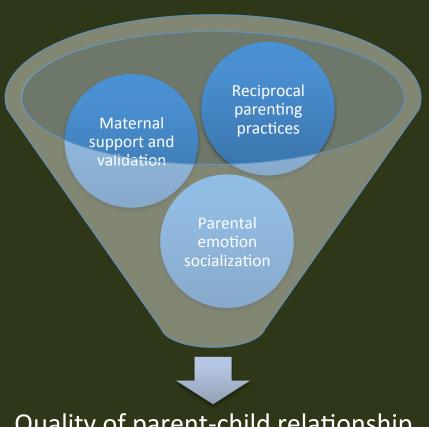


Stephanie D. Stepp, Ph.D. University of Pittsburgh Ph.D. Pittsburgh, PA, USA

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



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 aulthood, 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

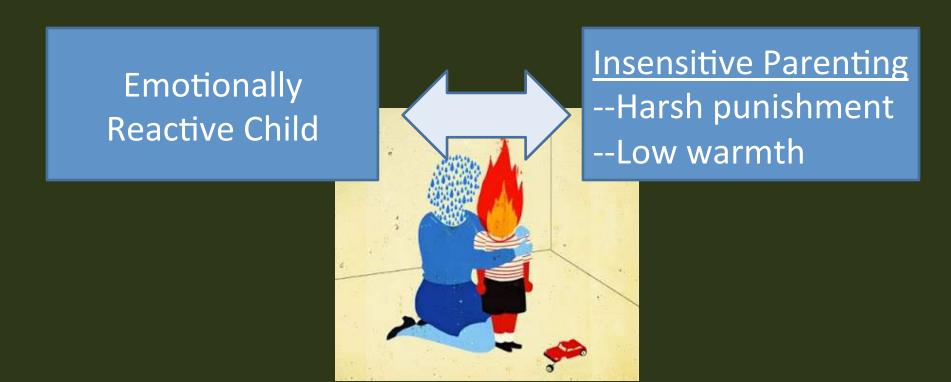
Parental emotion socialization as a marker of risk

- 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



WE DO NOT STOMP OUR FEET AND CR4 AT PUBLIC EVENTS. WE GIVE COLD STARES AND HAVE "OTHER PLANS" AT THANKSGIVING.

Reciprocal Effects of Parenting and Adolescent Borderline Personality Disorder Symptoms



Stepp, S. D., Whalen, D., Scott, L. N., Zalewski, M., Loeber, R., & Hipwell, A. E. (2014). Reciprocal effects of parenting and borderline personality disorder symptoms in adolescent girls. *Development and Psychopathology*, 20, 1-18.

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 ←→ Low Warmth
 - sificantly 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

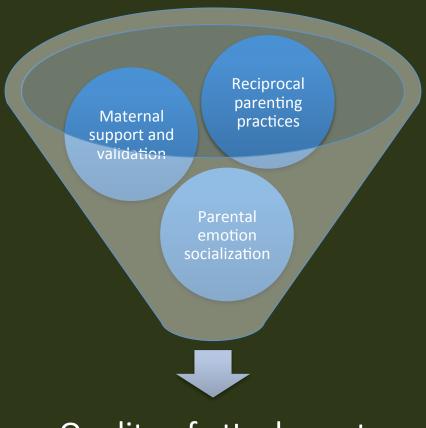
BPD and Parenting Bi-directionally Influence Each Other

- 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

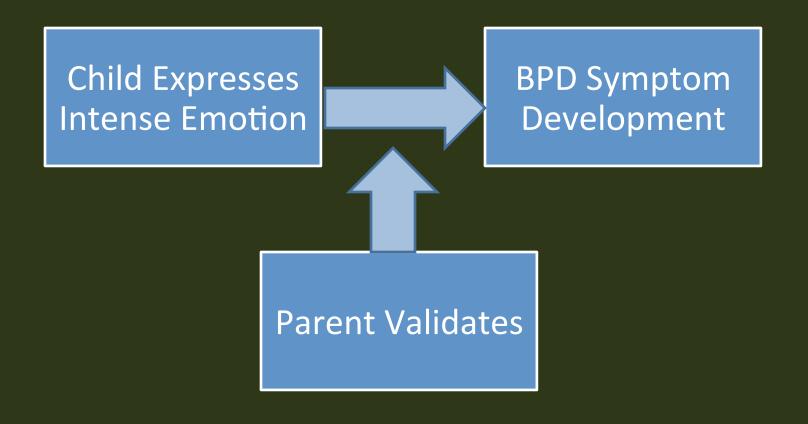
- Parenting practices are potentially modifiable
 & could be targeted in the treatment
- Alleviating BPD symptoms in the adolescent may also improve parenting
- Explaining the bidirectional process to parents and adolescents reduces blaming one party

Parent-child communication patterns and child BPD symptoms



Quality of attachment

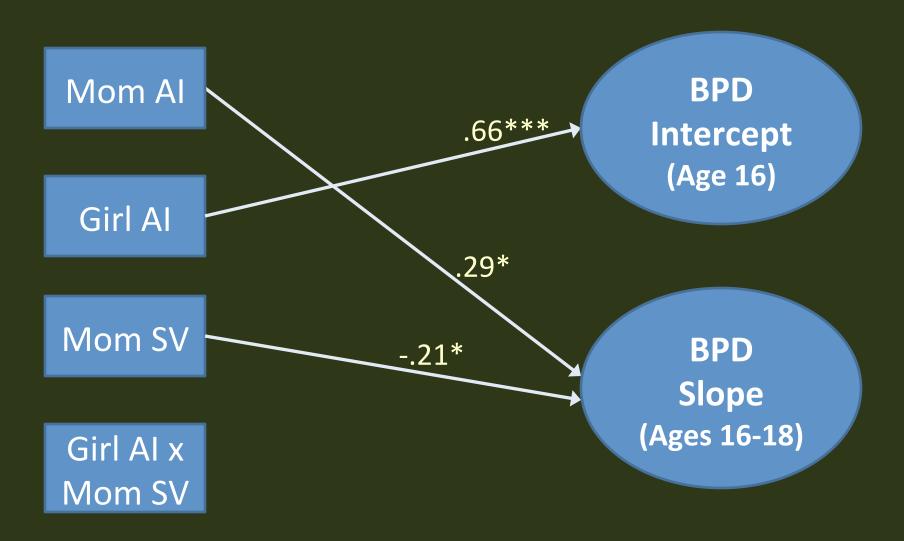
Does Parental Validation Buffer Girls With High AI From BPD Symptoms?



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



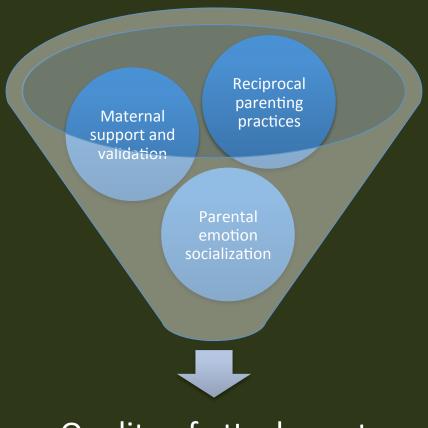
 χ^2 (11) = 14.77, ns; RMSEA = .07; CFI=.97; TLI=.95; SRMR=.07

Conclusions and Clinical Implications

 Al 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



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

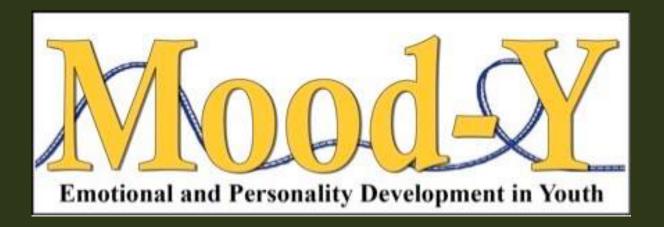
Child emotion dysregulation

- 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

Parent

Symptom Count

M = 2.0, SD = 2.0

Symptom Severity

M = 5.5, SD = 5.5

Diagnosis

 $n = 18, \overline{14\%}$

Child

Symptom Count

M = 3.3, SD = 2.3

Symptom Severity

M = 8.4, SD = 4.8

<u>Diagnosis</u>

n = 36, 28%



- 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?

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