Developmental Antecedents

of Personality Disorders

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BELGIUM

BERGEN CONFERENCE 2016









FACULTEIT PSYCHOLOGIE EN PEDAGOGISCHE WETENSCHAPPEN

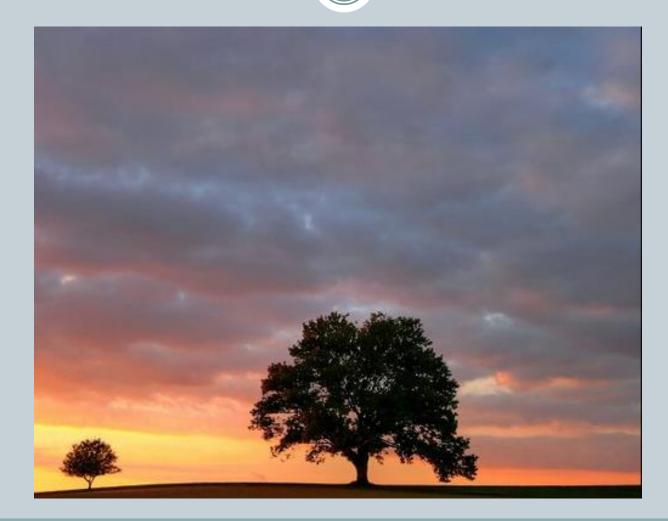


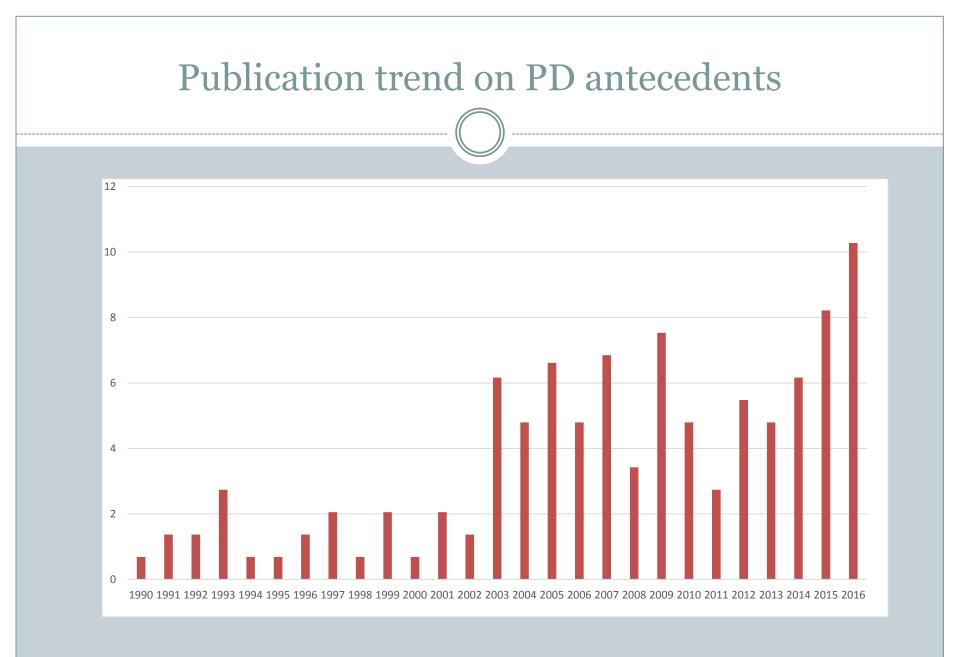




11/2/2016

"Personality disorders in childhood/adolescence do not exist"

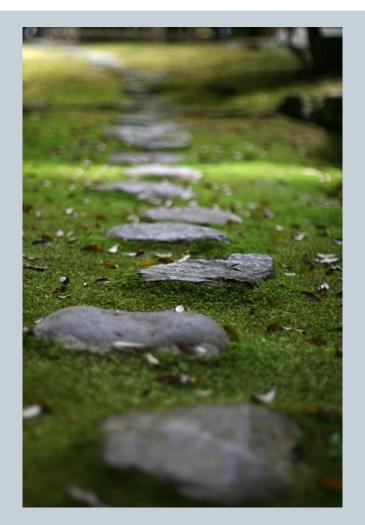




Current publication/dissemination trends

- From an occasional paper in WOS towards:
 - SI Dev & Psy 2009, J Abn Child Psy 2012, CP:SP 2013, JPD 2014, SJCAPP 2015
 - EAPP featured symposium ARP 2015, Invited symposia APS 2015, 2016
 - Keynote address ISSPD 2015
 - 0 ...

"Personality disorders in childhood/adolescence do not exist"



Does this mean that *a personality disorder may just pop up* like an 18th birthday present?

Does this mean we cannot trace *childhood vulnerabilities* for later PD?

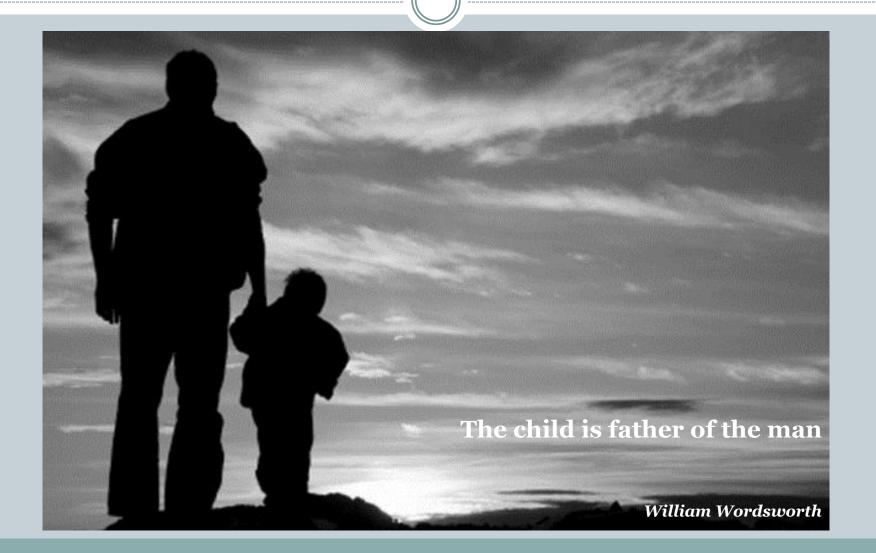
Does this mean we cannot explore *developmental pathways* to personality disorders from childhood onwards?

- Relative stability and significance of early personality traits for later functioning
- Biological and genetic factors of personality pathology suggest that the roots of PD are already there early in life
- Early trauma and maltreatment already impacts upon early dispositions
- Life-course information from clinical records: PD stories can be traced back to childhood

• Relative stability and significance of early personality traits for later functioning

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Relative stability and significance of child personality

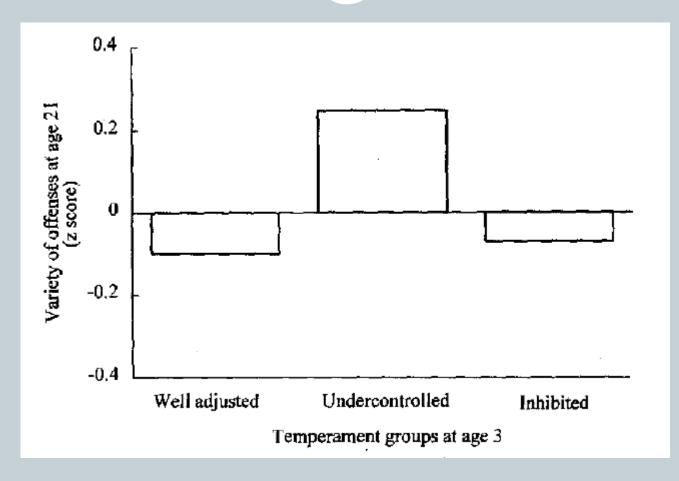


The Dunedin Study

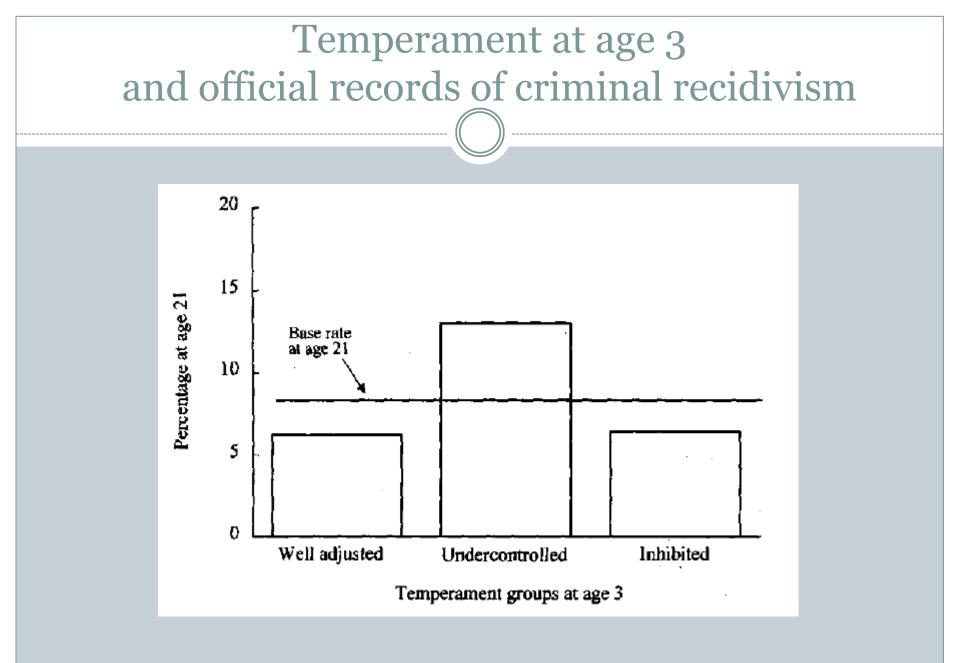


- Prospective longitudinal study
- Birth cohort 1972-1973
- Large sample, little drop-out
- Multi-informant and multi-method
- First temperamental assessment at age 3

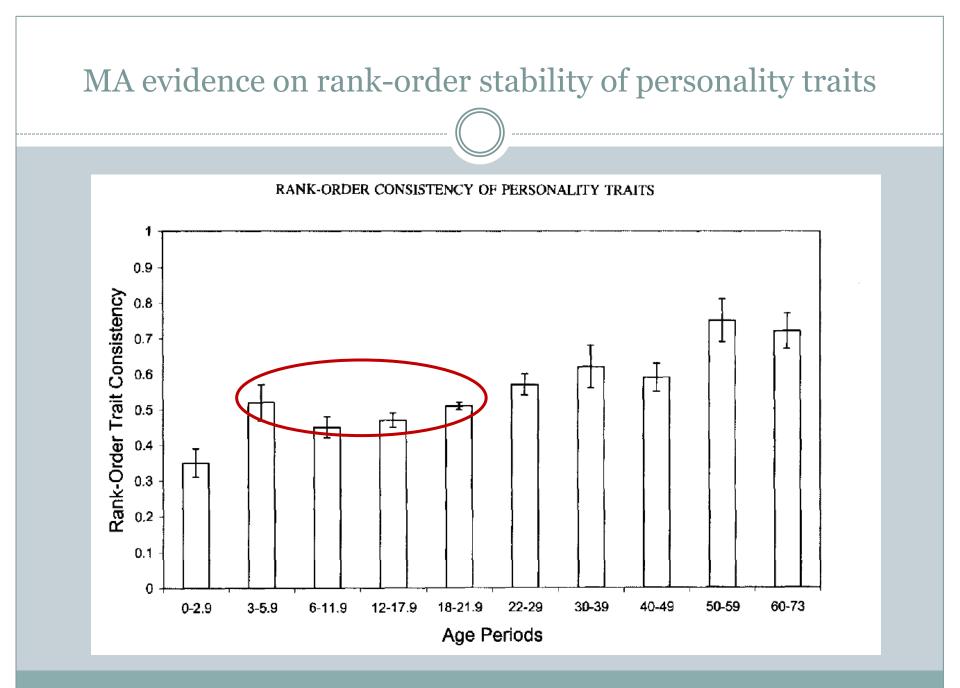
Temperament at age 3 and self-reported offenses at age 21

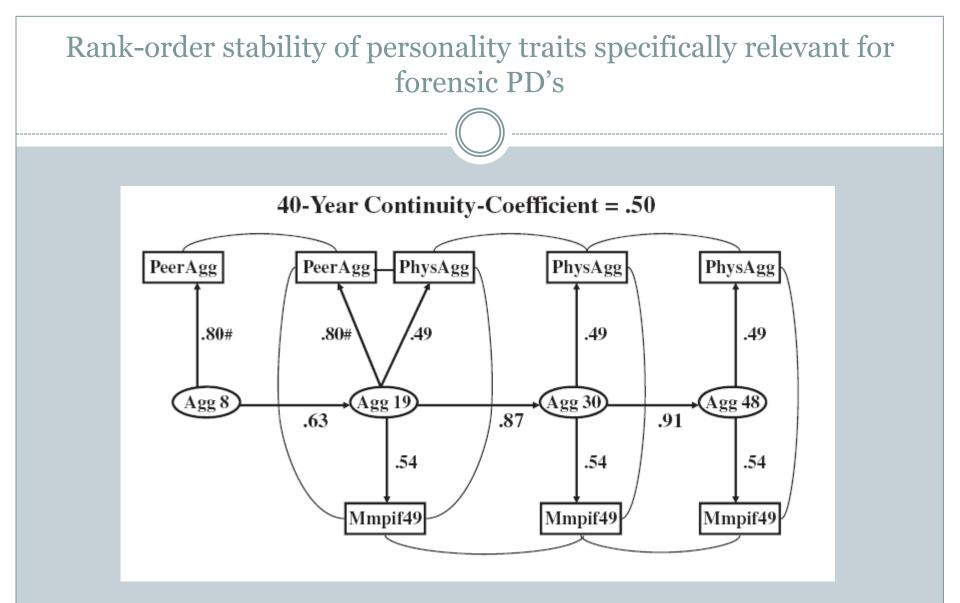


Caspi, 2000

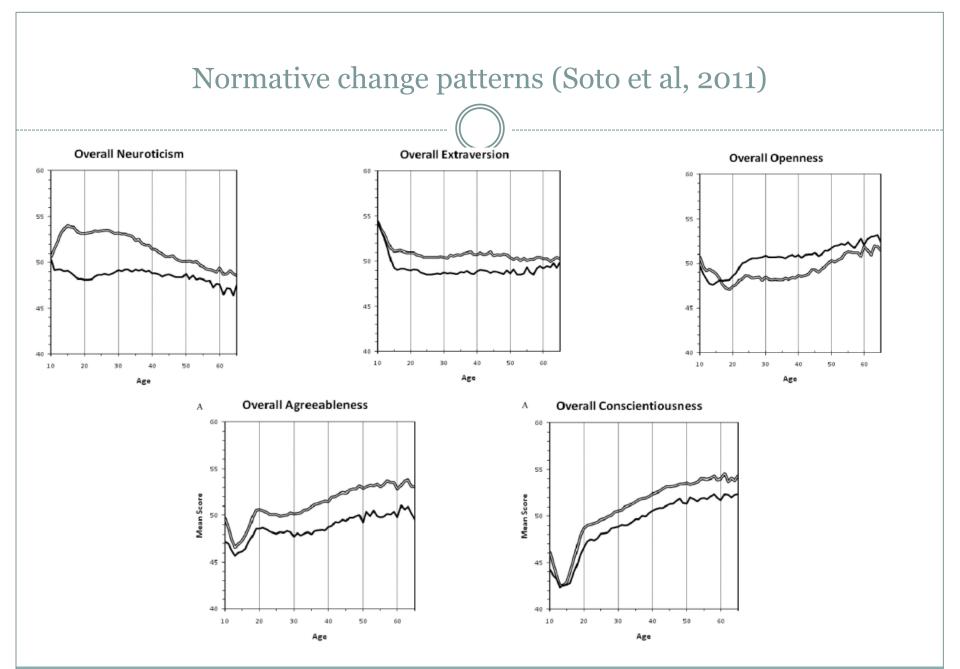


Caspi, 2000





Rank-order stability of aggressive traits across a 40 year time span (the Columbia County Longitudinal Study)



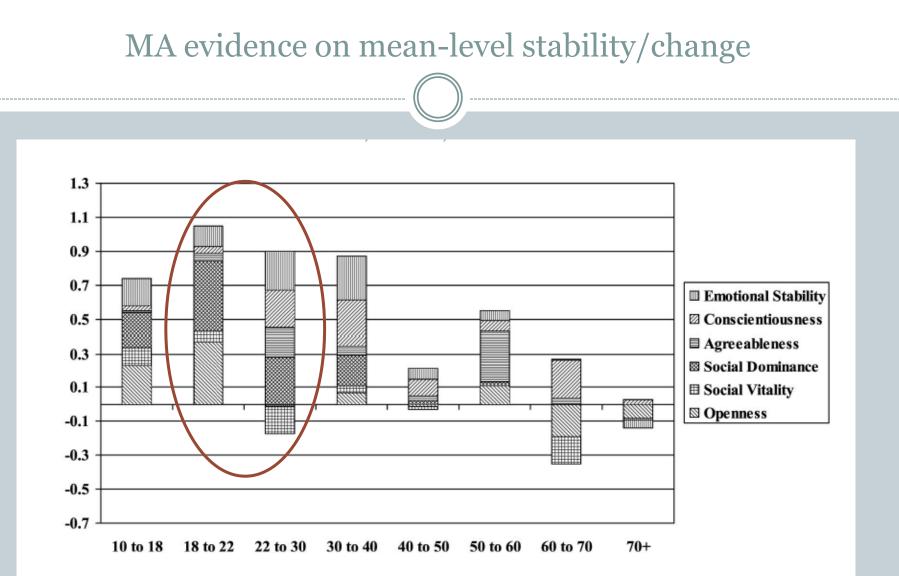


Figure 1. Aggregate mean-level changes in personality traits across the life course.

Roberts, Walton, & Viechtbauer, 2006

What do these findings tell us?

- The Dunedin findings set the stage to think about the significance of childhood dispositions for adult personality pathology.
- The relative *stability* of general personality traits from MA evidence stimulated parallel research on the continuity of maladaptive traits
- Stability research also revealed that the course of personality and PD entails *change* across the entire life-course, countering the fear for stigmatizing young people with an "enduring and unchangeable diagnosis".

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Biological factors of PDs

- Evidence on chemical imbalance in PD not convincing, except associations between **abnormal serotonin levels** and impulsivity
- Impulsive PD's (ATS and BDL) are characterized by failures in the **prefrontal cortex**
 - Failure of cortical inhibition of emotional stimuli
 - More explicit in patients with high suicide attempts
- Decreased pre-frontal activity also observed in SZT PD
 - Diagnostic value? No specificity
 - But points towards biological correlates (potentially already present early in life)

Genetic component of PDs

- Genes account for about half the variance in all PD's
- No specific allele has been found that can account for any PD: numerous genes are involved
- PD's are not a direct consequence of bad genes
- The effects of biology/genes need to be understood from the interactions with context
 - Genes shape individual differences in susceptibility to environmental risks
 - Early environmental risks often are crucial factors

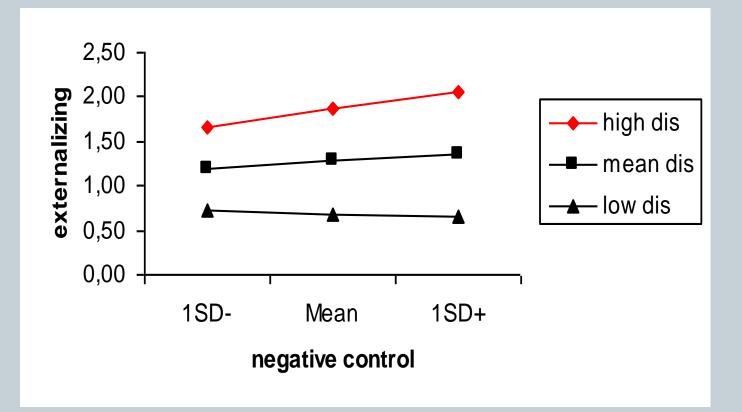
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Which environmental risks?

- Most evidence on environmental risk factors comes from the CIC study:
 - Low SES
 - Parental conflict
 - Low emotional closeness between parent-child
 - Maternal over-control
 - Abuse and neglect

Child x Environment IA as a developmental process towards PD: an example



De Clercq, et al., 2008

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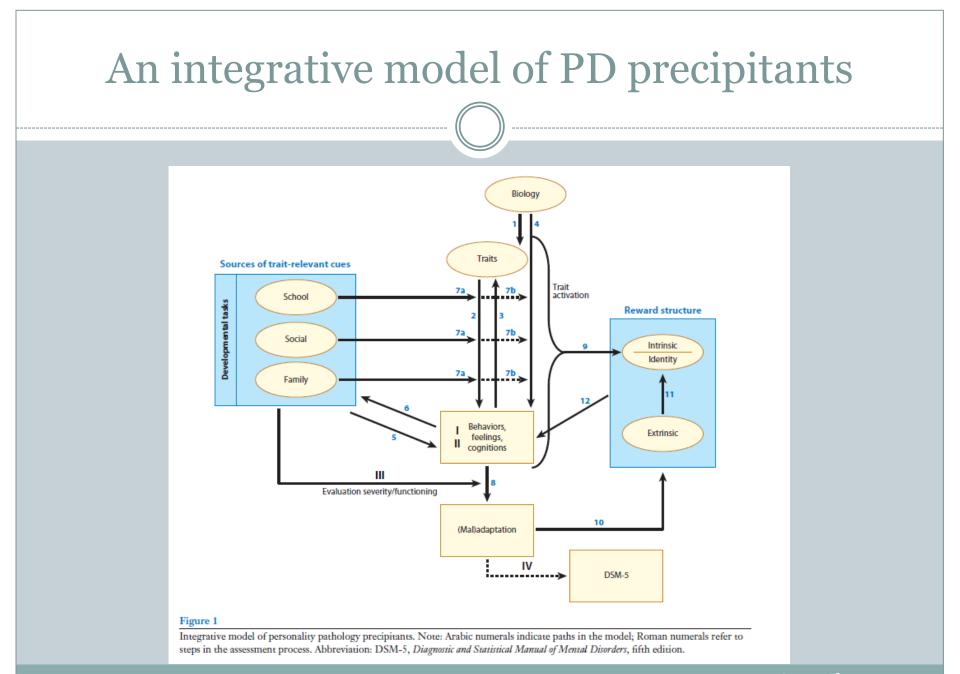
Life-course information from clinical records

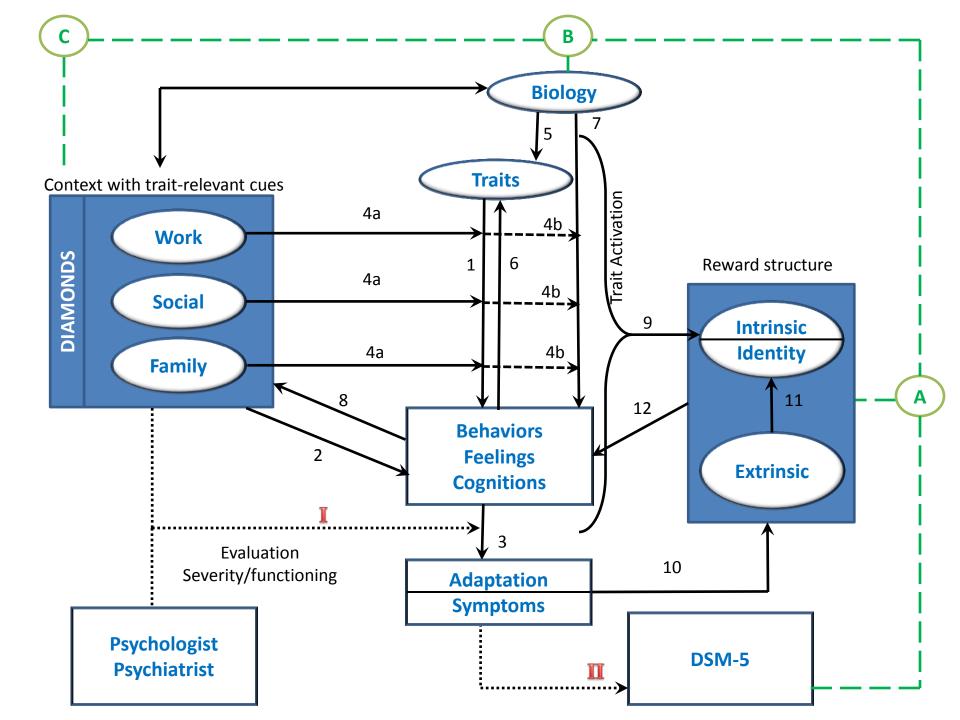
- Adults with PD often have a history of persistent problem behavior in childhood/adolescence
- Parents of adult PD patients often report the "difficulty" in raising that child compared to siblings
- ADHD, ODD and CD in childhood are strong long-term predictors of most PDs
- Extreme social anxiety in childhood has been repeatedly linked to Avoidant PD, major depression to various PDs

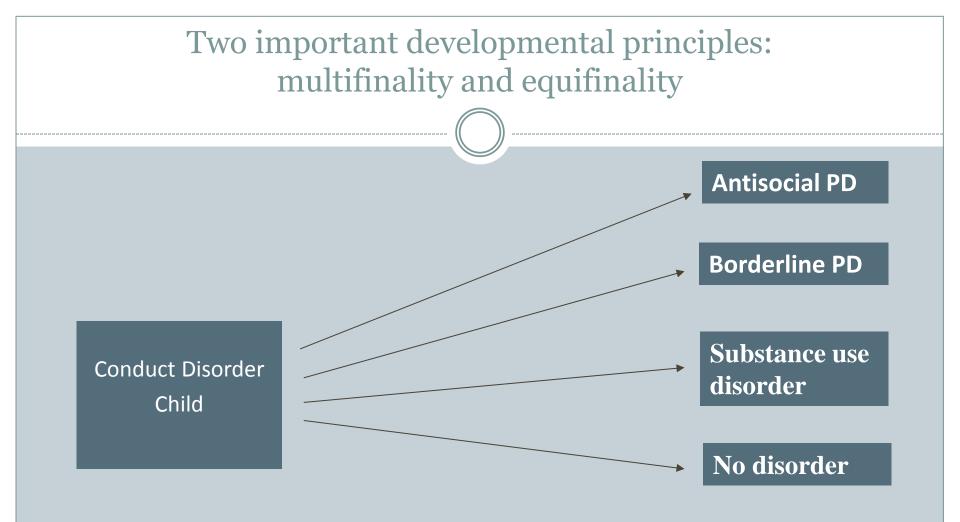
Life-course information

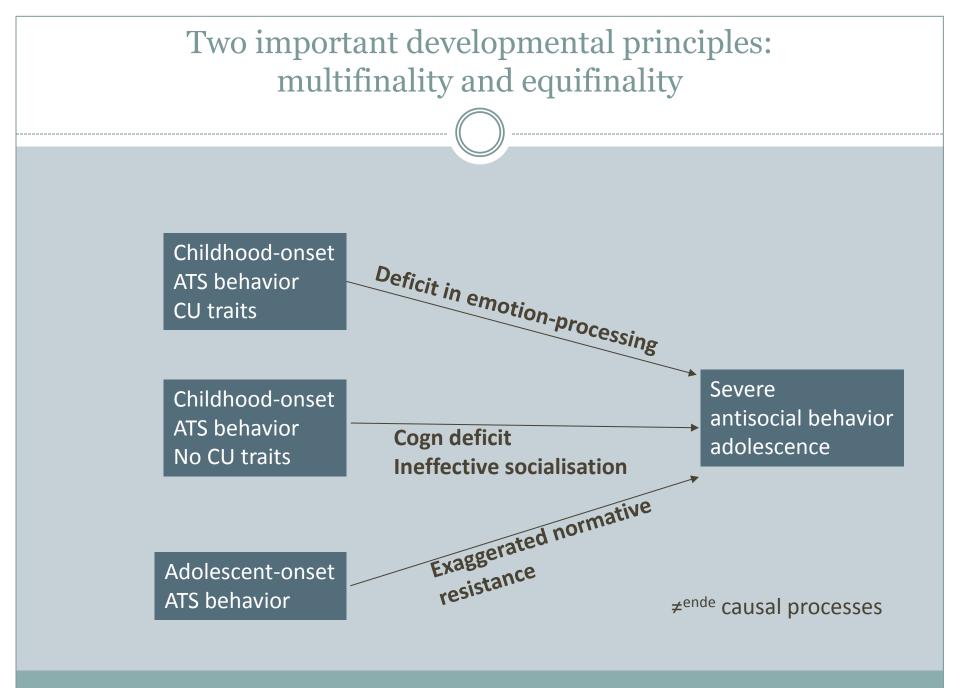
- Early onset of severe psychopathology = larger genetic effect, more likelihood that the condition becomes chronic
- High comorbidity in childhood = increased risk for later PD

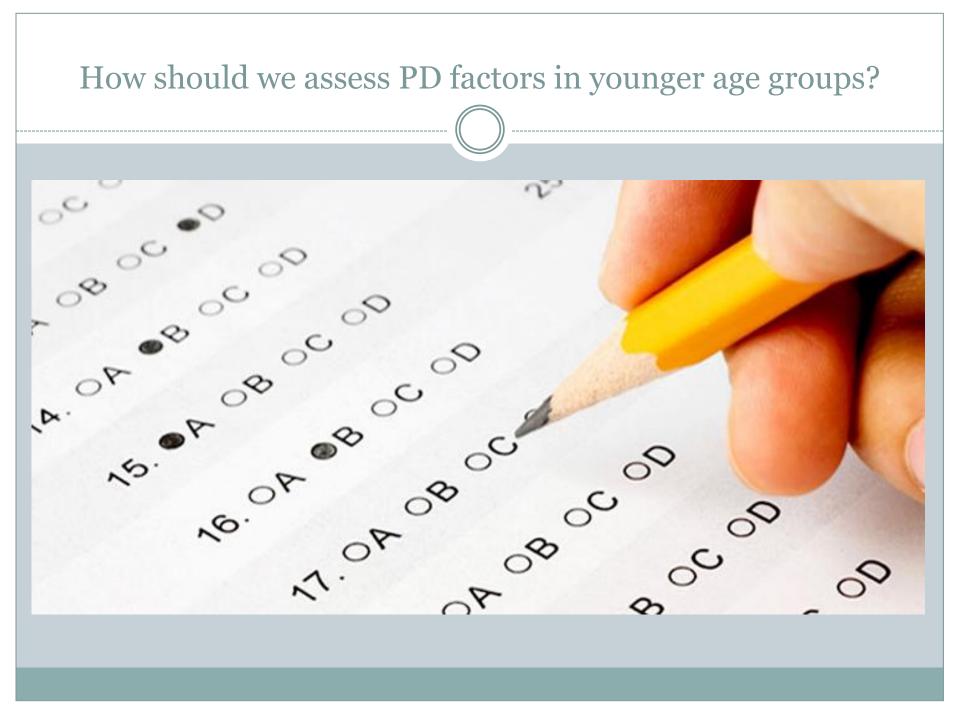












Assessment of PD in younger age groups

- Categorical PD criteria?
 - Inflation of N diagnoses, especially borderline
 - × PD manifestations are intertwined with normative turmoil
 - × "all adolescents are a little borderline"

- Perceived instability across time because especially young people show changing symptom manifestations
 * Is this real change?
 - × Underlying vulnerability often remains stable

A dimensional perspective on developmental PD traits

• DIPSI

• DAPP-BQ-A

• SNAP-Y

• PID-5

The Structure of Maladaptive Personality Traits in Childhood: A Step Toward an Integrative Developmental Perspective for *DSM–V*

> Barbara De Clercq, Filip De Fruyt, Karla Van Leeuwen, and Ivan Mervielde Ghent University

The present study describes the construction of a taxonomy of trait-related symptoms in childhood, the Dimensional Personality Symptom Item Pool (DIPSI), and examines the replicability of the taxonomy's higher order structure across maternal ratings of referred (N = 205) and nonreferred (N = 242) children and self-ratings of adolescents (N = 453). The DIPSI's 4 higher order factors—that is, Emotional Instability, Disagreeableness, Introversion, and Compulsivity—showed clear correspondence with the dimensions of personality pathology found in adulthood (Dimensional Assessment of Personality Pathology—Basic Questionnaire; W. J. Livesley, 1990; Schedule for Nonadaptive and Adaptive Personality; L. A. Clark, 1993). These 4 factors can be further organized into 2 superfactors, representing Internalizing and Externalizing Traits, demonstrating empirical and conceptual relationships with psychopathology models in childhood and adulthood. The implications for the assessment and conceptualization of early trait pathology are discussed in the context of an integrative developmental perspective on the construction of the *Diagnostic and Statistical Manual of Mental Disorders—Fifth Edition*.

Keywords: childhood, adolescence, personality pathology, psychopathology, DSM-V

Childhood PD traits from a dimensional perspective

DIPSI DAPP-BQ-A SNAP-Y PID-5



Emotional instability Disagreeableness Introversion Compulsivity Oddity

- Align with adult PD dimensions
- Consistent with FFM structure
- Well-validated across groups/languages
- Non-stigmatizing nature

A valid search for the prospective pathway to PD requires a compass



COre features of personality pathologyMapping normative trendsPathways that differ from normalityASSessment is age-specific

A developmental framework on PD assessment: COMPASS

- Focus on <u>CO</u>re features of specific personality disorders that are present early in life, rather than on early PD diagnoses
- <u>Map normative developmental trends of these features in order</u> to take the developmental context into account
- Explore <u>P</u>athways that differ from normative development
 O they signify an adaptational failure that precedes a PD? (Cicchetti, 2014)
- Encourage an age-specific <u>ASS</u>essment of these features to guarantee a valid assessment

Recent evidence on childhood precursors of PDs

Study 1 : Recent findings from the Pittsburgh Girls Study (Wright et al., 2016)

- N= 2450 girls, current data cover age range 14-17y
- Course of BDL trajectories across adolescence?
 Overall stability
 - Substantial heterogeneity among girls (~similar to adults!)

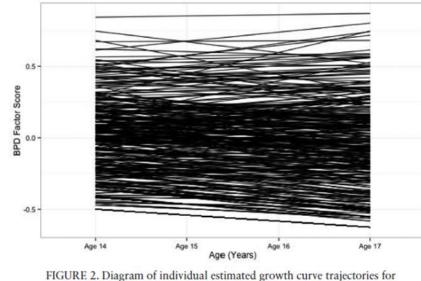


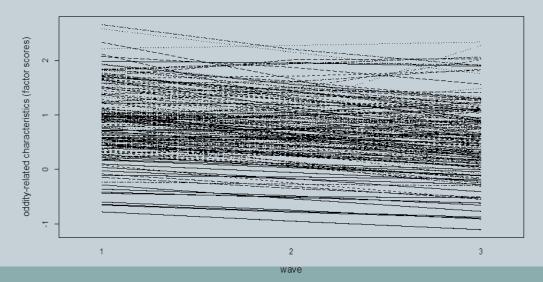
FIGURE 2. Diagram of individual estimated growth curve trajectories for one random sixth of the sample. A subsample was randomly selected to better illustrate growth heterogeneity.

Study 1: Recent findings from the Pittsburgh Girls Study (Wright et al., 2016)

- Trajectories of BDL symptoms co-develop with 7 areas of psychosocial functioning
- Increases in BDL symptoms go together with worse psychosocial and academic outcomes
- Even after controlling for general psychopathology, there are important links between BPD and selfperception/ social skills
- BDL symptoms threaten key developmental task during adolescence: identity formation and friendship

Study 2: Recent findings from the Flemish PALS Study (De Clercq et al., under revision)

- N=485 ongoing longitudinal study of Flemish children (community and referred)
- Course and outcome of childhood Oddity traits in terms of later PD?
 - Small overall decline; substantial heterogeneity among subjects

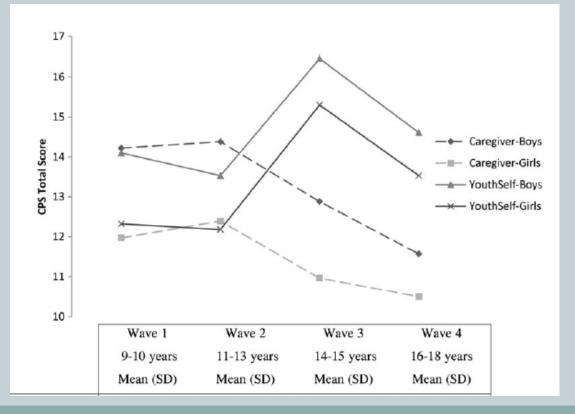


Study 2: Recent findings from the Flemish PALS Study (De Clercq et al., under revision)

- Explicitly high rates of oddity early in life seem to represent a <u>general</u> vulnerability factor for later personality pathology
- Growth in oddity throughout childhood is a more <u>specific</u> vulnerability factor for SZT and BDL PD
- Higher starting position and stronger growth across time for children from low SES-families

Study 3: Recent findings from the University of Southern California Risk Factors for Antisocial Behavior twin study (Tuvblad et al., 2016)

- N= 780 twins assessed between 9-10 y up until 16-18y
- Child Psychopathy Scale from a multi-informant perspective



Study 3

Recent findings from the University of Southern California Risk Factors for Antisocial Behavior twin study

• Variations in level and change over time are the result of genetic and non-shared environmental influences

• The genetic factors are stable across time

• At the onset of puberty (11-13y): small but significant contribution of <u>shared evironment</u> (self-reports)

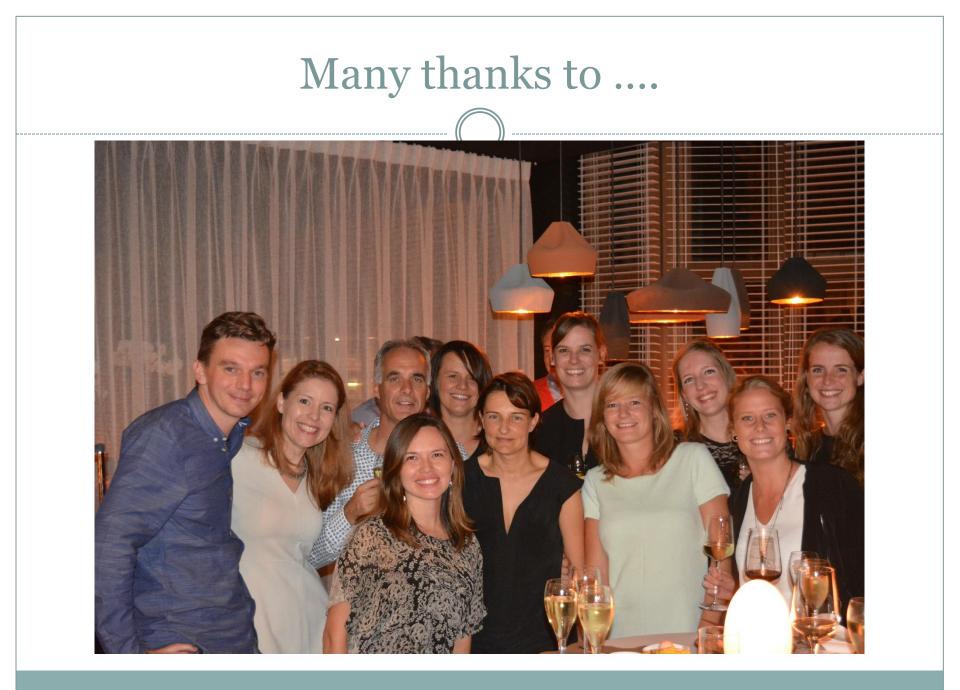
Future Directions

- Emerging area: several possibilities
- No silo thinking: developmental, clinical, psychiatry, assessment,
- Several challenges:

Just a few

- Differentiation from normative development
- Dynamic conceptualization of personality
- Assessment (research and professional practice)
- In general: More general personality assessment (personality psychopathology relationships)
- Implementation of this knowledge in current psychological practice (facets!!)
- Better integration with functional domains (school/work,)

Big agenda



Thanks for your attention

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