



UNDERSTANDING YOUNG CHILDREN'S MENTAL HEALTH

Introduction to the DC 0-5

Diagnostic Classification of Mental Health Disorders of
Infancy and Early Childhood

Part One

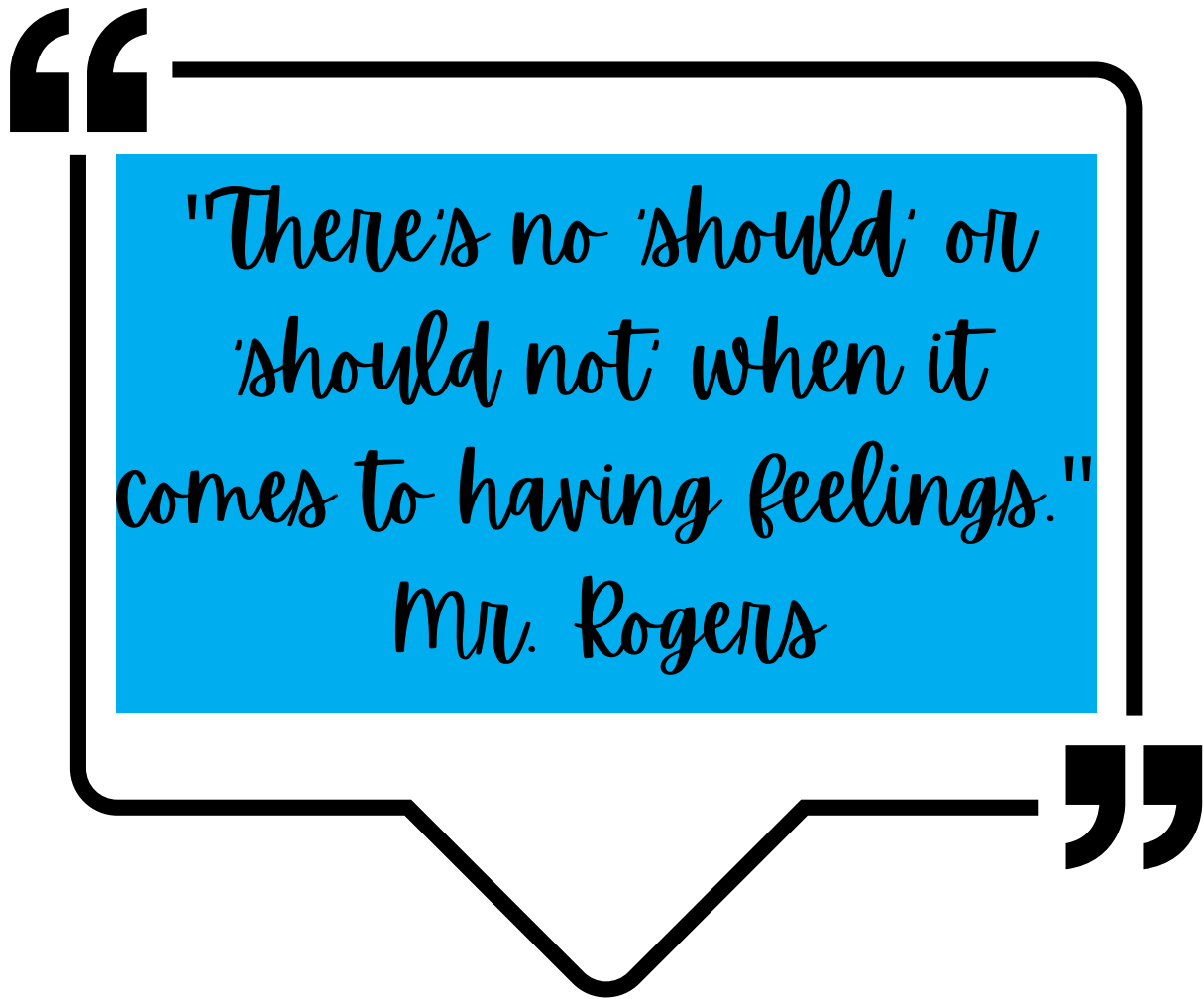
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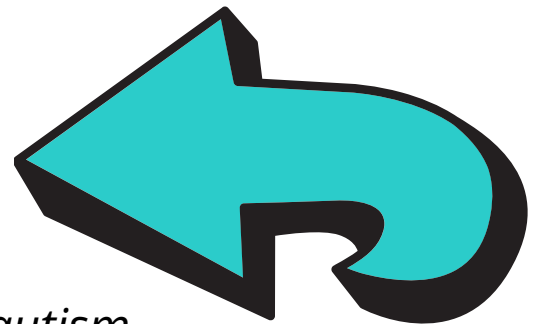
Introduction



Mental health problems can and do occur in young children.

Even very young children can show clear characteristics of:

- *anxiety*
- *attention-deficit/hyperactivity disorder*
- *conduct problems*
- *depression*
- *posttraumatic stress disorder*
- *neurodevelopmental disabilities such as autism*



Children respond to and process emotional experiences and traumatic events differently than adults and older children.



Some symptoms of mental health issues can be traced back to infancy. While difficult to diagnose in babies, there can be signs of depression, anxiety, and stress. When it comes to dealing with mental illness...

**the earlier the intervention and treatment,
the better the prognosis.**

Both nurture and nature can play a significant role in the development of mental health issues. Nature refers to the hereditary factors or the genes of a child. These can include a child's physical appearance and the basis of a child's personality.

On the other hand, nurture refers to environmental factors that can impact the personality traits such as childhood experiences, how and where the child is raised, relationships, economic status, culture, etc.



What is one way that NATURE can influence the mental health of a young child? _____

What is one way that NURTURE can influence the mental health of a young child? _____

Name a mental health issue that can be hereditary? _____

Name an environmental factor which influences the behavior of the children in your care. _____



Children with mental health issues frequently have difficulty with basic, but extremely important aspects of their life. All areas of development are impacted when children are not able to connect with others, react appropriately to their environment, feel safe, or get basic needs met.

The following are key characteristics of children who may be at risk for developing mental health issues:

Lack of attachment or connection

Over-reactive/under-reactive to stimuli

Parents/caregivers who were abused or have mental illness/substance use

Violent or unsupportive environment

Sleep/food issues

Regression or disintegration of skills

- Infants and toddlers have the capacity to experience peaks of joy and elation as well as depths of grief, sadness, hopelessness, and intense anger and rage.
- Mental health problems for infants and toddlers might be reflected in physical symptoms such as **poor weight gain or slow growth, delayed development, inconsolable crying, sleep problems, aggressive behavior, and paralyzing fear.**
- Symptoms of depression, anxiety, post-traumatic stress disorder, autism, and other mental health disorders can begin to manifest in infancy and toddlerhood.

DC:0-5: Diagnostic Assessment for Young Children



The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5) is an age-appropriate approach for assessing infants, toddlers and preschool children.

This tool classifies mental health and developmental disorders in children from birth through five years old considered in relationship to their families, culture and communities.

DC: 0-5 also can help to establish whether a child qualifies for early childhood intervention services - Help Me Grow. Since children go through different developmental stages and life experiences, it is necessary to periodically reassess diagnoses.

This workshop is for informational purposes only and is not intended to be used in the diagnosing of mental health disorders.

DC:0-5: Diagnostic Assessment for Young Children

DC:0–5 uses a multiaxial classification system which helps the clinician considers the MANY factors that may be contributing to the difficulties of the infant/young child.

Since all areas of the child's life and development need to be considered prior to diagnosing, Axis 1 will be briefly described here, but addressed last.

Axis I: Clinical Disorders

Axis II: Relational Context

Axis III: Physical Health Conditions and Considerations

Axis IV: Psychosocial Stressors

Axis V: Developmental Competence

Axis 1: Clinical Disorders

1. Neurodevelopmental Disorders
2. Sensory Processing Disorder
3. Anxiety Disorders
4. Mood Disorders
5. Obsessive Compulsive Disorders
6. Sleep, Eating, and Crying Disorders
7. Trauma, Stress and Deprivation Disorders
8. Relationship Disorders



Axis 2 :Relational Context

Because of the importance of the caregiving relationships for development and health of very young children, the relationships between child and caregivers **MUST** be considered in every assessment of infants/young children.

This Axis has two parts:

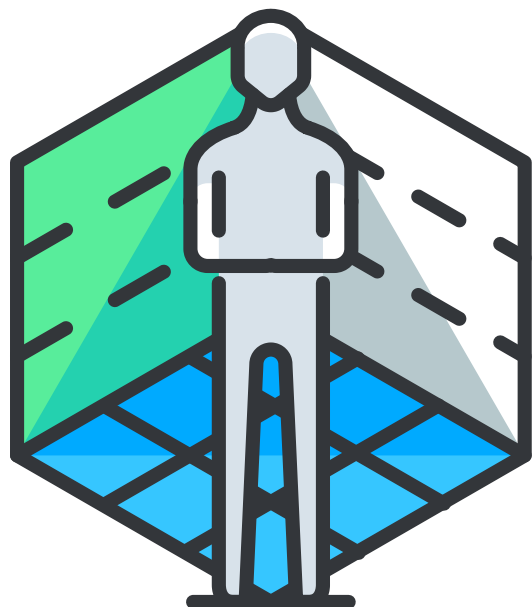
Part A-Dimensions of Caregiving which considers the basic caregiving functions on the part of the caregiver and the child.

Part B- Dimension of the Caregiving Environment which looks at the environment in which the relationship occurs.

Both Part A and Part B are rated based on the contribution to the quality of the relationship.

The options for rating include:

1. **Strength**
2. **Not a concern**
3. **Concern**



Axis 2 :Relational Context

Part A-Dimensions of Caregiving

Caregiving Dimension	Contribution to Relationship Quality		
	<i>Strength</i>	<i>Not a concern</i>	<i>Concern</i>
Ensuring physical safety			
Providing for basic needs (e.g., food, hygiene, clothing, housing, health care)			
Conveying psychological commitment to and emotional investment in the infant/young child			
Establishing structure and routines			
Recognizing and responding to the infant's/young child's emotional needs and signals			
Providing comfort for distress			
Teaching and social stimulation			
Socializing			
Disciplining			
Engaging in play and enjoyable activities			
Showing interest in the infant's/young child's individual experiences and perspectives			
Demonstrating reflective capacity regarding the infant's/young child's developmental trajectory			
Incorporating the infant's/young child's point of view in developmentally appropriate ways			
Tolerating ambivalent feelings in the caregiver–infant/young child relationship			



Axis 2 :Relational Context

Part A-Dimensions of Caregiving (Child Characteristics)

Child Characteristics	Contribution to Relationship Quality		
	<i>Strength</i>	<i>Not a concern</i>	<i>Concern</i>
Temperamental dispositions			
Sensory profile			
Physical appearance			
Physical health (from Axis III)			
Developmental status (from Axes I and V)			
Mental health (from Axis I)			
Learning style			

When determining the quality of the caregiving, it is important to look at the following characteristics:

- (1) the caregiver is consistently emotionally available
- (2) the caregiver knows and values the infant/young child as a unique individual
- (3) the caregiver is comfortably and competently in charge of raising the infant/ young child.



What do you consider to be crucial to the development of a strong caregiving relationship?_____

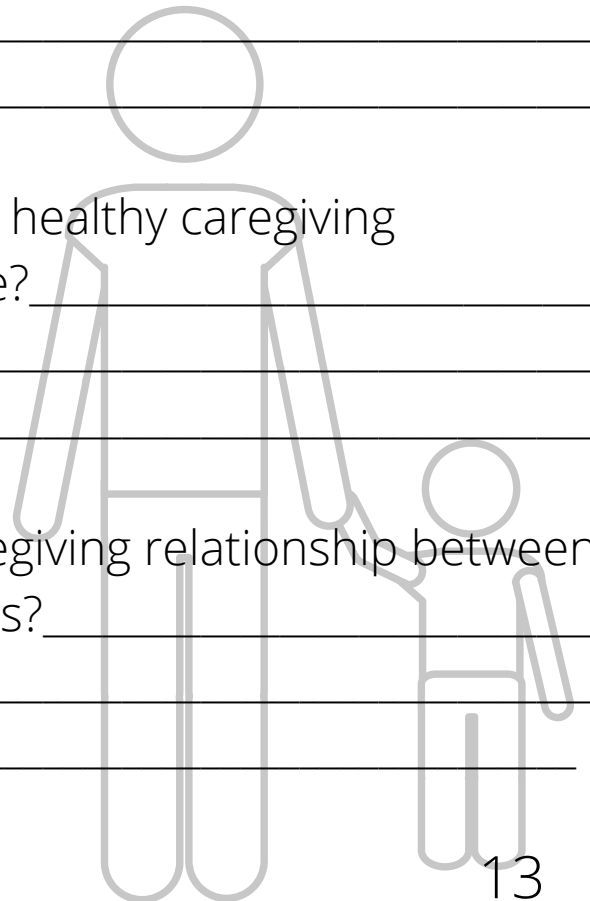
Who helped you feel safe, loved and accepted when you were a child? What are the qualities or habits of the person that help you feel this way?_____

Optional:

Did you ever have someone who made you feel unsafe, unloved or rejected as a child? If so, please describe what made you feel that way._____

What are things you can do to promote a healthy caregiving relationship with the children in your care?_____

What can you do to promote healthy caregiving relationship between the children in your care and their families?_____



Axis 2 :Levels of Adaptive Functioning

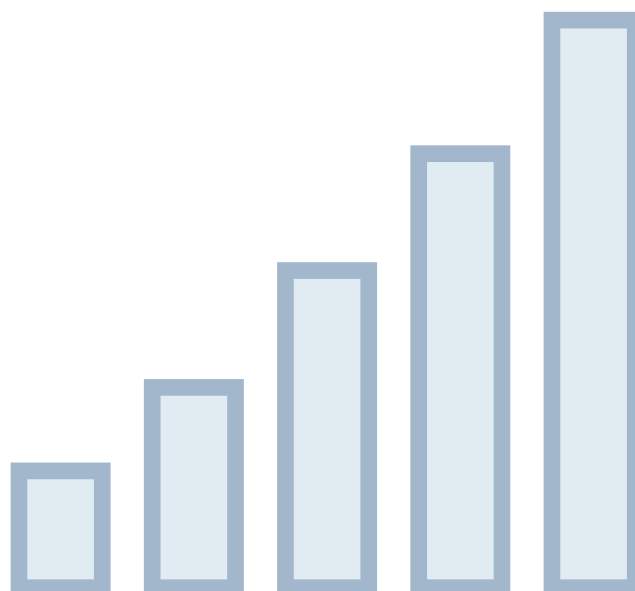
The relationships are then put into Levels of Adaptive Functioning

Level 1: Well-Adapted to Good-Enough Relationships describes relationships that are not of clinical concern. This level covers a broad range of relationships, from those that are functioning adequately for both partners on the caregiving dimensions to those that are exemplary.

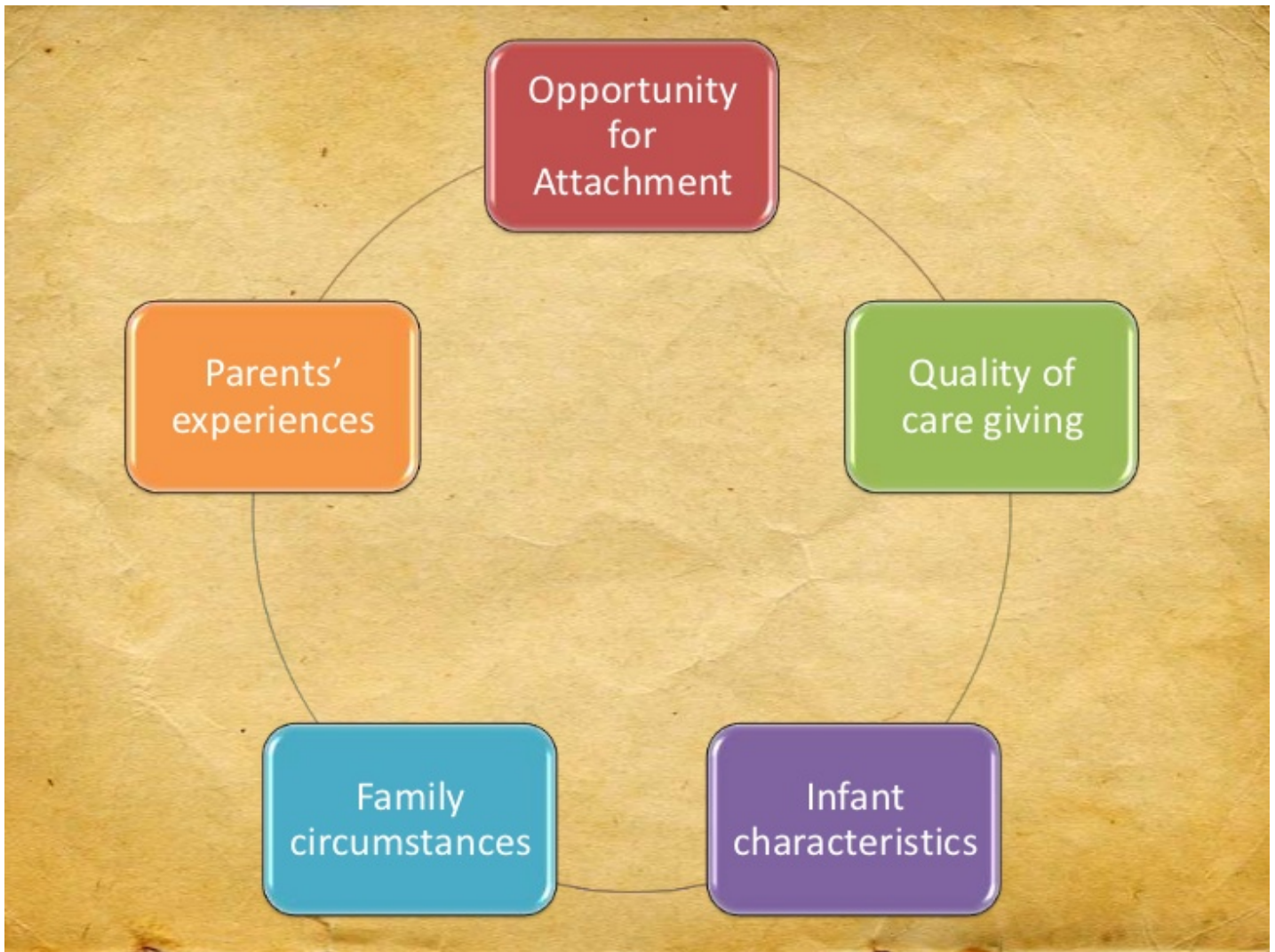
Level 2: Strained to Concerning Relationships means that careful monitoring (at least) is definitely indicated, and intervention may be required.

Level 3: Compromised to Disturbed Relationships indicates the relationship disturbance is clearly in the clinical range and intervention is indicated.

Level 4: Disordered to Dangerous Relationships means intervention is not only required but is urgently needed because of the severity of the relationship impairment.

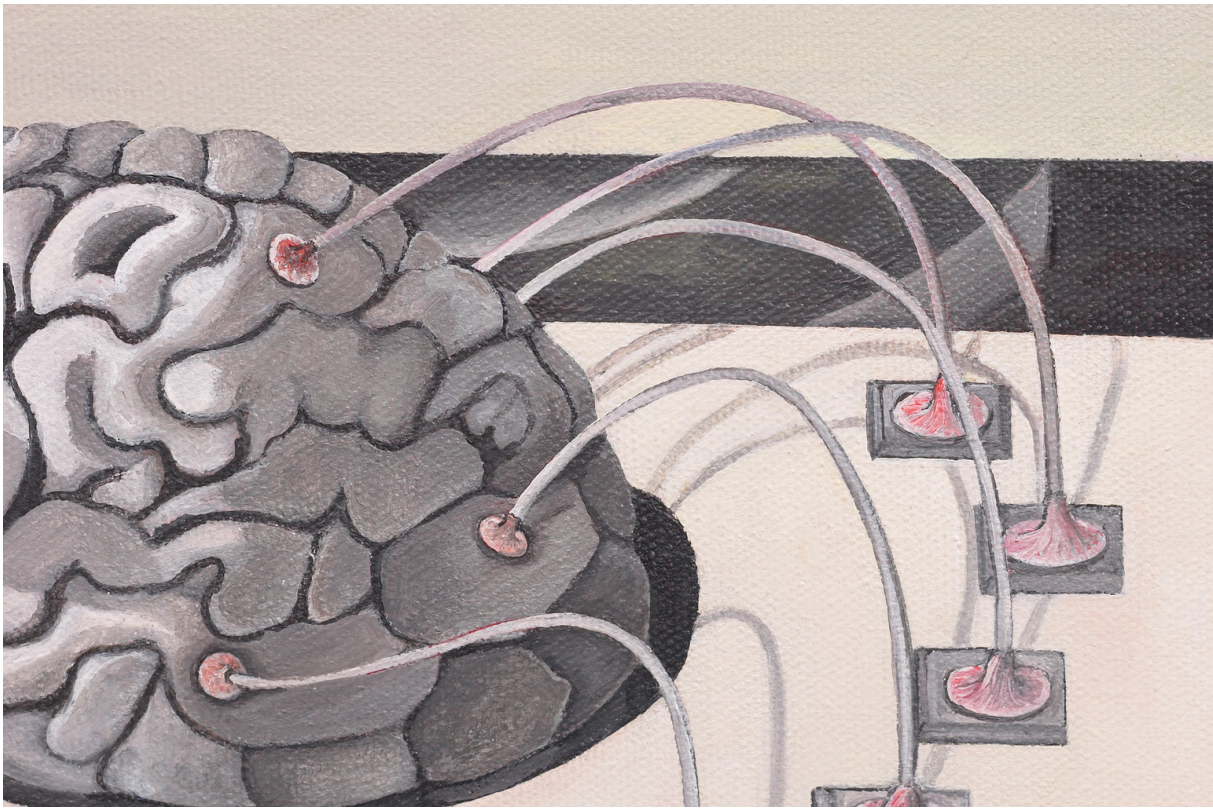


The Importance of Attachment



One of the most important aspects in the Relational Context is attachment. Attachment is the emotional bond between individuals that begins during the early years of life. For very young children, their development occurs in relationships with those around them. These relationships are important because it teaches children about themselves, others and the world.

These relationships allow children to build their capacities to love, to feel, to develop a sense of self, and to adapt to the environment. For example, children whose parents are loving, consistent and responsive learn that they are lovable and that others can be relied upon.



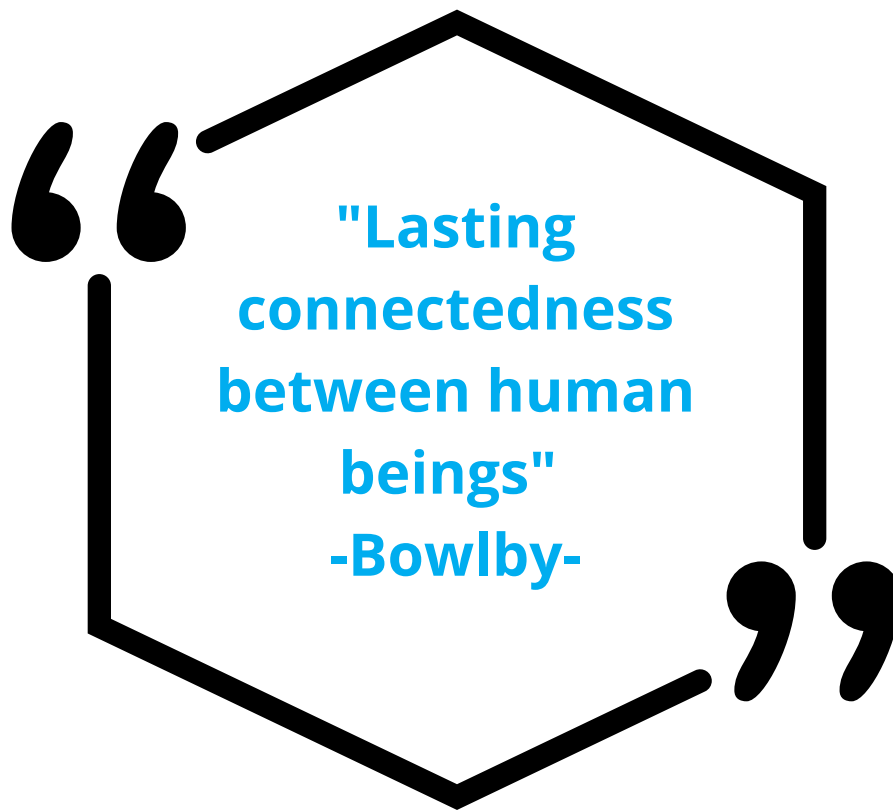
Attachment (or bonding) to parents or other caregivers is the first step in helping infants feel safe, loved and protected.

Attachments may never develop or be disrupted under certain conditions including:

- **Neglect or abuse**
- **A caregiver being emotionally distant possibly due to depression, illness or trauma**
- **Lack of consistent caregivers or moving from caregiver to caregiver**
- **Being separated from caregivers**

Children who have attachment issues are often diagnosed with ADHD or autism. It may appear that they do not like to be touched, do not smile/make eye contact, are withdrawn or are difficult to soothe

Attachment can be defined as a profound and lasting emotional bond between two people in which a sense of security and safety develops.



- Attachment can be one sided. One of the people involved may have an attachment to an individual that does not feel the same way.
- Children often have observable behaviors that indicate attachment such as wanting to be close to the person and even crying or protesting when the proximity is challenged.
- For adults, attachment with a child can also be observable. It can include responding sensitively and appropriately to the child's needs.
- These indicators of attachment can be found across time and culture.
- Attachment theory explains how the parent-child relationship emerges and influences subsequent development.



Attachment can be a beautiful thing!!!

What does this interrupt?

What could be the cause?

Why is it important?

Does it matter...

what kind of car?

where they were going?

if the car is in working order?



The Importance of Attachment



If this situation happened to you...

How would you feel? _____

What would it change about your journey? _____

How would impact the others around you? _____

What happens when you start to drive again? Will you be nervous?
Will you just get out on the road and stomp on the gas? _____

How can you relate this situation to a child's attachment? _____

How would you describe how your attachments developed? _____

What are things that you have done, experienced or witnessed that demonstrate attachment? (Eye contact, shared jokes, gentle touches, etc.)

The first smile, giggle, coo, and the first time infants make eye contact signals the beginning of the process of learning socialization. These behaviors are how babies form meaningful connections with others.

When a caregiver responds and positively to these behaviors, a baby will continue to thrive by gaining confidence and security while learning to respond and adapt accordingly to the world around them.



Eye contact is an important milestone for infants. When an infant makes eye contact with a caregiver, the interactions become mutual allowing for more back and forth engagement. It also happens to be one of the earliest forms of human communication and lays the foundation for developing long-lasting relationships with others.

Lack of eye contact can be an early warning sign of autism or other mental health issue.

How attachment is measured: In a study by Rudolph Schaffer and Peggy Emerson (1964) attachment was measured by three criteria:



- Stranger Anxiety - response to arrival of a stranger
- Separation Anxiety - distress level when separated from caregiver, degree of comfort needed on return
- Social Referencing - degree that child looks at caregiver to check how they should respond to something new (secure base).

It was discovered that baby's attachments develop in the following sequence:

Asocial (0 - 6 weeks) Very young infants are asocial in that many kinds of stimuli, both social and non-social, produce a favorable reaction, such as a smile.

Indiscriminate Attachments

(6 weeks to 7 months) Infants indiscriminately enjoy human company, and most babies respond equally to any caregiver. They get upset when an individual ceases to interact with them. From 3 months, infants smile more at familiar faces and can be easily comforted by a regular caregiver.




Specific Attachment (7 - 9 months) Special preference for a single attachment figure. The baby looks to particular people for security, comfort, and protection. It shows fear of strangers (stranger fear) and unhappiness when separated from a special person (separation anxiety). Some babies show stranger fear and separation anxiety much more frequently and intensely than others, nevertheless, they are seen as evidence that the baby has formed an attachment. This has usually developed by one year of age.

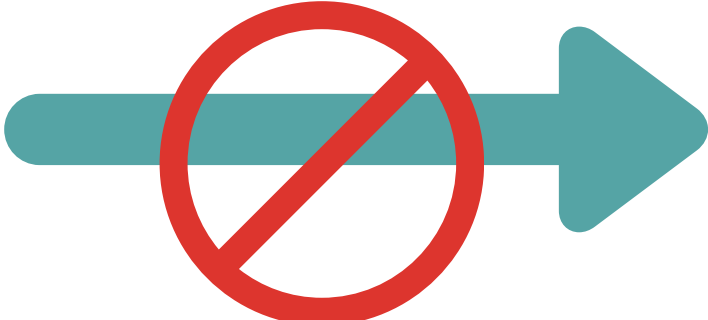
Multiple Attachment (10 months and onwards) The baby becomes increasingly independent and forms several attachments. By 18 months the majority of infants have formed multiple attachments.

The results of the study indicate:

Attachments are formed by the

 **Quality**

of the interactions not the

 **Quantity.**

Attachments begin with the primary caregiver develop during the first 18 months or so of the child’s life.

Behaviors such as crying and clinging are usually directed at one or a few caregivers and by 7- 8 months old, you can usually see a child begin to get upset when the primary caregiver (s) leave.

What has been your experience with young children when a primary caregiver leaves? How has the child responded? _____

What difference does the child's age make on how the child respond? _____

What else could influence the response of a child to a caregiver leaving the room? _____

Think about the influence of:

- Abuse
- Neglect
- Moving
- Family Stressors
- Caregiver with an illness
- Parenting Style
- Development of the child
- Child with Health Issues
- Child Temperament
- Substance Use
- Culture

There are many things that influence a child's behaviors, but knowing the impact of attachment style can help caregivers meet the needs of the child and know how best to help the child regulate.

- **Secure Attachment:**

- More likely to see others as being helpful and supportive
- Can view themselves as competent and worthy of respect
- Can relate positively to others and display resilience
- Engage in complex play
- Are more successful in the classroom and in interactions with other children
- Are better at taking the perspectives of others and have more trust in others



- **Anxious-Avoidant Attachment:**

- Generally less effective in managing stressful situations
- Are likely to withdraw and resist seeking help
- Have difficulty forming satisfying relationships with others
- Show more aggression and antisocial behavior, like lying and bullying
- Tend to distance themselves from others to reduce emotional stress



- **Anxious-Resistant Attachment:**

- Opposite end of the spectrum from anxious-avoidant children
- lack self-confidence and stick close to their primary caregivers
- May display exaggerated emotional reactions
- Keep their distance from their peers, leading to social isolation.



- **Disorganized Attachment:**

- Usually fail to develop an organized strategy for coping with separation distress
- Tend to display aggression, disruptive behaviors, and social isolation
- More likely to see others as threats than sources of support
- May switch between social withdrawal and defensively aggressive behavior





How did you feel watching the "Still Face" video? _____

Name ways that the baby tried to get the mother's attention.____

What do you think would happen to a baby whose caregiver who rarely made eye contact? _____

What are the differences between a child who has an "easy going" personality versus needing an assessment for a possible mental health issue? _____

What possible mental health concerns would you have for the mother and the child? _____



In the next section, develop a plan to:
A. Learn more about one of these areas
B. Do more about one of these areas
C. Share more about one of these areas

Learn more

Do more

Share more

Opportunities for Attachment

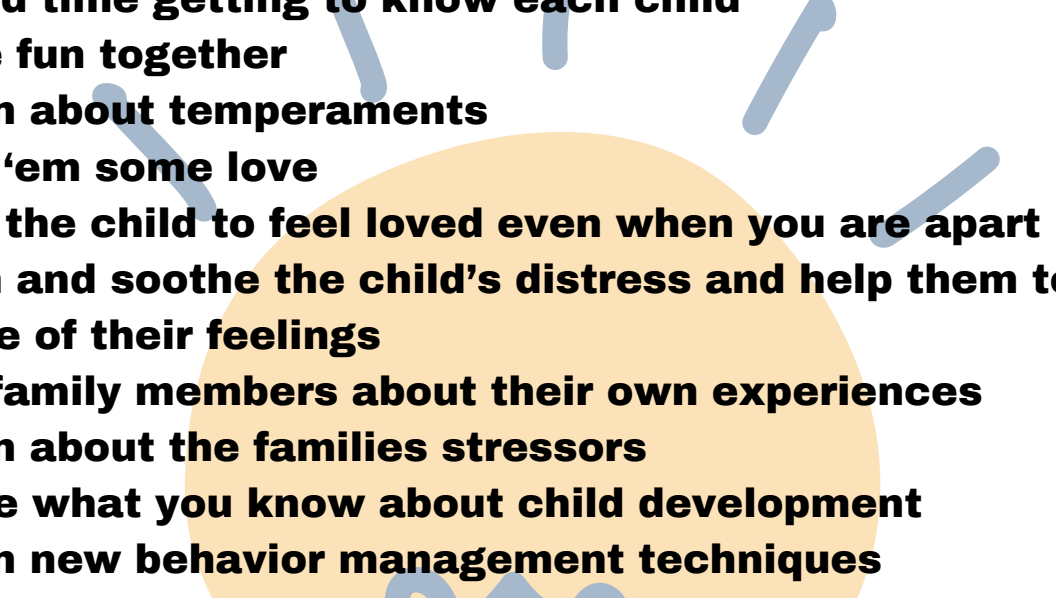
Parents' Experiences

Family Circumstances

Infant Characteristics

Quality of Caregiving

IDEAS TO TRY:

- 
- **Structure and consistency**
 - **Spend time getting to know each child**
 - **Have fun together**
 - **Learn about temperaments**
 - **Give ‘em some love**
 - **Help the child to feel loved even when you are apart**
 - **Calm and soothe the child’s distress and help them to make sense of their feelings**
 - **Ask family members about their own experiences**
 - **Learn about the families stressors**
 - **Share what you know about child development**
 - **Learn new behavior management techniques**
 - **Have family nights**
 - **Provide structure when needed**

Pick two that you will try for the next 30 days.

1. _____

2. _____



Conclusion

Thank you for your interest in the mental health of young children. I hope that this information will inspire you to

Learn more

Do more

Share more.



Resources

DC:0-5: Diagnostic Classification on Mental Health and Developmental Disorders of Infancy and Early Childhood. Zero to Three, 2016.

<https://www.pacer.org/ec/early-development/when-parents-should-be-concerned-about-behavior.asp>

<https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Basics>

<https://www.verywellfamily.com/normal-and-abnormal-behavior-warning-signs-1094839>

<https://www.pacer.org/cmh/learning-center/does-my-child-have-an-emotional-or-behavioral-disorder.asp>

Family Therapy for children with Behavioral Disorders (kidsmentalhealth.org)

https://www.rch.org.au/kidsinfo/fact_sheets/Mentalhealthinfantsandchildren/#signs-and-symptoms

Development regression in young kids - what it is and when to be concerned (babyology.com.au)

<https://pathways.org/all-ages/checklists/>

<https://childdevelopment.com.au/areas-of-concern/what-is-child-development/#:~:text=Child%20development%20covers%20the%20full%20scope%20of%20skills,gross%20motor%20%28whole%20body%29%20skills%20More%20items...%20>

<https://www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/mental-illness-in-children/art-20046577>

<https://developingchild.harvard.edu/science/deep-dives/mental-health/>

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