

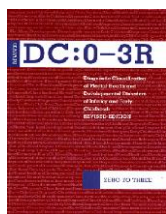
ZERO TO THREE
Early connections last a lifetime

DC: 0-5 – A New and Comprehensive Approach to Diagnostic Classification in Infancy and Early Childhood

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



DC: 0-3R Revision



Get updates at www.zerotothree.org or see description <https://www.zerotothree.org/resources/1194-dc-0-5-coming-in-december-2016>

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Diagnostic and Classification Revision Task Force

ZERO TO THREE is revising and updating DC:0-3R

- 3-year process that began in March of 2013

The ZERO TO THREE Diagnostic Classification Revision Task Force:

- Chaired by Dr. Charles Zeanah
- Meets regularly via conference call and in person
- Task Force members: Alice Carter (U Mass Boston), Helen Egger (Duke), Miri Keren (Tel Aviv University), Alicia Lieberman (UCSF), Mary Margaret Gleason (Tulane); Cindy Oser, Julie Cohen and Kathy Mulrooney (ZERO TO THREE)

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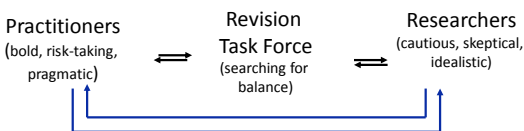
Why Revise DC:0-3R?



- Capture new findings 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

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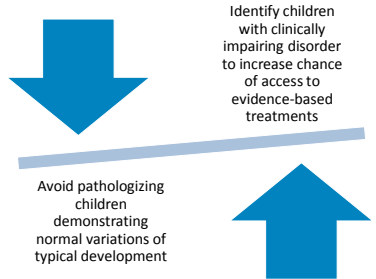
Frameworks for Diagnostic Classification in Early Childhood



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

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The Balancing Act



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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

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

Key Changes to DC:0-5



- Axis I Disorders:
 - Some added and adapted from DSM 5
 - Some revisions from DC:0-3R
 - Some newly described disorders
 - Some previous disorders not included
- Axis II: Significant revisions expanding beyond the dyad
- Axis III: Focuses on the physical health context of the child's clinical presentation
- Axis IV: Revised and reorganized (with international perspective)
- Axis V: Significant revisions focusing on developmental competencies across broad range of developmental domains

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Contexts of and Risks for Disorders



- Axis I diagnostic criteria (with the exception of PTSD and RAD) do not include risk factors or presumptive etiologic factors
- Must be understood within the context of:
 - Caregiver-child relationship/ Caregiving environment(family)
 - Physical health status
 - Life stressors
 - Developmental status
 - Culture

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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

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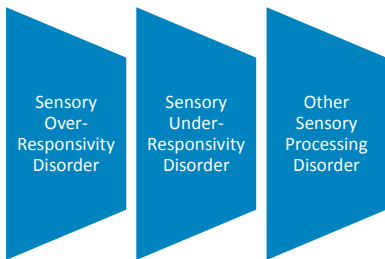
Neurodevelopmental Disorders



- 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

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Sensory Processing Disorders



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Anxiety Disorders



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



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Mood Disorders



- Depressive Disorder of Early Childhood
- Disorder of Dysregulated Anger and Aggression of Early Childhood
- Other Mood Disorder



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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

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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

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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

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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.

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Axis II: Relational Context



- The presumption is that disturbances in relationships young children and their attachment figures may derive from within the caregiver, from within the child, or from the unique fit between the two
- No presumption that the relationship quality between a young child and one primary caregiver is related to the relationship quality between a young child and other primary caregivers.
- The scale should be used to rate the relationship as it exists between the child and a specific caregiver. It should not be used to rate the child or caregiver individual behaviors.

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Axis II Relational Context: Child-Caregiver Adaptation



Dimensions of Caregiving:

- Ensuring psychological and physical safety
- Providing for basic needs (food, clothing, housing)
- Responding to emotional needs
- Establishing structures and routines
- Providing comfort for distress
- Teaching and social stimulation
- Socialization and discipline
- Play and enjoyable activities



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Axis II: Relational Context Summary Rating Scale (Replaces the PIRGAS) 

- Four levels of adaptation used as a summary rating:
- Level 1. Well-Adapted to Good Enough Relationships
No clinical concern
 - Level 2. Strained to Concerning Relationships
Careful monitoring is definitely indicated and intervention may be required
 - Level 3. Compromised to Disturbed Relationships
Clearly in the clinical range and intervention is indicated
 - Level 4. Disordered to Dangerous Relationships
Intervention is not only required but urgently needed due to the severity of the relationship impairment

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Axis II Relational Context: Caregiving Environment 

- Dimensions of the Caregiving Environment:**
- Problem Solving
 - Conflict Resolution
 - Caregiving Role Allocation
 - Caregiving Communication: Instrumental
 - Caregiving Communication: Emotional
 - Emotional Investment
 - Behavioral Regulation and Coordination

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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

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Implementing Axis III

- Eliciting information
- Parent report and history
- Observations
- Direct communication with medical providers/chart review
- Specify acute, chronic, history

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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

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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)

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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

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Axis V: Background



- Emotional and relational capacities are present at birth, and these competencies serve as the foundation for all development.
- Although Axis V rates multiple areas of developmental competence independently, we recognize that these capacities develop in an integrated fashion.
- The infant/young child makes use of earlier capacities to reach higher levels of functioning. In this process, new capacities emerge.
- Axis V is designed to capture the range of competencies, from delay/deficits through strengths.

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DC:0-5 Preview and Release



- Preview DC:0-5 at the World Association of Infant Mental Health Congress in June of 2016
- Recruit and train DC:0-5 Expert Faculty (US and international) in 2016
- Release DC:0-5 in December 2016 at ZERO TO THREE’s Annual Conference
- Begin authorized ZTT DC:0-5 training in January of 2017

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Questions or Reflections?

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For more information...

- For updates, visit <https://www.zerotothree.org/resources/services/dc-0-5-manual-and-training-coming-soon>
- 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.

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