



# Deprivation/Maltreatment Disorder

## Fact Sheet

Summer 2009

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### Condition Description

Deprivation/Maltreatment Disorder is a formal mental health diagnosis given to an infant or toddler 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 qualifying for this diagnosis have experienced severe and persistent neglect from their primary caregiver or documented physical or emotional abuse. Three types of this disorder exist:

- Emotionally withdrawn or Inhibited Pattern- the child rarely seeks comfort or does not respond to comfort when distressed;
- Indiscriminate or Disinhibited Pattern- the child seems overly familiar with adults he/she does not know;
- Mixed Deprivation/Maltreatment Disorder- child demonstrates symptoms from both of the Inhibited and Disinhibited Patterns. <sup>1</sup>

### Impact on Learning and Development

If untreated, young children with Deprivation/Maltreatment Disorder 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 treatments for Deprivation/Maltreatment Disorder include Cognitive Behavioral Treatment with Parents and Parent Child Interaction Therapy. <sup>4,5</sup> Additionally, as with all interventions targeted toward young children, 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>6</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> Cohen, J. A., & Mannarino, A. P. (1996). A treatment outcome study for sexually abused preschool children: Initial findings. (CBT for Sexually Abused Preschoolers). *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 42-50.
- <sup>5</sup> Child and Adolescent Mental Health Division, Hawaii State Department of Health (2009). Blue Menu: Evidence-Based Child and Adolescent Psychosocial Interventions [Online]. Available: <http://hawaii.gov/health/mental-health/camhd/library/webs/ebs/ebs-index.html>
- <sup>6</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.