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NEBRASKA
— Young Child Institute —
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DC:0-5™ Overview Training

ZERO TO THREE LEARN
DC:0-5


Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood

Lindsey Ondrak, LIMHP, LPC, IMH-E®

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ZERO TO THREE is a national nonprofit organization whose mission is to ensure that ALL babies and toddlers have a strong start in life.

ZERO TO THREE:

- trains professionals and builds networks of leaders,
- influences policies and practices, and
- raises public understanding of early childhood issues.

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Learner Objectives

- Summarize the history of ZERO TO THREE's efforts to develop a diagnostic classification system for infancy/early childhood
- Define infant/early childhood mental health (IECMH)
- Describe the purpose for using DC:0-5 to diagnose infants/young children
- Identify DC:0-5 Axes I - V

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How do you feel about these statements?

1. Early childhood mental health disorders are the result of problems in the parent-child relationship
2. The benefits of diagnosing in infancy and early childhood outweigh the risks.
3. We diagnose disorders, not children.




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Take a Moment to ...


- Take Inventory:** Why am I here?
- Notice Emotions:** How do I feel about diagnosing infants and young children?
- Actively Engage:** What is my learning style? How will I participate?
- Link:** How will this content inform or benefit my work?
- Integrate:** How will I integrate this information into my own scope of work?




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Introduction to DC:0-5™



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What Does Mental Health Have To Do With Babies?




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Infant and Early Childhood Mental Health (IECMH)



IECMH is the developing capacity of the child from birth to 5 years old to:

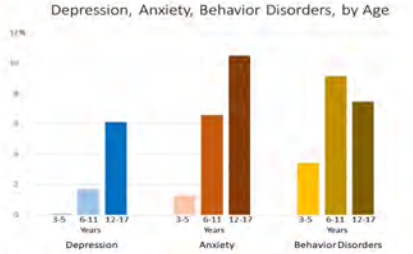
1. form close and secure adult and peer relationships;
2. experience, manage, and express a full range of emotions; and
3. explore the environment and learn,
 - o all in the context of family, community, and culture.



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IECMH Disorders

Depression, Anxiety, Behavior Disorders, by Age



Disorder	3-5 Years	6-11 Years	12-17 Years
Depression	~1.5%	~6%	~8%
Anxiety	~1.5%	~6.5%	~10.5%
Behavior Disorders	~3.5%	~9.5%	~8%

Source: <https://www.cdc.gov/childrensmentalhealth/data.html>



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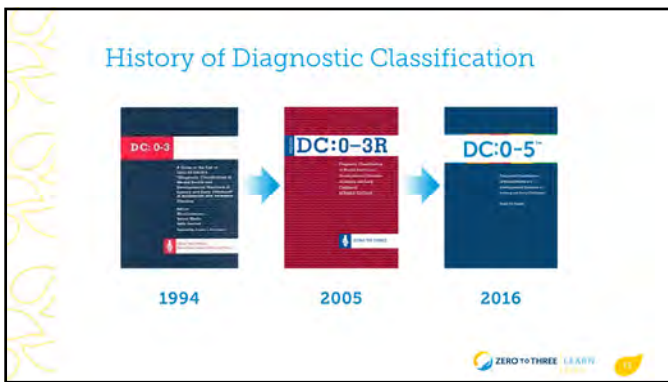
Positive Mental Health Indicators

Parents of children ages 3–5 years report that their child mostly or always showed:

- affection (97.0%)
- resilience (87.9%)
- positivity (98.7%)
- curiosity (93.9%)

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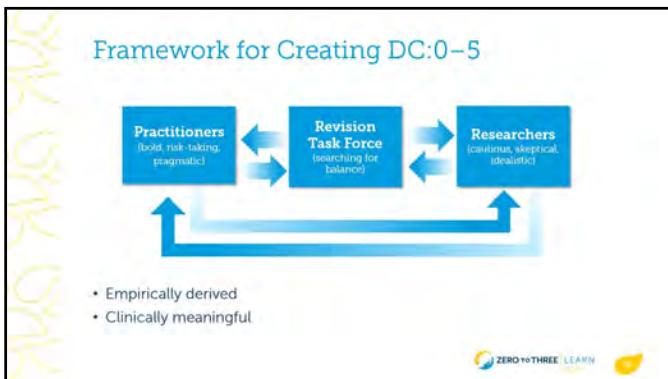


History of Diagnostic Classification

1994 DC:0-3 → 2005 DC:0-3R → 2016 DC:0-5

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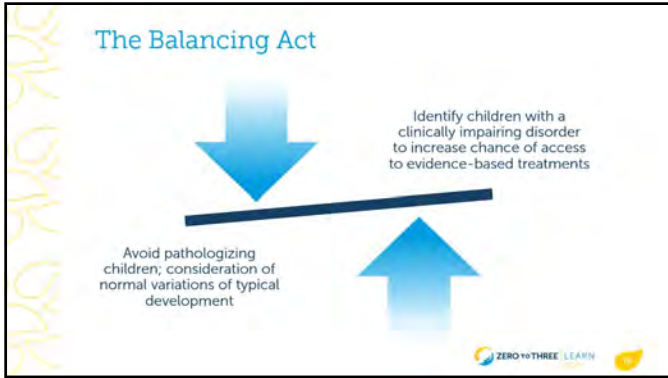
Framework for Creating DC:0-5

Practitioners (bold, risk-taking, pragmatic) ↔ Revision Task Force (searching for balance) ↔ Researchers (cautious, skeptical, idealistic)

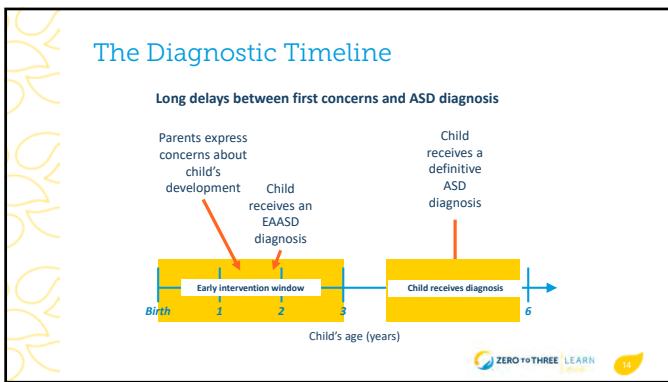
- Empirically derived
- Clinically meaningful

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Impairment Necessary for Every Disorder



Symptoms:

1. Cause distress to the infant/young child.
2. Interfere with relationships.
3. Limit participation in developmentally expected activities or routines.
4. Limit the family's participation in everyday activities or routines.
5. Limit the ability to learn and develop new skills or interfere with developmental progress.

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DC:0-5 Multiaxial System

Axis I (Clinical Disorders)	Forty-two disorders; closely aligned with DSM-5 (APA, 2013).
Axis II (Relational Context)	Includes ratings: 1) the child-primary caregiving relationship adaptation and 2) the caregiving environment.
Axis III (Physical Health Conditions and Considerations)	List of examples of physical, medical, and developmental conditions.
Axis IV (Psychosocial Stressors)	Organized list of stressors for young children and their families.
Axis V (Developmental Competence)	Captures a broad range of developmental competencies through the first 5 years.

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Approach to Diagnosis in Infancy and Early Childhood

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Red-Flag Emotional or Behavioral Patterns

Patterns that:

- are unusual for the infant/young child
- cause parents and others to see the infant/young child as "difficult"
- make satisfying interactions difficult
- are seen in multiple settings by more than one person
- persist
- cause distress or impairment to the infant/young child and family
- are outside of the wide range of age-appropriate or cultural norms

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Principles of the Diagnostic Process

- A comprehensive process
- Relational and family-focused
- Contextually grounded
- Culturally informed
- Developmentally specific
- Strength-based

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Cultural Context and the Cultural Formulation for Use With Infants and Toddlers Table

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Cultural Context

Factors influencing cultural values, beliefs, and assumptions include:

- socioeconomic conditions
- national origin and history
- immigration status
- ethnic and racial identity
- sexual orientation
- religious and spiritual beliefs
- family traditions
- other sources of diversity

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Culture Influences Development

Culture is mediated through the parenting relationship and influences infant/young child development.

Hopes, goals, and expectations for children

Expression of love and nurturing; distress

Approach to discipline and limit-setting

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Cultural Values and Practices

- Shape infant/young child from moment born
- Often unconscious
- Carry enormous influence on sense of right and wrong in raising an infant/young child

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Clinical Culture Considerations

- Families are increasingly multicultural
- Individuals hold several identities simultaneously
- Active exploration of parents' perceptions and explanations of the situation
- Mainstream clinical attitudes and practices may not be shared by the family


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Typically, we approach diagnosis in the following order:

Cultural Context


1. Axis III – Physical Health Conditions
2. Axis IV – Psychosocial Stressors
3. Axis V – Developmental Competency
4. Axis II – Relational Competency
5. Axis I – Clinical Disorders



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Axis I:
Clinical Disorders



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DC:0-5 Diagnostic Categories

- Neurodevelopmental Disorders
- Sensory Processing Disorders
- Anxiety Disorders
- Mood Disorders
- Obsessive Compulsive and Related Disorders
- Sleep, Eating, and Crying Disorders
- Trauma, Stress, and Deprivation Disorders
- Relationship Disorders



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Axis I: Disorder Format

- Introduction
- Diagnostic Algorithm (Criteria)
 - Age
 - Duration
- Diagnostic Features
- Associated Features Supporting Diagnosis
- Developmental Features
- Prevalence
- Course
- Risk and Prognostic Features
- Culture-Related Diagnostic Issues
- Gender-Related Diagnostic Issues
- Differential Diagnosis
- Comorbidity
- Links to DSM-5 and ICD-10




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**Axis II:
Relational Context**




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***“There is no such thing
as a baby...
there is a baby and
someone.”***

—Winnicott, 1948



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Relationship Specificity

Relationship quality between Primary Caregiver #1 and child

Relationship quality between Primary Caregiver #2 and child

Relationship quality between Primary Caregiver #3 and child

Each relationship is unique



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Axis II: Relational Context Overview

Part A: Caregiver & Infant/Young Child Relationship Adaptation

- ▶ **Table 1:** Dimensions of Caregiving
- ▶ **Table 2:** Infant's/Young Child's Contributions to the Relationship: Child Characteristics
- ▶ **Levels of Adaptive Functioning:** Caregiving Dimension

Part B: Caregiving Environment and Infant/Young Child Adaptation

- ▶ **Table 3:** Dimensions of the Caregiving Environment
- ▶ **Levels of Adaptive Functioning:** Caregiving Environment



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Axis III:
Physical Health Conditions and Considerations



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Why the Attention on Physical Health?

Because all aspects of infants'/young children's lives are interrelated, physical conditions may influence mental health:

- directly
- indirectly
- through the "caregiver" environment

ZERO TO THREE, 2021, pp. 149-151



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Physical Health Conditions and Considerations

- Prenatal conditions and exposures
- Chronic and acute medical conditions
- History of procedures
- Recurrent or chronic pain
- Physical injuries or exposures reflective of caregiving environment
- Medication effects
- Growth trajectory problems
- Markers of health status
- Developmental conditions

ZERO TO THREE, 2021, pp. 150-151



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Axis IV: Psychosocial Stressors



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Why the Attention on Psychosocial Stressors?

Psychosocial and environmental stressors:

- May influence the presentation, course, treatment, and prevention of mental health symptoms and disorders
- Often co-occur

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Axis IV Stressors


Categories:

- Challenges within the infant's/young child's family/primary support group
- Challenges in the social environment
- Educational/child care challenges
- Housing challenges
- Economic and employment challenges
- Infant/young child health
- Legal/criminal justice challenges
- Other

ZERO TO THREE, 2021, pp. 153-158

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Impact of Stressors

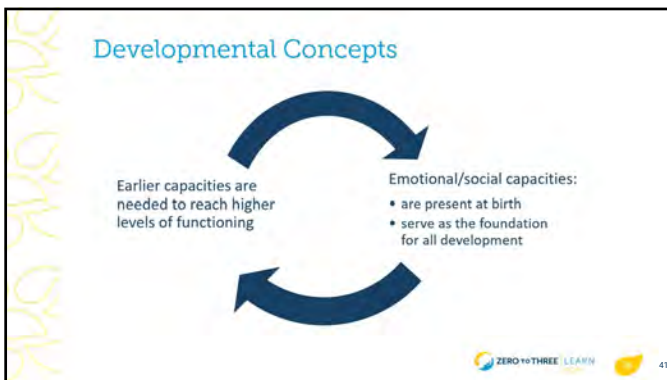
- Severity of the stressor
 - intensity, duration, spacing, timing, and predictability
- Developmental level
- Availability/capacity of adults to:
 - serve as protective buffers
 - help the child understand and cope with the stressor

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Competency Domain Rating	Emotional	Social-Relational	Language-Social Communication	Cognitive	Movement & Physical
Exceeds developmental expectations					
Functions at age-appropriate level					
Competencies are inconsistently present or emerging	2.5 or X				
Not meeting developmental expectations (delay or deviance)					


Gather data in 5 developmental domains.

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DC:0-5 in Relation to DSM-5 and ICD-10


Module 6 | Version 4.0



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DC:0-5 Relationship With DSM-5 and ICD-10

Diagnostic Focus	Incorporation of Cultural Factors	Multi-axial	Developmental Range	Discrete Diagnostic Codes for Billing
DC:0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood	Integrates cultural considerations throughout text, includes adaptation of Cultural Formulation for Use With Infants and Toddlers table	Yes	Birth through 5 years old	Yes; aligns diagnoses with ICD-10 codes
DSM-5 Diagnostic Statistical Manual of Mental Disorders, 5th Edition	Attends to cultural influences, includes Cultural Outline and Cultural Interview	No	Focuses mainly on adult psychopathology, children and adolescents more than 5 years old	No; aligns diagnoses with ICD-9 and ICD-10 codes
ICD-10 International Classification of Diseases, Tenth Revision	International focus and framework	No	Infancy through adulthood	Yes; authorized through World Health Organization




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DC:0-5 Crosswalk

DC:0-5™ Disorder Name	DSM-5 Disorder Name	ICD-10 Disorder Name	
		Disorder Name	Code
Neurodevelopmental Disorders			
Early Atypical ASD	Other Specified Neurodevelopmental Disorder	Pervasive Developmental Disorder, Unspecified	F84.9
Overactivity Disorder of Toddlerhood	ADHD, predominantly hyperactive-impulsive presentation	Disturbance of Activity and Attention	F90.1
Anxiety Disorders			
Social Anxiety Disorder (Social Phobia)	Social Anxiety Disorder (Social Phobia)	Social Anxiety Disorder of Childhood	F93.2
Trauma, Stress, and Deprivation Disorders			
Complicated Grief Disorder	Other Specified Trauma- and Stressor-Related Disorder (Persistent Complex Bereavement Disorder)	Other Reactions to Severe Stress	F43.8

Available at: <https://www.zerotothree.org/resources/3540/crosswalk-from-dc-0-5-to-dsm-5-and-icd-10>



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2026 DC:0-5™ CLINICAL TRAINING
 Diagnostic Classification of Mental Health and Developmental Disorders in Infancy and Early Childhood

This professional development opportunity is designed for advanced mental health clinicians who will work directly with infants, young children and their families (include insight assessment, diagnosis, and care formulation)

3-DAY VIRTUAL OPTION	2-DAY IN-PERSON OPTION
dates: March 16-18, 2026 time: 9 am - 1 pm (CT) platform: Zoom cost: \$100 space: a limited 50 spaces registration open: Oct. 28, 2025	dates: August 3-4, 2026 time: 9 am - 4 pm (CT) location: UNL-CCFL Offices cost: \$300 (each provider) space: a limited 25 spaces registration open: May 26, 2025

Participants must also purchase the DC:0-5™ Manual Version 2.0. For questions, contact Marisa at mlvack2@unl.edu.

Learn more and register at NEBRASKABABIES.COM/EVENTS

Logos: UNL, Nebraska Department of Health & Senior Services, ZERO TO THREE LEARN, and a yellow circle with '03'.

- DC: 0-5 Overview Training
- DC:0-5 Clinical Training

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Coming in 2027....

2027 DC:0-5™ CLINICAL TRAINING
 Diagnostic Classification of Mental Health and Developmental Disorders in Infancy and Early Childhood
nebraskababies.com/events

3-DAY VIRTUAL OPTION:	2-DAY IN-PERSON OPTION:
dates: February 15-17, 2027 time: 9 am - 1 pm (CT) platform: Zoom	dates: August 2-3, 2027 time: 9 am - 4 pm (CT) location: Lincoln (UNL-CCFL Offices)

Logos: UNL, Nebraska Department of Health & Senior Services, ZERO TO THREE LEARN, and a yellow circle with '03'.

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Take a Moment to ...

Take Inventory: Why am I here?

Notice Emotions: How do I feel about diagnosing infants and young children?

Actively Engage: What is my learning style? How will I participate?

Link: How will this content inform or benefit my work?

Integrate: How will I integrate this information into my own scope of work?

WHO we are impacts HOW we are, which is as important as WHAT we do.

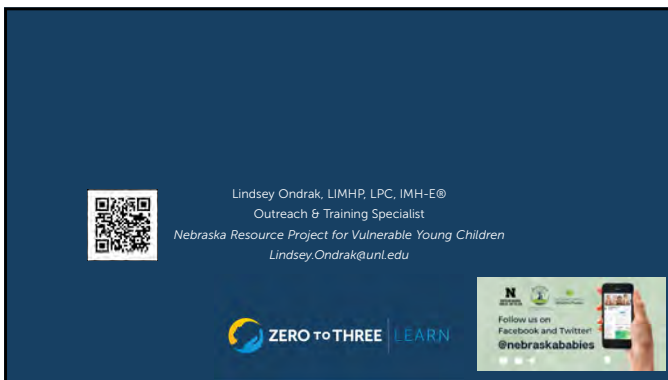
*Adapted by Janet Pineda and adapted by Carmen Reed Novillo

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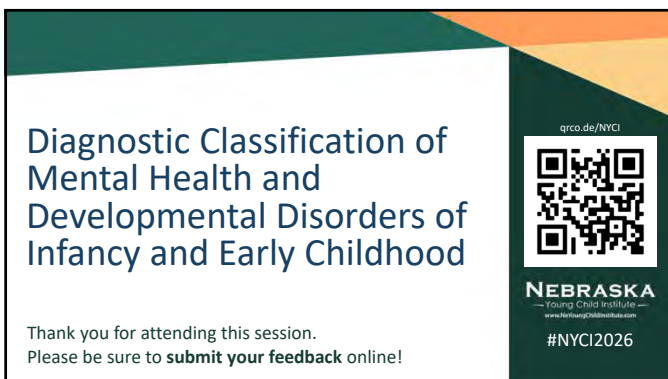
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DC:0-5 Casebook

<https://www.zerotothree.org/our-work/learn-professional-development/dc0-5-manual-and-training/>



DC:0-5™
Casebook

A Guide to the Use of DC:0-5™
Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood
Assessment and Treatment Planning

Edited by
Marianne Himmelfarb
and Sarah
Pig & Chelsey
Specialty Clinicians • University

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Thank You

Thank you for your study of the DC:0-5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood

Visit www.zerotothree.org/dc05resources for additional information about the manual

Email professionaldevelopment@zerotothree.org with questions about trainings



DC:0-5™

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood

2013-2016

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Diagnostic Classification Revision Task Force Members

Task Force Members:

- Charles Zeanah, MD, Chair (Tulane University)
- Alice Carter, PhD (University of Massachusetts Boston)
- Julie Cohen, MSW (ZERO TO THREE)
- Helen Egger, MD (New York University/Langone Health)
- Mary Margaret Gleason, MD (Tulane University)
- Miri Keren, MD (Tel Aviv University)
- Alicia Lieberman, PhD (University of California, San Francisco)
- Kathleen Mulrooney, MA, LPC (ZERO TO THREE)
- Cindy Oser, RN, MS (ZERO TO THREE)

2013-2016


- Research
- Web-based survey of 20,000 users of DC:0-3 worldwide
- E-mail invitations with links to the survey instrument

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