

SUMMARY OF DC: 0-3R

I. Introduction

- DC: 0-3 published in 1994 (birth through first four years of life)
- Revision proposed in 2003
 - Categories would not change unless there were strong empirical reasons to do so
 - Need for further specification/clarification based on clinical usage, clinical trials and research findings over past 10 years
 - Recognition of the clinical utility of DC: 0-3 well into the preschool age period
 - The Revision Task Force sought to incorporate findings from the American Academy of Child and Adolescent Psychiatry's independent work group that developed *Research Diagnostic Criteria—Preschool Age (RDC-PA)*.
 - The *RDC-PA* took *DSM-IV-TR* as its point of departure and then specified developmentally appropriate criteria for preschoolers; whereas, *DC: 0-3* and *DC: 0-3R* included classification categories that had not been covered in the *DSM* system.
 - The *RDC-PA* emphasized research criteria, whereas *DC: 0-3* and *DC: 0-3R* focus on clinical formulation and utility including the assessment of relationships and socio-emotional functioning.

A. Axial Framework of DC: 0-3R

- I Primary Diagnosis, if a diagnosis from ICD 10 or DSM-IV-TR applies, this is added here
- II Relationship Disorders
- III Information from other diagnostic frameworks and disciplines is added here—OT, PT, ST, Psychology test results
- IV Psychosocial Stressors
- V Social-Emotional Level
- VI Future: Family (history of mental health, structure/supports) and Cultural influences

B. Summary of Changes in DC: 0-3R

- **Gender Identity Disorder** is no longer included: Currently, there is no evidence for meaningful classification in the early years of life.
- The phrase “**Reactive attachment**” was removed from “Deprivation/Maltreatment Disorder of Infancy” since the original label led to confusion about qualitative features of attachment relationships. Specific criteria were added where none existed before.
- Renamed Traumatic Stress Disorder as **Posttraumatic Stress Disorder** to emphasize linkage to DSM-IV-TR. Specific criteria were added where none existed before.
- Regulatory Disorders were renamed “Regulation Disorders of **Sensory Processing**” to emphasize the central importance of sensory processing difficulties in these disorders.
- Specific Anxiety Disorder subtypes (i.e., Separation Anxiety, Specific Phobia, Social Anxiety, Generalized Anxiety) are included in “Anxiety Disorders of Infancy and Early Childhood.”
- “Major Depression” and “Depression NOS” were specified for “Depression of Infancy and Early Childhood.”
- Subtypes of Sleep and Eating Behavior Disorders were specified. “Sleep Behavior Disorders” are now only classified after 12 months of age.
- In reviewing research on “Disorders of Relating and Communicating,” the terminology of DSM-IV-TR (**Pervasive Developmental Disorders: Autism, Childhood Disintegrative, Asperger’s Rhett’s and PDD: NOS**) can now be meaningfully applied to children as young as 2 years of age. DC: 0-3R recommends the term “Multisystem Developmental Disorder” be restricted to children less than age 2 years.

C. DC: 0-3R Choosing a Primary Diagnosis (Axis I) 66-67

1. If there is a clear significant stress condition associated with the disordered behavior or emotions, consider Posttraumatic Stress Disorder as the primary diagnosis.

100 Posttraumatic Stress Disorder 15-17 19-21

- All 5 criteria must be met:
- Exposure to an event
 - Evidence of reexperiencing of the event
 - Numbing of responsiveness
 - Increased arousal
 - Symptoms at least 1 month

2. If the child has lost primary caregiver and symptoms meet criteria give Bereavement Disorder precedence as the primary diagnosis above other diagnostic classifications.

210 Prolonged Bereavement/Grief Reaction 19-20 24

- All 3 criteria must be met:
- 3 of 8 symptoms
 - Change in child’s functioning occurs subsequent to loss
 - Symptoms for most of the day, more days than not, at least 2 weeks

3. If there is a clear constitutionally or individually based sensory, motor processing ...difficulty associated with observed maladaptive behavioral and/or emotional patterns, then Regulatory Disorders of Sensory Processing should be considered.

Regulatory Disorders of Sensory Processing 34

There are two ways that an individual can react to their wiring: “accept it” or “act to regulate it” to feel organized

Subtypes

411 Hypersensitive: Fearful/Cautious 30-32 34-35
 Kagan—Shy/Inhibited Children
 “Go with the flow of one’s wiring”

412 Hypersensitive: Negative Defiant 32 35
 Child regulates /controls the sensory input

		Pages in DC: 0-3R	Pages in DC: 0-3
420	Hyposensitive/ Underresponsive * "Accept it" / "Go with the flow"	32-33	36-37
430	Sensory Stimulation-Seeking/Impulsive* Sensory seeker Individual increases sensory input	33-34	37-38

* One could also think of 420 & 430 as a dichotomous: similar to 411 & 412

4. If the presenting problems are mild, less than 4 months duration and associated with a clear environmental event, then Adjustment Disorder should be considered.

300	Adjustment Disorder	28	30-31
------------	----------------------------	----	-------

All 4 criteria must be met:

- Must be an environmental stressor (pp. 56-59)
- Change in affect/behavior occurs within 1 month
- Not PTSD, Disorder of Affect or Communication
- Symptoms greater than 2 weeks

5. Without a clear constitutionally or individually based vulnerability or a severe or significant stress or trauma when the problem is not mild, of short duration, or associated with a clear event, then consider the categories under Disorders of Affect.

<u>Anxiety</u>	20-21	45-56
-----------------------	-------	-------

All 5 criteria must be met:

- Causes distress or avoidance activities
- Pervasive (settings and relationships)
- Uncontrollable at least some of the time
- Impairs function or expected development
- Persists

221	Separation Anxiety Disorder	21-23
------------	------------------------------------	-------

All 5 criteria must be met:

- 3 or more of 7 symptoms
- Distress
- Impairment
- Not due to PDD
- At least 1 month

	Pages in DC: 0-3R	Pages in DC: 0-3
222 Specific Phobia	23	
All 6 criteria must be met:		
<ul style="list-style-type: none"> • Anticipation evokes excessive, unreasonable and persistent fear • Avoidance or intense fear if unavoidable situation • Impairment • Not better accounted for by OCD, PTSD, SAD or Social Phobia • At least 6 months 		
223 Social Anxiety Disorder (Social Phobia)	23-24	
All 6 criteria must be met:		
<ul style="list-style-type: none"> • Fear with both peers and adults involving social or performance situations, exposure to unfamiliar people • Exposure leads to symptoms • Avoidance or intense fear if unavoidable situation • Impairment • Not better accounted for by PDD, SAD or Simple Phobia • At least 4 months 		
224 Generalized Anxiety Disorder	24-25	
All 7 criteria must be met:		
<ul style="list-style-type: none"> • Anxiety or worry more days than not, for at least 6 months • Difficult to control • Pervasive (2 or more settings, 2 or more relationships) • 1 or more of 6 symptoms • Not better accounted for by OCD, PTSD, SAD, or Social Phobia • Impairment • Not due to PDD or direct effect of a substance (e.g., asthma medication, steroid) 		
225 Anxiety Disorder NOS	25	

	Pages in DC: 0-3R	Pages in DC: 0-3
<u>Depression of Infancy/Childhood</u>	25-26	25
<p>Must include all 5 general characteristics:</p> <ul style="list-style-type: none"> • Disturbed affect is a change from baseline • Mood is persistent and at least some of the time, uncoupled from sad experiences (Most of the day, more days than not) • Symptoms pervasive • Impairment • Not due to general medical condition (e.g., hypothyroid) or direct effect of a medicine or toxin 		
231 Type I: Major Depression	26	
<p>Must include 5 of the following 9 symptoms, Most of the day, more days than not, for at least 2 weeks and must include 1 of the first 2 symptoms:</p> <ul style="list-style-type: none"> • Depressed or irritable mood (direct expression or observation) • Diminished pleasure/interest • Significant weight loss or gain (e.g., change in more than 5% of body weight in one month) or significant decrease or increase in appetite or failure to make expected weight gain • Insomnia or hypersomnia • Psychomotor agitation or retardation • Fatigue or loss of energy • Feelings of worthlessness or inappropriate guilt in play or in the child's direct expression • Diminished ability to think or concentrate • Recurrent allusions to or themes of death or suicide or attempts at self-harm. 		
232 Type II: Depressive Disorder NOS	27	
<p>Must include 3-4 of the above 9 symptoms for 231, Minimum of at least 2 weeks and must include 1 of the first 2 symptoms for 231</p>		
240 Mixed Disorder of Emotional Expressiveness	27-28	25-26

6. Disorders of Communication and Social Relatedness are extreme and distinct enough to be recognizable in their own right. They usually involve chronic patterns of maladaptation and multiple areas of delay and take precedence over Regulatory Disorders and PTSD.

		Pages in DC: 0-3R	Pages in DC: 0-3
710	Multisystem Developmental Disorder (MSDD)	39-40	40-43, 70-73

Four areas of difficulty that may change as development progresses:

- Relatedness
- Communication
- Affect
- Sensory Processing

There may be utility in retaining MSDD for children (birth to age 2 years), whereas one should use DSM-IV-TR terminology for children 2 years and older (*i.e.*, **Pervasive Developmental Disorders: Autism, Childhood Disintegrative Disorder, Asperger's Disorder, Rhett's Disorder and PDD: NOS**)

7. If the child's only difficulty involves a caring or parental relationship and there are no symptoms independent of that relationship use Axis II: Relationship Classification, rather than Axis I: Clinical Disorders....

D.	Relationship Classification (Axis II)	41-46	46-56
-----------	--	-------	-------

Consider for both the child and caregiver:

- Overall functional level
- Level of distress
- Adaptive flexibility
- Level of conflict resolution

Consider effect on child's developmental level

8. When child experiences difficulty only in a certain situation or in relation to a particular person, consider Adjustment Disorder or Relationship Disorder

9. Reserve Deprivation/Maltreatment to describe seriously inadequate physical, psychological, and emotional care. Use Axis II: Relationship Classification for concerns about a caregiver relationship.

150	Deprivation/Maltreatment Disorder	17-19	28-29
------------	--	-------	-------

Must rule out PDD

Axis II should be used to evaluate current caregiving relationships for a child who has experienced deprivation or maltreatment and record psychosocial/environmental stressors under Axis IV.

	Pages in DC: 0-3R	Pages in DC: 0-3
150 Deprivation/Maltreatment Disorder	17-19	29-30
Three Behavioral Patterns		
1. Emotionally Withdrawn or Inhibited	18	
Must include 3 of the following 4 behaviors		
<ul style="list-style-type: none"> • Rarely/minimally seeks comfort • Minimal response to comfort to decrease stress • Limited positive affect, increased fear, irritability, sadness • Reduced or absent social and emotional reciprocity 		
2. Indiscriminate or Disinhibited	18	
Must include 2 of the following behaviors:		
<ul style="list-style-type: none"> • Overly familiar behaviors • Failure to check back, even in unfamiliar settings • with adult caregivers • Willingness to go off with an unfamiliar adult 		
3. Mixed Deprivation/Maltreatment Disorder	18	
Must include two or more criteria from both Inhibited and Disinhibited		
10. Assess the underlying basis for feeding and sleep behavior disorders ...related to physical problems or represent temporary reactions to stressful changes.		
<u>Sleeping</u>		38
510 Sleep-Onset Disorder	35	
Must have all 3:		
<ul style="list-style-type: none"> • Onset age 12 months or older • Duration of at least 4 weeks • 5-7 times/week 		
520 Night-Waking Disorder	35	
Must have all 3:		
<ul style="list-style-type: none"> • Onset age 12 months or older • Duration of at least 4 weeks • 5-7 times/week 		

	Pages in DC: 0-3R	Pages in DC: 0-3
<u>Eating/Feeding</u>	35-36	39
601 Feeding Disorder of State Regulation	36	
Must have all 3 criteria:		
• Difficulty reaching/maintaining calm state		
• Feeding difficulties start as a newborn		
• Infant fails to lose weight or loses weight		
602 Feeding Disorder of Caregiver-Infant Reciprocity	36	
Must have all 3 criteria:		
• Infant/child does not display developmentally appropriate signs of social reciprocity		
• Infant/child significant growth deficiency		
• Growth deficiency or lack of relatedness not due to a physical disorder or PDD		
603 Infantile Anorexia	36	
Must have all 6 criteria:		
• Refuses to eat for 1 month		
• Onset before age 3 years		
• Infant/child doesn't communicate hunger and lacks		
• Interest in food; strong interest in exploration		
• interaction with caregiver		
• Significant growth deficiency		
• Food refusal doesn't follow a traumatic event		
• Food refusal not due to underlying medical illness		
604 Sensory Food Aversions	37	
Must have all 4 criteria:		
• Refuses to eat foods with specific tastes/textures and smells		
• Onset with introduction of a novel food		
• Eats without difficulty when offered preferred foods		
• Food refusal causes specific nutritional deficiencies or delay of oral motor development		
605 Feeding Disorder Associated with Concurrent Medical Condition	37	
Must have all 4 criteria:		
• Infant/child readily initiates feeding, but shows distress over the course of feeding and stops		
• Concurrent medical condition judged by clinician as the cause		

- Medical management improves but does not fully alleviate the feeding problem
- Child fails to gain weight or may even lose weight

606 Feeding Disorder Associated with Insults to the Gastrointestinal Tract 37-38

Must have all 4 criteria:

- Food refusal follows a major aversive event (e.g, choking)
- One of the following patterns:
 - Refuses liquids from bottle, takes food by spoon
 - Refuses solids, takes liquids from bottle
 - Refuses all oral feedings
- Reminders of traumatic event causes distress
- Food refusal poses acute or long-term threat to child's nutrition

800 Other Disorders (ICD 10 or DSM-IV-TR) 40

Examples:

- OCD**
- ADHD**
- PDD: All Subtypes**

2. Relationship Disorders (Axis II) 41-46

Parent-Infant Relationship Global Assessment Scale 43-45 67-69
 A continuum that ranges from Well Adapted (91-100) to Documented Maltreatment (1-10)

Relationship Problems Checklist 46

Subtypes

Each is described by:

- Characteristic behaviors
- Affective tone
- Psychological Involvement

Overinvolved	Overprotectiveness/High control	46-47	49
Underinvolved	Neglectful	47-48	50-51
Anxious/Tense	Vulnerable Child Syndrome Perceived Child Vulnerability	48-49	51-52

	Pages in DC: 0-3R	Pages in DC: 0-3
Angry/Hostile	49-50	52-53
Verbally Abusive	50-51	54
Physically Abusive	51	54-55
Sexually Abusive	51-52	55-56

3. Medical and Developmental Disorders and Conditions (Axis III)

53

57

Contributions from other Disciplines (e.g., OT, PT, ST, etc.)

4. Psychosocial Stressors (Axis IV)

55-59

58-60

5. Social-Emotional Level (Axis V) *

61-64

61-66

<u>Age</u>	<u>Skill</u>	<u>Pneumonic</u> *
Birth to 3 mos	Regulation	<u>A</u> ttention
3 to 6 mos	Mutual Engagement	<u>C</u> lose to
4 to 10 mos	2-Way Intentional Non-verbal Communication	<u>G</u> estural
10-18 mos	Complex gestures & problem solving using Motor skills & words	<u>V</u> oiced her
18 to 30 mos	Use of symbols to express thoughts/feelings Pretend play	<u>F</u> eelings because of
30 to 48 mos	Connecting symbols logically & abstract thought across time and space (To Anticipate)	<u>C</u> onsequences

* “A Clever Girl Voiced her Feelings because of the Consequences”

6. Proposed for the Future (Axis VI)

14

Family history of mental health
Family structure/supports
Cultural influences