



Overview: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC: 0-3R)

1. History and Background

- ✓ DC:0-3 developed to provide a common language for researchers, clinicians, and families in diagnosing very young children
- ✓ DC:0-3 developed by a 21-member Task Force assembled in 1986
- ✓ DC:0-3 published in 1994.
- ✓ DC:0-3 casebook published 1997
- ✓ Assessment Protocol Pilot Project completed in 2001
- ✓ Training in the use of DC:0-3R is offered at ZERO TO THREE's annual National Training Institute and in response to requests from agencies, states, and communities.
- ✓ DC:0-3R released August 2005

2. Philosophy, Beliefs, Theory and Approach

Purpose of diagnostic classification of very young children:

- ✓ Aids clinicians and researchers in organizing observations
- ✓ Useful in developing clinical recommendations
- ✓ Provides a common language for communication between clinicians and researchers
- ✓ Creates a framework which can be refined over time

Beliefs:

- ✓ It is important to recognize positive coping capacity and the inherent human capacity for growth and development
- ✓ The purpose of diagnosis is **not** to label the child
- ✓ Diagnostic categories help in understanding both adaptive capacity and challenges to be overcome

Theory:

- ✓ Developmental
- ✓ Psychodynamic
- ✓ Family Systems
- ✓ Relationship
- ✓ Attachment

Multidisciplinary Approach

- ✓ All areas of development are inter-related in infancy
- ✓ The perspectives and clinical observations of psychiatrists, psychologists, occupational therapists, nurses, physicians, and social workers are reflected in DC:0-3R

3. Key Principles

- ✓ Relationships are the context for infant and toddler development.
- ✓ Infants' primary caregiving relationships typically occur in families.
- ✓ Families exist and function in the context of culture and community.
- ✓ All of the above must be systematically, comprehensively, and equally assessed and taken into account.
- ✓ Assess individuals and relationships; classify disorders, not people. People are not defined by mental health diagnosis.
- ✓ Each infant is unique. Individual developmental, temperamental, and constitutional differences have a major impact on the way children experience and process their life events.
- ✓ The caregivers' sensitive response to the child's individuality can modulate early challenges, allowing for healthy development.
- ✓ An effective working relationship between clinician and primary caregivers is essential to the assessment process.
- ✓ Parents must feel supported and accepted so they are able to provide accurate information.
- ✓ Parents are partners in the assessment process, and their expertise is much needed by the clinician.
- ✓ Diagnosis is an ongoing process involving periodic re-evaluation.

4. Assessment Guidelines

- ✓ Assessment takes time. Assessment and diagnosis should take place over a minimum of 3 to 5 visits, and over a period of several weeks.

- ✓ Information should be gathered from multiple sources and in multiple settings.
- ✓ All regular caregivers including parents, relatives, or professional care providers should be included in the assessment process.
- ✓ Whenever possible, infants should be seen not only in the clinical setting, but also at home and in any regular out-of-home care settings.
- ✓ Direct observation of the infant and of infant-caregiver interaction, clinical interviews, and written assessment instruments can all be sources of information.

5. An Approach to Diagnosis Using DC: 0-3R

A. Consider the young child in the context of relationships with:

- ✓ primary caregivers
- ✓ nuclear and extended family
- ✓ child care providers and other important people in the child's life
- ✓ community
- ✓ culture

B. Importance of Early Development

- Understanding the unique features of early development is critical to accurately assessing infant mental health.
- ✓ The first three years of life are a time of tremendous and rapid growth and development. Experiences in the early years lay a foundation for all that follows.
- ✓ Infant and toddler development is the product of the dynamic interaction of unfolding biological potential and an ever-evolving environmental context.
- ✓ Development unfolds as dynamic interaction between biology and environment.

C. Assessment of Very Young Children

Keeping the above ideas in mind, a protocol for assessing, evaluating, and diagnosing very young children can be based on the following guidelines:

- Assessment should involve a minimum of 3 - 5 sessions. These sessions should include:
 - Observation of the child in interaction with the parents
 - Observation of the child in interaction with the clinician
 - Gathering comprehensive information about the child's developmental history and current situation
 - Active involvement of the family

- The history can be gathered by means that are suitable to the family; questionnaires, developmental checklists, and clinical interviews may all be used.
- If possible, the clinician who would be the ongoing treatment provider, if treatment is indicated, should be involved in the assessment.

The following section is based on the work of the DC: 0-3 Assessment Protocol Project (2002) and of Jean Thomas, M.S.W., M.D. It suggests an approach to assessment which is offered as an example for interested practitioners.

6. Overview of DC: 0-3R

- ✓ *Diagnostic Classification: 0-3R* is a multi-axial classification system. Forthcoming versions are expected to bring changes to the current diagnostic categories.
- ✓ DC 0-3 is focused on developmental issues unique to infancy and toddlerhood, and so it is not entirely symmetrical with either DSM IV or ICD-10. Relationship processes and a developmentally-based understanding of adaptive patterns (i.e. functional emotional developmental level) are of central importance in DC: 0-3™.
- ✓ Using DC:0-3R, the clinician creates a developmental profile of an infant or toddler. This profile focuses attention on the various factors involved in an infant's strengths, difficulties and where intervention may be needed.
- ✓ DC:0-3 is intended to work together with other diagnostic frameworks, such as DSM-IV and ICD 9 or 10. Clinicians should also use the *Diagnostic and Statistical Manual* of the American Psychiatric Association (DSM-IV-TR, 2000). They may also use the psychiatric disorders in the International Classification of Diseases (ICD-9, 1977, or ICD-10, 1992).
- ✓ Medical and developmental disorders of infants and young children may also involve mental health difficulty. Conditions should be listed under Axis III of DC:0-3R, not as an alternative diagnosis, but as a co-existing condition. An appropriate framework for this is offered by the *International Classification of Diseases* (ICD-9, 1977, or ICD-10, 1992).

7. The Axes in DC:0-3R

DC:0-3R diagnostic categories include:

Axis I: Primary Diagnosis

- 100. Posttraumatic stress disorder
- 150. Deprivation/Maltreatment Disorder
- 200. Disorders of Affect

- 210. Prolonged Bereavement/Grief Reaction
- 220. Anxiety Disorders of Infancy and Early Childhood
- 230. Depression of Infancy and Early Childhood
- 240. Mixed Disorder of Emotional Expressiveness
- 300. Adjustment Disorder
- 400. Regulation Disorders of Sensory Processing
- 410. Hypersensitive
- 420. Hyposensitive/Underresponsive
- 430. Sensory Stimulation-Seeking/Impulsive
- 500. Sleep Behavior Disorder
- 510. Sleep Onset Disorder
- 520. Night-Waking Disorder
- 600. Feeding Behavior Disorder
- 700. Disorders of Relating and Communicating
- 710. Multisystem Developmental Disorder (MSDD)
- 800. Other Disorders (DSM-IV-TR or ICD 10)

Axis II: Relationship Disorder Classification

- 91-100 - Well adapted
- 81 – 90 – Adapted
- 71-80 – Perturbed
- 61-70 – Significantly Perturbed
- 51-60 – Distressed
- 41-50 – Disturbed
- 31-40 – Disordered

21 -30 – Severely Disordered

11-20 - Grossly Impaired

1 – 10 – Documented Maltreatment

Axis III: Medical and Developmental Disorders and Conditions

Axis IV: Psychosocial Stressors

Axis V: Emotional and Social Functioning

Adapted from *Diagnostic Classification of the Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised, ZERO TO THREE, 2005.*

ZERO TO THREE thanks Robert Harmon, M.D. of the ZERO TO THREE Board, and Jean Thomas, M.D., MSW, Graduate Fellow, ZERO TO THREE for their review of and comments on the original version of this document. Dr. Harmon Chaired ZERO TO THREE's DC:0-3 Training Task Force when the original version of this document was written in 2004, , and Dr. Thomas was its Co-Chair. Dr. Harmon, who passed away in February of 2006, was a leader, teacher, mentor, and clinician in the fields of infant mental health and addictions treatment. Jean Thomas is now the Chair of the DC:0-3R Training Task Force.

For Further Information

ZERO TO THREE provides information about training and publications on infant mental health and DC: 0-3R.

Website:

- General - www.zerotothree.org
- Infant Mental Health and DC: 0-3 - www.zerotothree.org/imh
- Publications: www.zerotothree.org/bookstore
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Publications may be ordered at:

- 1-800-899-4301

Phone inquiries or e-mail inquiries about training can be directed to:

- 202-638-1144, ask for Center for Training Services
- E-mail Nancy Seibel at nseibel@zerotothree.org

References

Barnard, K., Wieder, S., Carter, A., Clark, R., Thomas, J., Weston, D., and Fenichel, E (2002). *The DC:0-3 assessment protocol project*. Unpublished report to the Commonwealth Fund. ZERO TO THREE.

Harmon, R. and Thomas, J. (nd). *Diagnostic classification of infants and young children: DC: 0-3™, an evolving developmental diagnostic system*. Unpublished slides.

Lieberman, A., Wieder, S., Fenichel, E. (1997). *DC: 0-3 casebook: A guide to the use of ZERO TO THREE's "Diagnostic classification of mental health and developmental disorders of infancy and early childhood" in assessment and treatment planning*. Washington, DC: ZERO TO THREE.

ZERO TO THREE (2005). *Diagnostic classification of mental health and developmental disorders of infancy and early childhood, Revised*. Washington, DC: ZERO TO THREE Press.

Resource

Thomas, J. (nd). *Diagnostic classification: 0-3, A multiaxial system*. Unpublished slides.

Note

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