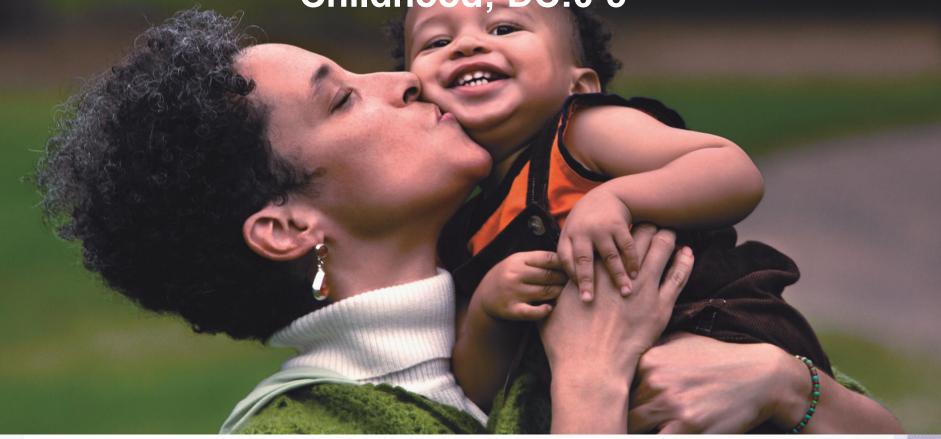
Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood; DC:0-5



Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™): New York State ——



Objectives

 Describe the new Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: DC:0-5

Presentation by Kathleen Mulrooney
ZERO TO THREE

- Hear about New York State's plans to make DC:0-5 the recommended diagnostic tool for children birth to age 5
- Find out about DC:0-5 trainings at a site near you



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.

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™): New York State ——





Donna Bradbury, Associate Commissioner at New York State Office of Mental Health

Diagnostic Classification of Mental Health and Developmental Disorders —— of Infancy and Early Childhood (DC:0-5™): New York State ——



New York State Trainings

DC:0-5

As part of the Preschool Development Grant Birth through Five Initiative (NYS B5), New York Center for Child Development (NYCCD) and the New York State Office of Mental Health (OMH) in collaboration with CTAC will be offering the following trainings across New York State:

Location	Date	Registration Link
Buffalo	July 11 & 12	http://registration.nytac.org/event/?pid=1&id=809
Long Island	July 25 & 26	http://registration.nytac.org/event/?pid=1&id=810
NYC	Sept. 12 & 13	http://registration.nytac.org/event/?pid=1&id=817
Ithaca	Sept. 26 & 27	http://registration.nytac.org/event/?pid=1&id=811
Westchester	Sept. 26 & 27	http://registration.nytac.org/event/?pid=1&id=812
Rochester	Sept. 30 & Oct. 1	http://registration.nytac.org/event/?pid=1&id=813
Syracuse	Oct. 2 & 3	http://registration.nytac.org/event/?pid=1&id=814
Poughkeepsie	Oct. 7 & 8	http://registration.nytac.org/event/?pid=1&id=815
Plattsburg	Oct. 17 & 18	http://registration.nytac.org/event/?pid=1&id=818
Albany	Nov. 6 & 7	http://registration.nytac.org/event/?pid=1&id=816

Diagnostic Classification of Mental Health and Developmental Disorders —— of Infancy and Early Childhood (DC:0-5™): New York State ——



Who We Are

New York Center for Child Development

- NYCCD has been a major provider of early childhood mental health services through federal, state, city and philanthropic funded programs in New York
- 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 as the Early Childhood Mental Health Training and Technical Assistance Center (TTAC)

For more information on TTAC go to our website at www.**ttacny**.org

CTAC

 Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC)

Diagnostic Classification of Mental Health and Developmental Disorders

of Infancy and Early Childhood (DC:0-5TM): New York State

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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 (DC:0-5™): New York State





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

Presented by: Kathleen Mulrooney, MA, LPC, IMH-E[®] IV ZERO TO THREE

ZERO TO THREE

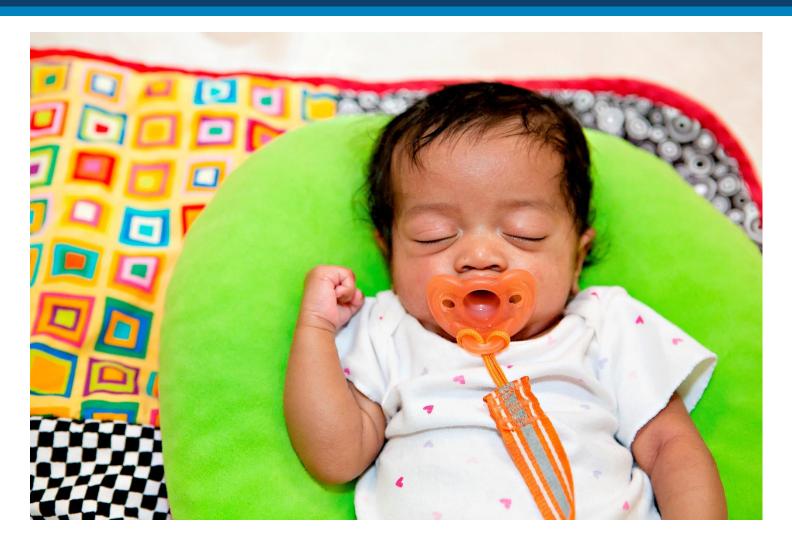
- ZERO TO THREE is a national nonprofit organization whose mission is to ensure that ALL babies and toddlers have a strong start in life.
- At ZERO TO THREE we envision a society that has the knowledge and will to support all infants and toddlers in reaching their full potential.
- ZERO TO THREE has 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?





Infant and Early Childhood Mental Health (IECMH)



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.

Infant and Early Childhood Mental Health Disorders



















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

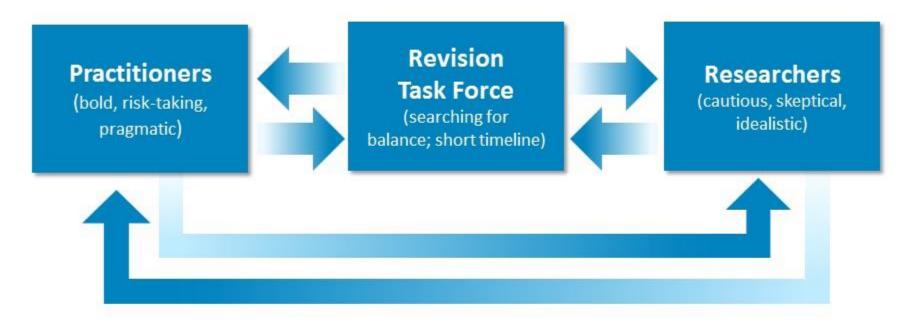
ZERO TO THREE Diagnostic Classification Task Force



- 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)

Framework for Creating the Diagnostic Classification: DC:0-5





- Empirically derived
 - weight given to those disorders with more research
- Clinically meaningful
 - value practitioner input

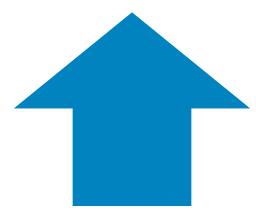






Identify children with clinically impairing disorder to increase chance of access to evidence-based treatments

Avoid pathologizing children demonstrating normal variations of typical development



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.



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

Red Flag Emotional or Behavioral Patterns



Patterns that:

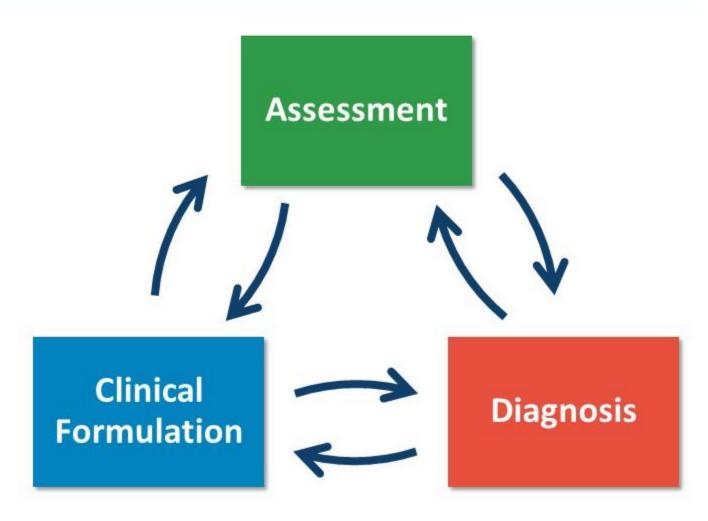
- are unusual for the infant/young child
- cause parents and others to see the infant/young child as "difficult"
- make satisfying interactions difficult
- are seen in multiple settings by a number of people
- persist
- cause distress or impairment to the infant/young child and family
- are outside of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



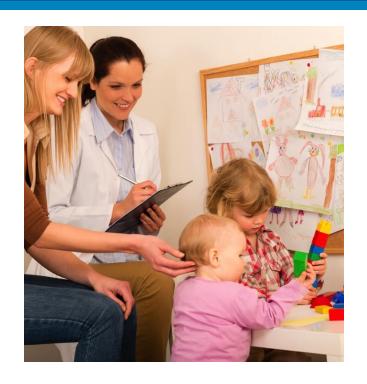
Parlakian and Seibel (2002)



The Diagnostic Process



Diagnosis



We diagnose disorders not children...



Multiaxial Framework

Axis I Disorders



Axis I – Disorder Categories:

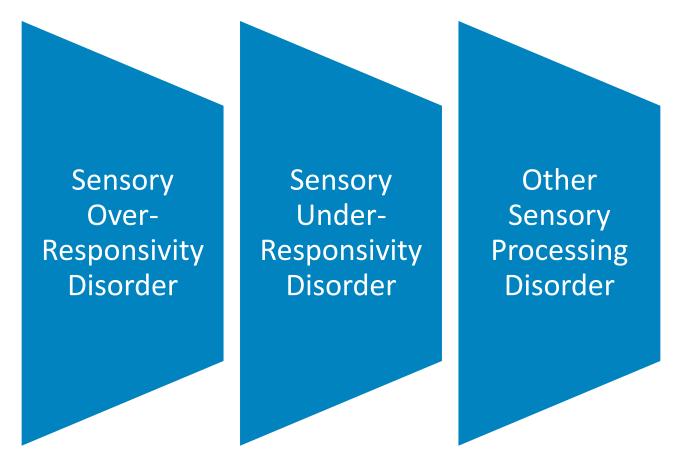
- Neurodevelopmental Disorders (10)
- Sensory Processing Disorders (20)
- Anxiety Disorders (30)
- Mood Disorders(40)
- Obsessive Compulsive and Related Disorders (50)
- Sleep, Eating and Crying Disorders (60)
- Trauma, Stress and Deprivation Disorders (70)
- Relational Disorders (80)

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



Anxiety Disorders

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



Photo by Kiwi Street Studios

Mood Disorders



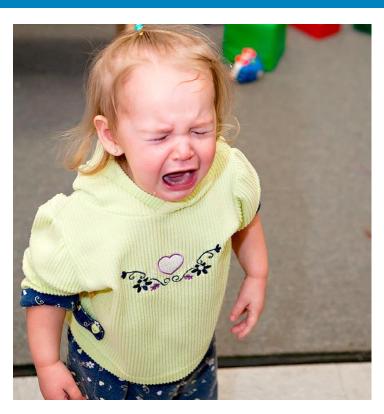


Photo by Kiwi Street Studios

- 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

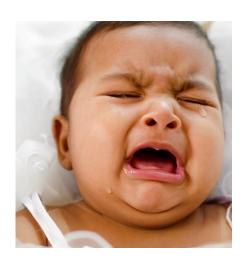
Sleep Disorders

- 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





Relationship Disorders

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

Physical Health Conditions and Considerations



- Acute medical conditions
- 2. Conditions requiring medical or dental procedures
- Recurrent or chronic pain (from any cause)
- Physical injuries or exposures reflective of caregiving environment
- Growth trajectory problems
- Medication effects
- 7. Developmental conditions
- 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.

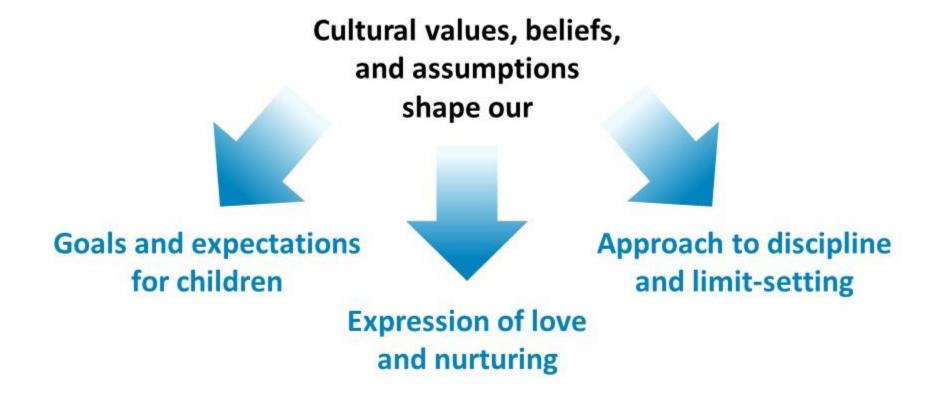
ZERO TO THREE, 2016, p. 153

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



Parlakian & Day, 2004



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:

https://www.zerotothree.org/resources/1540-crosswalk-from-dc-0-5-to-dsm-5-and-icd-10

DC:0-5 Training Offerings

DC:0-5™ Training

- Official two-day or extended day trainings for advanced infant and early childhood mental health professionals
- Certified DC:0-5 Training of Trainers

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 <u>DC05@zerotothree.org</u>
- 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.