

Introduction to the Diagnostic Manual for Infancy and Early Childhood (DMIC)

ICDL Southern California
DIR®/Floortime™ Regional Institute

October 9, 2010

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Pasadena, California October 2010- May 2011

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circlestretch

Help the child be...

- Calm enough to interact
- Truly connected to others
- In a continuous expanding balanced
back and forth flow of interaction

“Go for that gleam in the eye!”

<http://www.circlestretch.com>

The Wide, Wild World of Diagnostic Classification Systems

- DSM I, II, **III**, IV, IV-TR, and soon... **V**
- ICD **9**, 10, 11
- GAP
- 0-3
- ICDL DMIC

Comparing DIMC with DSM IV-TR

DIMC	DSM IV-TR
Dimensional	Descriptive (since DSM III)
Developmental, from infancy and early childhood, & projecting forward	Looks mainly from adult, projecting back toward childhood
Designed for clinical use	Designed for research that can advance clinical care
Not used much yet for insurance billing, forensics, administrative categorization (schools, regional centers)	Not supposed to be used for forensics, administrative, but is anyway
Multidisciplinary – ‘qualified to make diagnosis’	Medical, Mental Health people make the diagnoses

Dimensional vs. Descriptive

Dimensional DMIC	Descriptive DSM IV-TR
Several lines of (etiological) development reflected in the axes	Committees determine observable descriptive criteria for each diagnosis
Continuum of severity for each challenge, designed to reflect clinical complexity	Threshold criteria for diagnosis – designed for clarity in research
Broad population of people to help	Limits treatment for ‘subclinical’ people
Confusing for clinicians who are accustomed to SCID-like diagnostic systems. Requires weighing symptoms and deciding what is more primary, and feels impossibly repetitive until one is accustomed to the model.	Confusing for clinically inexperienced raters or lay people, who may ‘fit’ the symptoms into a diagnosis. Hierarchies of diagnosis limit clinical utility, leading to a focus on target symptoms instead of diagnosis.
Eight Dimensional and etiological Axes encompassing a full Biopsychosocial (DIR) perspective and cross-referencing each other to capture the entire field of challenges	Five Axes, some dimensional thought (GAF, mild, moderate, severe), but avoiding etiology in favor of descriptions, some however categoriically reflecting
Changes: DIR model is developing and growing, demands familiarity with several clinical fields (MH, OT, SL, ED, etc.)	Changes: small diagnostic changes created huge increases in numbers of diagnoses of ADHD and Autism Spectrum from DSM IV to IV-TR.

Diagnostic Comparisons of DMIC vs. DSM IV-TR:

Attentional Problems

Attentional Problems DMIC # 207.1	ADHD DSM IV-TR # 314.01
Etiological: may reflect challenges in motor planning and sequencing, sensory discrimination, , sensory craving in some, sensory overload in some (creating distractibility)	Criteria thresholds for numbers of symptoms in broader categories of Inattention and Overactivity, with some other exclusionary criteria (e.g. age of onset, other more pervasive disorders)
Caregiver Patterns/ contributions considered	Caregiver issues are secondary

Diagnostic Comparisons of DMIC vs. DSM IV-TR:

Oppositionality

Disruptive Behavioral and Oppositional Disorder	Oppositional Defiant Disorder
Sensory craving, active, aggressive without intending to be; auditory and other sensory processing challenges may make it hard to hear directions; this may easily lead to emotional upset: demoralization, depression, anger, need for control	Presumes etiology (!) of anger, controlling spitefulness, without recognizing the many things in the child's life, e.g., individual differences, social circumstances, ability to problem solve [FEDL] - that could lead to such a 'final common pathway'
Parental patterns – need for soothing, co-regulating, expanding capacities	Behavioral patterns – need for behavioral control using behavioral principles
Developmental patterns	Not discussed
May be set aside in favor of a disorder in another category, e.g., Mixed Regulatory-Sensory Processing Patterns	May be set aside in lieu of more severe disorder, e.g., Conduct Disorder, Bipolar Disorder, etc.

Diagnostic Comparisons of DMIC vs. DSM IV-TR:

Autistic-Like Disorders

NDRC	Autism and PDDs
4 Main levels of dimensional severity	Not really a 'Spectrum' in the DSM
Not necessarily Autism – broader conceptualization	Descriptive categories – however many clinically non-autistic people might be fitted into the diagnosis
Designed to focus attention on areas that are getting in the way and providing a way to prioritize these (e.g. co-regulation before conversation...)	Designed for research – lends itself to focus on discrete symptoms without taking in the whole picture
Developmental, and less focused on one symptoms as much as less pinpoint but more functional capacities: e.g. he spins the wheels on the toy but we can turn it into a productive interaction that supports continuing development	Ironically, for a Pervasive Developmental Disorder, does not reflect a developmental progression as much the presence of symptoms: e.g. he spins the wheels on the toy and people have decided that 'it must be stopped'

DMIC Axes

I - Primary Diagnoses

II - Functional Emotional Developmental Capacities

III – Regulatory-Sensory Processing Capacities

IV – Language Capacities

V – Visuospatial Capacities

VI – Child-Caregiver and Family Patterns

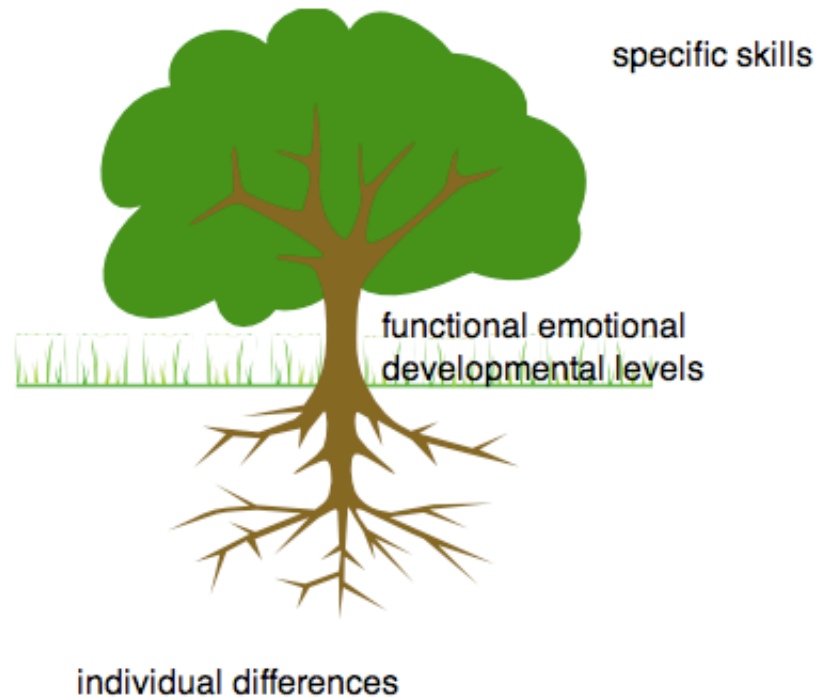
VII – Stress

VIII – Other Medical and Neurological Diagnoses

Surfing the DMIC

- You need to cross functional developmental levels
- With individual differences
- And with specific difficulties in mood, in relating, in learning, in communication (etc.)
- Greenspan's Learning Tree analogy is helpful

The Learning Tree



DMIC AXIS I

Primary Diagnosis

100. Interactive Disorders

200. Regulatory-Sensory Processing Disorders

300. Neurodevelopmental Disorders of Relating
and Communicating

400. Language Disorders

500. Learning Challenges

100. Interactive Disorders

- 101 – Anxiety Disorder – ‘constitutionally anxious’, parents’ role too
- 102 – Developmental Anxiety Disorder – related to a dev’t change, parents role +/-
- 103 – Disorder of Emotional Range and Stability – poorly developed, regulated
- 104 - Disruptive Behavior and Oppositional Disorder – active, onery, many reasons
- 105 - Depression – (there are so many kinds!)
- 106 - Mood Dysregulation-Bipolar Patterns – a whole book on wild mood swings
- 107 – Attentional Disorder – as above
- 108 - Prolonged Grief Reaction – again Indiv Diffs, Caregiver Patterns important
- 109 – Reactive Attachment Disorder – a la Attachment Literature, with DIR twist
- 110 – Traumatic Stress Disorder – who is to judge what is traumatic?
- 111 – Adjustment Disorder – identifiable stressor and reaction, regression
- 112 – Gender Identity Disorder – broad focus includes people’s responses
- 113 – Elective Mutism – NB not ‘Selective’, and also covers D-I-R aspects
- 114 – Sleep Disorder – also broad etiologies
- 115 - Eating Disorder – “ – Diane might expand on the many causes and issues
- 116 – Elimination Disorder - multiple possible narratives vs. DSM checklist

200. Regulatory-Sensory Processing Disorders

Type I: Sensory Modulation Challenges

Type II: Sensory Discrimination Challenges

Type III: Sensory Based Motor Challenges

Sensory Modulation Challenges (Type I)

- 201. Over-Responsive, Fearful, Anxious Pattern
- 202. Over-Responsive, Negative, and Stubborn Pattern
- 203. Under-Responsive, Self-Absorbed Pattern
 - 203.1 Self-Absorbed and Difficult to Engage Type
 - 203.2 Self-Absorbed and Creative Type
- 204. Active, Sensory Seeking Pattern

Sensory Discrimination Challenges (Type II)
and
Sensory-Based Motor Challenges (Type III)

205. Inattentive, Disorganized Pattern

205.1 With Sensory Discrimination Challenges

205.2 With Postural Control Challenges

205.3 With Dyspraxia

205.4 With Combinations of 205.1-205.3

206. Compromised School and/ or Academic Performance
Pattern

206.1 With Sensory Discrimination Challenges

206.2 With Postural Control Challenges

206.3 With Dyspraxia

206.4 With Combinations of 206.1-206.3

Contributing Sensory Discrimination and Sensory-Based

207. Mixed Regulatory-Sensory Processing Patterns

Motor Challenges

207.1 Attentional Problems

207.2 Disruptive Behavioral Problems

207.3 Sleep Problems

207.4 Eating Problems

207.5 Elimination Problems

207.6 Elective Mutism

207.7 Mood Dysregulation, including Bipolar Patterns

207.8 Other Emotional and Behavioral Problems Related to
Mixed Regulatory-Sensory Processing Difficulties

207.9 Mixed Regulatory-Sensory Processing Difficulties where
Behavioral or Emotional Problems Are Not Yet in Evidence

300. Neurodevelopmental Disorders of Relating and Communicating (NDRC):

"...for organizing initial impressions and for observing changes..."
in children who are difficult to classify

- 300.1 Type I: Early Symbolic, with Constrictions; intermittent capacity for attending, relating, RSI, incl. social problem solving, and beginning use of meaningful ideas - makes rapid progress in a comprehensive program
- 300.2 Type II: Purposeful Problem Solving, with Constrictions; as above but only fleeting social problem solving- tend to make steady, methodical progress
- 300.3 Type III: Intermittently Engaged and Purposeful; only fleeting attn and engagement, occasional RSI w/ lots of support - slow, steady progress possible, maybe w/ gradual use of words or phrases
- 300.4 Type IV: Aimless and Unpurposeful; like III but w/ multiple regressions, maybe also more neurological challenges - very very slow progress, which is enhanced if sources of regression are identified
- **WE ARE COMING BACK TO NDRC LATER!**

400. Language Disorders with Compromises

401. Self Regulation and Interest in the World (6-9 months)

401.1 In Comprehension

401.2 In Production

401.3 In Both

402. Forming Relationships: Affective Vocal Synchrony (2-7 months)

402.1 In Comprehension

402.2 In Production

402.3 In Both

403. Intentional Two Way Communication (8-12 months)

403.1 In Comprehension

403.2 In Production

403.3 In Both

404. First Words: Shared meaning in Gestures and Words (12-18 months)

404.1 In Comprehension

404.2 In Production

404.3 In Both

405. Word Combinations - Sharing Experiences Symbolically (18-24 months)

405.1 In Comprehension

405.2 In Production

405.3 In Both

406. Early Discourse - Reciprocal Symbolic Interactions with Others (24-36 months and beyond)

406.1 In Comprehension

406.2 In Production

406.3 In Both

Language Disorders with Compromises: **each characterized by seven modalities:**

- shared attention
- affective engagement
- reciprocity
- shared intentions
- shared forms and meanings
- sensory processing and audition
- motor planning, including oral-motor functioning

500. Learning Challenges

- Emerging Learning Challenges
- Early Challenges in Reading Language Arts
- Early Challenges in Math
- Early Challenges in Reading Comprehension
- Early Challenges in Written Communication
- Early Challenges in Organizing Capacities

Emerging Learning Challenges with compromises in

501. Functional Developmental Emotional
Capacities

502. Auditory Processing and Language

503. Visuospatial Capacities

504. Regulatory-Sensory Processing Patterns

505. A Combination of the Above Areas

Early Challenges in Reading Language Arts with compromises in

506. Functional Developmental Emotional
Capacities

507. Auditory Processing and Language

508. Visuospatial Capacities

509. Regulatory-Sensory Processing Patterns

510. A Combination of the Above Areas

Early Challenges in Math with compromises in

511. Functional Developmental Emotional
Capacities

512. Auditory Processing and Language

513. Visuospatial Capacities

514. Regulatory-Sensory Processing Patterns

515. A Combination of the Above Areas

Example: 513. Math difficulty due to Visuospatial Challenges

- Presenting Problem: Angry boy at school
- Caregivers: frustrated and angry with him
- First Layer: Begins with daily math race
- Behavior plan: 'comply with task' - fails
- OT: Sensory Breaks: takes more and more
- Mom gets VT: won't do exercises
- Intervention: full DIR approach, much better

Early Challenges in Reading Comprehension with compromises

516. Functional Developmental Emotional
Capacities

517. Auditory Processing and Language

518. Visuospatial Capacities

519. Regulatory-Sensory Processing Patterns

520. A Combination of the Above Areas

Early Challenges in Written Communication with compromises

521. Functional Developmental Emotional Capacities

522. Auditory Processing and Language

523. Visuospatial Capacities

524. Regulatory-Sensory Processing Patterns

525. A Combination of the Above Areas

Early Challenges in Organizing Capacities
(Executive Functioning) with compromises in

526. Functional Developmental Emotional
Capacities

527. Auditory Processing and Language

528. Visuospatial Capacities

529. Regulatory-Sensory Processing Patterns

530. A Combination of the Above Areas

Axis II: Functional Emotional Developmental Capacities :

RATE EACH AS: Mastered/Constricted/Not Present/NA

level 1 - Shared Attn and Regulation (0-3 months)

level 2 - Engagement and Relating (2-6 mo)

level 3 - Two-Way Purposeful Communication (4-9 mo)

level 4 - Shared Social Problem Solving (9-18 mo)

level 5 - Creating ideas (18-30 mo)

level 6 - Building Bridges Between Ideas: Logical Thinking
(30-48 mo)

level 7 - Multi-Cause Comparative Thinking (4-6 yr)

level 8 - Emotionally Differentiated Gray-Area Thinking (6-10
yr)

level 9 - Intermittent Reflective Thinking, A Stable Sense of
Self, and an Internal Standard (9-12 yr and beyond)

NDRC – NEURO-DEVELOPMENTAL DISORDERS OF RELATING & COMMUNICATION - FUNCTIONAL EMOTIONAL DEVELOPMENTAL LEVELS

Child:	Caregiver:		Examiner:		Date:	Diagnosis:	
	1	2	3	4	5	6	7
Draw line through To highest level (1-6) child has reached The more robust and qualitative, the higher the rating.	Not reached	Barely even with support-very intermittent (very in and out)	With persistent and/or predictable support has islands of this capacity	With structure and scaffolding, given high affect, gestural, language, sensorimotor support can expand	Not at age-expected level, immature-fragmented; may be cyclical but comes back for more	Age-appropriate level but vulnerable to stress and/or with constricted range of affects	Age-appropriate level with full range of affect states.
Functional Capacities							
I. Self-Regulation And Attention Take in sights and sounds and maintain shared attention							
II. Engagement And Relating Woo another or be wooed, stay engaged through emotions							
III. Use Affect to Convey Intent - Two Way Communication For requests, emerging back and forth interactions							
IV. Behavioral Organization Problem Solving Continuous flow of affective interactions with people for shared social problem solving							
V. Creates and Elaborates With Symbols .Represents ideas and emotional themes .							
VI. Emotional Thinking Logical –Abstract Bridges ideas, elaborates and can reflect on actions, motives, aware of time and space							

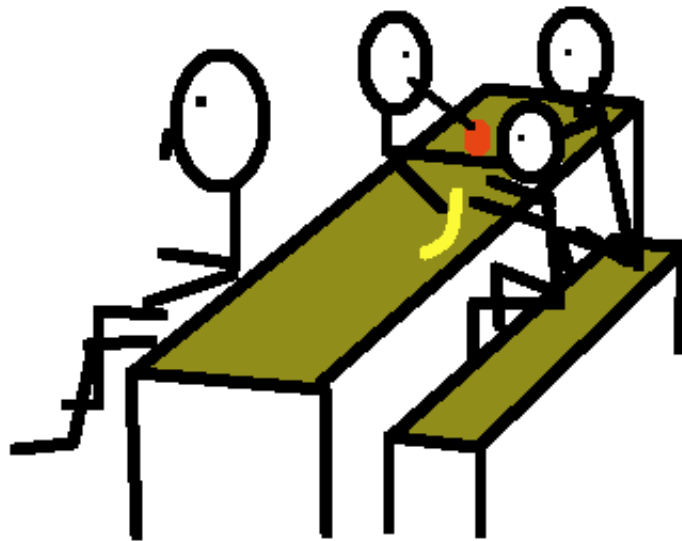
1-> 4: Child requires caregiver support; 5-> 6: Child attains developmental level independently but constricted; 7: Age appropriate

Quick Example: Charlie

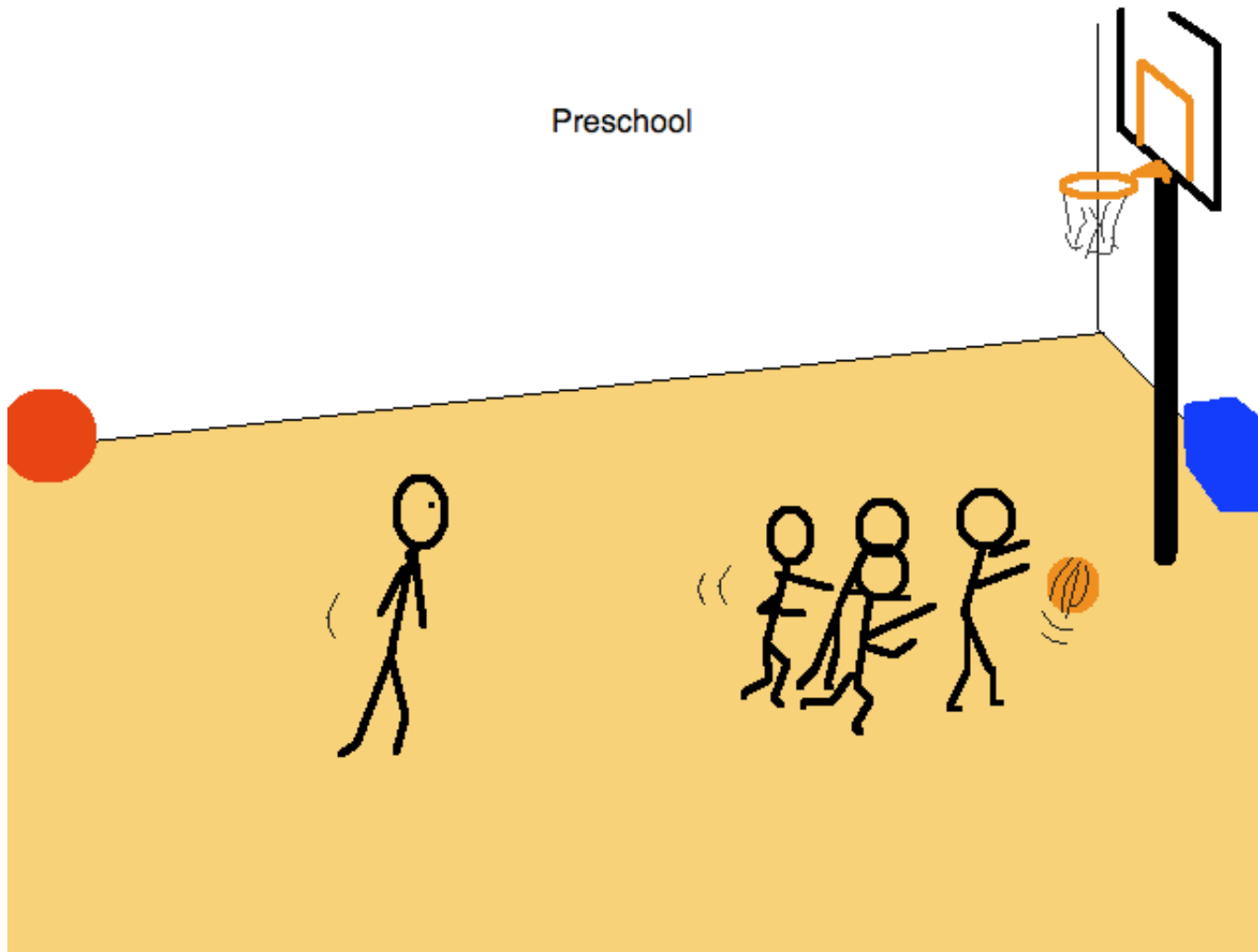
- Public School example
- Model case seen at Asilomar 2009
- From disconnected and gawky to more coordinated and connected

Snacktime - preschool

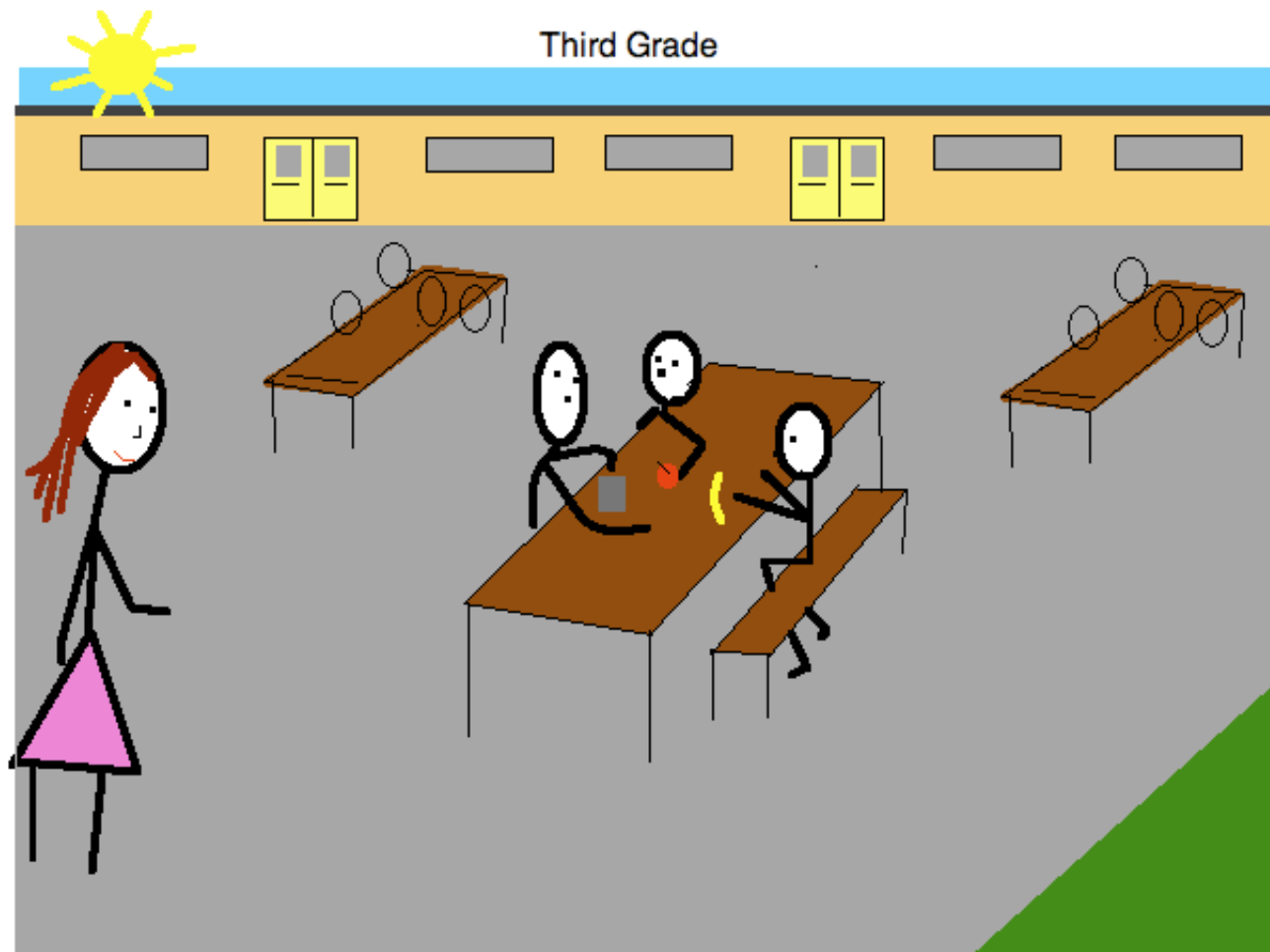
Preschool



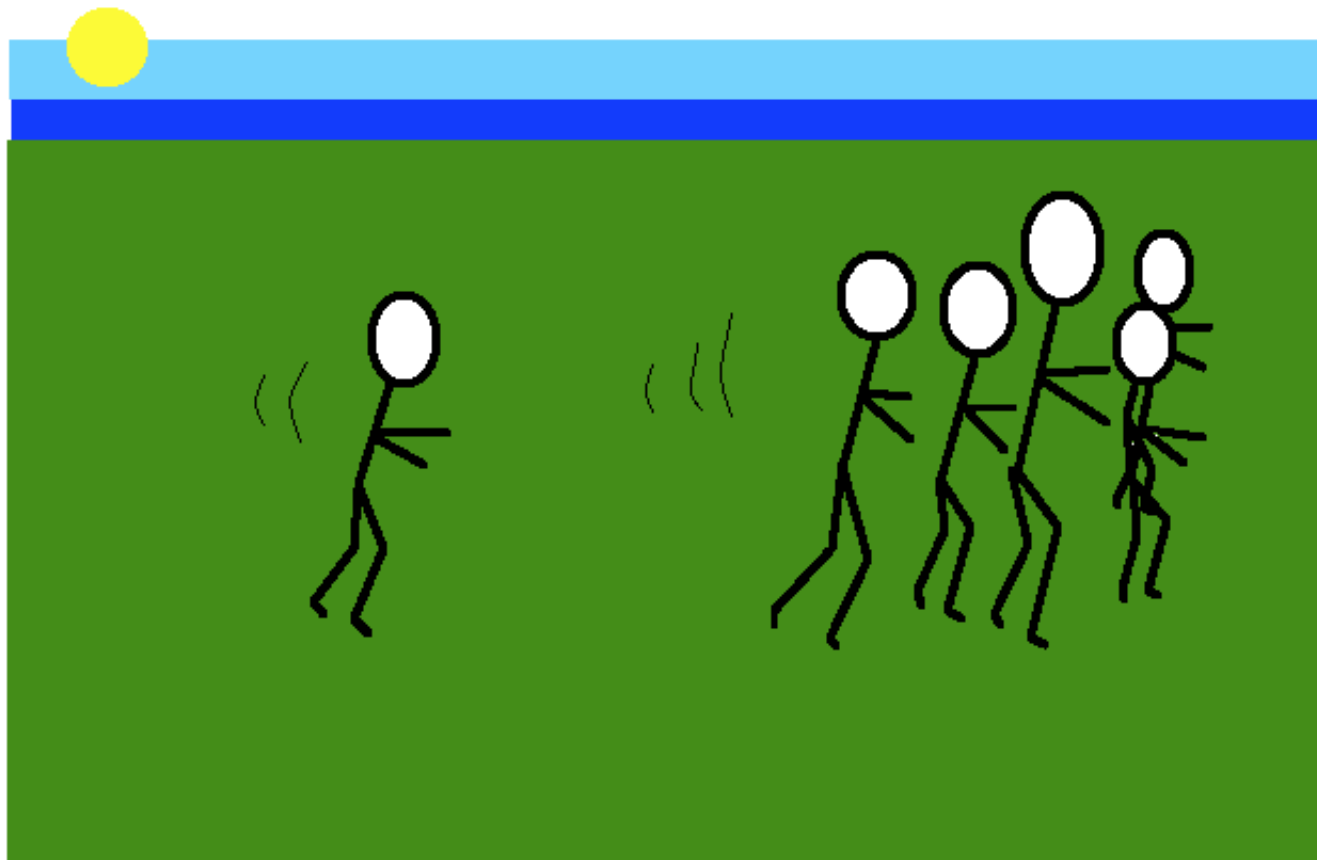
Recess - preschool



Peers



Third Grade



Charlie's FEDL over time:
social problem solving, from managing vigilance to stepping
back, and then critical thinking

	Not there	Barely	Islands	Expand s	Comes back	Ok if not stressed	Ok for age
Co-regulate		5/05					
Engage	5/05						
Circles	5/05						
Flow	5/05						
Symbolic	5/05						
Logical	5/05						
Multicausal	5/05						
Grey area	5/05						
Reflective	5/05						

Charlie's FEDL over time:
social problem solving, from managing vigilance to stepping
back, and then critical thinking

	Not there	Barely	Islands	Expand s	Comes back	Ok if not stressed	Ok for age
Co-regulate		5/05, 3/06					
Engage	5/05	3/06					
Circles	5/05	3/06					
Flow	5/05, 3/06						
Symbolic	5/05, 3/06						
Logical	5/05, 3/06						
Multicausal	5/05, 3/06						
Grey area	5/05, 3/06						
Reflective	5/05, 3/06						

Charlie's FEDL over time:
social problem solving, from managing vigilance to stepping
back, and then critical thinking

	Not there	Barely	Islands	Expand s	Comes back	Ok if not stressed	Ok for age
Co-regulate		5/05, 3/06	3/07				
Engage	5/05	3/06	3/07				
Circles	5/05	3/06, 3/07					
Flow	5/05, 3/06	3/07					
Symbolic	5/05, 3/06	3/07					
Logical	5/05, 3/06	3/07					
Multicausal	5/05, 3/06, 3/07						
Grey area	5/05, 3/06, 3/07						
Reflective	5/05, 3/06, 3/07						

Charlie's FEDL over time:
social problem solving, from managing vigilance to stepping
back, and then critical thinking

	Not there	Barely	Islands	Expand s	Comes back	Ok if not stressed	Ok for age
Co-regulate		5/05, 3/06	3/07	3/08			
Engage	5/05	3/06	3/07	3/08			
Circles	5/05	3/06, 3/07	3/08				
Flow	5/05, 3/06	3/07	3/08				
Symbolic	5/05, 3/06	3/07, 3/08					
Logical	5/05, 3/06	3/07, 3/08					
Multicausal	5/05, 3/06, 3/07	3/08					
Grey area	5/05, 3/06, 3/07,	3/08					
Reflective	5/05, 3/06, 3/07	3/08					

Charlie's FEDL over time:
social problem solving, from managing vigilance to stepping
back, and then critical thinking

	Not there	Barely	Islands	Expand s	Comes back	Ok if not stressed	Ok for age
Co-regulate		5/05, 3/06	3/07	3/08	3/09		
Engage	5/05	3/06	3/07	3/08	3/09		
Circles	5/05	3/06, 3/07	3/08	3/09			
Flow	5/05, 3/06	3/07	3/08, 3/09				
Symbolic	5/05, 3/06	3/07, 3/08	3/09				
Logical	5/05, 3/06	3/07, 3/08	3/09				
Multicausal	5/05, 3/06, 3/07	3/08	3/09				
Grey area	5/05, 3/06, 3/07,	3/08, 3/09					
Reflective	5/05, 3/06, 3/07	3/08, 3/09					

Axis III: Regulatory-Sensory Processing Capacities

See Axis I categories and think about the range of challenges:

- None
- Challenges but within a Normal range of variation
- Mild to Moderate Impairments
- Severe Impairments

Axis IV: Language capacities

See Axis I and think about the range of challenges:

- Within range of normal variation
- Mild to moderate impairment
- Severe impairment

Axis V: Visuospatial Capacities

(lines of development from 1 yr to 5 yr):

1. Body Awareness and Sense (purposeful movement; interactive play; boundaries btw self/other; affect others; coordinated action)
2. Location of Body in Space (movement; observe movement relative to self; purposeful movement relative to moving object; planning; team player)
3. Relations of Objects to Self and Other Objects and People (Reciprocal Social Interaction; self-control; symbols; rules; boundaries/membership)
4. Conservation of Space (1D space; 3D & movement can change; relative movement of 3D object; relative movement of object to object; 4D)
5. Visual Logical Reasoning (know via sensori-motor action; planning; cause & effect; stable Visuospatial thinking; logical)
6. Representational Thought: Drawing, Thinking, Visualizing (direct; symbols; play; purpose; matching space to thought)

Axis VI: Caregiver and Family Patterns

RATE AS: fully supporting/minor interference/ moderate interference/ major impairment

1. comforting the child
2. finding appropriate levels of stimulation to interest the child
3. pleasurably engages the child
4. reads and responds to the child's emotional signals
5. tends to encourage the child

Relationships - Caregiver Profiles (Feder's modifications)

	Not yet able to support	Just starting to support	Islands of support	Moderately effective in supporting '50%'	Becoming consistent in ability to support	Effective except when stressed	Very Effective in supporting
Comforting the child							
Finding appropriate level of stimulation							
Pleasurably engages the child							
Reads child's emotional signals							
Responds to child's emotional signals							
Tends to encourage the child		1					

Axis VI

Potential problems:

1. over-stimulating
2. withdrawn/ unavailable
3. lacking pleasure, zest
4. chaotic in reading/ responding to child
5. fragmented/ insensitive
6. rigid/ controlling
7. concrete in reading/ responding
8. illogical in reading/ responding
9. avoidant of certain emotional areas
(security/safety; dependency; pleasure/excitement; assertiveness/exploring;
aggression;
love; empathy; limit setting)
10. unstable in the face of intense emotion

Axis VII: Stress

- Identify potential sources of stress
- Determine the onset, severity, and duration of the stressors identified
- Assess the child's change in functioning and mental health, possibly influenced by the stressors
- Can rate as 'no impact; mild to moderate impact; severe impact'

Axis VIII: Other Medical and Neurological Disorders

(too numerous to list them all...)

- **Anemia, nutritional**
- **Brain injury, perinatal, etc.**
- **Cat Scratch, Coxsackie**
- **Digestive**
- **Epilepsy**
-
-
- *Zebras....*

Feder's Advice for Using the DMIC in Clinical Work

- Keep the tree in mind
- Work together – we are reflective
- Try to understand each area of interest – do a thorough assessment, together!
- Walk around with it a while
- Pick out the main themes and issues in formulating the DMIC diagnosis
- Figure out where you and others can make a difference at different places in the system

The Learning Tree

