

Teacher Reported Behavior and DSM-oriented Symptoms in Young Children Whose Mothers Have Borderline Personality Disorder

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Abstract

BPD is a pervasive personality disorder that manifests itself through instability of moods, intense interpersonal relationships, self-injurious behaviors, identity problems, and inappropriate anger, resulting in disruptions to the mother-child relationship. These disruptions increase the likelihood of psychopathology and behavioral problems in their offspring. To assess this, we examined DSM-oriented symptoms in preschool-aged children whose mothers have borderline personality disorder (BPD). Sixty-four preschool-aged children were assessed for group differences between those whose mothers had BPD (N=31) and normative comparisons (N = 33) as reported on the Achenbach Caregiver-Teacher Report Form (C-TRF) filled out by teachers of the preschoolers. Children whose mothers had BPD we rated significantly higher rates of emotional reactivity, withdrawn behaviors, and internalizing problems than normative comparisons. They also reported more symptomology associated with affective disorders, anxiety disorders, pervasive developmental disorders, and attention deficit hyperactivity disorder (ADHD) than normative comparisons. When mother's Borderline features were assessed by the Personality Assessment Inventory (PAI), self-harm in particular showed a strong correlation to most of teacher-reported child symptoms. Results are discussed in terms of precursors to BPD and preventative interventions

Introduction

Borderline Personality Disorder:

- BPD is a severe and chronic disorder characterized by self injurious/suicidal behavior, fear of abandonment, impulsivity, affective instability, inappropriate outbursts of anger, and intense and unstable relationships (American Psychiatric Association, 1994).
- BPD accounts for as much as 20% of all psychiatric inpatient hospitalizations and presents a sizable cost to mental health services (Zanarini, 2001).
- Another recent study puts rates as high as 5.9% (Grant, et al., 2008).

Maternal psychopathology and childhood problems

- BPD is thought to develop from a combination of an emotionally vulnerable child and an emotionally unsupportive environment (Heard & Linehan, 1993).
- Adults with BPD report higher occurrences of childhood trauma, neglect, and abuse than people with other disorders (Zanarini, 2000).
- Exposure to trauma in preschool-aged children has been shown to correlate with externalizing behavior problems (Levendosky, Huth-Bocks, Semel, & Shapiro, 2002).

Developmental Psychopathology Perspective:

- Maternal mental illness puts children at high risk of developing the same disorder (Downey & Coyne, 1990).
- Prior research has shown in children age (4-18) whose mothers have BPD demonstrated more behavior problems than did children whose mothers had other personality disorders (Weiss et al, 1996).

- In order to design developmentally informed interventions, it is important that we identify we identify children’s behavior problems in the developmental period when self-regulation is a stage-salient issue (Sroufe & Rutter, 1984).

Hypotheses:

In the current study we hypothesized, that compared with normative comparisons:

- **Children of mothers with BPD would rate higher on behavior problems and DSM-oriented symptoms.**
- **Children of mothers with BPD would show a correlation between their mother’s Borderline features and the child’s behavior problems and DSM-oriented symptoms**

Method

- **Participants:**
- **N = 64 children, n = 31 whose mothers had BPD and n = 33 whose mothers did not, were sampled**
- **Groups were matched on socioeconomic status (low), age and race. See Table 1.**
- **Mothers with BPD were referred by therapists in outpatient clinics**
- **Mothers without BPD recruited from Boys & Girls Clubs and community postering**

Table 1. Sample characteristics

Variable	Whole Sample N=64 M (SD)	Maternal BPD n=31 M (SD)	Comparisons N=33 M (SD)	t
Child age in years	5.38 (.89)	5.31 (0.90)	5.46(0.89)	.50
Household yearly income	32,507.03 (29,001.37)	30844.97 (20271.62)	34068.36 (35,572.88)	.66 χ^2
Mother completed high school	% 91%	% 87%	% 94%	.35
Mother single	27%	29%	24%	.67
Child gender (girls)	52%	58%	46%	.25
Child minority	11%	10%	12%	.34

Note. No group differences were significant.

Measures

BPD diagnosis:

- **Structured Clinical Interview Diagnostic - II (SCID-II; First, Gibbon, Spitzer, Williams & Benjamin, 1997**

BPD features:

- **Personality Assessment Inventory (PAI; Morey, 1991) Mother’s self-report on BPD features (affect instability, identity problems, negative relationships, and self-harm)**

Child behavior problems and DSM-oriented scale:

- **Caregiver-Teacher Report Form (C-TRF; Achenbach & Rescorla, 2000) Teacher report on children’s behaviors (emotionally reactive, anxious /depressed, somatic complaints, withdrawn, attention problems, anxiety disorder, pervasive developmental disorder, ADHD, and oppositional defiant disorder**

Results

Test of Hypotheses:

1.) Teacher reports on child symptoms show a significant group difference for children whose mothers have BPD on ratings of emotional reactivity, withdrawn, internalizing, total problems, affective disorder, anxiety disorder, pervasive developmental disorder, and ADHD. Several of the other scales are also approach significance. (See Table 2.)

2.) Teacher reports on child symptoms show a strong correlation with mother Borderline features. PAI ratings on maternal self-harm in particular show a significant correlation with most child symptoms. (See Table 3.)

Table 2. BPD group differences on teacher-reported child symptoms

Child Variables	Mother's	Group Status	t-test
	BPD	Comparison	
	M(SD)	M(SD)	
Emotionally Reactive	61.16(10.59)	56.33(8.26)	2.03*
Anxious/ Depressed	60.06(11.76)	55.36(6.133)	1.99†
Somatic Complaints	56.71(7.62)	53.88(8.21)	1.43
Withdrawn	58.52(8.15)	53.10(4.24)	3.31**
Attention Problems	58.87(7.83)	55.64(7.83)	1.99†
Aggressive Behaviors	59.42(8.86)	56.21(7.24)	1.60
Internalizing	59.32(11.64)	50.76(11.34)	2.98**
Externalizing	57.94(10.50)	53.97(9.30)	1.60
Total Problems	59.65(11.42)	52.27(11.42)	2.58*
Affective Disorder	59.48(7.86)	54.79(6.97)	2.53*
Anxiety Disorder	59.03(10.92)	54.36(6.12)	2.01*
Pervasive Developmental Disorder	58.19(8.37)		
ADHD	59.90(9.10)	55.52(5.90)	2.30*
Oppositional Defiant Disorder	56.64(7.50)	59.23(8.66)	1.28

†p < .10; *p ≤ .05; **p ≤ .01; ***p ≤ .001

Table 3. Correlations between mothers' borderline features and teacher-reported child symptoms

Child variables	Mother's	PAI BPD	Features	Self-Harm
	Affective Instability	Identity Problems	Negative Relationships	
Emotionally Reactive	.15	.14	.03	.28*
Anxious/ Depressed	.22†	.24†	.18	.31*
Somatic Complaints	.11	.06	.00	.23†
Withdrawn	.25*	.28*	.15	.32**
Attention Problems	.23†	.20	.14	.34**
Aggressive Behaviors	.18	.19	.10	.27*
Internalizing	.24†	.25*	.18	.33**
Externalizing	.19	.20	.17	.28*
Total Problems	.24†	.25*	.17	.32*
Affective Disorder	.28*	.24†	.13	.34**
Anxiety Disorder	.19	.22†	.13	.32**
Pervasive Developmental Disorder	.22†	.22†	.10	.24†
ADHD	.25*	.25*	.19	.40***
Oppositional Defiant Disorder	.18	.17	.10	.203†

†p < .10; *p ≤ .05; **p ≤ .01; ***p ≤ .001

Comment [JM1]: Why is this section all in italics? For the table need to include a t for the t-test you conducted (italicized). If this is Table 2, where is table 1?

Discussion

Developmental pathways to BPD:

- As hypothesized, maternal BPD showed a significant correlation with several teacher-reported child symptoms.
- Also as hypothesized, maternal borderline features, with self-harm in particular, showed a strong correlation with teacher-reported child symptoms.
- These results suggest that children of mothers with BPD have greater difficulty with problematic behaviors in school settings. These early symptoms may contribute to or be a sign of the development of BPD as these children enter early adulthood.

Conclusion:

- This finding on preschool-aged children of mothers who have BPD may help illuminate the possible atypical development that occurs in this population.
- Many persons who are diagnosed with BPD report having experienced some form of childhood trauma. Perhaps witnessing the self-injurious behaviors of their mothers contributes to their significantly higher ratings on behavior problems and DSM-oriented scales from teacher reports and makes future development of BPD more likely.
- Future research should seek to elucidate early signs of development of BPD, so that they can inform developmentally minded interventions to help prevent the intergenerational transmission of BPD.

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