



CALIFORNIA CENTER
for Infant-Family and Early Childhood Mental Health
at WestEd Center for Prevention & Early Intervention



Foundations of Infant-Family and Early Childhood Mental Health Training Course: Using the DC 0-5: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.
Date: January 20, 2018

Presenter: Tala Ghantous, LCSW

Early Childhood Mental Health Program, Early Intervention Services

Transdisciplinary Mental Health Practitioners (TMHP) Series



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

This presentation has been adapted from the Zero to Three presentation on the DC 0-5 presented by Kathleen Mulrooney



Let's take a look at the DC 0-5 to understand children's emotional health, developmental competencies, caregiving environments and family stressors in a more comprehensive manner to support your work.



Video: Early Childhood Mental Health

How do we feel about children receiving mental health diagnoses?

Pedro is 24 months old and recently witnessed a fire in his home where his father was injured and hospitalized for one month. Pedro did not have contact with him during this time. Pedro has been waking up every night and crying since the fire. He is very clingy to his mom. He yells when she leaves the room. He talks about the fire all day and is wide-eyed and appears “frozen” when he hears sirens in his neighborhood. He hits his mom when she turns on the stove and he sees the fire and tells her “no.”

Pedro was diagnosed with Post Traumatic Stress Disorder.

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Another example

Sierra is three years old. She lives with her grandparents and mom. She has inconsistent contact with her father. Her parents were recently arrested on drug and theft charges and were sent to jail for six months.

Sierra cries easily at home and at the pre-school. She talks about her mom being gone to the teacher every day. She has trouble falling asleep and staying asleep through the night. The teacher reported Sierra is not playing with other children and prefers to be alone in the classroom and during outside play. She is also withdrawn at home and does not seek her grandparents for comfort. She chooses not to play outside with her siblings and wants to sit on the couch and watch TV.

Sierra has been diagnosed with a Depressive Disorder of Early Childhood.

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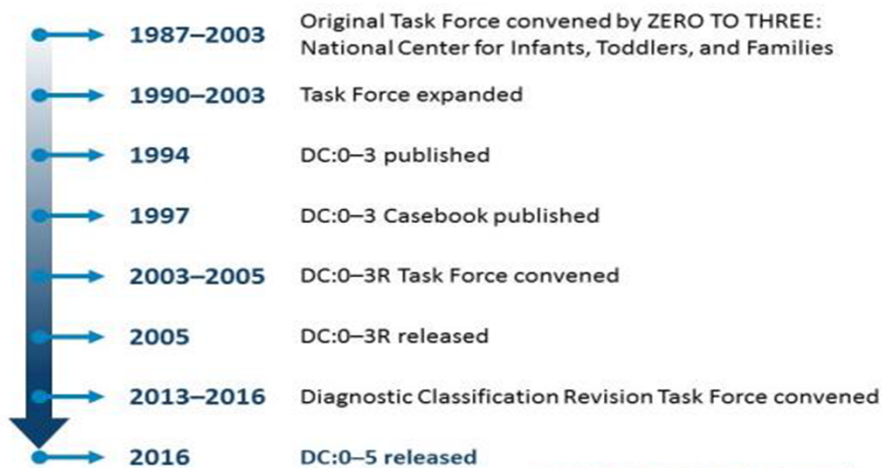
How do you feel about babies and toddlers receiving mental health diagnoses?

How can a mental health diagnosis be helpful to a child? When is it not helpful?



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Development of Diagnostic Classification in Infancy and Young Children



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Introducing the DC 0-5

A Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood

- meant to capture data and studies relevant to diagnoses in young children
- evaluate prior disorders (DC 0-3) for their clinical usefulness and evidence base
- attempt to be comprehensive and not rely on other classifications of mental health disorders

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The Balancing Act is Important

Identify children with clinically impairing disorders to increase chances of access to evidence-based treatments

Avoid pathologizing children demonstrating normal variations of typical development



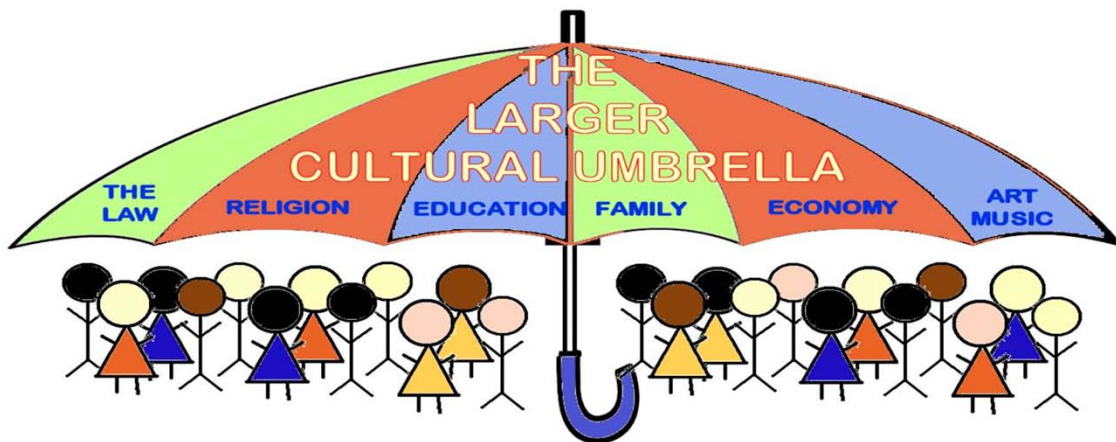
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What are we doing today?

- Knowledge Area C: Biological and Psychosocial Factors Impacting Outcomes. 5 hours.

- **Objectives:**

- Participants will consider how a child's temperament and self-regulation are influenced by biological and psychosocial factors, including familial and cultural factors.
- Participants will consider the sequence of development of self-regulation skills looking at both biological unfolding of capacities and shaping by culture, context and relationships.
- Participants will practice examining multiple factors, including risk factors, that influence the development of self-regulation.
- Participants will learn more about sensory integration difficulties in young children and how a child's unique way of experiencing the world can be supported by caregivers





- Cultural Identity of the Individual, Family, Caregivers
- Cultural Explanation of the child's distress, behaviors, presenting "problem"
- Cultural Features of Vulnerability and Resilience
- Cultural Factors Related to the Child's Psychosocial and Caregiving Environment
- Cultural Relationship between child, family and the provider
- Cultural Assessment for Child's Diagnosis and Care

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Why Diagnose in Early Childhood?



- to provide services to families
- to guide the treatment approaches
- to use shared language between families and professionals
- to determine the need for additional services
- to seek authorization/reimbursement for services

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Emotional and Behavioral Patterns: Red Flags

- patterns that are unusual for the child
- cause caregivers/others to experience the child as “difficult”
- interactions are experienced as “difficult” when otherwise should be satisfying
- are seen in multiple settings by various people
- persistent patterns
- cause distress/impairment to child and family
- are outside the range of age appropriate behaviors or cultural norms

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Multiaxial Framework of the DC 0-5

Axis 1 Clinical Disorders (mood, anxiety,
neurodevelopmental, trauma, SPD)

Axis II Relational Context (closer look at caregiving
relationship and environment)

Axis III Physical Health Conditions and Considerations

Axis IV Psychosocial Stressors

Axis V Developmental Competence

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How can this be helpful to your work?

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Closer look at Psychosocial Stressors

- Challenges within the Child's primary support group
- Challenges in the Social Environment
- Educational/Child Care Challenges
- Housing Challenges
- Economic and Occupational Challenges
- Child Health
- Legal/Criminal Justice Challenges (CPS, deportation, custody, undocumented, incarceration)
- Other (war, terrorism, natural disasters)

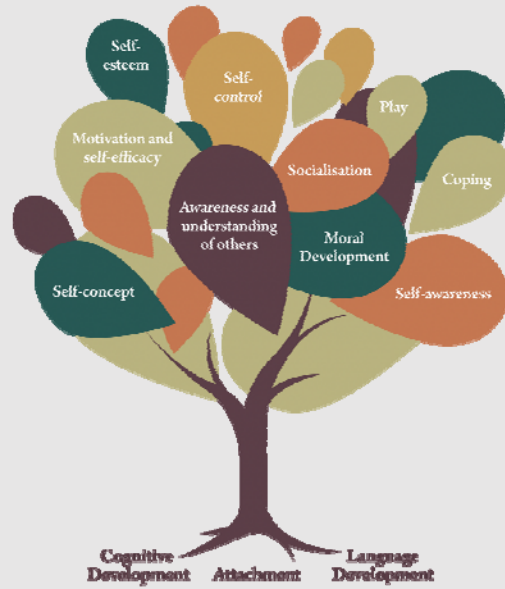
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Developmental Competencies

Consider expectable patterns of development

Consider patterns of development within a relational context and independent of a relational context

mental health must be understood and evaluated within the context of developmental competencies



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Let's Practice

[Teen Dad and Baby bonding](#)

[Tantrum in Parking Lot](#)

[Tantrum with Teacher](#)

[Anatomy of a Tantrum](#)

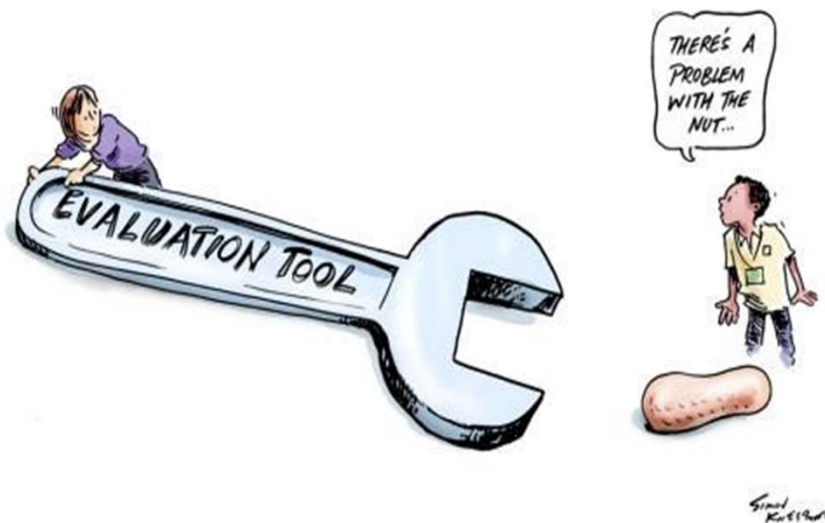
Please take out the DC 0-5 resources packet

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Moving Forward

- assessments take time, plenty of time
- assessments involve the child's relationships with all caregivers (parents, teachers, etc.)
- assessments consider trauma history of child *and* family
- assessments consider culture, community, neighborhood
- assessments should be on-going
- assessments provide some answers AND often create more questions in understanding a child

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