

Early & Effective Diagnosis and Treatment

DC:0-5™ Is Key For Infant and Early Childhood Mental Health Services

The first five years of a child's life are a critical time for brain development. It is estimated that the brain forms over a million new neural connections each second during the first years of life. Experiences and relationships during this time help build a child's brain architecture, providing the foundation for future behavior, health, education, and career.

When experiences are positive and caregiving relationships are safe, responsive, and predictable, children are more likely to develop healthy coping responses to stress or adversity. However, when experiences are negative or caregiving relationships are not supportive, young children, even infants, can experience emotional and mental health challenges.¹ Mental health challenges in very young children can emerge through a number of contexts (environment, physical health, developmental issues) and understanding and treating these problems requires supportive relationships.

When infants and young children experience these challenges, professionals who work with them use the **Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5)** to diagnose their mental health and/or developmental disorders. Currently, Georgia does not recognize DC:0-5 for diagnostic or billing purposes.

WHAT IS DC:0-5™?

DC:0-5 is a diagnostic classification system that provides age-appropriate diagnoses for mental health and developmental disorders presenting during infancy and early childhood. It considers young children's emotions, behaviors, environment, closest relationships, developmental competencies, physical conditions, and cultural norms.



KEY TERMS:

- **DC:0-5:** *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*; used to diagnose mental health and developmental disorders in infants and young children.
- **IECMH:** *Infant and Early Childhood Mental Health* (also known as Infant and Toddler Social-Emotional Health).
- **EPSDT:** *Early and Periodic Screening, Diagnostic, and Treatment*; a core tenant of Medicaid that requires comprehensive coverage of medically necessary services, including preventative services, for children under 21.
- **DSM:** *Diagnostic and Statistical Manual of Mental Disorders*; used to diagnose mental health disorders in older children and adults.
- **ICD:** *International Classification of Disease*; the diagnostic classification standard used for billing purposes.
- **Dyadic Treatment:** A treatment approach to addressing social-emotional concerns in which a therapist treats an infant/toddler and caregiver together.

HOW IS DC:0-5™ DIFFERENT FROM THE DSM, AND WHY DO PROFESSIONALS WHO WORK WITH YOUNG CHILDREN NEED DC:0-5™?

DC:0-5 was created because the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) does not adequately address and describe mental health disorders that occur in infancy and early childhood, though clinicians encounter them in young children and understand the importance of the earliest possible diagnoses and interventions.

In addition, diagnostic manuals primarily written for use with older children and adults do not take into consideration the specific circumstances of very young children, such as lack of verbal ability to discuss their mental state and the influence of familial relationships. DC:0-5 better describes how one might see or understand symptoms in very young children and stresses the importance of relationships, particularly in understanding whether these symptoms are impairing to the child and family.

Infants and young children demonstrate a wide range of emotions, from joy and excitement to fear, sadness, anger, and frustration. It is when emotions and behaviors are persistent, pervasive, and out of the range of what might be seen typically for children at a given age that diagnosis may be considered. DC:0-5 provides criteria for diagnosis that helps professionals determine whether a child's symptoms go beyond typical or expected emotions and behaviors and reach levels of clinical significance to warrant diagnosis and treatment. Young children can experience a variety of mental health disorders, including mood disorders like Depressive Disorder of Early Childhood, anxiety disorders, such as Separation Anxiety or Global Anxiety Disorder, or even disorders like Post Traumatic Stress Disorder.

Diagnosing mental health disorders requires both an understanding of symptoms and evidence that such symptoms are impairing. Looking at the example of depression, both DSM-5 and DC:0-5 have similar criteria for symptoms, including sadness, lack of interest, and irritability, accompanied by lack of sleep, reduced appetite and growth, and lack of activity. However, **there are significant differences between DC:0-5 and DSM-5** in describing how these symptoms might contribute to impairment in functioning:

Major Depressive Disorder (DSM-5): The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.²

Depressive Disorder of Early Childhood (DC:0-5): Symptoms of the disorder, or caregiver accommodations in response to the symptoms, significantly affect the young child's and family's functioning in one or more of the following ways:

- Cause distress to the young child
- Interfere with the young child's relationships
- Limit the young child's participation in developmentally expected activities or routines
- Limit the family's participation in everyday activities or routines
- Limit the young child's ability to learn and develop new skills or interfere with developmental progress³

DC:0-5 takes the relationships of the child into account when making any diagnosis. Since young children develop in the context of relationships, DC:0-5 considers how impairment affects both the child and the family. **This focus on relationships is critical to understanding infant and early childhood mental health.**

Treatment for young children's mental health challenges employs a similar relationship-based framework. Known as dyadic treatment, this approach centers around the caretaker-child relationship, known as the dyad, and relies on observations and assessment of the relationship.



WHY IS DC:0-5™ IMPORTANT FOR POLICYMAKERS?

DC:0-5, while critical to clinicians, is also relevant to policymakers. The adoption of DC:0-5 within billing infrastructures in Medicaid and private insurance allows for easier reimbursement for clinicians who work with young children, leading to earlier, more accurate diagnosis and treatment. Additionally, adopting DC:0-5 helps states better comply with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) mandate of Medicaid, which requires that states provide comprehensive mental health services, including preventative services. Early intervention and preventative services result in better long-term outcomes and can save money by preventing later, more intensive treatment. Recognizing DC:0-5 as part of our state's behavioral health infrastructure is critical for the clinicians who work with young children and their families and would result in more developmentally appropriate services for the youngest Georgians.

HOW SHOULD STAKEHOLDERS IMPLEMENT DC:0-5™?

DC:0-5 is not only a critical tool used by professionals who work with young children, it is essential to ensuring proper diagnosis and early intervention for this age group. In order to promote better long-term outcomes for young children, practitioners and policymakers should consider the following recommendations:

RECOMMENDATIONS

- **STATES, HEALTH CARE PROVIDERS, AND INSURERS:**
 - Recognize DC:0-5 for treatment and billing purposes.
 - If necessary, a crosswalk to the currently recognized diagnostic manual should be used for billing purposes.
- **PRACTITIONERS:**
 - Consider developmentally appropriate assessments and interview protocols to formulate diagnosis consistent with DC:0-5 and determine needed interventions.
 - Assessment of infants and young children should allow for the recommended 3 – 5 sessions before diagnosis.
- **STATES, HEALTH CARE PROVIDERS, AND INSURERS:**
 - Consider investing in training for practitioners on how to properly use DC:0-5.
 - Since development occurs in the context of relationships, it is necessary to have reimbursement policies for dyadic or family treatment involving the caregiver and the child together and sometimes separately.

¹Center on the Developing Child, Harvard University.

²*Diagnostic and statistical manual of mental disorders: DSM-5.* (2017). American Psychiatric Association.

³DC:0-5: *Diagnostic classification of mental health and developmental disorders of infancy and early childhood.* (2016). Zero to Three.