

DC:0–5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Promotion in Russia

«Диагностическая классификация нарушений психического здоровья и развития в младенчестве и раннем детстве» DC:0–5™: продвижение в России

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Commentary

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ABSTRACT

The purpose of the report is to inform the community of Russian pediatric mental health professionals about the international DC:0–5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: its purpose, target age, structure and content of diagnostic axes, as well as about the steps already taken domestically to promote the Classification in Russia. We show that the diagnostic Classification is the brainchild of leading foreign experts in the mental health of children and that it is based on an analysis and extrapolation of a large body of clinical data from around the world and covers a wide range of mental disorders experienced by children during their first five years of life. The interdisciplinary focus of DC:0–5™ is emphasized, as well as the presence in it of a crosswalk to the DSM-5 and ICD-10 systems, and the possibility to supplement these classifications taking into account the age specificity of disorders. It was made note that this diagnostic classification is almost unknown among Russian specialists. The report briefly touches on the results of the research activities of the interdisciplinary research group of the Scientific Center for Mental Health (Moscow) carried out in the period between 2002 and 2017 and aimed at analyzing the diagnostic approaches proposed in the Classification and testing them on Russian sample populations. The release of the Russian version of DC:0–5™ in 2022 by the non-profit organization Caritas Social School (St. Petersburg), with the official consent of the DC:0–5™ developer and in cooperation with the Faculty of Psychology of St. Petersburg State University, and an accompanying DC:0–5™ introduction course developed by this team for Russian child mental health professionals were announced.

АННОТАЦИЯ

Цель сообщения — информировать российских специалистов в области детского психического здоровья о международной Диагностической классификации нарушений психического здоровья и развития в младенчестве и раннем детстве DC:0–5™: ее назначении, возрастной направленности, структуре и содержании диагностических осей, а также о тех шагах, которые были предприняты отечественными специалистами по ее популяризации в России. Показано, что данная диагностическая классификация разрабатывалась ведущими зарубежными специалистами в области психического здоровья детей, основана на анализе и обобщении большого объема клинических данных со всего мира и охватывает широкий диапазон психических отклонений у детей первых пяти лет жизни. Подчеркнута междисциплинарная направленность DC:0–5™, а также наличие в ней перекрестных

ссылок с системами DSM-5 и МКБ-10 и способность дополнять эти классификации, учитывая возрастную специфику нарушений. Отмечен тот факт, что среди российских специалистов данная диагностическая классификация практически не известна. В сообщении кратко освещены результаты научно-исследовательской деятельности междисциплинарной научной группы Научного центра психического здоровья (г. Москва), проводимой в период с 2002 по 2017 гг. и направленной на анализ предлагаемых классификацией диагностических подходов и их апробацию на российских выборках. Анонсирован выход русского издания DC:0-5™, осуществленный в 2022 г. некоммерческой организацией «Социальная школа Каритас» (г. Санкт-Петербург) с официального согласия компании-разработчика DC:0-5™ и в сотрудничестве с факультетом психологии СПбГУ, а также сопровождающий его ознакомительный курс по использованию DC:0-5™, разработанный этим коллективом для российских специалистов в области детского психического здоровья.

Keywords: *infancy; early childhood; mental disorders; diagnostic classifications; DC:0-5™*

Ключевые слова: *младенчество; раннее детство; психические расстройства; диагностические классификации; DC:0-5™*

The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (abbreviated as DC:0-5™) is a comprehensive diagnostic system accepted today in many countries outside Russia as a standard in assessing the condition of children in their early years of life with signs of mental disorder or mental developmental disorder [1]. The DC:0-5™ classification was developed and continues to be improved through the efforts of the international organization ZERO TO THREE (<https://www.zerotothree.org>), which, since the 1970s, has brought together leading experts in the development and mental health of children in their early years of life. Initially, the remit of the organization was to analyze case reports from medical institutions in a search for behavioral patterns that accompany developmental problems in infancy and early childhood, describe groups of disorders, create a set of diagnostic categories, and so on. Later, ZERO TO THREE developed an extensive diagnostic system based on five axes. DC:0-5™ was released in 2016 and is now in the third version of its diagnostic manual. The previous versions of 1994 (DC:0-3) [2] and 2005 (DC:0-3R) [3] had a limit on the age range of the children at the first three and four years of life, respectively. The updated version of DC:0-5™ covers the period from birth to 5 years inclusive; i.e., until the child reaches the age of six.

In accordance with current global practices, DC:0-5™ is designed for the conduct of a comprehensive interdisciplinary assessment of mental disorders in a child, and, therefore, its structure is multi-axial. Diagnostics is conducted in five directions (axes).

Axis I: Clinical Disorders is the central one. It contains a description of more than forty types of mental disorders that can afflict children from birth up to the age of six. All early mental disorders are grouped under eight headings: Neurodevelopmental Disorders, Sensory Processing Disorders, Anxiety Disorders, Mood Disorders, Obsessive Compulsive and Related Disorders, Sleep, Eating and Crying Disorders, Trauma, Stress and Deprivation Disorders, and Relationship Disorders. All disorders are presented based on the following scheme: 1. The diagnostic algorithm in the form of specific criteria for the disorder and non-specific symptoms of impaired social functioning of the child and/or their family, as well as the age of onset of the disorder and its duration; 2. The diagnostic details of the disorder; 3. Additional data to support the diagnosis; 4. The features of the development of this disorder; 5. The population frequency; 6. Data on the course of the disease; 7. The risk factors and prognosis; 8. The diagnostic problems associated with the cultural characteristics of the family; 9. Gender differences; 10. The differential diagnosis; 11. Information about comorbidities; and 12. Where the diagnosis fits into the DC:0-5™ diagnostic categories in the ICD-10 and DSM-5 systems. The correlation of DC:0-5™ with the DSM-5 and ICD-10 systems allows one to use the classification as an additional one, taking into account the pronounced specificity of the mental disorders of infancy and early childhood. DC:0-5™ also contains the special section "Crosswalk to DSM-5 and ICD-10."

Axes II-V are designed to assess environmental and organic factors in terms of their impact in the

development of the disease, its course, prognosis, and also as a resource for the treatment and social rehabilitation of the child. Thus, Axis II: Relational context proposes to evaluate a number of aspects of the parental attitude towards a child with mental disabilities: e.g., the parent's ability to ensure the child's physical safety, meet his/her basic needs, educate the child, encourage his/her involvement in societal interactions, show interest in his/her personality and development prospects, etc. Axis III: Physical Health Conditions and Considerations reflects the perinatal conditions and influences that are significant from the point of view of a psychiatric diagnosis, the presence of congenital anomalies and genetic syndromes, sensory deficits, chronic somatic, neurological and other diseases, acute medical conditions, as well as the vaccination status. Axis IV: Psychosocial Stressors provides a framework for identifying and evaluating the strength of the stress factors that can influence the onset and course of a mental illness in an infant or young child, including age-specific stress factors. The latter include long-term separation from a parent or a person replacing him/her, remarriage of a parent, the birth of a sibling, placement in a foster family, and many others. Axis V: Developmental Competence is aimed at assessing the skills acquired by the child in the emotional, cognitive, speech, social, and motor dimensions. This assessment may be based on observations of the child's interactions with close adults, parent reports, formalized developmental tests, and data from the Developmental Milestones Table provided in the manual.

With each new edition, the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood has increased in volume and detail, including more and more information about the issue of early mental disorders, as well as the approaches used to define and identify them. A working group consisting of leading child psychiatrists and psychologists from Europe and North America set out to analyze and summarize the wide international experience gained from practitioners on six continents [1]. Unfortunately, Russian specialists in child mental health failed to participate. Awareness on the part of our domestic child psychiatrists and psychologists both of this initiative and its result — the publication of a diagnostic manual has been and remains extremely poor. At the same time, the demand in modern clinical practice for such developments is huge.

In an effort to fill this gap to some extent, the scientific group of the FSBRI "Scientific Center for Mental Health", headed by G.V. Skoblo, conducted a number of studies in the period from 2002 to 2017 in order to analyze the scientific and practical approaches offered by the Classification [4–8]. During the studies, a working version of the translation was made of the text of all editions, diagnostic approaches were tested in Russian sample populations, an analysis of conceptual approaches to assessing the mental health of a small child was undertaken, and parallels with diagnostics in Russian child psychiatry and clinical psychology were identified. This topic was covered in numerous materials published in Russian scientific journals, as well as in a number of reports at Russian and international scientific conferences and university lectures.

A significant step forward in increasing awareness about the DC:0–5™ classification in Russia will undoubtedly be its Russian version, which has been published this year [9]. It was published under the international grant "Mental Health and Early Care", implemented by the non-profit organization Caritas Social School (<https://caritas-edu.ru>), in cooperation with the Department of Mental Health and Early Support for Children and Parents of the Faculty of Psychology of the St. Petersburg State University. All work was performed with the official consent and assistance of the developer, ZERO TO THREE. In addition, in October–December 2022, the Caritas Social School plans to conduct an introductory online course on DC:0–5™ in Russian. It is intended for a broad audience of pediatric mental health professionals and corresponds to the first stage of training in its use. This course is included in the program of additional professional education "Mental Health of Infants and Young Children" (<https://caritas-edu.ru/?events=psihicheskoe-zdorovlemladenczev-i-detej-rannego-vozrasta>).

Thus, the DC:0–5™ classification, slowly but consistently, is coming to the attention of Russian child psychiatrists, psychologists, and other specialists charged with addressing the mental health of the smallest of patients. At the same time, a number of its provisions require further acquaintance by the domestic professional community, with a view to establishing a correlation with the diagnostic and therapeutic practices in Russia, the terminology, the ideas in the country about progress in the development of children with mental illness, etc. We have already covered some of these issues in publications [5–7].

However, the range of topics touching on the use of DC:0–5™ in Russia is quite wide and the very issue of a possible adoption of the approaches developed in DC:0–5™ in the Russian psychiatric and clinical psychological practice deserves separate consideration and analysis.

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