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Applications for parent-child relationship concerns

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Applications for parent-child relationship concerns

Abstract

The parent-child relationship is the foundation for formative life experiences and is a common diagnosable concern in the professional counseling and human service field. This work briefly addresses the DSM-IV-TR diagnosis V 61.20 Parent Child Relational Problem, providing prevalence rates, and related risks as well as two specific intervention strategies. Intervention strategies include the use of temperament traits and the communication of love between individuals. A handout follows the text of this work which may be used with clients.

APPLICATIONS FOR PARENT – CHILD RELATIONSHIP CONCERNS

A Research Paper

Presented to

The Department of Educational Leadership, Counseling,
and Postsecondary Education
University of Northern Iowa

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

by

Christy A. F. Jenkins

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of Master of Arts.

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Abstract

The parent – child relationship is the foundation for formative life experiences and is a common diagnosable concern in the professional counseling and human service field. This work briefly addresses the DSM-IV-TR diagnosis V61.20 Parent Child Relational Problem, providing prevalence rates, and related risks as well as two specific intervention strategies. Intervention strategies include the use of temperament traits and the communication of love between individuals. A handout follows the text of this work which may be used with clients.

Applications for Parent Child Relationship Concerns

This began as a project related to this author's work in the child welfare system. Working with parents with varied backgrounds and knowledge, a professional needs to have a set of information available to parents which is basic and can be translated to “how to” steps to foster a better family environment. The following information was gathered and used to find tools to use with parents and families that was the least intimidating while still addressing basic relational needs in the family home. While this information is directly applicable to the parent – child relationship, professionals may be able to easily adapt this information to other adult relationships.

Clinical Implications

Professionals rely upon the *Diagnostic and statistical manual of mental disorders-IV-TR* (DSM IV TR) (1994) to diagnosis individuals. When giving the least harmful diagnosis for an individual, a V-code is preferable, even when not accepted by many insurance companies. This work originated for working with a V61.20 Parent Child Relational Problem diagnosis, however the following information is also applicable to a variety of other diagnoses, such as an adjustment disorder or for support in managing an Axis IV support system or home stability concern. The DSM-IV-TR (2004) states the Parent Child Relational Problem, “..should be used when the focus of clinical attention is a pattern of interaction between parent and child (e.g., impaired communication, overprotection, inadequate discipline) that is associated with clinically significant impairment in individual or family functioning or the development of clinically significant symptoms in parent or child.”

Practical Implications

Clinical sources are at best a guideline and many times unclear when working with diverse populations who may provide very limited background information and inconsistent availability for support services. However, regardless of diagnosis or reason for involvement in counseling or other human service field provider, the parent child relationship is important to address as Schroeder and Gordon (2002) indicate Parent – Child Relational Problem is “the second most common diagnosis (4.6% at all severity levels, 1.1% most severe)...most often diagnosed at age 2 years” (p.47). As noted by Willacy (2007), “Getting to the bottom of parent-child relationship problems can be difficult because there can be many different underlying issues. The possible outcomes may also vary depending upon individual families, religion, culture, attitudes, ethnicity and resources available.” These concerns can be addressed by a variety of interventions, including: Counseling; family counseling and therapy, parental education and training, self-help, referral, marriage guidance, social support, medication to treat specific health problems, police/law enforcement, change schooling (e.g. different school, boarding or private education), and pediatric health care (Willacy, 2007).

Selected tools

While a number of curriculum, activities, and classes are available for parenting and understanding relationships, the following two tools will provide a quick and basic starting point for families. This information can be expanded upon further with the source material which was selected for getting “the most bang for the buck” when working with families on limited incomes and public library availability.

Temperament Tools. Temperament can be thought of as the way an individual deals with the world and is generally thought of as a fairly static trait through life, however an individual may be able to adapt to some extent over time. Neville and Johnson (1998) present temperament in eight categories: activity, adaptability, approach to new things, frustration reaction, intensity, mood, and sensitivity. Each category lies on a continuum to indicate both extremes of each trait, with the intent to have each parent/caregiver plot their own placement as well as the child(ren). After plotting each parent/caregiver and child, trends can be noted to be used to support the parent/caregiver in making changes when interacting with the child(ren) to best meet the child's needs and begin to assist the child(ren) in learning to interact and communicate with the world within their context. Appreciation and understanding of differences and sameness in trait areas can be helpful for many parents/caregivers to begin better understanding the child(ren). Beyond this basic tool the source text will go on to provide further specific information for parents/caregivers related to working with the child(ren)'s traits including: keys to living with specific traits, parent care, behavior issues, learning styles, and language to use with the children to accept and communicate trait related needs.

Love Languages. Love Languages (Chapman, 1995) have been around for some time in the world of couples counseling, and have been more recently adapted texts for both children and teens. Some users of this material may be skeptical due to the link between this material and the Christian faith background. Upon review, these texts do not seem to push a Christian agenda and addresses “morality” as being defined by the family. The basic ideas of the Love Language paradigm can be used without relationship

to any religious or spiritual belief system and are easily related to human needs of belonging and ways to demonstrate belonging toward others in a language they best understand. The texts also address the various family compositions we may see, including single parent and blended families.

Love languages are explained to the reader as a way to fill a person's "emotional tank" (Chapman & Campbell, 2005, p.17). Chapman and Campbell (2005) explain "When your child feels loved, he is much easier to discipline and train than when his 'emotional tank' is running near empty" (p.17) and this emotional tank can be filled with expressions of unconditional love expressed in any of the five languages, however most individuals have one language they speak most fluently. The five love languages are as follows: words of affirmation, physical touch, quality time, acts of service, and gifts. Some parents/caregivers may be able to quickly identify their child(ren)'s primary love language, however this is not always an easy task. Each Love Language book includes an inventory/quiz/assessment which will help determine each person's preferred language. Once a language is identified, it does not mean the other languages are not necessary. Rather this is a guide to help individuals understand how love is being expressed, especially in households where individuals speak different love languages.

Summary

Temperament traits and Love Languages are two basic tools which can be used to assist in fostering a stronger parent-child relationship, as well as other relationships. While these tools are not meant to be a cure all, they can provide a step toward understanding and relationship growth. A handout follows for use with clients.

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Handout

V61.20 Parent Child Relational Problem

This category should be used when the focus of clinical attention is a pattern of interaction between parent and child (e.g., impaired communication, overprotection, inadequate discipline) that is associated with clinically significant impairment in individual or family functioning or the development of clinically significant symptoms in parent or child. (DSM IV TR, 1994)

Diagnosis

“Getting to the bottom of parent-child relationship problems can be difficult because there can be many different underlying issues. The possible outcomes may also vary depending upon individual families, religion, culture, attitudes, ethnicity and resources available (Willacy, H., 2007).”

Prevalence

“Parent-child relational problem...the second most common diagnosis (4.6% at all severity levels, 1.1% most severe)...most often diagnosed at age 2 years (Schroeder & Gordon, 2002, p.47).”

Risks

“Environmental risk factors such as poverty, unemployment, crime, single or teenage parenting, poor parent mental health, limited parental education or intellectual ability...have been linked to an overall increase in developmental problems such as developmental delays, maladaptive insecure attachment to the primary caregiver, and child abuse during infancy and toddlerhood as well as school failure, juvenile delinquency, and mental retardation by the time the children are school age (Bernstein & Hans, 1991, p.29).”

Management/Intervention Options

- Counseling; family counseling and therapy, parental education and training
- Self-help
- Referral
- Marriage guidance
- Social support
- Medication to treat specific health problems
- Police/Law enforcement
- Change schooling e.g. different school, boarding or private education
- Pediatric health care (Willacy, H., 2007)

Resources

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders-IV-TR*. Washington DC: Author

Bernstein, V., & Hans S. (1991). Advocating for the young child in need through strengthening the parent-child relationship. *Journal of Clinical Child Psychology*, 20, 28-41.

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Temperament Chart

Adapted from *Temperament Tools: Working with your Child's Inborn Traits*

Activity

Low energy

High energy

--	--	--	--	--	--	--

Adaptability

Low

High

--	--	--	--	--	--	--

Approach to new things

Cautious

High (impulsive)

--	--	--	--	--	--	--

Frustration reaction

Easily discouraged
or frustrated

Persistent

--	--	--	--	--	--	--

Intensity of emotions

Mellow

Dramatic

--	--	--	--	--	--	--

Mood

Somber

Sunny

--	--	--	--	--	--	--

Regularity

Predictable

Irregular

--	--	--	--	--	--	--

Sensitivity

Low

High

--	--	--	--	--	--	--

Love Languages

Adapted from *The five love languages of teenagers* and *The five love languages of children*.

- (1) *Words of affirmation*: words of affection and endearment, praise, encouragement, guidance.
- (2) *Physical touch*: hugs, kisses, pat on the back, and other appropriate physical expressions of love.
- (3) *Quality time*: being together, sharing thoughts and feelings.
- (4) *Acts of service*: doing things for children they may not be able to do for themselves.
- (5) *Gifts*: Greek word *charis* meaning “grace, or an undeserved gift”