ZERO TO THREE
Early connections last a lifetime

Advancing DC:0–5 Policy and Practice Within Systems of Care

What Is DC:0–5?

DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0–5)[i] is a system for classification of mental health and developmental disorders for infants and toddlers. DC:0–5 was published in December 2016. It revised and updated DC:0–3R by expanding the age range to include children 3 years through 5 years old, extending criteria to younger ages, including a diagnostic algorithm for each disorder, requiring distress and functional impairment, including cultural context, and including all disorders relevant for infants/young children. Several new disorders are introduced including Relationship Specific Disorder of Early Childhood, Disorder of Dysregulated Anger and Aggression of Early Childhood, and Early Atypical Autism Spectrum Disorder.

How Can DC:0–5 Support the Work of an Early Childhood Focused System of Care?

Infant and early childhood mental health (IECMH) manifests in relationships. The social–emotional health of infants and young children is closely intertwined with that of their parents and other caregivers. Mental health problems often present much differently in early childhood than in later childhood and adulthood. Existing classification systems, such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM)[ii], are geared toward disorders in school-age children, adolescents, and adults, and do not adequately reflect relationship-based mental health issues that are typically first diagnosed in infancy and early

Goals of DC:0–5™

DC:0–5 is designed to help mental health and other professionals:

1. recognize mental health and developmental challenges in infants and young children, birth through 5 years old;

2. characterize the relationships, physical health conditions, psychosocial stressors, and developmental competencies that contribute to mental health and developmental disorders into the diagnostic process through a multiaxial framework;

3. organize the information gathered in assessment to systematically guide diagnostic classification and provide a solid framework from which case formulation and intervention designing can be done; and

4. encourage research on mental health disorders in infants and young children.

childhood. DC:0–5 provides empirically based, developmentally appropriate criteria to determine clinical disorder. Assessing the relationship between a child and caregiver helps to determine whether there is a need for changes or support in strengthening the parent–child relationship. DC:0–5 is used and recognized as the system for diagnosing mental health and developmental disorders in infants and young children within their caregiving relationship.

What Are the Benefits of Adding DC:0–5 to Your System?

DC:0–5 is an important tool for clinicians and researchers. Prior to 1994, the early childhood field lacked any widely accepted system to classify mental health and developmental disorders for infants and toddlers. Since the publication of the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*[iii], much progress has been made to describe and categorize, through research and empirical evidence, mental health disorders specific to infants and toddlers. The most recent edition, DC:0–5, represents the best available evidence for accurate identification of early childhood mental health disorders.

DC:0–5 also provides a common language that allows individuals across disciplines—including mental health clinicians, counselors, physicians, nurses, early interventionists, social workers, and researchers—to communicate accurately and efficiently with each other. Because systems of care (SOC) are intentionally supporting integration across disciplines, agencies, and systems, this shared language and perspective about a child's needs and presentation is incredibly important. An accurate diagnosis using the DC:0–5 guides treatment for the child, may indicate services needed for the family, and can help determine the need for additional services. It also allows clinicians and researchers to link knowledge about early childhood disorders to treatment approaches and outcomes. Finally, a DC:0–5 diagnosis may serve to authorize treatment and reimbursement.

Practice Implications

- **Consider developmentally appropriate assessments and interview protocols.** Infants and young children grow in the context of their relationships with their parents and other primary caregivers. Developmentally appropriate assessments and interview protocols need to be standardized for this age group, reflect cultural norms, and focus on the infant/young child's relationship with parents and caregivers. The assessment of these critical areas will help to determine whether there is a need for a clinical diagnosis.
- **Conduct initial, comprehensive diagnostic assessment over a recommended 3–5 sessions.** Clinicians need several sessions to understand how an infant/young child is developing in each area of functioning. A comprehensive assessment usually requires a minimum of 3–5 sessions of 45 or more minutes each. Assessments typically involve interviewing the parent(s); observing family functioning; gathering information about the infant/young child's individual characteristics, language, cognition, social reciprocity, and reflective and behavioral expression; and assessing sensory reactivity and processing, motor tone, and motor planning capacities.
- **Use the DC:0–5 multiaxial framework in formulating the diagnosis and determining needed interventions.** The multiaxial framework has proven to be very valuable in diagnostic and clinical formulation. It is a critical tool in formulating the diagnosis and determining needed interventions. It focuses the clinician's attention on the various factors that may be contributing to the difficulties of the infant/young child, adaptive strengths, and additional areas of functioning where intervention may be needed.
- **Create treatment goals that include parent/caregiver input.** A key principle of SOC is establishing a strong family voice. For parents to be equal partners in treatment planning, they must have a primary decision-making role in the care of their child. The mental health of infants/young children is directly tied to the well-being of their parents, other important caregivers, and the families in which they live. A treatment plan for infants/young children should be based on a comprehensive understanding of the infant/young child and their relationship with parents and other caregivers. DC:0–5 is used by multidisciplinary clinical care teams to understand the mental health needs and contextual factors in the child's and family's life and should be used to guide decisions around treatment, determine needed services, and create treatment goals that include parent/caregiver input. The concept of mental health diagnosis in early childhood can be an area of concern and confusion. SOC can make efforts to support parent and community dialogue about diagnosis in early childhood. For example, the Maryland BRIDGE SOC project held a "chat and chew" and provided dinner and a discussion with parents about DC:0–5 and responded to questions and concerns they had about diagnosis.
- **Revisit diagnosis over time.** Symptoms of IECMH disorders may change over time as an infant/young child grows and as personal circumstances change. Clinicians need to revisit diagnoses over time to assess whether developmental maturation, life changes, or response to treatment have contributed to a change in diagnosis or whether a diagnosis is no longer required.

Policy Implications

- **Recognize and require the DC:0–5 disorders as eligible behavioral health conditions for children under 5 years old.** State health care authorities should recognize IECMH disorders from DC:0–5, including Early Atypical Autism Spectrum Disorder, as medically eligible disorders and allow billing for behavioral health treatments for these disorders. Infants/young children manifest mental health challenges in different ways than do older children. DC:0–5 is the developmentally appropriate diagnostic classification to use with young children. Several states have explicitly called for the use of DC:0–5 in state policy. For example, Minnesota changed Medicaid regulations in 2011 to require

that providers use DC:0–3R (now DC:0–5) with a state-provided billing crosswalk, as the diagnostic assessment for children younger than 5 years old. Some states recognize DC:0–5 disorders as eligibility criteria for Part C Early Intervention services. For example, New York identified two DC:0–5 diagnoses (Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder) as eligible criteria for Early Intervention services.

- **Support provider training on DC:0–5.** All states are concerned with shortages of qualified child psychiatrists, psychologists, and other mental health providers. To build workforce capacity, specialized training in the use of DC:0–5 should be required of clinicians involved with the assessment, diagnosis, or treatment of infants, young children, and their families. DC:0–5 training should be included in the requirements for child psychiatry, psychology, and social work as well as mental health continuing education, IECMH endorsement, and related early childhood professional credentials. Providing training in DC:0–5 and IECMH treatment strategies can help to ensure access to a cadre of qualified mental health clinicians. ZERO TO THREE offers the only official training for DC:0–5, which includes DC:0–5 Training for Clinicians, DC:0–5 Overview Training for Allied Professionals, DC:0–5 Faculty Teaching Resource, and Certified DC:0–5 Training of Trainers. It is advantageous for SOC family navigators and care coordinators to participate in the DC:0–5 Overview Training. The DC:0–5 Overview Training provides a solid foundation for understanding mental health and developmental disorders in infancy and early childhood and an overview of the DC:0–5 diagnostic classification system. The DC:0–5 Overview Training can be targeted for clinicians, other allied professionals, or providers involved in IECMH services such as SOC coordinators and family peer navigators. This training could help care coordinators and family peer navigators be more comfortable supporting families' understanding of the diagnostic process.
- **Develop or adopt a crosswalk.** Billing systems are not set up to accommodate DC:0–5 diagnoses. Billing systems are often established to process DSM-5 and ICD-10[iv] codes to facilitate reimbursement for IECMH services. To accommodate the DC:0–5 diagnoses, state policies need to crosswalk DC:0–5 with DSM-5 or ICD-10 codes, (the familiar adult, adolescent, and child diagnostic codes) to enable billing and reimbursement. Crosswalks align diagnostic codes between different classification systems and facilitate billing, reimbursement, and data collection. For more information, please refer to ZERO TO THREE's crosswalk. States may use or customize the crosswalk according to their state's policies. For example, a group of stakeholders in Oregon created the Oregon Early Childhood Diagnostic Crosswalk aligning DC:0–5 with DSM-5 and ICD-10 codes. The crosswalk was widely disseminated and helps behavioral health providers better understand what services are reimbursable. In Nevada, the Division of Child and Family Services and some private clinicians created a crosswalk between DC:0–5 and ICD-10 for eligibility and billing purposes.
- **Incorporate DC:0–5 into electronic health records (EHRs) so they can record and track DC:0–5 diagnoses.** EHRs are preloaded with DSM-5 and ICD-10 diagnostic codes. EHRs need to be adjusted so they can record and track the DC:0–5 diagnosis in its multiaxial framework. Often a crosswalk is used to enable billing and reimbursement, so the EHR displays either the DSM-5 or ICD-10 code. Use of these other codes does not provide accurate diagnostic information or allow tracking of treatment for specific diagnoses of infants/young children.

- **Use DC:0–5 as a consistent tool for research and data collection.** SOC grantees are required to have an evaluation component with a focus on sustainability. Grantees can and should use DC:0–5 as a tool in research and data collection to better understand (a) their target population's need for and use of mental health services and (b) how current service delivery meets these needs. For example, capturing DC:0–5 diagnoses and treatment in medical records could allow for tracking trends over time, documenting the need for IECMH clinicians and specific treatment modalities, examining equity in diagnostic and treatment practice, and reviewing the type of interventions being provided.

Additional Resources

- DC:0–5 Manual and Training: Information about the DC:0–5 manual, how to request DC:0–5 training, and training resources is available on the ZERO TO THREE web site: https://www.zerotothree.org/resources/2218-dc-0–5-training-offerings
- DC:0–5 Crosswalk: ZERO TO THREE created a crosswalk between DC:0–5 diagnoses, DSM-5 diagnoses, and ICD-10 codes. States and agencies may need to adapt the links from DC:0–5 to DSM-5 and ICD-10 codes on the basis of their own service delivery policies. Available at https://www.zerotothree.org/resources/1540-crosswalk-from-dc-0–5-to-dsm-5-and-icd-10
- DC:0–5 in State Policy and Systems: This policy brief discusses why and how states are integrating DC:0–5 into state policy and systems and provides state examples and recommendations. Available at https://www.zerotothree.org/resources/2343-advancing-infant-and-early-childhood-mental-health-the-integration-of-dc-0-5-into-state-policy-and-systems

i. ZERO TO THREE. (2016). *DC:0–5™: Diagnostic classification of mental health and developmental disorders of infancy and early childhood* (DC:0–5).

ii. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental health disorders* (5th ed.). American Psychiatric Publishing.

iii. ZERO TO THREE. (1994). *Diagnostic classification of mental health and developmental disorders of infancy and early childhood* (DC:0-3).

iv. World Health Organization. (1992). *The ICD-10 classification of mental and behavioral disorders: Clinical descriptions and diagnostic guidelines.*

A Self-Assessment Tool

This self-assessment tool can provide a framework for systems of care (SOC) team conversations about *DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC:0–5),[i] help SOC grantees prioritize DC:0–5 recommendations for practice and policy change, and help SOC grantees identify short- and long-term goals and next steps for promoting developmentally appropriate assessment and diagnosis.

Advancing policy and practice with SOC grantees	Status	Comments, supporting information, and/or questions for investigation	Top priorities for future action
Are developmentally appropriate assessments and interview protocols used?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Are initial comprehensive diagnostic assessments conducted over 3–5 sessions?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Is the DC:0–5 multiaxial framework used in formulating diagnosis and determining needed interventions?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Do treatment goals include parent/caregiver input?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Do clinicians revisit diagnoses over time?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Are DC:0–5 disorders recognized and required as eligible behavioral health conditions for children under 5 years old?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Is specialized training in the use of DC:0–5 required of clinicians involved with the assessment, diagnosis, or treatment of infants/young children and their families?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Do state policies crosswalk DC:0–5 with DSM-5 or ICD-10 codes?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Do electronic health record systems record and track the DC:0–5 diagnosis in its multiaxial framework?	☐ Not Sure ☐ Not Yet ☐ Yes		☐
Is DC:0–5 used as a tool in research and data collection?	☐ Not Sure ☐ Not Yet ☐ Yes		☐

About Us

The ZERO TO THREE Policy Center is a nonpartisan research-based resource for federal and state policymakers and advocates on the unique developmental needs of infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at https://www.zerotothree.org/policy-and-advocacy

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i. ZERO TO THREE. (2016). *DC:0–5™: Diagnostic classification of mental health and developmental disorders of infancy and early childhood* (DC:0–5).