

#### Background

A central characteristic of Borderline Personality Against this background, the aim of the current study Disorder (BPD) involves impaired functioning in was to investigate reflective function and BPD in a sample of interpersonal domains. Many etiological models inpatient adolescents. We hypothesized that poor reflective function would predict borderline symptoms and diagnosis. have been proposed to explain the interpersonal impairments in BPD. Fonagy and colleagues **Participants** (Fonagy, Gergely, Jurist, & Target, 2002; Fonagy & The final sample consisted of 129 consecutively admitted Bateman, 2008; Fonagy & Luyten, 2009) have inpatient adolescents aged 12-17 (M = 15.6, SD = 1.36). theorized that problems BPD patients experience in Thirty-eight percent of the sample met criteria for BPD (*n* = interpersonal functioning are a result of impairment 49), with significantly more females ( $\chi^2 = 11.14$ , df = 1, p =in a social cognitive abilities, specifically, in theory .001) than males (n = 9). of mind or mentalization.

Theory of Mind (ToM) was first coined by Premack and Woodruff (1978), referring to an individual's ability to understand and interpret others' behaviors in terms of mental states. Similarly, mentalization is an individual's capacity to infer behaviors in terms of mental states (Fonagy, et al., 1991), and to predict behaviors based on these interpretations. The capacity to mentalize develops during infancy and childhood from early attachment experiences (Fonagy et al., 1991). Reflective function is conceptually related to mentalizing and is the capacity to reflect on the mind in self and others within an attachment relationship (Fonagy et al., 1991). In particular, it appears that individuals with BPD

have poor social-cognitive or mentalizing capacity within an attachment context (Fonagy & Sharp, 2008; Fonagy & Luyten, 2009). Furthermore, evidence from adult research has demonstrated that individuals with BPD have poor reflective function abilities (Fonagy et al., 1996).

# **Evidence for Poor Reflective Function in Adolescents** with Borderline Personality Disorder Carolyn Ha, B.S., & Carla Sharp, Ph.D. University of Houston & The Menninger Clinic

## Aims

#### Measures

### **Borderline Personality Disorder (BPD)** Interview-based (dichotomous scoring):

- DSM-IV Childhood Interview for Borderline Personality Disorders (Zanarini, 2003)
- Self and parent-report symptoms (dichotomous scoring):
- Borderline for Personality Features Scale (BPFS; Crick et al., 2005; Sharp et al., 2010)

#### **Reflective Function (RF)**

- (1) Child Reflective Function Scale (CRFS; Target, Oandansan, & Ensink, 2001): codes reflective function off transcriptions from the Child Attachment Interview (CAI; Target et al., 1998) which asks adolescents about their relationships with their parents and seeks to elicit an overall attachment style. For this study, dichotomous scores were used where scores of 4 and lower is coded as poor RF and scores of 5 and higher is coded as high RF. (2) Reflective Function Questionnaire for Youths (RFQY; Sharp
  - et al. 2009): adapted from the adult self-report RFQ (Fonagy and Ghinai, unpublished manuscript). A continuous total score was used in this study.

#### **Results**

<b>Descriptive Statistics on Reflective Function Measures.</b>				
CRFS (dichotomous)			Ν	%
High RF			14	11
Poor RF			115	89
RFQY	Μ	SD	Minimum	Maximum
BPD	6.33	.59	4.52	7.87
Non-BPD	6.60	.58	4.83	7.61

Non-parametric chi-square tests revealed a significant difference in reflective function on the CRFS for adolescents with and without BPD using dichotomous scores of BPD diagnosis on the semistructured interview ( $\chi^2 = 7.45$ , df = 1, p = .006). These findings were also supported in a self-reported ( $\chi^2 =$ 9.03, df = 1, p = .003) and parent-reported ( $\chi^2 = 8.39$ , df = 1, p = .004) measures of BPD. Furthermore, a self-report measure of reflective function (RFQY) supported the hypothesis that individuals with BPD had significantly poorer reflective function compared to adolescents with other psychopathology (U = 1353, p = .003, r = -.26). As expected, patients with BPD (*Mdn* = 6.30) scored lower on reflective function as compared to patients without BPD (Mdn = 6.70).

#### **Conclusions**, Limitations, and Future Direction

Taken together, this study demonstrates support for an association between reflective function impairments in adolescents with BPD, which is consistent with findings reported in the adult literature. However, a major limitation of the current study was the low number of adolescents with adequate reflective function. Future studies should compare reflective function in healthier samples.



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