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

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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.

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 She is also withdrawn at home and does not seek her grandparents for comfort.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.
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?
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

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
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.
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
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

Multiaxial Framework of the DC 0-5

**Axis I** 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
How can this be helpful to your work?

Helpful Links

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)
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

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
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