

DIAGNOSTIC ASSESSMENT (DC:0-3R)

NAME: Little Billy
DATE OF BIRTH: 11/1/2011
EVALUATOR: Suzy Therapist, MA, LMFT
EVALUATION DATES: 1/15/2014 (Interview with Ms. Little (Billy's mother)- in office
1/19/2014 (Parent Child Interaction observation at clinic, play interaction with Little Billy) in office
1/26/2014 (Observation of Little Billy at ABC Childcare)

ADDITIONAL DATA
SOURCES: Review of records from School District and Medical Clinic, standardized-questionnaires (CBCL 1 ½ -5 parent and teacher, PSI-SF, ECSII)

REASON FOR REFERRAL

Ms. Nancy Little was referred to Helpful Agency by her childcare provider (ABC Childcare) due to ongoing concerns about Little Billy's aggressive behaviors, difficulty with sleep, fear of dogs and conversations about dogs, and concerns about his lack of engagement with other children. Ms. Little reported that Billy's behaviors became unmanageable since he was bitten by a dog eleven months ago. She reported that he was playing in the yard with a school-aged cousin when a large dog ran to him and bit him in the arm. She reported that the cousin ran into the house to find Ms. Little and Ms. Little beat the dog off Billy with a broom. Little Billy reportedly sustained serious injuries and was hospitalized for a two weeks and required surgery to mend a broken arm and rib, and treat severe lacerations on his torso, and arm as a result of the bite.

MENTAL HEALTH TREATMENT HISTORY

Billy's mother reported that he had not been seen for mental health assessment or treatment history previously. She reported that she hoped that he would forget the dog-bite incident, as the family did not talk about it and tried to shield Billy from all dogs.

FAMILY and CULTURAL HISTORY

Ms. Little reported that Billy lives with his mother and his maternal aunt, Jessie, and his 12- year- old cousin, Marcus. Ms. Little reported that Billy does not have any contact with his biological father, as his father was a soldier who was killed in the war prior to Billy's birth. (9/15/2011) His mother reported that she has not dated since Billy's father died and lives with her sister and her sister's son in order to pay the bills.

When asked about family social supports, Ms. Little reported that she receives support from her sister and her sister's son who often watches Billy while Ms. Little completes household chores. She also reported that the family regularly attends the Lutheran Church in town and has received financial and emotional support since the death of her husband three years ago.

When asked about cultural background, Ms. Little reported that Billy was of German heritage on her side of the family and African American/Irish heritage on his father's side of the family. She reported that she has attempted to ensure strong connections for Little Billy with his father's side of the family, as they often attend holidays with her husband's side of the family and her husband's parents attend the same church as Billy and his mother.

When asked about family history of mental health or chemical health issues, Ms. Little reported that she has battled depression on and off for many years. She reported that she has experienced more severe depression in the past three years since her husband died. She reported the birth of Billy was particularly challenging for her, as he looked like his father and often cried. She reported she would often put him in his room to cry it out, as it was reportedly difficult for her to soothe him when she was so sad about the loss of her husband. She reported the depression has waned some, however. She reported she is not currently being treated for depression, however.

Ms. Little also reported that while he was not diagnosed, she wondered if her husband had experienced post-traumatic stress disorder related to his deployments. She indicated he had been deployed three times in the six years they were married and often returned agitated with sleep disturbance including violent nightmares where he would awake screaming and punching the air. She reported her husband had not been or assessed or treated for PTSD, however. She reported no chemical health issues on either side of the family.

When asked about potential financial issues, Ms. Little reported that she works full-time as a clerk in a bank and receives survivor benefits from the federal government. She reported that she often struggles to pay her bills and asked her sister to move in a year ago to help with the mortgage.

Despite the stressors, Ms. Little reported that she adores Little Billy and loves his laugh. She reported that she hopes he will be a doctor some day and "do his father proud." She also reported that she has felt safer and happier since her sister moved into her house. She reported that because she feels safer and more calm, she has noticed that Billy seems to feel safer and he is less reactive when stressed.

During the observation of Ms. Little and Little Billy on 1/19/2014 it was noticed that Little Billy often looked to his mother for support but had great difficulty asking her for help. He would then become frustrated when she did not know what he needed. At those times, he would cry, throw toys or try to hit his mother. In turn, Ms. Little became frustrated and would yell "no", or turn away from Little Billy. While the interaction seemed stressful for both Billy and his mother, his mother reported that she understands he has issues with communication and she wishes she could help him figure out ways to let her know what he needed. She also reported that she becomes overwhelmed by Billy because she is overwhelmed and sad about her losses, not by anything he has done.

During the parent-child interaction, this therapist asked Ms. Little to leave the room for five minutes so that I could observe the separation. When his mother left the room, Billy looked toward the door but did not cry. He continued to look at a car he was holding but did not play with it or engage with this therapist. He made appropriate eye contact when I asked him questions, but he did not respond to my questions and kept looking at his car. When his mother returned, he made eye contact and smiled at her and then showed her his car. She reported that he is used to separations from his mother, as she works a great deal and he spends approximately 10 hours a day in childcare due to her work schedule and commute.

DEVELOPMENTAL and EDUCATIONAL

Ms. Little reported that her pregnancy with Little Billy was easy until her husband died. She then had difficulty getting out of bed and did not eat well during her last two months of pregnancy. Despite her stress, Billy was born at 39 weeks, vaginally. Ms. Little reported that her labor was quick (4 hours) and her sister helped her throughout the entire process.

When asked about developmental milestones, Ms. Little reported that Billy had difficulty with sleep from the beginning. However, he was an early walker (at 9 months) and could feed himself by 12 months. She reported his speech has been an issue throughout his young age and his pediatrician, Dr. Doctor, made a referral to the local school district when Billy turned two and was unable to say five words.

A review of Little Billy's Early Childhood Special Education Assessment Completed on 11/25/2013 and his Individual Family Services Plan (IFSP) indicated that Billy is demonstrating some cognitive, speech, and social emotional delays. The school district is providing services to Billy at ABC childcare under the developmental delay designation. They provide services two hours a week at ABC childcare. Ms. Little reports she receives weekly notes from Billy's early childhood special education teacher about things he is working on and things she can help with at home.

Ms. Little reported that Billy has attended ABC childcare since he was four months old. She reported that they have been very helpful and are a support to the family. She reported she has a strong relationship with the director, Ms. Lisa, as they attend the same church. She reported that she, Ms. Little, came to this clinic on the advice of Ms. Lisa, as Ms. Lisa has had other families attend the clinic for mental health services.

When this therapist observed Billy in his childcare, he often wandered around the room aimlessly without engaging other children or the teachers. During the one hour observation, Billy engaged in no play activities by himself or with other children. He did sit by teachers when they called him, but did not actively engage them. At one point, a dog barked in the distance and Little Billy froze, covering his ears and shaking. This therapist asked the teachers if this type of behavior occurs often. They agreed, as there is a house with a barking dog close by. They also reported that nap time is difficult and little Billy often requires teachers to stay close to him to fall asleep. They reported that times when he awakes and does not see the teachers, he yells and may hit other children. They reported that the sleep issues have also occurred, however, they have gotten worse since he was bitten by a dog. They also reported that the aimless walking around the room and reaction to dog barking were new behaviors since the dog bite.

TRAUMA and MEDICAL HISTORY

As indicated earlier, Billy was severely mauled by a dog on 12/10/2013. His mother indicated that after she beat the dog off with a broom, it ran away and she called an ambulance. She rode with Billy to the hospital but was unable to stay with his the two weeks he was in surgery and in recovery. She reported that sleeping was very difficult for him, as she was not there all the time and often left when he was sleeping. She reported that his sleep since then has been problematic where he must have his mother in the room with him when sleeps and awakes, otherwise he screams and cries. To alleviate the stress, Ms. Little reported that she has Billy sleep with her. She also reported that he is now afraid of doctors in white coats and cries hysterically when they must go to the clinic for well-child checks. When asked about other traumas such as abuse, witnessing violence, car accidents, Ms. Little reported that Billy has experienced no other traumas.

A review of Billy's medical records indicate no other medical issues outside of surgery related to the dog mauling. The records indicated that his mother brought him to the clinic regularly for well-child checks, and his doctor referred him for speech issues prior to the traumatic experience due to his speech issues and low scores on a standardized screening (the Ages and Stages Questionnaire). Billy reportedly has no allergies or chronic conditions such as asthma. The medical records do indicate his mother's concerns

about his sleep dysregulation since he was an infant, however, no referrals were made for the sleep issues.

MENTAL STATUS AND BEHAVIOR

Billy was observed with his mother, at his childcare, and was engaged with this therapist during a play session. He had no remarkable dysmorphic physical features with the exception of a large scar on his left arm from the dog bite. He presented as alert though somewhat avoidant. He demonstrated minimal verbal skills but was able to point to what he wanted with all adults. He had difficulty seeking out comfort from adults when distressed- especially when he heard a dog barking, at which time he froze and covered his ears. He demonstrated limited play skills and often looked at toys without actually playing with them. He often seemed dysregulated and hyper-vigilant in all situations, however, he seemed the most comfortable and demonstrated a range of emotion, including anger, happiness, and sadness, with his mother. His cognitive skills seemed impaired by his overall hypervigilance and distractibility around sounds in the clinic and childcare.

TESTING RESULTS

- Child Behavior Checklist (CBCL) 1 ½- 5years- filled out by Billy’s mother and the lead teacher in his classroom, Ms. Cathy
- Early Childhood Services Intensity Instrument (ECSII)- completed by this therapist with information gathered from the assessment
- Parent Stress Index-short form- filled out by Billy’s mother

SYMPTOM CHECKLISTS

Child Behavior Checklist for 1 ½ - 5 year- olds. *The Child Behavior Checklist is a teacher and parent filled out report that indicates, on a scale from 0-2, the severity of various symptoms, with 0 indicating the child demonstrates no symptoms in that area and 2 indicating the child demonstrates the symptoms most of the time. Scores over 70 are considered clinically significant, whereas scores between 65-70 are considered borderline. Scores under 65 are considered of no concern.*

Domain	Scores from mother-	Scores from teacher- Childcare
Syndrome Scales/Symptoms		
Emotional Reactivity	T=75- clinical	T=70- clinical
Anxious/Depressed	T=72- clinical	T=75 clinical
Somatic Complaints	T=53- not clinical	T=56- not clinical
Withdrawn Depressed	T=70- clinical	T=53- not clinical
Sleep Problems	T=82- clinical not measured
Attention Problems	T=67- borderline	T=76 clinical

Aggressive Behavior	T=77- clinical	T=53- not clinical
Internalizing/Externalizing/Total Problems		
Internalizing Problems	T=68-clinical	T=69- clinical
Externalizing Problems	T=74-clinical	T=70- clinical
Total Problems	T=75-clinical	T=70- clinical

Billy's mother filled out the Child Behavior Checklist for 1 ½ to 5-year-olds, as did his teacher. Their scores seem valid as they did not miss any questions. Based on the results of this, it seems that both his mother and the school have concerns about Billy's anxious behaviors, attention concerns, emotional reactivity, internalizing behaviors, externalizing behaviors and total problems. Additionally, his mother has concerns about Billy's sleep issues and aggressive behaviors, and some depression. It should be noted that the checklist for teachers does not measure sleep issues and that Billy's teachers cited nap time as a difficult time for him.

The Parent Stress Index-Short Form (PSI-SF)

The Parent Stress Index- Short Form is a parent completed checklist that rates a parent's/caregiver's perceptions of their stress as it relates to being a parent, the stress they encounter in their relationship with their child, their perceptions surrounding the difficultness around their child's behavior and their total stress. Billy's mother filled out the form.

Billy's mother's PSIs were considered valid and both indicated clinically significant stress in her role as a parent (90th percentile), in her relationship with Billy (92nd percentile), in managing Billy's behavior (96th %tiles), and in her overall stress (95th percentile).

SYSTEM ASSESSMENT

EARLY CHILDHOOD SERVICES INTENSITY INSTRUMENT (ECSII)

The ECSII is a required outcome measure used by the State of Minnesota to monitor treatment progress for children ages birth to six. It includes a rating of 1-5 on five different domains that reflect the child's environment and the interaction between his/or developmental/medical/or mental health issues and his/her functioning. The scale produces an overall intensity score which helps to determine the level of care the child may need. The Instrument is completed by the child's clinician in collaboration with the child's caregiving system.

STEP 1		
DOMAIN	Score	Anchor Points Met / Comments (with justification from data)
I. Degree of Safety	3	C; mother reports being overwhelmed and utilizing 12-year old cousin for babysitting support

II. Caregiving Relationships		3	B,C, mother reports that the child has great difficulty sleeping which is affecting their relationship. Mother also reports bouts of depression that are affecting her ability to soothe child.				
III. Caregiving Environment		-----					
A. Strengths/protective factors		2	c- mother reports supports from community and family				
B. Stressors/vulnerabilities		2	C, material resources are adequate but not optimal				
IV. Functional/Developmental Status		4	A,C; affect is poorly modulated- especially when stressed or around sleep				
V. Impact of Medical, Develop. or Emot/ Behav. Problems		4	D, caregiver reports feeling helpless at times				
TOTAL SCORE on I-V		18					
STEP 2	Preliminary SI Level by Total Score on Domains I-V						
	Total score	6-8	9-12	13-17	18-22	23-26	27-30
	SI Level	0	1	2	3	4	5
STEP 3	Application of Independent Criteria						
	ECSII Domain	I. Degree of Safety	II. Child-Caregiver Relationships	IV. Functional/Devel. Status			
	If Score is	5	5	5			
Action	Moves to Level 5	Moves up 1 Level*	Moves up 1 Level*	(*only 1 level raised if Domains II and IV are both rated 5)			
STEP 4	ECSII SERVICE INTENSITY LEVEL 2						
STEP 5	SERVICES PROFILE SCORES	(A) Child Involvement	2a	(A) Involvement 2a- parent is seeking out assessment and intervention for child	(B) Fit 3b- no mental health treatment yet for dog bite	(C) Effectiveness 4b- mom and child care report that speech issues and behavior have not improved since special ed only.	
		(A) Caregiver Involvement	2a				
<i>(** Consider one SI level increase if sum of three Service Profile scores = 12 or above)</i>							

According to Billy's ECSII scores, he qualifies for intensive outpatient services and clinical care coordination due to his dysregulation in numerous settings.

CASE SUMMARY/CONCEPTUALIZATION

Billy is a 2-year-old boy who has a history of a severe dog bite and hospitalization. He also has a history of difficulties with sleep and expressive language delays. As a result, he demonstrates dysregulated mood and behavior when stressed. He has difficulty falling asleep, waking from nightmares, and self-soothing when distressed. Additionally, he seems hyper-vigilant and covers or becomes extremely dysregulated when he is reminded of the dog bite and the hospitalization. These mental health issues appear to be negatively impacting Billy's developmental skills and trajectory.

In addition to these delays and history of trauma, Billy's mother reports ongoing depression and extreme grief and financial issues from the death of Billy's father in 2011. She reports that while she loves Billy very much, she is often overwhelmed by his behavior. Despite these stressors, Billy's mother has built a strong support system for herself and Billy and understands how her stress may be impacting their relationship.

While diagnoses of anxiety disorder, phobias, and sleep disorders were considered, they were rejected based on the increase in symptoms related to the traumatic dog mauling event and subsequent hospitalization.

The following diagnoses are offered.

MENTAL HEALTH DIAGNOSES

The State of Minnesota is recommending that clinicians serving children under the age of five use the DC:0-3R Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition developed by Zero to Three(2005). This process requires that clinicians use a cultural and developmental lens when evaluating a child's clinical needs and status, partner with a child's primary caregivers in order to obtain accurate information about the child's and family's functioning and observe the child in his/her natural settings with his/her various caregivers.

DC: 0-3R

Axis I: 100. Posttraumatic Stress Disorder

Axis II: Parents PIR-GAS 56-60. (Distressed). There are a lot of struggles within Billy's relationship with his mother as indicated by the PSI, the interview with Ms. Little, and the parent-child interaction. It seems that both Billy and his mother become frustrated with their interactions, as Billy has difficulty expressing his needs and his mother has difficulty understanding his cues. The qualities of the parent-child relationship are anxious and tense, where Billy's mother tries to protect Billy from reminders of the dog bite and then is often on edge when he is reminded.

Axis III: History of dog mauling and surgery. Developmental Delay based on report from school

Axis IV: Stressors: financial stress of family, loss of father, unresolved trauma of child.

AXIS V: Emotional and Social Functioning reflects infant/child's emotional and social capacities in the context of interactions with important caregivers as compared developmental stages when these capacities typically occur. (See below for the ratings).

CAPACITIES FOR EMOTIONAL AND SOCIAL FUNCTIONING RATING SCALE

CAPACITY LEVEL	Age Usually Evidenced	Rated w/ Mother- Ms. Little	Rated with Suzy Psychotherapist	Rated w/ Ms. Cathy Childcare Teacher

ATTENTION & REGULATION	0-3 MOS	3	3	3
FORMING RELATIONSHIPS/MUTUAL ENGAGEMENT	3-6 MOS	2	4	3
INTENTIONAL TWO-WAY COMMUNICATION	4-10 MOS	4	4	4
COMPLEX GESTURES AND PROBLEM SOLVING	10-18 MOS	3	3	3
USE OF SYMBOLS TO EXPRESS THOUGHTS/FEELINGS	18-30 MOS	5	5	5
CONNECTING SYMBOLS LOGICALLY/ABSTRACT THINKING	30-48 MOS	5	5	5

FUNCTIONING RATING

SCORE	DESCRIPTOR
1	Age appropriate under all conditions/full range of affect
2	Age appropriate, vulnerable to stress, constricted range of affect or both
3	Immature; has capacity but not at age level
4	Functions inconsistently unless special structure or sensorimotor support is available
5	Barely evidences this capacity
6	Has not achieved this level
N/A	Not applicable. Child is below the age level

DIAGNOSTIC OVERVIEW AND TRANSLATION TO DSM-IV TR

AXES	DC:0-3R SUMMARY	DSM-IV/ICD-9/10 CROSSWALK
AXIS I	100. Posttraumatic Stress Disorder	309.81 Post Traumatic Stress Disorder
AXIS II	Parent Child Relationship Challenged by Anxious and Tense Interactions	V71.09, no diagnosis
AXIS III	Dog Mauling, Developmental Delay	Dog Mauling, Developmental Delay
AXIS IV	Financial stress of family, loss of father, unresolved trauma of child.	Financial stress of family, loss of father, unresolved trauma of child.
AXIS V	Capacities are limited by: Speech delays, difficulty seeking adults when distressed, extreme hyper vigilance.	NA

RECOMMENDATIONS

Based on the evaluation, the following recommendations are made:

- 1) Due to Billy's extreme dysregulation in numerous settings and the effects that his mental health issues are having on her developmental progression according to her AXIS V of the

DC:0-3R, he meets medical necessity for Minnesota's mental health rehabilitative services for children (Children's Therapeutic Services and Supports-CTSS). This will ensure that she can receive her clinical services in any setting that she requires them and assist her in returning to a developmental track close to his same aged peers.

- 2) Based on the assessment, Billy's condition meets medical necessity for in-home child-parent psychotherapy treatment (CPP). CPP is an evidenced based treatment for young children who have experienced trauma. This treatment will help support Billy is addressing his fears around dogs and the doctor and support his mother in effectively addressing Billy's fears and sleep issues.
- 3) Based on the assessment and the complexity of the case, Billy's mental health condition meets medical necessity for clinical care consultation. Thus, it is recommended that consistent communication occur between primary care provider, Billy's mother, psychotherapist, and childcare providers through clinical care coordination due to the complexity of the case and in order to ensure that care is consistent across all settings and that safety plans are created.
- 4) It is recommended that Billy's mother and teachers support Billy is identifying and seeking out safe adults when scared, so that he is not re-experiencing the trauma by himself.
- 5) It is recommended that Billy and his family receive a copy of this report to help support them in obtaining needed services and better understand Billy's mental health functioning.

Thank you for the opportunity to be involved with your care and treatment planning. It was a pleasure working with Billy and his family. Please feel free to contact me with further questions or concerns at (xxx) xxx-xxxx.

Suzy Psychotherapist, MA, LMFT