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Brief communication

Reliability of the GAF and CGAS with children exposed to trauma☆

Katherine Blake[a,*], Scott Cangelosi[a], Sonja Johnson-Brooks[a], Harolyn M.E. Belcher[a,b,c,d]

[a] *The Kennedy Krieger Institute Family Center, 2901 E. Biddle Street, Baltimore, MD 21213, USA*
[b] *The Kennedy Krieger Institute, Department of Neurology and Child Development, Baltimore, MD, USA*
[c] *The Johns Hopkins School of Medicine, Department of Pediatrics, Baltimore, MD, USA*
[d] *The Johns Hopkins Bloomberg School of Public Health, Department of Mental Health, Baltimore, MD, USA*

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Introduction

The latest data from the National Child Abuse and Neglect Data System indicates that an estimated 872,000 children in the United States were victims of abuse or neglect in the year 2004 (US Department of Health and Human Services, 2006). The physical and mental health consequences of recurrent, often parent-inflicted, child maltreatment are substantial (DosReis, Zito, Safer, & Soeken, 2001; Dube et al., 2003; Felitti et al., 1998). Sequelae of maltreatment have been described as "an environmentally induced complex developmental disorder" (De Bellis, 2001) that may extend beyond posttraumatic stress disorder

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* Corresponding author.

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(PTSD) symptoms to include multiple domains of impairment including attachment, biology, affect regulation, dissociation, behavior regulation, cognition, and self-concept (DosReis et al., 2001; Dube et al., 2003; Felitti et al., 1998).

The two most commonly used mental health measures of functioning of traumatized and non-traumatized children are the Global Assessment of Functioning (GAF) scale and the Children's Global Assessment Scale (CGAS, Shaffer et al., 1983). The GAF was first introduced as Axis V in the Diagnostic and Statistical Manual of Mental Disorders Third Edition Revised (DSM-III-R; American Psychiatric Association, 1987). The CGAS was developed later as a more child-specific measure of functioning. These measures are currently used in diagnosis, treatment, and evaluation of children's mental health problems to determine eligibility to receive mental health services and document treatment outcome status (Bates, 2001).

Only a limited number of studies have examined the reliability of the CGAS and GAF with child populations. Studies of the reliability of these measures have yielded mixed results. Estimates of interrater reliability of the CGAS have ranged from .53 to .93 (Dyrborg et al., 2000; Green, Shirk, Hanze, & Wanstrath, 1994; Rey, Starling, Wever, Dossetor, & Plapp, 1995; Shaffer et al., 1983; Steinhausen, 1987). Likewise, studies of the interrater reliability of the GAF for children and adolescents yielded coefficients ranging from .54 to .92 (Beitchman et al., 2001; Gold, Sherra, & Clarkson, 1993; Manassis & Hood, 1998; Rey et al., 1995; Smith, Thienemann, & Steiner, 1992).

A recent literature review yielded no studies that specifically examined the interrater reliability of the GAF and CGAS for the evaluation of children with trauma. The complex presentation of children exposed to maltreatment may increase the likelihood that traditional measures may be less reliable. It is particularly important to reliably assess the functioning of this population given the substantial negative consequences of trauma (Anda et al., 2006). The aim of the present study was to estimate the reliability of the GAF and the CGAS using clinical case vignettes of both traumatized and non-traumatized children. It was unclear whether the GAF and CGAS would yield reliability estimates with a population of traumatized children that were similar to those obtained in previous studies with child mental health treatment populations without a history of trauma. Since the CGAS has descriptions that more specifically reflect child functioning, it was hypothesized that clinicians would be more reliable when rating case vignettes using the CGAS as compared to the GAF, particularly with vignettes of traumatized children.

Method

Study sample selection

Participants for this study were recruited from the staff of an urban community-based mental health center (Center) specializing in the treatment of children with complex trauma. All raters were practicing clinicians familiar with the use of the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR; American Psychiatric Association, 2000) and level-of-functioning measures, including the GAF. Clinicians volunteered to participate in the study. Clinicians participating in the study signed an informed consent approved by the Johns Hopkins Medicine Institutional Review Boards.