The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5): An Overview for Early Childhood Professionals

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Presented by: Kathleen Mulrooney, Director- IECMH Strategy, ZERO TO THREE
The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5): An Overview for Early Childhood Professionals

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Zero To Three
Objectives

• Describe the new Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: DC:0-5 as a conceptual framework for assessing and working with young children.

• Hear about New York State’s plans to make DC:0-5 the recommended diagnostic tool for children birth to age 5.
An Overview of DC:0-5

- DC:0-5 was developed since existing classification systems such as DSM V did not adequately reflect the unique developmental and relational experiences of infants and young children.

- DC:0-5 is a multi-axial system that considers a child’s clinical disorder only after issues such as the child’s health, development, psychosocial stressors, and culture as well as the nature of the child’s relationship with important caregivers have been assessed.

- DC:0-5 is used by professionals across disciplines to prevent, diagnose, and treat mental health problems in children from birth to five, by identifying and describing disorders not addressed in other classification systems.
Donna Bradbury, Associate Commissioner
New York State Office of Mental Health
NYS B5

• These DC:0-5 trainings are being offered with funding from the Preschool Development Birth through Five Project through the NYS Council on Children and Families.

• These DC:0-5 trainings are being provided statewide by the New York Center for Child Development (NYCCD) and the New York State Office of Mental Health (OMH) in collaboration with CTAC.

• *This training is supported by the Preschool Development Grant Birth through Five Initiative (PDGB5), Grant Number 90TP005901, from the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the United States Department of Health and Human Services, Administration for Children and Families
Who We Are

New York Center for Child Development (NYCCD)

- NYCCD has been a major provider of early childhood mental health services through federal, state, city and philanthropic funded programs
- NYCCD has a long history of providing system-level expertise to inform policy and support the field of Early Childhood Mental Health through training and direct practice
- NYCCD, in partnership with the McSilver Institute of Poverty Policy and Research, was selected by the New York City Department of Health and Mental Hygiene as the NYC Early Childhood Mental Health Training and Technical Assistance Center (TTAC)

www.ttacny.org

The Community Technical Assistance Center (CTAC)

- The Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC) offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers
Visit our Website

TTACNY.org
ttac.info@nyu.edu
Kathleen Mulrooney, MA, LPCIMH-E® (Clinical/Mentor) Program Director/ Infant and Early Childhood Mental Health (IECMH) for Professional Development & Workforce Innovations at ZERO TO THREE
Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: An Overview of DC:0-5™

Presented by: Kathleen Mulrooney, Director- IECMH Strategy

ZERO TO THREE
• ZERO TO THREE is a national nonprofit organization whose mission is to ensure that ALL babies and toddlers have a strong start in life.

• At ZERO TO THREE we envision a society that has the knowledge and will to support all infants and toddlers in reaching their full potential.

• ZERO TO THREE has advanced the proven power of nurturing relationships by transforming the science of early childhood into helpful resources, practical tools, and responsive policies for millions of parents, professionals, and policymakers.
What Does Mental Health Have To Do With Babies?
IECMH refers to a child’s capacity to experience, manage, and express a full range of positive and negative emotions; develop close, satisfying relationships with others; and actively explore environments and learn. All in the context of family, culture, and community.

Cohen, 2009
Infant and Early Childhood Mental Health Disorders
Diagnostic Classification

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
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 (Chair)
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
Framework for Creating the Diagnostic Classification: DC:0–5

- Practitioners (bold, risk-taking, pragmatic)
- Revision Task Force (searching for balance; short timeline)
- Researchers (cautious, skeptical, idealistic)

- Empirically derived
  - weight given to those disorders with more research
- Clinically meaningful
  - value practitioner input
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
What are some risks and benefits of diagnosis of mental health disorders in infancy and early childhood?
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.
“There is no such thing as a baby...”
—Winnicott, 1948
“There is no such thing as a baby, there is a baby and someone.”

— Winnicott, 1948
Content
Global Changes

- Expands age range to 5 years
- Extends criteria to younger ages whenever possible
- Includes a diagnostic algorithm for each disorder
- Requires distress and/or functional impairment
- Includes all disorders relevant for young children
- Includes more attention to cultural context
- Text provided for each disorder
- Groups disorders into clusters
- Crosswalk to other nosologies included (DSM-5 and ICD-10)
Multiaxial System

• Axis 1: Clinical 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 Consideration):** 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 Seibel (2002)
## Distinctions

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Diagnosis</th>
<th>Formulation</th>
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<tbody>
<tr>
<td>Gathering data from record review, obtaining history and perceptions from interviews, observations of interactions and behaviors.</td>
<td>Identification and classification of disorders</td>
<td>The way in which the infant’s/young child’s clinical presentation is understood in the context of biology, relationships, social network, culture</td>
</tr>
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</table>
The Diagnostic Process

Assessment

Clinical Formulation

Diagnosis
We diagnose disorders not children...
Multiaxial Framework
Multiaxial System

- Axis 1: Clinical Disorders
- Axis II: Relational Context
- Axis III: Physical Health Conditions and Considerations
- Axis IV: Psychosocial Stressors
- Axis V: Developmental Competence
Axis I Disorders

Axis I – Disorder Categories:

- Neurodevelopmental Disorders (10)
- Sensory Processing Disorders (20)
- Anxiety Disorders (30)
- Mood Disorders (40)
- Obsessive Compulsive and Related Disorders (50)
- Sleep, Eating and Crying Disorders (60)
- Trauma, Stress and Deprivation Disorders (70)
- Relational Disorders (80)
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

Photo by Kiwi Street Studios
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
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.
Share your thoughts and questions
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

ZERO TO THREE, 2016, pp. 140–148
Why the Attention on Physical Health?

• Axis III focuses on physical health conditions and considerations.

• All aspects of infants’/young children’s lives are interrelated.

• Full diagnostic assessment of an infant/young child includes attention to physical health in addition to emotional, relational, environmental, developmental, and cultural factors.
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. Developmental conditions
8. Markers of health status
Axis IV: Psychosocial Stressors

Psychosocial and environmental stressors:

- May influence the presentation, course, treatment, and prevention of mental health symptoms and disorders
- Often co-occur

Comprehensive consideration of stressors affecting the infant/young child is an important part of understanding an infant/young child in context.
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
Our Culture Is Our Context

Cultural values, beliefs, and assumptions shape our

Goals and expectations for children

Expression of love and nurturing

Approach to discipline and limit-setting

Parlakian & Day, 2004
Cultural Formulation for Use With Infants and Toddlers

- 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

ZERO TO THREE, 2016, pp. 10–12
DC:0-5 Crosswalks and Training Offerings
DC:0-5™ Crosswalk

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

• Available at:

# Examples from ZERO TO THREE DC:0-5⁰⁰ Crosswalk

## Crosswalk from DC:0-5⁰⁰ to DSM-5 and ICD-10

<table>
<thead>
<tr>
<th>DC:0-5⁰⁰</th>
<th>DSM-5</th>
<th>ICD-10</th>
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<tbody>
<tr>
<td><strong>Disorder Name</strong></td>
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<td><strong>Neurodevelopmental Disorders</strong></td>
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<tr>
<td>Early Atypical ASD</td>
<td>Other Specified Neurodevelopmental Disorder</td>
<td>Pervasive Developmental Disorder, Unspecified</td>
</tr>
<tr>
<td></td>
<td>ADHD, predominantly hyperactive-impulsive</td>
<td>Disturbance of Activity and Attention</td>
</tr>
<tr>
<td><strong>Anxiety Disorders</strong></td>
<td></td>
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<td>Social Anxiety Disorder (Social Phobia)</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>Other Reactions to Severe Stress</td>
</tr>
</tbody>
</table>

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DC:0-5 Training Offerings

DC:0-5™ Training
• Official two-day/extended/and virtual training for infant and early childhood mental health professionals and clinicians

DC:0-5 Seminars
• Virtual 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

Certified DC:0-5 Training of Trainers
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.
Upcoming Events

‣ How Anti-Oppressive Practice Can Impact Our Work
  • Monday, November 23 - 1:00 PM

‣ Connecting the Dots of Positive Youth Development (PYD): Core Tenets, Supporting Frameworks & Sustainable Action Steps
  • Tuesday, December 1 - 10:00 AM

‣ Bias, Equity, and Early Childhood Development
  • Part 1: Wednesday, December 2 - 1:00 PM
  • Part 2: Wednesday, December 9 - 1:00 PM
Thank you!

- To register for future events or access additional resources, please visit us at www.ctacny.org. The presentation slides and a recording of today’s webinar will be posted on the website within 2-3 business days.

- If you have any questions or comments, please email ctac.info@nyu.edu.

- Please complete the Feedback Survey that will appear on your screen after you exit the webinar.