0-3). National Center for Infants, Toddlers and Families. Washington DC. ******************************************************************************************