Complex Developmental Behavioural Conditions (CDBC) Practice Recommendation

Complex neurodevelopmental profile: Operationalization of a term to capture complexity

The challenge of capturing complexity in CDBC assessments

For some children who are assessed through the CDBC network, the diagnoses made do not capture the complexity of the child's presentation and functional needs. For these children, practitioners need some way of communicating the high level of need for support across multiple areas. The goal of this document is to define and operationalize terminology used to describe children with complex presentations, and to align language between the CDBC network and Ministry of Education and Child Care's *Inclusive Education Services Manual of Policies, Procedures and Guidelines.*

While CDBC assessments provide medical/developmental diagnoses, diagnoses alone do not capture the functional needs of our patients (Ip, Poon, & Oberlander, 2023). Furthermore, many patients' developmental needs do not fall neatly into our existing diagnostic categories. By introducing the term "complex neurodevelopmental profile" we hope to capture the neurodevelopmental profiles of children who have multiple areas of impairment and who require planning and support to flourish. This term would also communicate a child's developmental needs without communicating their biological parents' medical history, as CDBC recognizes that some parents may not want their medical information (including substance use history) shared with their child's school.

Diagnoses made in developmental assessments often influence planning of supports and services for the student by the school district. As a result, CDBC teams have traditionally recommended schools assign a "chronic health impairment designation" when it is thought a child would benefit from this. School districts, however, have internal processes for determining and approving designations. As CDBC is a provincial network, it is impossible to align our terminology to every school district. This document is meant to clarify the role of CDBC in providing diagnostic clarity and the role of school districts in determining designations, while formally introducing and operationalizing a term (not a diagnosis) that can be utilized to capture the functional challenges our patients may face. This clarity will help direct systems of care that reflect health equity and accessibility.

BC Ministry of Education and Child Care - Inclusive Education Policies, Procedures and Guidelines

In the governance model for the British Columbia education system, local boards of education have authority to determine the delivery of education programs in their schools, including decisions related to resource allocations, human resources, and specific student services. The Ministry of Education and Child Care works with school districts and other education partners to facilitate the educational success of all students, while school districts are responsible for decisions regarding the planning and provision of supports and services to students in their jurisdiction.

Designating a student in one of the Ministry of Education and Child Care's inclusive education categories is a school district/independent school authority (ISA) decision. It is up to the school district/ISA to determine if a student meets the criteria for designation. However, a designation is not a prerequisite for students to receive the support and services they need to help them achieve their educational goals. *Every student, regardless of whether they have a medical diagnosis or designation, has the right to access supports and services to meet their learning needs and access an education.*

The Ministry of Education and Child Care's inclusive education manual provides school districts/ISAs with the criteria for determining designation in each inclusive education category. In some cases, children assessed through the CDBC network or by qualified specialists (psychiatrist, registered psychologist with specialized training, or medical professional specializing in developmental disorder) may be designated under the Ministry of Education and Child Care's inclusive education category D (Physical Disabilities or Chronic Health Impairment). The manual states, "in some cases, students diagnosed through the Complex Developmental Behavioural Conditions (CDBC) Network as children and youth with complex needs may be included in this category [...] the assessment must include and integrate information from multiple sources and various professions from different disciplines that indicates the student with fetal alcohol spectrum disorder (FASD) or complex developmental behavioural conditions is exhibiting an array of complex needs, with two or more domains being impacted (social-emotional functioning, communication, physical functioning, self-determination/independence, and academic/intellectual functioning)" (*p*. 64).

The manual goes on to clarify: "medical diagnosis, by itself, does not determine the inclusive educational services required by a student with physical disabilities or chronic health impairments. It is the extent and impact of the physical/medical condition on the student's functioning, and the consequent need for services which enable them to access an educational program and participate in a meaningful way, that are the determinants" (*p.* 65).

The goal of an assessment, with respect to designation, is to better understand the student's strengths and needs to plan more effectively for that student. *While an assessment is a valuable piece of*

information provided to the school-based team to support educational planning, it is not a requirement for providing support and services to students. The goal of an assessment should be to seek further understanding of a child's needs.

Neurodevelopmental disorders (NDD) and DSM-5-TR terminology - When do we use the terms "Other specified neurodevelopmental disorder" and "unspecified NDD"?

In the DSM, the neurodevelopmental disorders are a group of conditions with onset in the developmental period (e.g., intellectual disability, attention-deficit/hyperactivity disorder [ADHD]). "Other specified neurodevelopmental disorder (NDD)" and "unspecified NDD" are DSM-5-TR diagnoses which are meant to be used when the symptoms *do not meet the full criteria for ANY of the disorders* in the neurodevelopmental disorders diagnostic class but are "characteristic of a neurodevelopmental disorder that causes impairment in social, occupational, or other important areas of functioning." (APA, *p*. 99). A child with ADHD and a learning disorder has two neurodevelopmental disorders, and in most cases would not warrant an additional DSM diagnosis of NDD.

In some cases, a child can be diagnosed with "other specified neurodevelopmental disorder" or "unspecified neurodevelopmental disorder" in addition to another neurodevelopmental disorder, if there are symptoms not captured by the given neurodevelopmental diagnoses. For example, a child can have a DSM diagnosis of speech sound disorder, and additionally have severe executive functioning problems, sensory issues, and emotional dysregulation which together can warrant a DSM diagnosis of "other specified neurodevelopmental disorder" or "unspecified neurodevelopmental disorder." In contrast, a child with diagnoses of specific learning disorder and ADHD would not warrant an additional diagnosis if the presenting symptoms (such as executive dysfunction or slow speed of processing) are already captured by their diagnoses of ADHD and specific learning disorder.

Note: A DSM diagnosis of "other specified neurodevelopmental disorder" or "unspecified neurodevelopmental disorder" does not in and of itself mean that there is a complex presentation. It could be used to describe specific functional impairments such as slow processing speed or executive dysfunction, if not otherwise captured in another diagnosis.

CDBC's recommendation for diagnostic/descriptive language to capture complex presentations

To communicate that a child has a complex profile and complex needs (as described in this document), CDBC guides clinicians to describe the child as having a "*complex neurodevelopmental profile."* When the term "complex neurodevelopmental profile" is used in the way described in this document, it is consistent with what the Ministry of Education and Child Care's Inclusive Education Manual calls "complex developmental behavioural conditions" (*p.* 64).

What constitutes a *complex* neurodevelopmental profile?

To help standardize terminology within the network, CDBC clinicians are to reserve the description of a complex neurodevelopmental profile for when there are *at least two non-overlapping areas of significant functional impairment*. Please note these categories are different from the categories outlined in the Canadian FASD guidelines and are consistent with the BC Ministry of Education and Child Care's guidelines. Functional impairment could be identified in different ways and must incorporate information from the child's school, caregivers, and at least two specialists/clinicians. Broadly, domains to be considered include:

1. Social-emotional functioning (including emotional regulation)
2. Communication
3. Physical functioning (gross or fine motor functioning)
4. Self-determination/independence (adaptive functioning)
5. Academic/intellectual functioning (cognition, academic achievement, memory, attention, executive functioning)

A complex neurodevelopmental profile does not need to have an identified etiology. In some cases, there is a presumed etiology (e.g., extreme prematurity). In many cases, the etiology will be multi-factorial, and result from the interplay of medical, genetic, psycho-social, and developmental factors. Each child's presentation and needs are unique. The strengths and challenges of children with a complex neurodevelopmental profile are highly variable and support needs will vary.

Examples of ways to identify a functional impairment

1. A diagnosis is present which includes functional impairment in the definition (e.g., ADHD, developmental coordination disorder [DCD], attachment disorder, language disorder, specific learning disorder, separation anxiety disorder).
2. Specialist identified the area as functionally impaired and in need of intervention, based on at least two of the following: standardized testing, interview, observation, and records review (e.g., language identified as delayed and in need of communication therapy). Standardized testing is not necessary in all functional domains. However, standardized psychological assessment should almost always be present to identify a functional impairment in the academic/intellectual functioning domain.

Note: When a condition is present where its' definition affects multiple domains (e.g., intellectual developmental disorder), a complex neurodevelopmental profile should only be described if the presentation is in excess of what would be expected based on the diagnosis.

Recommendation for documentation

Diagnostic summary:

1. List DSM diagnoses and significant medical diagnoses affecting development including FASD, or At-Risk for FASD.
2. Consider a DSM diagnosis of "Other specified (or unspecified) neurodevelopmental disorder," as long as the symptoms are not captured under another neurodevelopmental diagnosis.

Functional description:

It is recommended to add a brief functional description in addition to the diagnostic summary. This section is especially important when the diagnoses do not fully "capture" the complexity of the child and their functional needs. For example:

> *Sally has a complex neurodevelopmental profile characterized by significant difficulty with attention, executive functioning, fine motor skills, and everyday living activities. Investigation into etiology is underway, and yet a defined etiology should not affect support and planning.*
>
> *Joey has an extensive history of disrupted attachments and early life trauma. He presents with a complex neurodevelopmental profile characterized by severe anxiety, ADHD, and academic difficulties.*
>
> *Fred was prenatally exposed to cocaine and born extremely premature. He currently presents with a complex neurodevelopmental profile consistent with this history.*

Recommendations section:

When appropriate, comment on how the diagnosis or profile is impacting their educational outcomes, including information to support the development of an individual education plan (IEP) or student support plan (SSP) that recognizes their strengths, needs, and goals.

> *[CHILD's] file should be reviewed based on the information in this report to inform discussions regarding supports and services. We strongly support reviewing this assessment/report to inform the development of a Student Support Plan (SSP) or an Individual Education Plan (IEP) for [CHILD].*
>
> *[CHILD] has a complex neurodevelopmental profile, which impacts their educational outcomes in the following domain(s): [social-emotional functioning, communication, physical functioning, self-determination/independence, and academic/intellectual functioning]* (select which are appropriate to include, and provide examples where possible). For example: *[CHILD's] complex*

neurodevelopmental profile is impacting their ability to learn at school due to significant attention problems, difficulty learning new material, and social anxiety which makes it difficult to ask for help and socialize with peers.

References

Government of British Columbia. (2024). *Inclusive Education Services Manual of Policies, Procedures and Guidelines*. Last updated January 20, 2025.

Ip, Angie & Poon, Brenda & Oberlander, Tim. (2023). *Rethinking diagnosis-based service models for childhood neurodevelopmental disabilities in Canada: A question of equity*. *Paediatrics & Child Health*. 28(*8*), 480-482.

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