

Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR Fourth Edition) by American Psychiatric Association (Jun 2000)

Axis IV: Psychosocial and Environmental Problems

Axis IV is for reporting psychosocial and environmental problems that may affect the diagnosis, treatment, and prognosis of mental disorders (Axes I and II). A psychosocial or environmental problem may be a negative life event, an environmental difficulty or deficiency, a familial or other interpersonal stress, an inadequacy of social support or personal resources, or other problem relating to the context in which a person's difficulties have developed. So-called positive stressors, such as job promotion, should be listed only if they constitute or lead to a problem, as when a person has difficulty adapting to the new situation. In addition to playing a role in the initiation or exacerbation of a mental disorder, psychosocial problems may also develop as a consequence of a person's psychopathology or may constitute problems that should be considered in the overall management plan.

When an individual has multiple psychosocial or environmental problems, the clinician may note as many as are judged to be relevant. In general, the clinician should note only those psychosocial and environmental problems that have been present during the year preceding the current evaluation. However, the clinician may choose to note psychosocial and environment problems occurring prior to the previous year if these clearly contribute to the mental disorder or have become a focus of treatment - for example, previous combat experiences leading to Post traumatic Stress Disorder.

In practice, most psychosocial and environmental problems will be indicated on Axis IV. However, when a psychosocial or environmental problem is the primary focus of clinical attention. It should also be recorded on Axis I., with a code derived from the section "Other Conditions That May Be A Focus of Clinical Attention. It should also be recorded on Axis I, with a code derived from the section "Other Conditions That May Be a Focus of Clinical Attention" (see p. 675)

For convenience, the problems are grouped together in the following categories:

- **Problems with primary support group** - e.g. death of a family member;
- health problems in family; disruption of family separation, divorce, or estrangement; removal from the home; remarriage of parent; sexual or physical abuse; parental overprotection; neglect of child; inadequate discipline; discord with siblings; birth of a sibling
- **Problems related to the social environment** - e.g., death or loss of friend; inadequate social support; living alone; difficulty with acculturation; discrimination; adjustment to life cycle transition (such as retirement)
- **Educational problems** - e.g., illiteracy; academic problems; discord with teachers or classmates; inadequate school environment
- **Occupational problems** - e.g., unemployment; threat of job loss; stressful work schedule; difficult work conditions; job dissatisfaction; job change; discord with boss or co-workers
- **Housing problems** - e.g., homelessness; inadequate housing; unsafe neighborhood; discord with neighbors or landlord
- **Economic problems** - e.g., extreme poverty; inadequate finances; insufficient welfare support
- **Problems with access to health care services** - e.g., inadequate health care services; transportation to health care facilities unavailable; inadequate health insurance
- **Problems related to interaction with the legal system/crime** - e.g., arrest; incarceration; litigation; victim of crime
- **Other psychosocial and environmental problems** - e.g., exposure to disasters, war, other hostilities; discord with nonfamily caregivers such as counselor; social worker, or physician; unavailability of social service agencies

Axis IV Psychosocial and Environmental Problems

- Problems with primary support group
- Problems related to the social environment
- Educational problems
- Occupational problems
- Housing problems
- Economic problems
- Problems related to interaction with the legal system/crime
- Other psychosocial and environmental problems

Axis V: Global Assessment of Functioning

Axis V is for reporting the clinician's judgment of the individual's overall level of functioning. This information is useful in planning treatment and measuring its impact, and in predicting outcome.

The reporting of overall functioning on Axis V is done using the Global Assessment of Functioning (GAF) Scale. The GAF Scale may be particularly useful in tracking the clinical progress of individuals in global terms, using a single measure. The GAF Scale is to be rated with respect only to psychological, social, and occupational functioning. The instructions specify, "Do not include impairment in functioning due to physical (or environmental) limitations." In most instances, ratings on the GAF Scale should be for the current period (e.g., the level of functioning at the time of the evaluation) because ratings of current functioning will generally reflect the need for treatment or care. In some settings, it may be useful to note the GAF Scale rating both at time of admission and at time of discharge. The GAF Scale may also be rated for other time periods (e.g. the highest level of functioning for at least a few months during the past year). The GAF Scale is reported on Axis V as follows: "GAF:", followed by the GAF rating from 1 to 100, followed by the time period reflected in the rating in parentheses - for example; "(current," "(highest level in past year)," "(at discharge)." See examples on p.33.

In some settings, it may be useful to assess social and occupational disability and to track progress in rehabilitation independent of the severity of the psychological symptoms. For this purpose, a proposed Social and Occupational functioning Assessment Scale (SOFAS) (see p. 760) is included in Appendix B. Two additional proposed scales - Global Assessment of Relational Functioning (GARF) Scale (see p.758) and Defensive Functioning Scale (see p.761) - that may be useful in some settings are also included in Appendix B.

GLOBAL ASSESSMENT of FUNCTIONING (GAF) SCALE

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health illness. do not include impairment in functioning due to physical (or environmental) limitations.

Code (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)

100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities.

91 No symptoms.

90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).

80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument), no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).

70 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

60 Moderate symptoms (e.g., flat affect and circumstantial speech occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with co-workers).

50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

40 some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g. depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school)

30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g. sometimes incoherent, is grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g. stays in bed all day, no job, home, or friends).

20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).

10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

0 Inadequate information.

The rating of overall psychological functioning on a scale of 0-100 was operationalized by Lubousky in the Health Sickness Rating Scale Lubousky L: "Clinicians Judgments of Mental Health." Archives of General Psychiatry 7: 407-417, 1962). Spitzer and colleagues developed a revision of the Health Sickness Rating Scale called the global assessment Scale (GAS) (Endicott J, Spitzer RI., Fleiss H., Cohen J: "The Global Assessment Scale: A Procedure for Measuring Overall severity of Psychiatric Disturbance." Archives of General Psychiatry 33: 766-771, 1976). A modified version of the GAS was included in DSM III R as the Global Assessment of Functioning (GAF) Scale.