Negative emotional reactivity and parent-child communication influence the development of BPD

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Child negative emotional reactivity & BPD symptoms in the context of the parent-child relationship

Maternal support and validation
Reciprocal parenting practices
Parental emotion socialization

Quality of parent-child relationship
BPD: Negative emotional reactivity expressed in relationships

- Efforts to avoid abandonment
- Unstable, intense relationships
- Mood reactivity
- Angry outbursts
- Hostile and aggressive behaviors
- Self-injury/suicide behavior
- Identity disturbance

Directly
Interpersonal

Reactivity to interpersonal stressors
Adolescent-parent attachment system: A window into the development of BPD

- Gradual shift in the hierarchy of attachment from parents to peers
  - By young adulthood, parents are “attachment figures in reserve” (Weiss, 1982)
  - Parents are still important!
- Task of adolescence is to individuate
Parenting: “downstream” risk for and “upstream” buffer against BPD

### Mom BPD to Parenting Risk: Downstream Effect

- Less sensitive
- Harsh discipline (over protection)
- Role reversal (low self awareness)
- Oscillate: controlling & autonomy-granting

### Parenting Buffers Child BPD: Upstream Effect

- Parent support/validation during conflict buffered girls’ BPD trajectories across 16-18 years
- Parent validation/support + problem solving was associated with lower affective instability

Eyden et al., 2016; Gordon-Dixon et al., 2014; Kiel et al., 2013; Kiff, Lengua, & Zalewski, 2011; Stepp et al., 2012; Whalen et al., 2012; Zalewski, 2016
Parental emotion socialization as a marker of risk

- **Emotion socialization**: Process by which parents “teach” children about emotion and ER
  - Direct observation of parent ER
  - Parenting practices:
    - validation, coaching, and supporting child’s emotional experiences and ER
    - Reactions to emotion
  - Climate of the family:
    - Emotional expressiveness
    - Degree of conflict
- Adolescence is understudied

*Morris et al., 2007*
WE DO NOT STOMP OUR FEET AND CRY AT PUBLIC EVENTS. WE GIVE COLD STARES AND HAVE "OTHER PLANS" AT THANKSGIVING.
Reciprocal Effects of Parenting and Adolescent Borderline Personality Disorder Symptoms

Examining bidirectional influences

- Examine the bidirectional influences between BPD symptoms and (1) harsh punishment and (2) low warmth across adolescence (14-17 years)

**Predictions:**

1. Trajectories of parenting practices and BPD symptoms would reciprocally influence each other
2. Year-to-year fluctuations in BPD symptoms would predict changes in parenting practices 1 year later and vice versa.
The Pittsburgh Girls’ Study

PI: Loeber; Co-Is: Keenan, Hipwell, & Stepp

- Enumerated the City of Pittsburgh
  - 100% sampling of low-income neighborhoods
  - 50% sampling of remainder

- Sampled 103,238 Pittsburgh households
  - 2,876 5-8 year-old girls identified
  - 2,450 agreed to participate (85.2%)
Sample Characteristics

• Parents
  • 93% females, 93% biological parent
  • 59% married/cohabiting
  • 53% > 12 yrs education
  • 33% receiving public assistance

• Girls
  • 53% African American, 41% Caucasian, 6% other race

• Retention
  • 86% wave 13; overall 90.5%
Year-to-Year Reciprocal Influences

• BPD $\leftrightarrow$ Low Warmth
  – significantly co-vary within the same year
  – only BPD symptoms at age 15 predicted low warmth at age 16
  – caregiver low warmth did not significantly predict later BPD symptoms at any age

• Some support for BPD symptoms predicting later caregiver low warmth during adolescence but not for caregiver low warmth predicting later BPD symptom
BPD and Parenting Bi-directionally Influence Each Other

- Underlying, trait-like processes are bi-directional
- Elevations in BPD symptoms at one year are also related to elevations in these parenting practices during the same year
- More support for time-specific elevations in BPD symptoms predicting subsequent elevations in harsh punishment or low warmth
  - Impervious to parenting during adolescence
  - Erratic nature of BPD symptoms continues to evoke worsening of parenting during adolescence
Clinical Implications

• Parenting practices are potentially modifiable & could be targeted in the treatment
• Alleviating BPD symptoms in the adolescent may also improve parenting
• Explaining the bidirectional process to parents and adolescents reduces blaming one party
Parent-child communication patterns and child BPD symptoms

- Maternal support and validation
- Reciprocal parenting practices
- Parental emotion socialization

Quality of attachment
Does Parental Validation Buffer Girls With High AI From BPD Symptoms?

Child Expresses Intense Emotion

Parent Validates

BPD Symptom Development
PGS Substudy: Girls’ Personality Study

- 113 16-yr-old girls and their biological mothers recruited from the PGS
  - Sampled based on high/low AI (PAI-BOR AI subscale; Morey, 1991)
  - Diverse and high-risk sample
    - 45% below poverty level
    - 65% racial minority
### Longitudinal Model Results

**Chi-square** $(11) = 14.77, ns$; RMSEA = .07; CFI=.97; TLI=.95; SRMR=.07
Conclusions and Clinical Implications

- AI measures might be used in clinical settings to assess risk for BPD in adolescents

- Maternal support and validation during conflicts predicts decreases in BPD symptoms during adolescence
Parent-child communication patterns and child BPD symptoms

Maternal support and validation

Reciprocal parenting practices

Parental emotion socialization

Quality of attachment
**Parent contextual factors**
- Limited ER skills
- BPD
- High conflict family
- Family emotional expression

**Parent reactions to child emotion**
- Rejecting/Invalidating
- Withdrawal
- Punishing responses
- Rewarding responses

**Child emotion dysregulation**
- Behavioral dysregulation in daily life
- RSA reactivity during emotional challenge
- BPD
Recruited 127 Parent-Child Dyads

- Children 11-13 years
  - Current treatment referral
  - Affective Instability + BPD
- Parents, 90% bio mom
  - Legal guardian + Physical custody ≥ 50% past year

- Family characteristics
  - Mode: 3 children
  - 26% 2-parent households
  - 75% income: < $60,000
  - 71% received government assistance
### BPD at Baseline

<table>
<thead>
<tr>
<th></th>
<th>Parent</th>
<th></th>
<th>Child</th>
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<tbody>
<tr>
<td></td>
<td>Symptom Count</td>
<td>$M = 2.0, SD = 2.0$</td>
<td>Symptom Count</td>
<td>$M = 3.3, SD = 2.3$</td>
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<td>Symptom Severity</td>
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<td>Symptom Severity</td>
<td>$M = 8.4, SD = 4.8$</td>
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<td></td>
<td>Diagnosis</td>
<td>$n = 18, 14%$</td>
<td>Diagnosis</td>
<td>$n = 36, 28%$</td>
</tr>
</tbody>
</table>
**Parent contextual factors**
- Limited ER strategies
- High conflict family

**Parent reactions to child emotion**
- Dismissive, critical comments
- Punishing negative emotion
- Especially anger

**Child emotion dysregulation**
- Yelling and breaking things in daily life
- NSSI and SI in daily life
- BPD Symptom Count
Summary

• Parenting responses to child emotion expression
  – Partially explain association between parent and child emotion dysregulation

• How do these influence each other over time?
Future Directions

• Experimentally manipulate parent ER

• Include additional outcomes
  – What pathways are distinct for BPD?

• Attend to stage of disorder:
  – Onset? Maintenance? Exacerbation?
Acknowledgements

Current Members of the Emotional and Personality Development Lab

Staff: Betsy Butler, PhD, Mike Reel, Jonae Lloyd, David Cenkner, Andrew Luskin, Harmony Mohr, & Elizabeth Madaelil

Faculty: Lori Scott, PhD & Joe Beeney, PhD

Postdocs: Amy Byrd, Vera Vine, Sarah Victor, & Frances Wang

Interns/residents: Erin Kaufman & Irene Tsung

Families that participated in this research!
Grant/Research Funding Sources
• National Institute of Mental Health
• National Institute on Alcohol Use and Alcoholism
• National Institute on Drug Abuse
• Office of Juvenile Justice Delinquency Prevention