



# Disorders of Relating and Communicating

## Fact Sheet

Summer 2009

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### Condition Description

Disorders of Relating and Communicating are formal mental health diagnoses given to infants or toddlers by a licensed mental health professional using the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC:0-3R). Children who qualify for Disorders of Relating and Communicating demonstrate extreme difficulty in relating to and communicating with others and demonstrate difficulty in the regulation of numerous processes. These diagnoses should not be used if the child is over two years old and qualifies for the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Revised (DSM-IV-TR®) diagnosis of Autistic Disorder. The DSM-IV-TR® disorder should be used instead of Disorders of Relating and Communicating.<sup>1</sup>

### Impact on Learning and Development

If untreated, young children with Disorders of Relating and Communicating may experience delays in development and demonstrate difficulties in their relationships with others. They may also demonstrate difficulties in later school achievement and develop behaviors that require juvenile corrections interventions.<sup>2,3</sup>

### Treatment Options

While evidence based mental health treatments are few in number for children under the age of five, the leading evidence based treatment for Disorders of Relating and Communicating includes Intensive Communication Training

provided to the child and the child's parents.<sup>4</sup> Additionally, consistent and frequent communication across all of the systems working with the child (the child's primary care givers, child care providers, primary health care providers, mental health providers, etc.), is essential for optimal success in treatment.<sup>5</sup>

### References

- <sup>1</sup> Zero to Three (2005). Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition. Washington: ZERO TO THREE Press.
- <sup>2</sup> Zigler, E., Taussig, C., & Black, K. (1992). Early childhood intervention: A promising preventative for juvenile delinquency. *American Psychologist*, 47(8), 997-1006.
- <sup>3</sup> President's New Freedom Commission on Mental Health. (2003). Goal 4: Early mental health screening, assessment and referral to services are common practice. *Achieving the Promise: Transforming Mental Health Care in America*. 57-66.
- <sup>4</sup> Child and Adolescent Mental Health Division, Hawaii State Department of Health (2009). Blue Menu: Evidence-Based Child and Adolescent Psychosocial Interventions [On-line]. Available: <http://hawaii.gov/health/mental-health/camhd/library/webs/ebs/ebs-index.html>
- <sup>5</sup> Parlakian, P. and Seibel, N.L. (2002). *Building Strong Foundations, Practical Guidance for Promoting the Social-Emotional Development of Infants and Toddlers*. Washington: ZERO TO THREE Press.