What do we know about how children develop when they have a parent with BPD?

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Borderline Personality Disorder

- Prevalence of BPD is estimated to be between 1-6% of the population. And yet individuals with BPD comprise:
 - 20% of all patients on psychiatric inpatient units
 - 40% of mothers referred to CPS have BPD symptoms

A single symptom of BPD can cause considerable impairment for the individual

A context of high risk for children



Children's psychopathology in the context of maternal BPD/ symptoms

- Recent systematic review identified 11 studies that have examined childhood and adolescent psychopathology outcomes in the context of maternal BPD/BPD symptoms
 - Children had higher rates of internalizing and externalizing problems
 - Even compared to children of mothers diagnosed with other disorders

Traditional Clinical Formulations of BPD Symptoms

Interpersonal Chaos Affective Instability Behavioral Identity Dysregulation Disturbance

More Modern formulations

- Difficulties with...
 - Executive functioning
 - Theory of mind
 - Emotion regulation

Some definitions...

- Executive functioning: our ability to plan, organize, and pay attention in order to achieve a goal
- Theory of Mind: our ability to know or infer what other people may think, feel, or desire
- **Emotion Regulation:** our ability to change our emotions or emotional expressions in a given context

Transdiagnostic features of BPD

Developmental Tasks of the preschool period

Emotion Regulation Emotion Regulation

Difficulties predict later mental health symptoms in children

Theory of Mind

Theory of Mind

Executive Functioning

Executive Functioning

A recent study we completed...

- I) Examined the relation between preschoolers' executive functioning and maternal BPD symptoms.
- II) Examined the relation between preschooler's theory of mind and maternal BPD symptoms.
- □ III) Examined the relation between preschooler's emotion regulation and maternal emotion dysregulation.

Participants

68 mother-child dyads

0-1 2-4 5-9 BPD Symptoms 27% 24% 49%

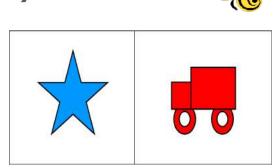
- All children were 3 or 4
- Predominately low income sample
- 63% of children were white

Maternal Measures

- Borderline personality disorder symptoms
 - Personality Assessment Inventory-Borderline Subscale
 - 30% mothers scored +1SD mean
 - 15% mothers scored above the clinical cut-off
- Emotion Dysregulation
 - Difficulties in Emotion Regulation Scales
- Depression symptoms
 - Center for Epidemiological Studies-Depression
 - \blacksquare M=15.5 (16 is cut-off for those at risk for clinical depression)

Child measures: Executive functioning

- Cognitive Inhibitory Control (Day/Night)
- Behavioral Inhibitory Control (Bear/Dragon)
- Attention Shifting & Focusing (Card Sort)
- Delay Ability (Delay of gratification)







Child Measures: Theory of Mind

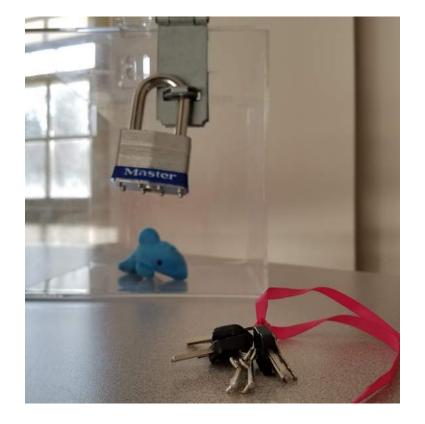
- Location False belief
- Content False Belief
- Affect Perspective Taking
- Emotion Knowledge



Child Measures: Emotion Regulation

Locked Box Task

 Preschoolers asked to work alone for 2 minutes to retrieve a toy using an incorrect set of keys



Results

■ Before we review results, are there any guesses to which areas may be compromised in children whose mothers have elevated BPD symptoms?

Aim I results

- Examine the relation between preschoolers' executive functioning and maternal BPD symptoms.
- Magnitude of direct associations (r)

Maternal BPD with	Cog. Inh Control	Beh. Inh. Control	Attn. Shifting & Focusing	Delay Ability
	31*	09	35**	23

Aim I results continued

Executive Functioning	Cognitive Inhibitory Control		Behavioral Inhibitory control		Attention Shifting and Focusing		Delay Ability	
	β	95% CI	β	95% CI for B	β	95% CI	β	95% CI
Income	.13	13 - .38	.12	09 - .32	.12	07 - .31	.16	10 - .41
Age	.03	24 - .25	.44**	.24 - .64	.20	01 - .40	.13	14 - .40
Cognitive Ability	.33*	.04 - .62	.20	04 - .43	45**	.25 - .66	01	30 - .28
Maternal Depression Symptoms	.16	15 - .47	.16	08 - .40	.01	22 - .24	.12	19 - .43
Maternal Borderline Personality Disorder Symptoms	05	37 - .27	27*	52 - 02	18	41 - .06	27 ^t	58 - .04
R^2	.15		.47**		.50**		.12	

All DV's entered simultaneously

Aim II results

- Examine the relation between preschooler's theory of mind and maternal BPD symptoms.
- Magnitude of direct associations (r)

Location False belief	False Belief		Emotion Knowledge
12	.11	32**	11

Aim II results continued

Theory of Mind	Location False			Content False		Affect		Emotion	
	Belief		Belief		Perspective		Knowledge		
					Taking				
Income	.22*	.01 -	.16	04 -	.11	11 -	.00	24 -	
		.44		.36		.32		.24	
Age	.17	07 -	.40**	.19 -	.43**	.22 -	.23	01 -	
		.40		.60		.64		.48	
Cognitive Ability	.46**	.23 -	.34**	.12 -	.11	13 -	.35**	.09 -	
		.69		.60		.36		.60	
Maternal Depression	.03	23 -	.17	07 -	.02	24 -	.07	21 -	
Symptoms		.30		.41		.29		.36	
Maternal Borderline	.10	18 -	06	31 -	23 ^t	50 -	09	38 -	
Personality Disorder		.37		.19		.04		.21	
Symptoms									
R^2	.45**		.38**		.28**		.36**		

All DV's entered simultaneously

Table 1. Standardized regression coefficients (β) and proportion of variance explained at the final (full) model step: associations of maternal emotion dysregulation and observed child ER

Predictors	Emotions									
	<u>Happi</u>	Happiness .		adness	Α	Anger		Anxiety		
R ²	.04	.049		.164		.168		.093		
Total Family Income	.07	70		.146	:	347*		.218		
Maternal Emotion Dysregulation	.19	91		.365*		173		046		
Supportive Responses	1	13		219		242		.215		
Non-Supportive Responses	1	175		219		.248		.070		
· ·		Actions								
	Defiance	Proble	m Solve	Distrac	self-S	oothe	Play Activity	Talk		
R ²	.169	.1	.146		.14	46	.194	.046		
Total Family Income	190	(006		0	79	026	049		
Maternal Emotion Dysregulation	172	2	90*	.123	.33	31*	.397**	.163		
Supportive Responses	.193	.Ĉ	.012		0	91 .337*		.063		
Non-Supportive Responses	.449**	449**178		.0520)95 .077		.104		
		Emotion-Action Sequences								
	Anxiety-PS	Anger-PS	Sad-PS	Happy-PS	Happy-Talk	Sad-Talk	Anxiety-Talk	Sad-Distract		
R ²	.204	.004	.081	.157	.033	.254	.478	.221		
Total Family Income	.487	001	.022	.124	051	156	627	.301		
Maternal Emotion Dysregulation	.096	042	020	031	.112	450*	138	.368		
Supportive Responses	195	.060	.311	078	.160	550**	.435	228		
Non-Supportive Responses	238	.049	.109	379	.100	.124	.352	214		
*= p<.05, ** = p<.01	ı									

⁼ p<.uo, *** = p<.u1

Abbreviation: PS = Problem Solve

Discussion of overall findings

- There were not widespread deficits in children's EF and ToM as related to maternal BPD symptoms
- Rather, the domains of EF and ToM that were significantly related to maternal BPD symptoms appeared to be localized and resembled actual BPD symptoms
 - Behavioral control problems (Impulsivity)
 - Affect perspective taking (Interpersonal ups-and-downs; affective instability)

Comparing findings to other contexts of risk

- ☐ The magnitude of correspondence between maternal BPD symptoms and children's EF and ToM was similar to other contexts of risk:
 - Poverty
 - Foster care/maltreated samples
- Further supports the idea that having a mother with elevated BPD symptoms is a significant risk factor for various aspects of psychosocial development

Limitations and Future Directions

- Cross-sectional design
 - Future work should focus on growth patterns in children as related to emerging psychopathology
- Modest sample size
 - Larger and more diverse samples needed
- Treatment development efforts are needed to help these dyads

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Questions?