

The Importance of the Multiaxial Framework

A Disturbed Parent– Child Relationship: Diagnosis and Formulation

Nicholas, 59 Months Old

Julie A. Larrieu and Charles H. Zeanah Jr.

Introduction

The *DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC:0–5; ZERO TO THREE, 2016, 2021) emphasizes the central role of relationships for young children’s development and psychopathology by devoting an entire axis (Axis II) to the caregiving context. Axis II requires that the young child’s relationship with one or more primary caregivers is assessed as well as provides a characterization of the broader caregiving environment. Both primary caregiving relationships and the caregiving environment are formally rated using a 4-point anchored scale measuring level of adaptive qualities. Each level includes a range of adaptive functioning: Level 1 is *Well-Adapted to Good-Enough*, indicating adequate to exemplary functioning and support; Level 2 is *Strained to Concerning*, indicating careful monitoring is necessary and intervention may be required; Level 3 is *Compromised to Disturbed*, indicating significant clinical concern that requires intervention, and Level 4 is *Disordered to Dangerous*, indicating an urgent need for intervention because of the severe impact on the infant/young child’s development and relationship with the caregiver.

The relationship specific disorder of infancy/early childhood included in the DC:0–5 identifies symptomatic behavior in the young child that is restricted to one relationship; thus, this relationship disorder is included on Axis I. However, a large body of research as well as clinical case reports of relationship-specific psychopathology documents that infants and young children may construct qualitatively different relationships with different adult caregivers (Zeanah & Lieberman, 2016). Thus, the Axis II formulation

provides essential information for understanding the child's broader relational context with individual key caregivers and with the larger caregiving environment.

To illustrate the use of DC:0–5, we describe a composite case of a young boy and his mother and emphasize the Axis II relational context ratings.

Identifying Information and Reason for Referral

Nicholas, a 59-month-old biracial boy whose mother identified as White and whose father identified as Black, was referred to our clinic by the state child protection agency because of bruising on his arms noted by his teacher who contacted child protective services. An investigation led to a substantiated case of child abuse and his placement in foster care. Nicholas and his biological mother, Maria, a 26-year-old woman, were referred for assessment and treatment with the goal of reunification. Maria repeated to us what she had told child protection: that the babysitter was responsible for the bruising. She felt unfairly blamed but agreed to participate in intervention with Nicholas at our clinic. Maria and Nicholas were English speaking and middle class, and Maria and her fiancé—Earl, a 30-year-old Black man (not Nicholas's father)—were employed full time.

History of Presenting Concerns

Nicholas had lived with Maria, Earl, and his two younger sisters—Natalie (42 months old) and Lulu (28 months old)—before being placed in foster care. Natalie and Lulu were also placed in foster care (in two different foster homes), but they were returned to Maria's care after only a few weeks because they presented with no concerning behaviors and had not experienced any physical abuse. Maria had concerns about Nicholas's anger, irritability, violent aggression, and defiant behavior, especially when things did not go his way. She reported that Nicholas had hit his sisters and harmed family pets, and she believed that he would seriously harm others or be harmed if his emotions and behaviors were not better managed and "under control." Maria also thought that Nicholas's behavior was the reason for his removal from the home and the involvement of child protective services, rather than considering the substantiated abuse and her role in her son's removal.

Perinatal/Birth History

Maria reported that Nicholas was her first pregnancy. She had no complications during the prenatal period. When she learned that her baby was a male, she reported that he would be "the man" in her life—her "protector." Despite receiving prenatal care, Maria described her labor and delivery as challenging; she stated that she had not known what to expect given that it was her first pregnancy. Nicholas's father was not involved in his life; he was incarcerated shortly after Nicholas's birth for several years because of convictions related to violent offenses.

Child's Medical/Developmental History

Nicholas was a healthy child with no known medical concerns. He was developmentally on target, although, at times, he was reported to be “hyper” if the environment was highly stimulating. Nicholas met all developmental milestones at or before expectations.

Maria's Background

Maria reported being the oldest child of two; her parents divorced when she was 40 months old. Her father moved from the home, and she and her brother remained living in the home with their mother. Nevertheless, when she was 66 months old, Maria went to live with her father. When she was 10 years old, her father remarried, and she moved to her maternal aunt's home. Then she returned to live with her mother when she was 16 years old. Because they had significant conflicts about rules and responsibilities, Maria became emancipated shortly thereafter. Maria had no medical conditions or significant illnesses as a child or young adult. She denied use of substances outside of occasional social drinking. She completed high school, graduating with honors, and pursued additional training, eventually obtaining a dental assistant certification.

Maria reported having experienced trauma, including childhood abuse and witnessing the shooting death of Natalie's biological father. Maria attended treatment for depression following the murder of Natalie's father; nevertheless, she had only one session of grief work before discontinuing treatment. Maria received no other mental health services to assist her with this trauma or any of her previous losses or traumatic experiences.

Maria reported having experienced multiple violent relationships with men as an adolescent and young adult, including having been beaten, choked, and burned. She stated that Nicholas had witnessed family members physically fighting, hitting, slapping, kicking, and pushing each other; he also witnessed her former boyfriend being arrested. She stated that both she and Nicholas had been told repeatedly that they were worthless, had been yelled at in a frightening manner, and had been threatened with physical assault by her former boyfriend.

Cultural Context and Formulation

Maria reported that she was aware that Nicholas, a biracial boy, was at greater risk for adverse outcomes because of his ethnicity and the racism associated with Black males. She was sure that his behaviors, motivations, and emotional displays would be viewed more harshly than those of White males or females. She reported that respecting rules was very important to her, and she believed that it was essential for Nicholas to behave within expected guidelines so that he could be protected from harm as much as possible, be successful in school, and have positive outcomes in life. She stated that she attempted to teach him the rules he should follow, and it was upsetting to her when he did not follow them, especially because she believed he was bright enough to “know better.”

Clinical Observations

Our initial observation of Maria and Nicholas was an unstructured visit in which Maria came prepared with coloring books and crayons. Nicholas thanked her profusely and their time together started relatively calmly; however, within 15 minutes, Maria began speaking sharply to Nicholas, who furrowed his brow and occasionally curled his lip when looking at her. At one point, Nicholas said the word “evil,” and Maria asked him several times where he had heard that word. She rarely smiled at him, and she did not praise his efforts. At times, Nicholas rocked back and forth on his chair; however, she failed to intervene. After some time, she suggested that they sing their ABCs. She criticized Nicholas for how he sang. She used a harsh tone when speaking to him, even when referring to him as “sweetie” and “baby,” which sent confusing signals. Maria also spoke to Nicholas as if he were her peer. For example, Maria talked about her job and friends, and she also told Nicholas about the date she was having with Earl that evening. At one point she said, “You look just like your father, and that’s no good!” Nicholas appeared to become agitated and frustrated, and then she told him that she did not feel well. She yawned several times and began to disengage from her interactions with him. Nicholas apologized to Maria several times. When the session was over, Nicholas cleaned up while Maria observed silently, not speaking to him or assisting him in the cleanup.

When the session was over, Nicholas stated that he wished to buy a treat from the vending machine. Maria told him that if he was good, he would be able to buy cookies, but she later changed her mind because she thought he was whining when he asked her to move more quickly. Shortly thereafter, Maria decided to purchase the cookies for Nicholas anyway and stated, “You’re welcome to whatever I have.” She allowed him to eat the cookies, placing no limits on the amount, despite Nicholas stuffing whole cookies into his mouth.

From our observation of this visit, we noted both strengths and concerns. Maria reported that she loved Nicholas and was motivated to have him behave responsibly so he did not end up in trouble later in his life. She was able to engage with him during the visit, coloring and singing, and she got him to clean up without difficulty. Nicholas was attentive to Maria and followed her instructions. Nevertheless, in spite of these strengths, we had numerous concerns about Maria’s interactions and the quality of the relationship between Maria and Nicholas. Maria had several challenges with her parenting, which included difficulty communicating clearly, talking to Nicholas in harsh and critical ways, problems setting limits and following through with consequences, and sending Nicholas confusing mixed messages. She had a very limited appreciation of his needs and vulnerabilities and did not read his cues for attention appropriately, including rocking back and forth in his chair as he gazed at her and making comments to which she did not respond. She also had trouble managing his dysregulated feelings and behavior, including when he attempted to eat several cookies simultaneously. Nicholas seemed quite fretful and worried about his mother’s well-being, making several attempts to please her. We were unclear about whether Maria’s difficulties in her interactions and parenting of Nicholas were due to self-absorption, inaccurate knowledge of child development, poor communication skills, or psychiatric or psychological issues. She did appear both sad and irritated during the visit. We scheduled a formal relationship assessment, described next.

Family/Caregiving Environment

Because he was in foster care, Nicholas had two caregiving environments we had to assess. His foster parents were kind, understanding, consistent, and predictable in their care of Nicholas. They were warm but also structured and organized. They appreciated Nicholas's early experiences as well as his current circumstances, listened to his concerns, and applauded his desires and accomplishments. They provided him both support and encouragement in his endeavors and engaged him in activities within their neighborhood and the community. Nicholas could express the full range of emotions with them and received comfort as needed. His foster parents also supported his relationship with his mother and family.

We also assessed the caregiving environment constructed by Earl and Maria, their relationship with each other, and the family relationships that included Natalie and Lulu. Earl and Maria reported having a positive and supportive relationship that was not conflictual or violent. Maria described her relationship with Earl as the healthiest romantic relationship she had ever had. They were comfortable with one another, and when we met with him, he was a calm and supportive presence for Maria. With Natalie and Lulu, they managed their caregiving responsibilities, had good communication, and had satisfactory resolution of disagreements. Natalie and Lulu got along well, except for typical sibling quarrels.

Individual Infant/Young Child

When we met Nicholas, we found him to be a bright, energetic, engaging, and cooperative child. He expressed enthusiasm in the toys we provided and showed sustained attention in his play. He had been in care for several weeks, was comfortable with his foster mother, and she was committed to him. She reported that, despite some initial withdrawal, he had settled into the family's household routines quickly, and he seemed to appreciate the clarity and consistency his foster parents provided. He had come back from weekly visits with his mother and sisters withdrawn and sometimes sullen, but he generally returned to his usual style of cheerfulness and inquisitiveness by the following day. Reports from his early childhood education (ECE) program were that Nicholas was a helpful, compliant, smart, and socially engaging boy who had no significant difficulties with his peers or teachers. He was described as a curious and observant child who was especially responsive to praise and positive attention. The reports of both his foster mother and the school were congruent with what we noted in our evaluation of him in the clinic.

Assessments and Measures

Relationship Assessment: Maria and Nicholas

We evaluated the relationship between Maria and Nicholas with both an interview to assess her representation of him and an observational assessment of how they interacted together in more- and less-structured activities (Larrieu et al., 2019). To assess Maria's

perceptions of Nicholas and her subjective experience of him, we administered the Working Model of the Child Interview (Larrieu et al., 2014). To assess their pattern of interacting, we administered the Crowell Parent–Child Interactional Procedure (Heller et al., 1998; also see Larrieu et al., 2019).

In the Working Model of the Child Interview, Maria demonstrated significant distortions about Nicholas’s personality and inappropriate expectations about their relationship. She described him as threatening, dangerous, and powerful and gave detailed examples throughout the interview of Nicholas as aggressive, callous, and sadistic. When asked to describe Nicholas’s personality, Maria stated that he was “very angry, keeps stuff bottled inside and later lashes out, but is exceptionally intelligent, just like his father.” When asked to choose adjectives that describe Nicholas’s personality, Maria chose “angry,” “intelligent,” “mischievous,” “protector,” and “strong.” She provided specific examples to illustrate these attributes. For example, for the word “angry,” Maria stated,

You can say the least little bitty thing and he goes off . . . goes to fighting, goes to kicking . . . First, it starts with being aggressive with your siblings—he’s done that. Then, you go to animals—Nicholas has killed a hamster. The next thing is to really try to hurt someone. I don’t understand anger like that, that’s evil anger, like Freddy Krueger.

To illustrate “protector,” she said, “He helps with his little sister. He’s been doing that, in terms of protecting and providing.” When asked what makes Nicholas unique compared with other children his age, Maria responded that “He is smart, and he recognizes things that other children his age do not recognize. He’s so great with responsibility—he won’t buckle under pressure like I do.” When asked whether Nicholas had any experiences in the past that may have been setbacks for him, Maria replied “I think that babies understand when their momma gets hit, and Nicholas saw my [previous] boyfriend hit me. Now that is how he [Nicholas] thinks he can get his way with me.”

In the Crowell Parent–Child Interactional Procedure, which involves episodes of play, cleanup, bubbles, teaching tasks, and a brief separation and reunion, Maria and Nicholas displayed a strong emotional connection. Maria showed some playfulness with Nicholas during the procedure, and they had some early moments of cooperation, such as when she requested, per our instructions, that he clean up the toys. Early on, Maria praised Nicholas’s efforts, and he grinned broadly in response.

Although free play involved a good bit of laughing together and seemed enjoyable on the surface as Nicholas played “the doctor” and examined his mother, there also was an undercurrent of tension as she laughingly teased and challenged him, alternating between needing him to take charge and then implying he was not up to the job. Their interaction deteriorated precipitously in the first of two teaching tasks. After he made an incorrect selection in a matching card game, Nicholas peeked under another overturned card. Maria immediately chastised him, calling him a cheater and saying she did not like cheaters. Nicholas, wounded by her words, retreated across the playroom and became sullen, rocking back and forth. Maria several times used a cajoling tone to entice him to return to play. Nicholas, seeking to save face, responded, “Let’s start all over again,” as he began to approach her. However, his appeal to “start

over” triggered an additional barrage of criticism from Maria. Using a stern voice, she told him that he was a poor sport and that he was a crybaby and a cheater and that she did not like to play with cheaters. Nicholas resumed the task, but Maria taunted him, “Ha ha, you lost,” and Nicholas grunted in response. Maria then asked him, “You don’t like me or something?” Nicholas furrowed his brow and growled.

Their struggle continued in the next task with repeated missed opportunities for repair. Nicholas wanted to return to the prior task, but his mother insisted that he could not and that he had to engage in the current task. He began to whine, “No, I don’t,” but she then began to provoke him, insisting “Yes, you do.” Each time, he said, “No, I don’t.” Finally, Nicholas growled angrily. Maria asked him whether he was mad, and Nicholas acknowledged that he was. Soon after this incident, they began arguing about whether he “wanted to play” with his mother. He plaintively insisted that he did want to play with her, but she responded again by lashing out angrily about how when he had the chance, he instead chose to play by himself. She told him, “You’re always playing ugly, and I am trying to play fair.” She added, “You can’t always have your way. You’re going to end up seriously hurting someone, son.” This procedure demonstrated that Maria and Nicholas have familiar patterns of interacting, with both strengths and areas that require intervention. They clearly are invested and connected, but the relationship places undue burden on Nicholas to assuage his mother’s fears and insecurities rooted in her traumatic past.

Relationship Assessment Summary

Nicholas and Maria had strengths that were evident in their relationship. They had a strong connection, each feeling that the other was important and that their relationship mattered. Maria was bright and insightful at times, and she clearly wanted a positive connection with Nicholas. There were moments of mutual enjoyment and fun in their interaction, cooperation during some endeavors, and even an instance of Maria having Nicholas express his feelings. Each expressed a yearning for repair but felt it was unreciprocated. Maria’s descriptions of Nicholas were specific and detailed, and they conveyed her considerable psychological engagement with him.

These relationship strengths were overwhelmed by several concerns. Most important was the intense conflict and pain that Nicholas and Maria each experienced, as demonstrated by their hostile behavior with one another. Nicholas experienced Maria as needing him, and he wanted to please her, but he also experienced her as dangerous. In their interactions, he was learning to associate neediness with danger—being aware of his own neediness would thus be too threatening and would need to be kept out of awareness. We feared that, as he grew up, he would be drawn into relationships that would perpetuate the cycle by experiencing overwhelming rage followed by remorseful submission and neediness, thus recapitulating the disordered relationship pattern.

Twin themes dominated Maria’s representation of Nicholas. On the one hand, she experienced him as violent, dangerous, and unpredictable—a remorseless and sadistic aggressor. While focusing on Nicholas’s dangerous characteristics in the interview, Maria predicted Nicholas would grow up and “kill somebody or be killed” by the time he was 13 years old. On the other hand, she also experienced him as a strong, responsible, and benevolent protector. She gave examples of their special closeness, his

helping her with his younger sisters (“way more than other children his age”), and his attempts to please her.

It was clear that Maria’s perceptions of Nicholas were largely rooted in her past traumatic experiences with his biological father, who was serving a life sentence for violent offenses, as well as her experiences with a previous boyfriend. Both of these relationships were characterized by serious violence and seeing men as dangerous and unpredictable as well as powerful and protective. She also was aware of the need for Nicholas to follow the rules, stay clear of legal trouble, and be successful in school and life. Her wish was for him to evade the course of many Black men, but her fear was that he would not.

Case Conceptualization

In part to Maria’s credit, Nicholas’s physical appearance, health, developmental status, and temperamental disposition all were strengths, as was his pleasure in pleasing others. The relationship assessment we conducted indicated that Maria and Nicholas had a relationship marked by intensity and caring but also misunderstandings, inappropriate expectations, role reversal, and reenactments of Maria’s prior traumatic experiences. Perhaps most striking about Maria’s representation of Nicholas was the experience of him as dangerous and threatening on the one hand but responsible and protective on the other. There was no evidence that these disparate images of Nicholas were integrated into a nuanced view—instead, they succeeded one another often in rapid succession. Maria’s behavior with Nicholas played out these twin themes, as she alternated between being helpless (needing him to protect her) and hostile (derogating him). What united these disparate images is that they both imbued Nicholas with powers well beyond his age, creating enormous psychological pressure on him. Her provocative behavior frustrated him to the point that he became angry and aggressive, thus validating her perception of him as dangerous and threatening and justifying her withering attacks that belittled him. Her solicitous behavior led him to want to please but also to take charge in a way that was impossible for a preschool-age child, poignantly striving to “protect and provide” as she had imagined during her pregnancy. This pressure led to some conflicts between Maria and Earl, whom Nicholas felt was a threat to his special relationship with his mother. Earl encouraged Maria to treat Nicholas with more benevolence and to temper her expectations of her son. Earl supported her in turning to him to deal with adult issues. However, her entrenched style with Nicholas was difficult to change without intensive intervention that would allow her to become aware of her pattern and thus be able to make positive changes in her perceptions and interactions with her son.

We understood that Maria had internalized a relationship pattern that was intense and included one component that was powerful and dangerous and another that was helpless and vulnerable. We presumed that her engaging in these patterns with Nicholas was a reenactment of previous relationships she had with violent partners in her past. Her provocative behavior with Nicholas represented identification with the aggressor—a defense against feelings of helpless terror that she had no doubt experienced in many previous intimate relationships.

Maria had difficulty with all aspects of caregiving that required her to appreciate Nicholas's perspective, especially setting firm, consistent limits; communicating clearly; and her penchant for harshness and criticism. She expected too much of him: to function well beyond his age (e.g., understanding how to accomplish difficult tasks with little instruction from her); to regulate his feelings and behavior, even in the face of her provocative behaviors; and to anticipate and follow her rules. She also indicated that he was responsible for being in foster care because of his behavior rather than her own actions in not protecting him. When Nicholas resisted his mother's attempts, she taunted or chided him, and he then angrily lashed out.

Relationship With Primary Caregiver Rating

The DC:0–5 rating of the adaptive quality of the primary caregiving relationship for Nicholas and Maria is Level 4—*Disordered to Dangerous*. According to DC:0–5, relationships at this level convey an unquestionable urgency about the need to intervene to address serious and potentially dangerous relationship qualities. Not only are adaptive qualities lacking but the relationship pathology is severe and often pervasive, with impairments in the dyad's capacity to engage in adequate protection, emotional availability, and emotion regulation. Descriptions of Level 4 relationship disturbances described the painful patterns we observed. Nicholas and his mother have significant problems expressing and responding to needs for comfort and caregiving in the relationship. Maria had trouble supporting his engaging in age-appropriate exploration and learning because she expected him to function well beyond his capabilities. Although fully engaged with one another, Nicholas and Maria had a relationship fraught with significant overt conflict and significant role reversal in that Maria needed Nicholas to be the “man in my life I never had.” Maria's attributions regarding Nicholas were often negative, and she demonstrated inappropriate developmental expectations, and these perceptions were not much open to reflection or challenge. These disturbances were seriously compromising Nicholas's development and threatened his psychological safety. Although we noted some adaptive qualities in the relationship between Maria and Nicholas, the severity of their conflict and Maria's harsh criticism that approached emotional abuse made the rating clear.

Broader Caregiving Environment Rating

Nicholas's foster parents functioned well and demonstrated strengths in all caregiving dimensions, providing adequate support for Nicholas. The caregiving environment that included Earl and Maria, their relationship with each other, and the family relationships including Natalie and Lulu were also mostly positive. Nicholas was a bit threatened by Maria and Earl's relationship, likely because he feared losing his special but unhealthy position as Maria's “provider and protector.” We assessed the caregiving environment provided by Earl and Maria as *Strained to Concerning*—on the basis of their lack of agreement regarding Maria's perceptions of Nicholas and her unrealistic expectations of him, which were well beyond what a child his age should be asked to manage. They also were not aligned on how to assist Nicholas in understanding his role in the family and his relationship with Earl, given Earl's involvement and

caregiving functions. We planned to monitor their problem-solving skills, ability to adapt to Nicholas's needs, and their efforts in regulating Nicholas's behavior, and—as needed—to work with them on these caregiving responsibilities. Thus, the caregiving environment was rated as a Level 2.

Because Nicholas's irritability and aggression were limited exclusively to his relationship with his mother, we assigned the diagnosis of relationship specific disorder of infancy/early childhood. He did not meet criteria for other Axis I disorders, although we considered disorder of dysregulated anger and aggression of early childhood, attention deficit hyperactivity disorder, and posttraumatic stress disorder. He did not meet criteria for any of these disorders. Although Nicholas demonstrated symptoms of anger, temper dysregulation, noncompliance, and aggression, these symptoms were present only in his relationship with his mother and not apparent in other settings or with other individuals. Nicholas did not meet criteria for attention deficit hyperactivity disorder, although his foster mother described him as “hyper” after visits with Maria and his siblings, behavior that is commonly evident after visits with biological parents that are challenging and dysregulating. Nevertheless, he was attentive to his surroundings, and at his ECE program, he was able to focus and complete complex tasks with multiple steps. He did not interrupt or become intrusive with others and showed overactive behavior in the form of nondirected energy only after contact with his mother. Finally, although Nicholas was subjected to abuse and separation from his biological family, he did not meet criteria for posttraumatic stress disorder. He did not display any reexperiencing symptoms in the form of play reenactment, nightmares, preoccupation, distress, dissociative episodes, or physiological reactions. He did not avoid trauma-related activities, people, or places, including his mother, whom he attempted to please. Although he did show withdrawal following contact with her, and increased irritability around her, he did not withdraw, and he was not irritable outside of normative ranges with other people, including peers.

Diagnostic Summary

Axis I

- 80.1 relationship specific disorder of infancy/early childhood

Axis II

- caregiving dimension rating with biological mother—Level 4
- caregiving dimension rating with mother's boyfriend—Level 2
- caregiving dimension rating with foster mother—Level 1
- caregiving environment rating—Level 2

Axis III

- acute medical condition of bruising due to maltreatment
- general good health
- access to medical care

Axis IV

- exposure to domestic violence

- father absence and incarceration
- physical abuse
- placement in foster care
- child protective services involvement

Axis V

- adequate functioning across all competency domains

Discussion

Maria and Nicholas's relationship underscores the importance of considering context in understanding the development, functioning, and symptomatology with which young children present. Nicholas's difficulties in interactions with his mother were not demonstrated with other adults in his life, with whom his functioning was characterized as cooperative, inquisitive, engaging, and responsive. We felt an urgency to offer treatment to Maria and Nicholas so that the problems we saw in their relationship were not generalized to other environments in which Nicholas participated, including ECE, with his siblings, and in social settings. The discrepancy in Nicholas's functioning with his mother versus all other environments made the diagnosis of relationship specific disorder of infancy/early childhood clear. Using Axis II of DC:0–5, we systematically assessed the strengths and concerns of his primary caregiving relationship and his broader caregiving environment. This assessment provided valuable information for developing a treatment plan to enhance his functioning by changing the nature of his relationship with his mother.

For Your Consideration

- How might your own identity (e.g., gender, race, nationality) and social position (e.g., role, education, socioeconomic status) affect your interactions with the family presented in this case?
- Consider another scenario in which Nicholas had significant symptoms in school or significant overt conflicts with Earl so that the relationship specific disorder no longer applied as a diagnosis. How would the contextual information in Axis II affect treatment planning?
- Note that Maria provokes aggressive outbursts in Nicholas that she then reacts to. How do you understand this behavior in a way that does not blame her for the relationship disorder?
- What are the strengths in the relationship between Nicholas and Maria that could be used in a treatment plan? Think about how you would use the strengths you identify.

References

- Heller, S. H., Aoki, Y., Crowell, J. A., Chase-Lansdale, P. L., Brooks-Gunn, J., Schoffner, K., & Zamsky, E. S. (1998). *Crowell parent-child interaction procedure: Coding manual* [Unpublished manuscript]. Tulane University, New Orleans, Louisiana.
- Larrieu, J. A., Middleton, M., Kelley, A., & Zeanah, C. H. (2019). Assessing the relational context of infants and young children. In C. H. Zeanah (Ed.), *Handbook of infant mental health* (4th ed., pp. 279–295). Guilford Press.
- Larrieu, J. A., Stevens, M., & Zeanah, C. H. (2014). The Working Model of the Child Interview. In S. Farnfield & P. Holmes (Eds.), *The Routledge handbook of attachment: Assessment* (pp. 133–143). Routledge.
- Zeanah, C. H., & Lieberman, A. F. (2016). Defining relational pathology in early childhood: The *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood DC:0–5* approach. *Infant Mental Health Journal*, 37, 509–520.
- ZERO TO THREE. (2016). *DC:0–5TM: Diagnostic classification of mental health and developmental disorders of infancy and early childhood*.
- ZERO TO THREE. (2021). *DC:0–5TM: Diagnostic classification of mental health and developmental disorders of infancy and early childhood* (Version 2.0). (Original work published 2016)