

Source: Canino, G., Costello, J. E., & Angold, A. (1999). Assessing functional impairment and social adaptation for child mental health services research: A review of measures. *Mental Health Services Research* 1(2), pp. 93-108.

Psychological functioning is generally understood to exist along a continuum, making it difficult to distinguish between psychopathology and impaired functioning. However, it is becoming increasingly apparent that a measurable distinction needs to be made between the two constructs. Recent empirical evidence is beginning to show a difference between impairment and psychiatric disorder that may be useful in treatment planning and prevention. Furthermore, eligibility for mental health services, particularly in the public sector, often requires some level of impairment to be present.

The authors contribute to this discussion with an in-depth review of twelve commonly used instruments to assess “where we are” in the measurement of impairment in functioning (please see insert), and conclude that while each measure has its strengths, no one measure is appropriate for every purpose. They note, “some of the measures reviewed (e.g., CAFAS, SAICA) appear to be more appropriate for use in clinical settings, whereas others (e.g., CAPA and DISC Impairment Ratings) appear to be more appropriate for research purposes” (p. 105).

## Impairment Measures Reviewed

### Measures of Global Impairment

C-GAS (Children’s Global Assessment Scale)

Clinical C-GAS

Lay C-GAS

CIS (Columbia Impairment Scale)

VFI (Vanderbilt Functioning Indexes, Parent and Youth)

### Domain-specific or Multidimensional Scales

CBCL (Child Behavior Checklist)

SAICA (Social Adjustment Inventory for Children and Adolescents)

Vineland Scales

Vineland Screener

CAFAS (Child and Adolescent Functional Assessment Scale)

BERS (Behavioral and Emotional Rating Scale)

ISCS (Instrumental and Social Competence Scale)

Instrumental Scale

Competence Scale

### Measures of Symptom-specific Impairment

CAPA (Child and Adolescent Psychiatric Assessment)

Incapacity Ratings

DISC (Diagnostic Interview Schedule for Children)

Impairment Measures

This article may be of interest to professionals who are called upon to measure or make determinations of impairment—not only for its useful review of measures, but for its theoretical content as well. Accordingly, the following paragraphs: 1) discuss the role that impairment may play in eligibility requirements for receipt of services, and 2) organize the theoretical content of the article into four topic areas.

**Eligibility requirements.** Many state and federal agencies and managed care companies now require the presence of a significant degree of impairment in functioning in order for a child or adolescent to be eligible for services. For example the federal definition of a Serious Emotional Disturbance (SED) requires a diagnosis of a DSM-defined psychiatric disorder resulting in functional impairment that “substantially interferes with or limits the child’s role or functioning in family, school, or community” (p. 94). However, the DSM-IV does not provide a definition of what constitutes disability or functioning in its criterion for diagnosis of a mental disorder.

The DSM-IV criterion merely states that mental disorder requires the presence of “a clinically significant behavioral or psychological syndrome or pattern...associated with present distress or disability.”

(p. 93). The authors point out that so far neither federally funded agencies nor managed care companies have provided any concrete requirements or suggestions for specific measures to determine the point, or threshold, at which a child with a diagnosis becomes functionally impaired. Accordingly, “it has been left to mental health professionals to define and measure the construct” (p. 95).

(continued)

***Theoretical concerns.*** Asking, “what is it that agencies and researchers want to evaluate, and what kinds of measures are out there,” the authors note that each measure under review is strong in one or more areas, but falls short in others. After reading the review of the instruments, it becomes clear to the reader that beyond the standard requirements of good measurement practices that Canino et al. address (such as validity and reliability), difficulties associated specifically with the measurement of impairment fall into four general areas of concern: 1) conceptual clarity, 2) degree of impairment, 3) cultural sensitivity and developmental differences, and 4) reliability of the informant or interviewer. Each area is discussed below.

***I) Conceptual clarity.*** In the absence of an official definition, confusion can result over what is meant by “functional,” “functionally impaired,” or “competent.” Some instruments measure the lack of functioning (impairment) while others measure achievement (competence) in functioning. Because functioning and symptomatology can overlap, it is difficult to devise an instrument that can determine where one construct “ends” and another “begins.” The authors ask, for example, “When is lack of friends at school poor peer relations and when it is social phobia?” Accordingly, some measures suffer from a lack of clarity of questions or items used to differentiate between symptomatology and impairment.

***II) Degree of impairment.*** While functioning can be thought of as “the ability to adapt to varying demands posed by the child’s home, school, neighborhood, and peers” (p. 94), it is possible that a child’s functioning may be highly impaired in one area and relatively functional in another. Therefore, the difficulties inherent in distinguishing between impairment and diagnosis are further compounded when degrees of functioning must also be ascertained (e.g., between adaptive, impaired, or severely impaired functioning), and in what areas.

***III). Cultural sensitivity and developmental differences.*** Functional adaptation is typically associated with a child’s performance in conformity with the expectations of his or her reference group (Hoagwood et al., 1996). Tests must therefore be sensitive to a child’s cultural background in order “to avoid bias and misinterpretations of research results from studies using standard methods developed in a single sociocultural context” (p. 105). A number of measurements were found to be culturally bound. Furthermore, as with all childhood measures, tests for impairment must be considered in relation to the child’s individual developmental stage. Not all tests under review were able to address differences in development.

***IV). Reliability of the informant or interviewer.*** Some instruments do not collect new information but rely upon what is already known about the child (e.g., by a social worker who knows the child). In such cases, assessment can hinge upon the cultural perceptions of the interviewer of what constitutes normal behavior, and/or on how much or how little the interviewer knows the child.

In summary, this article contributes to an essential area in the children’s mental health field by addressing the complex issue of impairment.