NEWSLETTER 3-23-06 (Letters to the Editor)

LETTERS TO THE EDITOR

RESPONSES TO KENNEDYMD.COM NEWSLETTER 02/24/06

"CALCULATE A GAF USING THE KENNEDY AXIS V"

Below are seven Letters to the Editor concerning issues related to using the Kennedy Axis V (K Axis) to replace DSM-IV's Axis V(GAF) or assist with its scoring:

---

1) K AXIS MAKES THE GAF LESS ABSTRACT

"As a medical student the entire GAF concept has been rather abstract to me (it seems as though most people choose arbitrary numbers to justify their clinical decisions), but reading the descriptions of the scoring system that you use makes the concept a bit more concrete."

Jodie Skrzat
Brown Medical School MD '07
Providence, RI
Jodie_Skrzat@brown.edu

Dr. Kennedy's Response: I agree the K Axis can be very helpful with being more specific and "more concrete" when making GAF determinations. In addition, the K Axis makes it a lot more difficult to pull GAF scores out of the air.

2) K AXIS IN SOCIAL SECURITY DISABILITY APPEALS

"I used the K-Axis [to do] a few evaluations for attorney's who were appealing Social Security Disability denials. The attorney's advised that the administrative Law Judges put a lot of weight on the GAF score. I rated and reported the K-Axis subscores as a way of demonstrating the range and delineating the individual's particular strengths and weaknesses. Sincemost appeal cases have already had a psychological evaluation by another psychologist, I wanted to also demonstrate the weakness of the global score while not seeming to come out of 'left field' by seemingly arbitrarily assigning a vastly different GAF score. I was very pleased with the results. I think that taking the time to assess each of the domains and being able to givebetter examples and justification of the domain ratings helped the ALJ to compare and contrast my findings with previous findings and to thus render a better decision."

Scott J. Gale, EdD
Clinical Psychologist
109 Holiday Court STE A3
Franklin, TN 3767
DrSGale@comcast.net

Dr. Kennedy's Response: Again, I agree the K Axis can be very helpful with clarifying the reasoning behind particular GAF determinations. Also, if a K Axis determination were a part of initial evaluations, better decisions may have been made and appeals of those decisions would be less likely.

3) USING THE K AXIS "SUBSTANCE ABUSE" SCORE FOR THE GAF

"We are a substance abuse treatment agency and use the substance abuse measure for the GAF when that is the primary presenting problem. Why not include it in your system?"

Michael Werle, Ed.D.
PI and Clinical Director
CODAC Inc.
Cranston, RI 02910
mewcodac@hotmail.com

Dr. Kennedy's Response: Your determination of the GAF using the K Axis is very exciting. It makes a lot of sense, especially at an initial interview where there is very limited time and the focus of the interview is on the presenting problem area, i.e. Substance Abuse.

This concept is expanded in the following email from a program whose primary focus is not Substance Abuse, but "Group homeresidents and [patients served by a] mobile treatment team."

4) USING THE K AXIS "PSYCHOLOGICAL IMPAIRMENT" SCORE FOR THE GAF

"As you know we have been instituting the K Axis and we have already drawn the same conclusion of using only the psychiatric score [Psychological Impairment] for the GAF being reported to MHRH [Department of Mental Health, Retardation & Hospital - RI].We just went through our relicensing visit from MHRH and the auditors were impressed with the fact that we are using the Kennedy Axis V. The auditors were in agreement that we should just report the psych score for data base purposes. We have found that in our case (Group home residents and[patients served by a] mobile treatment team) that the violence score would often skew the GAF Eq to a higher score.

We have also found the GAF Eq to be hard to do at the initial interview and have been doing the initial at the end of the 30 day treatment plan review. Our psychiatrist has been sticking to his usual GAF method for intake and I feel that now we may be able to persuade him to switch to the GAF K using the psych scale at intake."

Alice M. Thomas
Director of Quality Improvement
Riverwood Mental Health Services
Warren, RI 02885
alice.thomas@riverwoodmhs.org

Dr. Kennedy's Response: Currently there are three subscales thatare being singled out for use in a speciality program:

1) Substance Abuse
2) Psychological Impairment

3) ADL-Occupational Skills (Programs specializing in Dementia).

The Violence subscale may be useful for programs specializing in the treatment of patients with problems with violent behavior. Ancillary Impairment may be useful for programs specializing in sheltering people from abusive relationships/environments.

The concept of using a specific subscale from the K Axis to determine the GAF will be addressed in an upcoming KennedyMD.Com Newsletter.

5) USING THE LOWEST SCORE IN THE FIRST FOUR SUBSCALES AS THE GAF (GAF K)

"Several of our physicians have questioned how after-care providers (or just other physicians in general) could relate to the "GAF Equivalent" score that we discharge them with when the other doctors are using the current DSM-IV-TR GAF interpretation? Also, after reviewing the GAF Equivalent composite score, the physicians thought that a patient with low scores on Psychological Impairment and Violence but scoring relatively high on Social Skills and ADL-Occupational Skills could "skew" the GAF Equivalent to reflect a "false" higher score than was actually the case. What would the solution to this circumstance be?"

Michael B. Anderson, Ph.D.
Director of Psychology
Metropolitan St. Louis Psychiatric Center
St. Louis, MO 63112-3146
michael.anderson@dmh.mo.gov

Dr. Kennedy's Response: I believe that having the K Axis generate a GAF (GAF K) clears up this problem, while maintaining all the advantages of the K Axis. Clearly it would be helpful to have the receiving site also do a K Axis; however, one may have very little control over what the receiving site does.

If one group is using the GAF and another group is using the GAF Equivalent, for some patients, as indicated above, this can create enough of a difference to be a problem. However, this problem may not occur very often because the correlation between the GAF and the GAF Equivalent is 0.82 based on data from the California Outcome Measures Project. This allows the GAF Equivalent to be a good substitute for the GAF; however, because the GAF Equivalent is a global measure, it is different from the GAF which is not a true global score.

The GAF K is determined through a process almost identical to the original GAF; therefore, because the K Axis can almost instantly create a GAF, why not add the GAF K to the K Axis scores?

The use of the GAF Equivalent is discussed further in the next two Letters to the Editor.

6) KENNEDY AXIS V'S GAF EQUIVALENT, THE BEST GLOBAL MEASURE

"Personally, I had been pretty comfortable with the Kennedy GAF equivalent. I take it that we should consider the lowest of the four subscale scores as more accurate--I'd like to know more about this."

Jeff Bearden, LCSW ACP BCD
Director of Forensic Psychiatric Programs

North Texas State Hospital
Vernon, TX

Dr. Kennedy's Response: I like the GAF Equivalent too and I am not suggesting that it be dropped or altered.

As indicated above, there is a high correlation between the GAF and the GAF Equivalent; however, they are different. The GAF (Global Assessment of Functioning), in my opinion, is a misnomer, i.e. the GAF is not a truly global assessment. Because the GAF Equivalent is an average of a patient's functioning in key clinical areas, it is much more of a global/average assessment of functioning, i.e. the GAF Equivalent is a much better measure of a patient's global functioning.

Further, I believe the Dangerousness Level is a better measure than the GAF for capturing the lowest (dangerous) level of functioning.

However, the GAF is the standard and is often mandated; therefore, as indicated in the 2-24-06 Newsletter, the K Axis has been "upgraded" to generate a GAF (GAF K).

7) WHY NOT THROW EVERYTHING IN FOR THE GLOBAL SCORE?

"I understand that the Axis V was initially created with the four factors or clusters that made up the GAF score. I also understand that the additional three factors were identified later on. However, I am being asked by staff members why the GAF Eq is calculated by using only the first 4 areas; when in fact, the other 3 areas can also have a large influence on an person's 'global' functioning level (especially substance abuse)? Why not just divide the total score by 7? or 6 if area seven (Ancillary Impairment) is factored on by listing it on Axis IV?"

Michael B. Anderson, Ph.D.
Director of Psychology
Metropolitan St. Louis Psychiatric Center
St. Louis, MO 63112-3146
michael.anderson@dmh.mo.gov

Dr. Kennedy's Response: Webster defines "Function" as the normal or characteristic action of anything." I believe that the subscales Psychological Impairment, Social Skills and ADL-Occupational are the subscales that best measure the "normal" characteristics of people. The correlation between each of these three subscales and both the GAF and the GAF Eq is high. Violence appears to be measuring something different than functioning. There is often a high correlation between the GAF and the Violence subscale only in violent populations and very high functioning people can be very violent to themselves or others. However, to exclude Violence from the determination of the GAF Eq was felt to be too much of a departure from the original GAF; therefore, Violence was included in the GAF Eq.

The GAF does not directly measure Substance Abuse. Also, there is a low correlation between either the GAF or GAF Eq and the Substance Abuse subscale; therefore, it was not included in the calculation of the GAF Eq. In my working with drug abusers, it was not unusual for them to be very high functioning in order to cover the cost of their substance abuse, hide this abuse from others, as well as avoid legal consequences of their behaviors.

Its inclusion in the calculation of the GAF Eq would further dilute the GAF Eq's being a true measure of functioning.

On the other hand, as indicated above, some programs that specialize in the treatment of patient's with substance abuse problems use the Substance Abuse score as their GAF score.

By the way, I am pleased to see that you are using Ancillary Impairment to quantify DSM-IV-TR's Axis IV which addresses psycho-social stressors.

END OF LETTERS TO THE EDITOR

We hope that our "Letters to the Editor" were informative. We welcome your respond to our Newsletters, as well as our "Letters to the Editor." Please send your responses or suggestions to Dr. Kennedy at DrJKennedy@aol.com.

Our Newsletters, as well as Letters to the Editor, are posted on our Internet site:

www.kennedymd.com

Best Wishes,
The Staff at KennedyMD.com

Visit our website at: http://www.kennedymd.com