Feedback to CASC on the SED check list and SED criteria

From the CYFD/Infant Mental Health Work Group

February 11, 2010

First, thank you Mary Ann Shaening for sending out the documents again and asking for feedback. The Infant Mental Health Work Group (IMHWG) was not aware of the documents nor the need for some sort of final language by the February, 2010 meeting. The context for these documents and how they will be used is unclear– our apologies for being out of the loop. Never the less, the IMHWG would like to proffer the following for inclusion in any documents pertaining to children’s mental health (SED, AT-risk) status in New Mexico and although the IMHWG’s comments are directed at children birth to three, it is important to note that many of the conditions mentioned below are also relevant for young pre-school and young school age children as well.

If the current language is maintained we will exclude many at-risk and high need infants and young children from receiving critical early mental health interventions that can lessen or ameliorate later emotional disorders. New Mexico has a perfect opportunity right now to acknowledge and prioritize the behavioral and mental health needs of infants and young children. By including critical information and language in the At-Risk SED check list and the SED list that pertains to infants, toddlers and young children, the New Mexico BHPC and CASC will be taking the lead nationally to incorporate decades of brain, development and infant mental health treatment research into early identification and intervention. It is well researched that the first three years of life is a time when we can effect the most change. Considering this evidence we request that CASC and the BHPC consider the following suggestions and recommendations;

Recommendation:

When considering the behavioral health needs of infants and young children, it is most clinically appropriate to use the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: REVISED EDITION* (2005) when referring to both diagnosis and risk factors for this specific population. “because of the failure of the current DSM system to include (1) sufficient coverage of syndromes of early childhood that needed clinical attention or (2) sufficient consideration of developmental features of early disorders.” (DC:03R, pg4).

Comment:

At-Risk SED Checklist

§ The most serious exclusion of young children (not just 0-3, but at least 0-8)
comes from the requirement that all three criteria (age, system involvement and psychosocial stressors) must be met. Younger children needing services will mostly NOT be involved with the system or at high risk for imminent involvement. They will meet age and stressor criteria only. Interventions with young children are preventive. They are intended to keep current serious problems from growing to the point where systems become involved.

**Recommendation:**

We recommend a change that the “child/adolescent must meet two of the following three criteria.” Or specify that children younger than 8 years need meet only two of three criteria.

§ The list of psychosocial stressors should be increased to include the following:
  - Disruptions in primary attachments
  - Exposure to or experiencing trauma
  - Psychiatric illness in parent that affects caregiving
  - Eligible for any clinical diagnosis in the DC:0-3r

**Comment:**

**SED Checklist:**

§ None of the categories of functional impairment include criteria appropriate for assessing emotional and social functioning of children 0-3. We have not come up with a way to fix this, except to recommend we insert language into the social relationship and family functioning categories that reflect the 6 rating capacities for emotional and social functioning from the DC:0-3r (Axis V, pg 61).

Language “**has an emotional disability that has persisted for at least six months; AND that same disability must be expected to persist for a year or longer** is inappropriate for the birth to three age group as the developmental time frame and impact is much shorter for emotional disturbances and waiting for six months to persist consists of malpractice at best. Likewise, if properly trained infant mental health clinicians can provide treatment, the expectancy of persistence for a year or longer may not be the expected outcome. Babies cannot be held to the same time frame standard as older children, adolescents or adults.

§ Under “Diagnoses first diagnosed in infancy, childhood or adolescence,” we do not understand why the list is limited to only four diagnoses when DSM-IV-TR lists 10.

**Recommendation:**
Add or change language that addresses a different time frame for duration for symptoms in infants that is developmentally appropriate.

Make note that some of the Adult diagnostic categories appropriate for children and adolescents are NOT appropriate for infants and young children. And Disorders usually first diagnosed in infancy, childhood, or adolescence is misleading in its brevity and omissions.

We think this list of early diagnoses should be inclusive, both from the DSM and the DC:03R and the ICD 10 which includes developmentally relevant categories.