




## Best Practices in Early Childhood Assessment and Intervention Planning; An Introduction to the DC-03R

Alaska Early Childhood Mental Health Learning Network  
Alaska Child Trauma Center  
National Child Traumatic Stress Network



## National Child Traumatic Stress Network Sites



● Category II - Intervention, Development, and Evaluation Centers  
● Category III - Community Treatment and Service Centers  
● FY01-02 - Member Centers  
★ Category I - National Center

SAMHSA Arvidson, 2010

## What is Early Childhood Mental Health?

Intervention that strengthens families and builds upon resiliency and protective factors to support healthy development. Early childhood mental health work involves attending to the whole child, taking into account biology, relationships, development, culture and environment, working across domains and disciplines to both promote resiliency and directly address and mitigate barriers to development. Thus, by necessity, early childhood mental health work extends well beyond the identification of problems, and into the realm of prevention and even promotion. Similarly, the early childhood mental health professional must work flexibly across disciplines and settings in collaboration with the child, the family and the child and family's support system. At its core this work is collaborative and best grounded within a trans-disciplinary team.

Arvidson, 2010

## Foundations of Early Childhood 0-5 Mental Health

- Strengthens Families
- Builds Resiliency
- Take the whole child into account
  - Biology
  - Relationships
  - Development
  - Culture
  - Environment
- Works Across Domains to Promote Health Development

Arvidson, 2010

## What is the DC-03R

DC-03R most widely used and accepted multi-dimensional assessment for early childhood mental health

- DC-03 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood in Assessment and Treatment Planning) was originally published in 1995 by Zero To Three: National Center for Infants, Toddlers and Families, the world's largest infant/toddler/early childhood professional organization.
- Developed by world leading experts in early child development, family mental health, early attachment and early childhood mental health.

Arvidson, 2010

Assessment and diagnosis is an ongoing process a continuous effort to develop a better understanding of the child and family. Snapshot diagnosis based on limited information is misguided and carries potentially long-term negative consequences for the child and family.

We diagnose and classify problems...not individuals. We assess individuals, attempting to develop an understanding of their unique strengths and vulnerabilities, always with the end goal being informed and helpful intervention.

*The DC-03 Casebooks: A Guide to the Use of the Zero To Three's Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood in Assessment and Treatment Planning.*

Arvidson, 2010

Diagnosis is but one component of assessment. Diagnosis by itself means little, and without individualized assessment is of minimal benefit to the child and family.

So, why do we diagnose at all?

Identify similarities and common attributes to specific difficulties, so that children and families can benefit from the best .

Target Intervention to maximize benefit to the child and family.

Help children and families track and recognize progress.

Develop a self-reflective process (as practitioners and as a field) to constantly refine and improve intervention to better serve children and families.

Avidson, 2010

DC-03 was revised in 2005 to create the DC-03R (revised):

Account for new findings in the field

Recent evidence

Include pre-school years

Clarify and further develop the Parent-Infant Relationship Global Assessment Scale

Develop Checklists and Decision Trees for Assessment

Avidson, 2010

## Global use of the DC-03R

- Is in use globally and has been translated into 10 languages.
- Has been or is being adopted by over a dozen States (Alaska being the most recent) as a recognized tool for assessment and diagnosis in early childhood.
- Does not replace the APA's DSM-IVTR and World Health Organization's ICD-IX, but provides an alternative and more early childhood/family focused classification system

Avidson, 2010

“DC: 0-3 conceptualizes the diagnostic process as a continuous one, which permits deeper and deeper levels of understanding and modification of diagnostic conclusions as the clinician gains fuller awareness of the child and family. Any experienced infant/family professional regardless of discipline, will recognize the wisdom of this approach. Because complexity and continuous, rapid change are the very essence of early development, hurried judgments or overly reductionistic approaches to intervention are likely to be inadequate- often dangerously so. Unfortunately, clinicians today are under enormous pressure to reach conclusions too quickly, often on the basis of inadequate information.”

*Stanley Greenspan in, The DC: 03 Casebook: A Guide to the Use of the Zero To Three's Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood in Assessment and Treatment Planning.*

Avidson, 2010

“One source of pressure comes from efforts to contain costs in health, mental health, child development and social service settings by limiting the number of sessions or restricting the sources of information a clinician can use to learn about a child and family. A second source of pressure is conceptual, as clinicians trained in current orthodox theoretical frameworks tend to look only at presenting symptoms or biological indicators in diagnosing mental health and developmental disorders in infants and young children....to overlook an infant or young child's relationships, family patterns and complex interactive dynamics with the important people in his life during the assessment process is to risk the likelihood of serious misdiagnosis, with costly and potentially life-altering consequences. In contrast, a thoughtful assessment based on a strong alliance with parents and other key caregivers will not only lead to more appropriate treatment planning, but in some cases may also point to changes in the caregiving environment sufficient to restore the child's developmental momentum with a minimum of professional intervention.”

*Stanley Greenspan in, The DC: 03 Casebook: A Guide to the Use of the Zero To Three's Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood in Assessment and Treatment Planning.*

Avidson, 2010

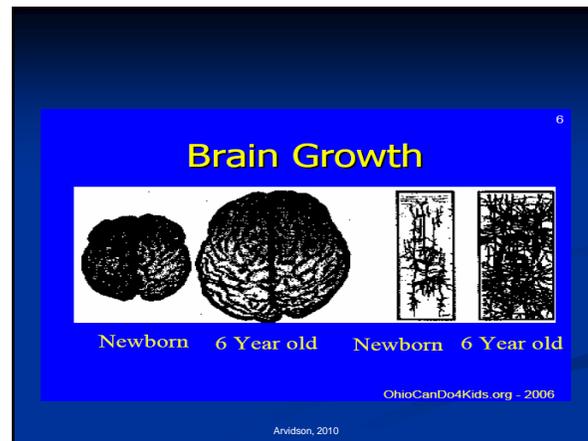
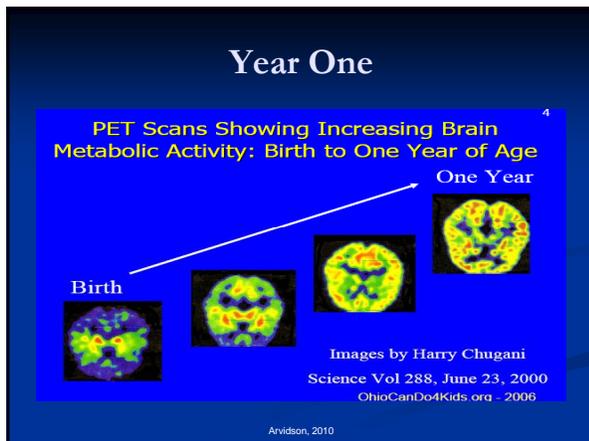
## Alaska and the DC-03R

Alaska has been considering the adoption of the DC-03 for nearly ten years, following in the footsteps of other states (Vermont, Maine, Michigan etc) all of which have adopted the DC-03 through the use of a DC-03/DSM/ICD cross walk.

Adoption of the DC-03 was recommended in the State's Early Childhood Comprehensive Systems Plan more than 5 years ago. This plan was developed by Alaskan parents, early interventionists, infant learning providers, psychologists, social workers, medical providers, teachers and others.

Avidson, 2010





## What is a crosswalk?

A crosswalk is a formal system that links diagnostic, billing and service codes. DC-03 crosswalks link DC-03 based assessments and diagnoses to DSM/ICD codes.

This links billing mechanisms to a assessment/diagnostic system that is designed for children and families.

It makes the system fit the children and families, not the other way around.

Avidson, 2010

- ## Why have leading States and programs adopted a crosswalk?
- Evidence-base and Best Practice
    - Most widely used and supported assessment system
    - Overwhelming evidence that suggests that an individual pathology-based approach to infant early child social emotional development and mental health is ineffective
    - Overwhelming evidence that supports assessment and ultimately intervention that engages parents and caregiving system (including teachers, service providers etc)
    - Evidence that first signs of social emotional and mental health problems can frequently be assessed and mitigated when identified and addressed in early childhood (American Academy of Sciences, 2009 report on Public Health Prevention.)
- Avidson, 2010

## Why was it Developed?

Widespread recognition that the existing diagnostic systems did not adequately address the needs of infants, toddlers and young children.

1. Relationships and Attachment
2. Development
3. Complex overlap of multiple domains (development/attachment/personality etc.)

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## Relationships and Attachment

Existing Diagnostic Systems

Focus on individual pathology

Do not draw appropriate attention to the importance of the infant/parent relationship as a primary mediator of development

Do not adequately understand the infant/toddler/young child in context (parent child relationship, family, community, culture)

Avidson, 2010

## Example of how DC-03R Shifts the Paradigm: Relationships and Attachment

- Foundation – Child/parent relationship and the family is of central importance
- Assessment – Relationship as assessment is one of the central DC-03 components (its own axis)
- Intervention – Allows for intervention targeting the child's relationships as a central intervention focus and component.

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## Principles of Assessment with Infants/Toddlers and Young Children

- Awareness that all infants and young children have individual differences in development, including motor, sensory, language, affective, and cognitive.
- Development occurs in the context of relationships; infants and young children develop in the context of relationships with parents, childcare, teachers and the family exists within the context of community and culture.

Avidson, 2010

## Assessment Process

- Assessment is an ongoing process, ideally being based on a minimum of 3-5 hours and includes:
- Interviewing the parent about the child's development
  - Interviewing caregivers (child care, teachers) and other caregivers.
  - Direct observation of the child
  - Direct observation of family functioning

*The DC: 03 Casbook: A Guide to the Use of the Zero To Three's Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood in Assessment and Treatment Planning.*

Avidson, 2010

## Domains of Assessment

Gaining information (through the above means) about the child's development and functioning in these areas:

- social-emotional
- relational
- cognitive
- language
- sensory
- motor abilities

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## This Initial Assessment Leads to Initial Ideas about:

- The child's strengths and weaknesses including overall adaptive capacities in comparison to developmentally expectations.
- Relative contribution of the child's competencies and difficulties in different areas (family relationships and interactions, interactive patterns, stress etc.)

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## Which leads to:

- Potential targets for intervention
  - Child's environment
  - Relationships
  - Developmental areas or competencies

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## DC-03R Structure

- Axis I Primary Diagnosis
- Axis II Relationship (child/primary caregiver relationship)
- Axis III Medical Conditions, Developmental Conditions
- Axis IV Psychosocial Stressors
- Axis V Functional Emotional Developmental Level

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## Axis I, Differential Diagnosis

- If there is a clear stressor that is significant and associated with the problematic behavior or emotions, consider PTSD.
- If a clear constitutionally based sensory, motor, processing or organizational or integration difficulty, consider Regulation Disorders of Sensory Processing.

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### Axis II: Relationship

1. Overall functional level of both the child and parent
2. Level of distress in the child and parent
3. Adaptive flexibility of the child and parent
4. Level of conflict and resolution between the child and the parent
5. Effect of the quality of the relationship on the child's developmental progress

Zero To Three (2005). Diagnostic classification of mental health and developmental disorders of infancy and early childhood.

Avidson, 2010

### Axis II: Relationship

- Highly Distressed Caregiving System
  - Parental substance abuse
  - Domestic violence
  - Primary caregiver vulnerabilities (own PTSD, economic stressors, periodic homelessness)

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### Axis II

Some sort of parent/family focused intervention?  
Supports for Daniel's mother?  
Mental health supports  
Medical care  
Advocacy, legal assistance  
Advocacy, child protection system  
Concrete assistance with tasks of daily living

Avidson, 2010

### Axis III: Medical and Developmental Conditions

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## Axis III

### General Medical Concerns

Enuresis – is it PTSD related or could it have a biological basis...or both?

FASD Evaluation

Sensory Processing Evaluation (Occupational Therapist, Speech and Language Pathologist)

General Pediatric Evaluation

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## Axis III

Comprehensive pediatric evaluation

Includes specific evaluation of enuresis

FASD evaluation and or rule-out

Thorough check-up

OT/SLP evaluation

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## Axis IV: Psychosocial Stressors

### ■ Three factors

- Severity of the stressor
- Developmental level of the infant or young child
- Availability and capacity of the adults in the caregiving environment to serve as a protective buffer.

Zero To Three (2005). Diagnostic classification of mental health and developmental disorders of infancy and early childhood.

Avidson, 2010

## Axis V: Emotional and Social Functioning: Functional Emotional Developmental Level

- Attention and regulation
- Forming relationships or mutual engagement
- Intentional two-way communication
- Complex gestures and problem solving
- Use of symbols to express thoughts and feelings
- Connecting symbols logically and abstract thinking

Zero To Three (2005). Diagnostic classification of mental health and developmental disorders of infancy and early childhood.

Avidson, 2010

## For each of these capacities, clinician may report

- 1. Functions at an age-appropriate level under all conditions and with a full range of affect states.
- 2. Functions at an age appropriate level, but is vulnerable to stress or with a constricted range of affect or both
- 3. Functions immaturely (i.e. has the capacity but not at an age-appropriate level).
- 4. Functions inconsistently or intermittently unless special structure or sensorimotor support is available.
- 5. Barely evidences the capacity, even with support.
- 6. Has not achieved this capacity.

Zero To Three (2005). Diagnostic classification of mental health and developmental disorders of infancy and early childhood.

Avidson, 2010