10 - QE52.0 Caregiver child relationship problem

QE52.0 Caregiver-child relationship problem

721 Relationship problems and maltreatment Caregiver–child relationship problem Essential (required) features • Substantial and sustained dissatisfaction with the caregiver–child relationship (including adolescents) is required for diagnosis; this may be manifested in: • a pervasive sense of unhappiness with the relationship; • for the child, repeated running away, persistent thoughts of running away or fantasies of having another caregiver; • for the caregiver, wishing the child were totally different or had not been born, or thoughts of relinquishing care of the child; • the child allying themselves strongly with one parent and rejecting a relationship with the other parent, without evidence of maltreatment by the rejected parent – this primarily occurs in the context of a high-conflict relationship between two parents, including separation or divorce. • The dissatisfaction is associated with disturbance in at least one major area of functioning, such as the following: • behaviour (e.g. persistent and intense conflicts, pervasive withdrawal or neglect; lack of positive behaviours; failure to socialize child through nonexistent or poorly enforced limits; poor monitoring of the child's activities; overinvolvement in child's activities; child concealment of activities; child's persistent rejection, denigration and criticism of the caregiver); • cognition (e.g. pervasive negative attributions of caregiver or child intent); • emotion (e.g. persistent and intense anger, contempt, sadness or apathy); • physical health (i.e. exacerbation of medical or psychological symptoms or significant interference with provision of medical or psychological care); • interpersonal interaction (e.g. social isolation, decreased involvement in social activities); • major life role activities (e.g. work, school, caregiving). Note: behaviours associated with each area will vary according to the developmental stage of the child or adolescent, as well as the cultural context. This category should only be considered as applicable within a child or adolescent's primary caregiving relationships, which may include relationships with parents, grandparents or other significant long-term caregivers. This category may be assigned to either the child or the caregiver, depending on who is being evaluated. In situations in which a caregiver–child dyad is being evaluated, substantial and sustained relationship dissatisfaction, if present, is commonly – although not always – experienced by both parties. The diagnosis may be assigned to both parties if applicable. Additional clinical features • Problems in caregiver–child relationships are associated with the development of oppositional defiant disorder and conduct-dissocial disorder. QE52.0

Problems in relationship between child and current former caregiver and current or past child maltreatment

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders Boundary with normality (threshold) • Temporary fluctuations in parenting behaviours due to stress or illness are common. For example, a parent undergoing serious medical treatment may be unable temporarily to meet a child’s needs appropriately. Similarly, more focused conflicts with caregivers are common among adolescents. Caregiver–child relationship problem should only be assigned if the relationship distress is substantial and sustained, and affects functioning. Course features • Caregiver–child relationship problem has a variable course. In some cases, relationship distress has a chronic course; in other cases, it may show substantial improvement over time. Developmental presentations • Young children are more likely to present with attachment problems (insecure or disorganized patterns), difficulty separating from parents or caregivers, or physical complaints than psychological symptoms. Psychological symptoms are more likely among older children and adolescents. • In infants or young children, distress may be exhibited by persistent withdrawal from the caregiver, freezing behaviours or heightened reactivity around the caregiver. Significant impact may be evidenced by a lack of appropriate developmental progression or even a loss of skills in an infant or young child. • For children or teens, distress may be exhibited by physical aggression, poor cooperation or oppositional behaviour with the affected caregiver, or by refusal to interact with the affected caregiver. • Older caregivers, such as grandparents, may be more vulnerable to problems in their relationships with high-energy children. Sex- and/or gender-related features • Although both the nature of the parental acts and their impact can vary by gender, boys and girls are equally likely to experience a caregiver–child relationship problem. Problems in relationship between child and current former caregiver and current or past child maltreatment

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