Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: An Overview of DC:0-5™

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ZERO TO THREE

Introducing DC:0-5™

Get updates at www.zerotothree.org or see description https://www.zerotothree.org/resources/services/dc-0-5-manual-and-training

Development of Diagnostic Classification in Infancy and Young Children

1987–2003 Original Task Force convened by ZERO TO THREE: National Center for Infants, Toddlers, and Families
1990–2003 Task Force expanded
1994 DC:0-3 published
1997 DC:0-3 Casebook published
2003–2005 DC:0-3R Task Force convened
2005 DC:0-3R released
2013–2016 Diagnostic Classification Revision Task Force convened
2016 DC:0-5 released
Why Revise DC:0-3R?

- Capture new empirical data and studies relevant to diagnoses in young children (11 years since DC:0-3R was published)
- DSM-5 published in 2013
- Address lingering concerns about DC:0-3 and DC:0-3R

Process

Zero to Three Diagnostic Classification Task Force

- Alice Carter -- University of Massachusetts, Boston
- Julie Cohen -- ZERO TO THREE
- Helen Egger -- New York University
- Mary Margaret Gleason -- Tulane University
- Miri Keren -- Tel Aviv University
- Kathleen Mulrooney -- ZERO TO THREE
- Alicia Lieberman -- University of California San Francisco
- Cindy Oser -- ZERO TO THREE
- Charles H. Zeanah -- Tulane University
Soliciting Feedback

- Task Force conducted a web-based survey of 20,000 users of DC:0-3R worldwide.
- E-mail invitations with links to the survey instrument were sent to all users for whom we had access.
  - participants in DC:0-3R training sessions
  - all members WAIMH and affiliates
  - U.S. state infant mental health associations and contacts
  - AACAP Infant and Preschool Committee
  - Irving Harris Foundation Professional Development Network
  - purchasers of the DC:0-3R and related materials
  - Zero To Three Journal subscribers
  - ZERO TO THREE Board, staff and Academy Fellows

Initial Decisions

- Each disorder evaluated in terms of evidence base and their clinical usefulness
  - no automatic commitment to DC:0-3R disorders
  - did not preclude including new disorders
- Attempted to be comprehensive and not rely on other nosologies (e.g., DSM-5)
  - Includes an impairment criterion for every disorder.

Impairment for Every Disorder

Symptoms of the disorder, or caregiver accommodations in response to the symptoms, significantly impact the young infant’s/young child’s and/or family’s functioning in one or more of the following ways:

1. Cause distress to the infant/young child;
2. Interfere with the infant’s/young child’s relationships;
3. Limit the infant’s/young child’s participation in developmentally expected activities or routines;
4. Limit the family’s participation in everyday activities or routines; or
5. Limit the infant’s/young child’s ability to learn and develop new skills, or interfere with developmental progress.
The Balancing Act

Identify children with clinically impairing disorder to increase chance of access to evidence-based treatments

Avoid pathologizing children demonstrating normal variations of typical development

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Content
Key Changes in Revision of DC:0-3R

- The new edition (DC:0-5) will include disorders occurring in children from birth through 5 years old.
- DC:0-5™
  - Continues a multiaxial classification system
  - Is comprehensive and does not rely on other nosologies
  - Includes a number of disorders not previously included in DC:0–3R
  - Defines and specifies symptoms in children less than 1 year old whenever possible
  - Includes impairment criteria for each disorder for infant, young child or infant/young child as applicable

Multiaxial System

DC: 0-3R
- Axis I: Clinical Disorders
- Axis II: Relationship Classification
- Axis III: Medical & Developmental Disorders and Conditions
- Axis IV: Psychosocial Stressors
- Axis V: Emotional & Social Functioning

DC: 0-5
- Axis I: Disorders
- Axis II: Relational Context
- Axis III: Physical Health Conditions and Considerations
- Axis IV: Psychosocial Stressors
- Axis V: Developmental Competence

Revised Axes

- Axis I (Clinical Disorders): Expanded from 30 to 42 disorders and more closely aligned with DSM-5 (APA, 2013).
- Axis II (Relational Context): Includes rating both the child-primary caregiving relationship adaptation and the caregiving environment.
- Axis III (Physical Health Conditions and Considerations): expanded list of examples of physical, medical and developmental conditions.
- Axis IV (Psychosocial Stressors): expanded list and reorganization of stressors for young children and their families.
- Axis V (Developmental Competence): expanded to capture a broad range of developmental competencies through the first five years.
Red Flag Emotional or Behavioral Patterns

Patterns that:
• are unusual for the infant/young child
• cause parents and others to see the infant/young child as “difficult”
• make satisfying interactions difficult
• are seen in multiple settings by a number of people
• persist
• cause distress or impairment to the infant/young child and family
• are outside of the wide range of age-appropriate or cultural norms

Parlakian and Seedell (2002)

Why Diagnose in Infancy and Early Childhood?

• To use shared language among professionals and families
• To guide treatment
• To provide service for families
• To determine the need for additional services
• To be able to link the infant’s/young child’s presentation to research that has focused on diagnoses to describe course and treatment approaches
• To seek authorization/reimbursement

The Diagnostic Process

Assessment
Clinical Formulation
Diagnosis
Axis I Disorders

Axis I – Disorder Categories:
- Neurodevelopmental Disorders
- Sensory Processing Disorders
- Anxiety Disorders
- Mood Disorders
- Obsessive Compulsive and Related Disorders
- Sleep, Eating and Crying Disorders
- Trauma, Stress and Deprivation Disorders
- Relationship-Specific Disorder

Neurodevelopmental Disorders

- Attention Deficit Hyperactivity Disorder
- Overactivity Disorder of Toddlerhood
- Autism Spectrum Disorder
- Early Atypical Autism Spectrum Disorder
- Global Developmental Delay
- Developmental Language Disorder
- Developmental Coordination Disorder
- Other Neurodevelopmental Disorder
Sensory Processing Disorders

- Sensory Over-Responsivity Disorder
- Sensory Under-Responsivity Disorder
- Other Sensory Processing Disorder

Anxiety Disorders

- Generalized Anxiety Disorder
- Separation Anxiety Disorder
- Social Anxiety Disorder (Social Phobia)
- Selective Mutism
- Inhibition to Novelty
- Other Anxiety Disorder

Mood Disorders

- Depressive Disorder of Early Childhood
- Disorder of Dysregulated Anger and Aggression of Early Childhood
- Other Mood Disorder
Obsessive Compulsive and Related Disorders

- Obsessive Compulsive Disorder
- Tourette’s Disorder
- Vocal or Motor Tic Disorder
- Trichotillomania
- Skin Picking Disorder
- Other Obsessive Compulsive and Related Disorders

Sleep, Eating and Crying Disorders

Sleep Disorders
- Sleep Onset Disorder
- Night Waking Disorder
- Partial-Arousal Sleep Disorder
- Nightmare Disorder of Early Childhood

Eating Disorders of Infancy
- Overeating Disorder
- Undereating Disorder
- Atypical Eating Disorder

Excessive Crying Disorder
Other Disorder of Sleep, Eating or Crying

Trauma, Stress and Deprivation Disorders

- Posttraumatic Stress Disorder
- Adjustment Disorder
- Complicated Grief Disorder of Early Childhood
- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Other Trauma, Stress and Deprivation Related Disorder
New Relationship Disorder

Relationship Specific Disorder of Early Childhood

- Disorder is evidenced between the child and a specific primary caregiver rather than within-the-child and expressed in most settings.
- Children construct different kinds of relationships with different caregivers based on their lived experiences with each caregiver.
- Relationship disorder diagnosis
  - calls attention to what may be the most useful target of intervention
  - Not intended to blame a parent or caregiver for shortcomings.

Axis II: Relational Context Overview

- Used to characterize the caregiving context
- Encourages systematic characterization of relationships and caregiving environment
- Part A: Caregiver-Infant/Young Child Relationship Adaptation
  - Table 1: Dimensions of Caregiving
  - Table 2: Infant’s/Young Child’s Contributions to the Relationship
  - Levels of Adaptive Functioning—Caregiving Dimension
- Part B: Caregiving Environment and Infant/Young Child Adaptation
  - Table 3: Dimensions of the Caregiving Environment
  - Levels of Adaptive Functioning—Caregiving Environment

Axis III—Physical Health Conditions and Considerations

- Full diagnostic assessment of a young child includes attention to physical health in addition to emotional, relational, developmental, and environmental well being
- All aspects of infants’ and young children’s health and wellness are interrelated
Physical Health Conditions and Considerations

1. Acute medical conditions
2. Conditions requiring medical or dental procedures
3. Recurrent or chronic pain (from any cause)
4. Physical injuries or exposures reflective of caregiving environment
5. Growth trajectory problems
6. Medication effects
7. Intellectual and developmental conditions
8. Markers of health status

Axis IV - Psychosocial and Environmental Stressors

• May influence the presentation, course, treatment, and prevention of mental health symptoms and disorders
• Stressors often co-occur
• Comprehensive consideration of stressors impacting the child is an important part of understanding a child in context

Axis IV Stressors - Categories

• Challenges Within the Child’s Family/Primary Support Group
• Challenges in the Social Environment
• Educational/Child Care Challenges
• Housing Challenges
• Economic and Occupational Challenges
• Child Health
• Legal/Criminal Justice Challenges (Child Protective Services involvement, child victim of crime, custody dispute, undocumented immigration status, parental deportation)
• Other (disease epidemic, disaster, war, terrorism)
Axis V: Developmental Competence

- Axis V is designed to capture the young child’s developmental competencies
  - in relation to expectable patterns of development
  - in and independent of interactions with important caregivers

- The clinician rates the child’s functioning in key developmental domains understanding that development is integrative.

- Mental health must be evaluated and understood in the context of developmental capacities

Competency Domain Rating Summary

<table>
<thead>
<tr>
<th>Competency Domain Rating</th>
<th>Emotional</th>
<th>Social-Relational</th>
<th>Language-Social Communication</th>
<th>Cognitive</th>
<th>Movement &amp; Physical</th>
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</thead>
<tbody>
<tr>
<td>Exceeds developmental expectations</td>
<td></td>
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<tr>
<td>Functions at age-appropriate level</td>
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<tr>
<td>Competencies are inconsistently present or emerging</td>
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<tr>
<td>Not meeting developmental expectations (delay or deviance)</td>
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</table>

Our Culture Is Our Context

Cultural values, beliefs, and assumptions shape our

- Goals and expectations for children
- Approach to discipline and limit-setting
- Expression of love and nurturing

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December 2015 Crosswalks and Training Offerings

- Cultural Identity of the Individual
  - Cultural Identity of Child and Caregivers

- Cultural Conceptualizations of Distress
  - Cultural Explanations of the Child's Presenting Problem

- Psychosocial Stressors and Cultural Features of Vulnerability and Resilience
  - Cultural Factors Related to the Child's Psychosocial and Caregiving Environment
    - Infant's Life Space and Environment
    - Infant's Caregiving Network
    - Parent's/Caregiver's Beliefs About Parenting and Child Development

- Cultural Features of the Relationship Between the Individual and Clinician
  - Cultural Elements of the Relationship Between the Parents/Caregivers and the Clinician

- Overall Cultural Assessment
  - Overall Cultural Assessment for Child's Diagnosis and Care

DC:0-5 Crosswalks and Training Offerings

- The “crosswalk” links:
  - DC:0-5 disorders
  - Diagnostic and Statistical Manual (DSM5) disorders
  - ICD-10 codes

- Available at:
Examples from ZERO TO THREE DC:0-5™ Crosswalk

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Disorder</th>
<th>Code</th>
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<tbody>
<tr>
<td>Neurodevelopmental Disorders</td>
<td>Overactivity Disorder of Toddlerhood</td>
<td>F84.9</td>
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<tr>
<td>Early Aspergil ASD</td>
<td>ADHD: predominantly hyperactive-impulsive presentation</td>
<td></td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Anxiety Disorder (Social Phobia)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma, Stress, and Deprivation Disorders</td>
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<td></td>
</tr>
<tr>
<td>Complicated Grief Disorder</td>
<td>Other Specified Trauma- and Stressor-Related Disorder (Persistent Complex Bereavement Disorder)</td>
<td>F43.8</td>
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<tr>
<td></td>
<td>Other Reactions to Severe Stress</td>
<td></td>
</tr>
</tbody>
</table>

DC:0-5 Training Offerings

**DC:0-5™ Training**
- Official two-day training for advanced infant and early childhood mental health professionals

**DC:0-5 Seminars**
- Online or onsite overview trainings customized for a variety of disciplines and experience levels

**DC:0-5 Faculty Teaching Resource**
- Resource for higher education course instruction to include information on DC:0-5

Questions or Reflections?
For more information...

- For updates, visit https://www.zerotothree.org/resources/services/dc-0-5-manual-and-training
- For specific questions regarding DC:0-5™ email us at DC05@zerotothree.org
- Please direct training requests to Kathy Mulrooney kmulrooney@zerotothree.org

Thank you for your participation in today’s presentation and interest in understanding diagnosis and classification in infancy and early childhood.