Difficulties in parental functioning: a comparison between patients with a borderline personality disorder and other personality disorders.

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Abstract

Parental functioning is negatively influenced by the effects of perceived parental difficulties in parents and by the perceived psychosocial problems in their children. Former studies mainly focused on parents with a borderline personality disorder (BPD), leaving the other personality disorders (OPD) out of consideration. The present study examined whether parents with BPD perceive more problems in parental functioning compared to parents with OPD (N = 48). Two self-report questionnaires for the measurement of perceived parental difficulties and perceived psychosocial problems in children were used, respectively the 'Opvoedbelasting Vragenlijst' (OBVL) and the Strengths and Difficulties Questionnaire (SDQ). No significant differences were found in perceived parental difficulties or in perceived psychosocial problems in children between parents with BPD and parents with OPD. The present study suggests that parents with BPD perceive an equal amount of difficulties in parental functioning compared to parents with OPD. Therefore, in future treatment, attention must be paid to parents with all types personality disorders instead of solely focusing on the problems in parents with a borderline personality disorder.

1. Introduction

Personality could be defined as individual differences in the way people think, feel and behave. If these certain tendencies become overly rigid or extreme abnormal personality traits can develop (Emmelkamp & Kamphuis, 2007). These extreme personality traits could predict a personality disorder, which is characterized by these extreme and chronic personality traits, which start to develop during early adolescence and continue into adulthood. This personality leads to dysfunctions in multiple domains in life and causes distress for this person and/or the people around them (Emmelkamp & Kamphuis, 2007). The classificatory system, the American Psychiatric Association (APA) Diagnostic and Statistical manual of Mental disorders (DSM) defines a personality disorder as "an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individuals culture" (American Psychiatric Association, 2013).This pattern needs to be expressed in two (or more) of the following domains: cognition, affectivity, interpersonal functioning and/or impulse control.

1.1 Borderline personality disorder vs. other personality disorders

Overall, personality disorders are characterized by lower quality of life and more impairment in daily functioning compared to healthy controls (Ansell, Sanislow, McGlashan, & Grilo, 2007). Most studies have focused on patients with a borderline personality disorder (BPD) (Herr, Hammen, & Brennan, 2008). BPD is characterized by intense and unstable relationships, dysfunction in emotion regulation, and behavioural impairment (i.e. impulsive and/or self-harming behaviour) (American Psychiatric Association, 2013). Individuals with BPD show the most functional impairment compared to individuals with any other personality disorder (OPD) (Zanarini, Frankenburg, Hennen, Reich, & Silk, 2005). Functional impairment among BPD patients is reflected by social impairment, employment problems, more physical complaints and more health care consumption when compared to OPD (Ansell et al., 2007). But most interestingly according to Ansell et al.(2007), what makes patients with BPD unique when compared to patients with OPD is the impairment they perceive in their relationships with their children. The presence of a BPD is believed to have a strong impact on parental functioning (Newman, Stevenson, Bergman, & Boyce, 2007; Vermulst, Kroes, Meyer, Nguyen, & Veerman, 2012). In the present study it was investigated whether parents with BPD perceive more difficulties in parental functioning compared to parents with OPD.

1.2 Perceived parental difficulties such as inconsistent parenting

Parenting is defined as the way in which a care-giver behaves in the daily interactions with his/her child (Groenendaal & Dekovic, 2000). The degree to which a parent perceives pleasure in these interactions combined with the degree in which the parent perceives the relationship with the child as positive and warm is reflected in the parent-child relationship (Dekovic, 1999). Parents who perceive the interactions with their children as 'lacking of pleasure' report to experience more parental difficulties (Ostberg & Hagekull, 2000). When the parent is (emotionally) inconsistent in their responses towards the child (i.e. alternately over-involvement and under-involvement) , the parent-child relationship tends to be less confident, which is a consequence of inconsistent parenting (Carlson, Sampson & Sroufe, 2003). Perceived parental difficulties such as inconsistent parenting tend to be of influence in the development of children's social competence, in such a way that it influences the ability of the child to develop relationships with other peers and/or adults (Anthony, Anthony, Glanville, Naiman, Waanders, & Shaffer, 2005; Carlson et al., 2003). Research suggests that mothers with BPD perceive more difficulties in providing consistent parenting compared to with OPD or healthy controls (Newman et al, 2007; Sansone & Sansone, 2009; Zanarini & Frankenburg, 1997).

1.3 The parent-child relationship and a borderline personality disorder

For mothers with BPD, functioning as a parent is associated with more difficulties compared to healthy controls when it comes to providing a protective and structured environment. Research suggests that mothers with BPD are less sensitive and provide less structure to their children (Newman et al., 2007). Therefore, a mother with BPD and her child are at risk for problems in the mother-child relationship (Herr et al., 2008; Kiel, Gratz, Moore, Latzman, & Tull, 2011). Interactions between a mother with BPD and her child proceeds with high rate of conflicts and with inconsistent responses (i.e. providing positive consequences for their child's problem behaviour) (Zanarini & Frankenburg, 1997; Gardner, 1989). As mentioned above, this inconsistent type of parenting tends to negatively influence the parent-child relationship (Carlson et al., 2003). Relationship instability is the most prominent characteristic of individuals with BPD (Gunderson, 2007), which is a risk factor for problems in interpersonal relationships, including family relationships like the parent-child relationship. This disturbed parent-child relationship may lead to emotional and behavioural problems in their children (i.e. hyperactivity, tantrums or attention-seeking) (Carlson et al., 2003).

Therefore, the parent-child relationship is believed to have a profound impact on the development of the child (Groenendaal & Dekovic, 2000).

1.4 The influence of a borderline personality disorder on child development

Mothers with BPD experience more emotional instability compared to OPD (Barnow, Spitzer, Grabe, Kessler, & Freyberger, 2006), which means they experience more intense and highly changeable moods in the presence of their children. Children of individuals with BPD copy this emotional instability (Fruzzetti, 2012). This 'mirroring' of emotional instability contributes to the transference of the emotional problems in their children (Sansone & Sansone, 2009). Barnow et al. (2006) confirmed that increased scores for emotional (e.g. anxiety or depression) and behavioural problems (attention problems and aggressiveness) are present in children of mothers with BPD, compared to mothers with a cluster C personality disorder. Furthermore, children of mothers with BPD tend to experience more impairment in relationships (Bartsch, Roberts, Davies, & Proeve, 2015). These interpersonal difficulties might be influenced by parental borderline symptoms (e.g. intense and unstable relationships), which influences the child's development with regard to social skills and their ability to interact with others (Bartsch et al., 2015; Herr et al., 2008). More BPD symptoms in parents (e.g. emotional instability) are associated with more psychosocial problems in their children (Herr et al., 2008).

To conclude, parents may perceive multiple struggles in their parental function (Anthony et al., 2005), which may affect the development of their children (Jackson, 2000). Literature suggests that patients with BPD experience more difficulties in parental functioning compared to OPD (Barnow et al., 2006). A negative parent-child relationship, a negative perception of parenting, and inconsistent parenting are of influence in the way individuals function in their parental role (Ostberg & Hagekull, 2000; Anthony et al., 2005; Groenendaal & Dekovic, 2000). These parental difficulties are strongly related to emotional, interpersonal and behavioural difficulties a child can develop (Anthony et al., 2005; Jackson, 2000; Bartsch et al., 2015). Of particular importance, difficulties in parental functioning are believed to be of long-term influence on the psychosocial functioning of children (Carlson et al., 2003).

1.5 The present study

The aim of the present study is to investigate whether parents with BPD perceive more difficulties in parental functioning compared to parents with OPD. Parental functioning is believed to be negatively influenced by the effects of perceived parental difficulties in parents as well as by the perceived psychosocial problems in their children (Ostberg & Hagekull,

2000; Anthony et al., 2005; Groenendaal & Dekovic, 2000; Jackson, 2000; Bartsch et al., 2015). Based on the literature it could be stated that these problems in parental functioning are present and more severe in the group of patients with BPD (Bartsch et al., 2015). In particular, difficulties in the parent-child relationship are thought to be characteristic for BPD (Groenendaal & Dekovic, 2000), which may be a strong predictor for emotional and behavioural problems (e.g. hyperactivity) in children (Carlson et al., 2003). In addition, it could be hypothesized that more parental difficulties in patients could predict more psychosocial problems in their children (Jackson, 2000; Anthony et al., 2005).

Literature lacks satisfactory information about problems in parental functioning in patients with OPD. In the present study a comparison is made between parents with BPD and parents with OPD. To our knowledge, this is the first study to compare these two groups of parents. Earlier studies did compare parents with BPD to parents with cluster C personality disorders, but excluded the remaining personality disorders (Barnow et al., 2006). Two main outcome measures are used during the present study, namely perceived parental difficulties and perceived psychosocial problems in children. Both measures were determined with two self-report questionnaires and were assessed in an out-patient clinic for personality disorders. Insight from this study could be beneficial for future treatment of patients with personality disorders, in such a way that more attention can be paid to these parental difficulties and how to cope with them. Besides parental difficulties, it would be of particular relevance to gain more insight in the psychosocial problems in children of patients with a personality disorder. By doing so, early detection or prevention could be more possible in the future. The main question that arises is:

Do parents with BPD perceive more problems in their parental functioning compared to parents with OPD?

This leads to the following hypotheses:

Hypothesis I: parents with BPD perceive significantly more parental difficulties compared to parents with OPD. More specifically, it is hypothesized that parents with BPD report significantly more difficulties in the parent-child relationship compared to parents with OPD.

Hypothesis II: parents with BPD report significantly more perceived psychosocial problems in their children compared to OPD. In particular, it is hypothesized that parents with BPD report significantly more emotional problems, behavioural problems and hyperactivity in their children compared to parents with OPD.

Hypothesis III: parents who perceive more parenting difficulties report significantly more psychosocial problems in their children.

2. Method

2.1 Research design

The research design used during the present study is a between-subjects design, because the patients were tested under one condition only (Leary, 2008). Two groups of patients were compared based on their reports of perceived parenting difficulties and the perceived psychosocial problems in their children. The participants were assigned to one of the two groups based on their diagnosis (determined with the SCID-II, see below), that is the BPD group or the OPD group. For the present study the participants were tested once - after the intake procedure and before the beginning of their treatment.

2.2 Part of 'Ouder-Kind Programma'

This study was part of a bigger program called: Ouder-Kind Programma (in Dutch). This program started with the aim to enhance earlier detection of problems in children under the age of 23 of which one of the parents is diagnosed with a personality disorder. The 'Ouder-Kind Programma' aims to improve the care for these children. Even though the limit of being a child is 18 legally, it was decided to retain a limit of children under the age of 23. It seems that a lot of children between the age of 18 and 23 fail to receive proper treatment. These children are not eligible for treatment in an institution for children, but often do not arrive in an institution for adults. Furthermore, communities use this age limit in their youth policy as well. The current study was part of this larger longitudinal study, in which the parents will be seen by a psychologist (specialised in children and adolescents) at least three times, every six months. Every appointment an assessment is conducted about parenting and the difficulties they perceive in raising their children. The present study only entails the first measurement.

2.3 Participants

The participants (N = 48) used for this study were patients who are in outpatient treatment at the centre for personality disorders at PsyQ The Hague who have children under the age of 23 years. Of the 62 patients that were included in the study firstly, 19 were diagnosed with BPD and 29 met the criteria for the OPD group. The remaining 14 patients were diagnosed with a personality disorder 'not otherwise specified' (PD NOS), with traits of BPD. These patients were excluded from this study to avoid similarities between the OPD group and the BPD group. It should be noted that patients with PD NOS without traits of BPD were included in the OPD group. Table 1 shows the frequency distribution of the different personality disorders included.

Table 1. *Frequency of personality disorders included in the study*

Diagnosis axis II	**Frequency**
BPD	19
OPD	
PD NOS (without BPD traits)	16
Avoidant PD	6
Dependent PD	5
Paranoid PD	1
Narcissistic PD	1
Total	48

Note: BPD = Borderline Personality Disorder, OPD = Other Personality Disorders, PD NOS = Personality Disorder Not Otherwise Specified, PD = Personality Disorder

Finally, a total number of 48 parents and data of one of their children were included in this study. When the parent has more than one child, the child included was based on their SDQ impactscore (see below). Table 2 shows the gender distribution, mean age and mean scores for the Global Assessment of Functioning (GAF) of the parents included. The GAF is a scoring system which was used to indicate the patients psychological, social and professional functioning. The GAF score ranges from 1 (severely disfunctioning) to 100 (superior

functioning). With regard to the GAF scores of the parents, no significant differences were found between the BPD group (M = 51.15, SD = 3.0) and the OPD group (M = 52.76, SD = 4.7), $t(46) = -4.03$, $p = .27$. Both groups show a mean GAF score between 50-60, which indicates moderate difficulties in psychological, social and professional functioning. Noteworthy is the significant difference for age between the BPD group (M = 31.74, SD = 7.08) and the OPD group (M = 41.97, SD = 9.44), $t(40) = -1.12$, $p = .00$. This suggests that the parents in the BPD group were significantly younger compared to the parents in the OPD group, which should be taken into account during the interpretation of the results in the next section. Appendix-A displays the remaining demographics of the parents included in the present study, such as level of education, employment and living situation.

Table 2. *Gender distribution, mean age and mean GAF of patients included*

	BPD (*M, SD*)	**OPD** (*M, SD*)	***p***
Age	31.74 (7.08)	41.97 (9.44)	.00*
GAF	51.15 (3.0)	52.76 (4.7)	.27
Gender	*(N)*	*(N)*	
Male	0	12	
Female	19	17	
Total	19	29	

Note: BPD = Borderline Personality Disorder, OPD = Other Personality Disorders, Age in years, GAF = Global Assessment of Functioning,, $p < .05$*

Table 3 shows the gender distribution and mean age of the children included. With regard to the age of the children included, a significant difference is present between the children in the BPD group (M = 7.74, SD = 5.57) and the children in the OPD group (M = 11.69, SD = 5.95), $t(46) = -2.30$, $p = .03$. This suggests that the children in the BPD group were significantly younger compared to the children in the OPD group, which should be taken into account during the interpretation of the results in the next section.

Table 3. *Gender distribution and mean age of children included*

	BPD (*M*, *SD*)	**OPD** (*M*, *SD*)	***p***
Age	7.74 (5.57)	11.69 (5.95)	.03*
Gender	*(N)*	*(N)*	
Boy	9	20	
Girl	10	9	
Total	19	29	

Note: BPD = Borderline Personality Disorder, OPD = Other Personality Disorders, Age in years, $p < .05$*

For the present study all parents who are responsible for the care of their children (biologically or adopted), who were indicated for treatment (after the intake) in the period between the first of November 2014 and the 30th of November 2015 were included. During this study patients were excluded if:

- the patient was diagnosed with a personality disorder NOS, with traits of BPD.
- the patient (or the other authoritative parent of the child) refused to sign the informed consent for himself/herself or his/her child.
- the patient is not responsible for the care of his/her child, i.e. because their children live in a foster home.
- the patient has insufficient reading skills so he/she cannot fulfill the questionnaires.

2.4 Procedure

When, during the intake session, it was notified that the patient has children between the age of 0 and 23 years, the patient was contacted by a research assistant. During this first contact by phone the objective of the program was explained and an appointment for the questionnaires was made. This appointment was conducted by a psychologist specialised in children and adolescents.

During this first appointment with the child & adolescent psychologist, the objective of the "Ouder-Kind Programma" was briefly explained again. The patient signed the informed consent and filled out a demographics form. Next the patient filled out two questionnaires, the 'Opvoedbelasting Vragenlijst (OBVL) and the 'Strengths and Difficulties Questionnaire (SDQ). The patients completed one questionnaire per child. During the completion of these questionnaires they keep their child(ren) in mind.

2.5 Material

2.5.1 Demographics form

This form was used to portray the participants that were included in the study. The concepts this form aimed to portray are: male/female, age, age of children, amount of children, living situation, education level, and employment.

2.5.2 Structured Clinical Interview for DSM-IV axis II personality disorders (SCID-II)

The SCID-II is a semi-structured interview used to assess whether a personality disorder is present, and which personality disorder this is (First, Gibbon, Spitzer, Williams & Benjamin, 1997). The questions asked are categorized by the different personality disorders and correspond to the DSM-IV criteria for the personality disorders. To assess whether a criterion is present the questions are rated on a three-point scale (1 = criterion is absent or false, 2 = criterion is questionable, 3 = criterion is present or correct). The personality disorders (PD) are examined in de following order: avoidant PD, dependent PD, obsessive-compulsive PD, passive-aggressive PD, depressive PD, paranoid PD, schizotypal PD, schizoid PD, histrionic PD, narcissistic PD, borderline PD and antisocial PD. The passive-aggressive PD and the depressive PD are not included in the interview at PsyQ The Hague (department of personality disorders) because these two are not included in the DSM-IV. Finally, there is a last category called personality disorder 'not otherwise specified' (NOS). This category is used for personality disorders which do not meet the criteria for one of the specific personality disorders but when criteria for multiple personality disorders are present.

The inter-rater reliability of the SCID-II is fair to good, κ (kappa) = .65 to 1.00 and test-retest reliability is good, κ (kappa) = 0.63 (Weertman, Arntz, Dreessen, Van Velzen, & Vertommen, 2003). In the current study, the SCID-II is conducted during the intake session by a qualified psychologist, to confirm that a personality disorder is present.

2.5.3 Opvoedbelasting Vragenlijst (OBVL)

The questionnaire used for the measurement of perceived parental difficulties is called the OBVL (in Dutch: "opvoedbelastingvragenlijst") (Vermulst et al., 2012). This questionnaire measures the perceived difficulties which arise from the responsibility of being a parent. The OBVL has a total of 34 items (see Appendix-B). These items are statements which relate to five subscales. The statements are rated with a four-point scale (1 = does not apply, 2 = applies a little, 3 = applies properly, 4 = applies completely). The five subscales are: problems in the parent-child relationship ("I feel comfortable with my child"), problems in the upbringing of the child ("my child listens to me"), depressed moods ("I am often in a bad mood"), the degree in which the parent feels restricted because of his/her child ("because of my child there is not enough time for myself"), and health complaints ("when I get up in the morning, I am tired and not rested"). The calculation of the total score for perceived parental difficulties is based on the sum of the item scores. A high total OBVL score reflects more perceived parental difficulties. The scorings system ranges between 'lower than 60' (no parental difficulties) to a maximum of 70 (serious parental difficulties) (Vermulst et al., 2012). The Cronbach's alpha for the total score of perceived parental difficulties is estimated between .89 and .91 (Vermulst et al., 2012). This means the reliability of the questionnaire is good, which suggest a minimum chance of random errors.

2.5.4 Strengths and Difficulties Questionnaire (SDQ)

The questionnaire used for the measurement of reported psychosocial problems in children is called the Strengths and Difficulties Questionnaire (SDQ) (Goedhart, Treffers, & van Widenfelt, 2003). This questionnaire measures psychosocial problems in children, reported by the parent. The SDQ contains a total of 25 items (see Appendix-C). These items contain statements which relate to five subscales. The statements are rated with a three-point scale (0 = not true, 1 = somewhat true, 2 = certainly true). The five subscales are: hyperactivity/inattentiveness ("my child is restless, cannot sit still for a long time"), emotional problems ("my child is often unhappy, down or in tears"), problems with peers ("my child is quite alone/tends to play by him/herself"), behavioural problems ("my child frequently lies or

cheats"), and pro-social behaviour ("my child often offers voluntary assistance to others"). The total score for psychosocial problems is based on the sum of all subscales except the prosocial subscale. The prosocial subscale is the only 'strength subscale' in the questionnaire, therefore this scale is not included in the total score for the perceived psychosocial problems. Besides these 25 statements there are 5 additional questions to assess an impact score. With these questions the aim is to gain insight into which extend the psychosocial problems (if present) influence the daily functioning of the child, and what the duration and severity of these problems are. When the parent answered 'no' to the first question of the impact index ("Do you perceive your child having difficulties in one of the following areas: emotions, concentration, behaviour, or ability to get along with other people"), they do not need to fill out the rest of the impact items. When the parent answered 'yes' to the first question, the rest of the questions will be filled out. The impact score is based on the following questions: "Are these difficulties upsetting your child?" and "Do these difficulties interfere with the daily life of your child in the following areas: home/ friendships/ classroom learning/ leisure activities?" These 5 questions are rated on a four-point scale (0 = not at all, 1 = only a little, 2 = a medium amount, 3 = a great deal). The sum of these answerers generates an impact score which ranges from 0 to 10.

The Cronbach's alpha for the total score of perceived psychosocial problems is estimated between .70 and .80, which is sufficient (Goedhart, et al., 2003). This suggests a low chance of random errors. For the present study is decided to include the SDQ questionnaire of one child per patient. Based on the impact scores it is decided which child was included, when the patient has more than one child. The child with the highest impact score was included in the present study. The impact score was chosen because this score displays best if the possible problems influence the daily functioning. If all children of a patient have the same impact score, the child with the highest total problem score was included.

2.6 Statistical analysis

SPSS version 23 is the software used for the statistical analyses by which the hypotheses were tested. The hypothesis that parents with BPD experience more difficulties in parental functioning compared to parents with OPD was tested using the following outcome measures: total problem score of perceived parental difficulties (OBVL), subscales of the OBVL (focusing on the subscale score of the parent-child relationship), the total score of perceived psychosocial problems in children (SDQ), and subscales of the SDQ (focusing on

emotional problems, behavioural problems and hyperactivity in children).

For the first hypothesis, the BPD group is compared to the OPD group on their total problem scores on the OBVL and on the OBVL subscale scores. Therefore, diagnosis (BPD or OPD) is established as the independent variable and perceived parental difficulties is established as the dependent variable. High scores on the OBVL indicate more parental difficulties. First, an independent samples *t*-test is applied to test whether there is a significant difference ($p < .05$) between the total mean scores of the two comparison groups. Second, a MANOVA is applied to investigate a possible group difference based on the subscales. The subscale scores of the OBVL are simultaneously analysed as multiple dependent variables (Meyers, Gamst, & Guarino, 2006). Next, the BPD group is compared to the OPD group focusing on the different subscales separately, to investigate which of these subscales explain this (possible) group difference. To investigate these different subscales multiple *t*-tests are applied ($p < .05$). It is expected to find a significant difference on subscale 'problems in the parent-child relationship'.

For the second hypothesis, perceived psychosocial problems in the children is investigated, based on the reports on the SDQ of the parents. So the BPD group is compared to the OPD group based on their total scores on the SDQ and based on the SDQ subscale scores. Therefore, diagnosis (BPD or OPD) is established as the independent variable and perceived psychosocial problems in the children is established as the dependent variable. High scores on the SDQ indicate more perceived psychosocial problems in the children of this research sample. First, an independent samples *t*-test is applied to test the presence of a significant difference ($p < .05$) between the total mean scores of the two comparison groups. Second, a MANOVA is applied to investigate a possible group difference based on the subscales. The subscale scores of the SDQ are simultaneously analysed as multiple dependent variables (Meyers et al., 2006). Next, the BPD group is compared to the OPD group focusing on the different subscales separately, to investigate which of these subscales explain this (possible) group difference. To investigate these different subscales multiple *t*-tests are applied ($p< .01$). It is expected to find a significant difference on subscales 'emotional problems', 'behavioural problems' and 'hyperactivity'.

For the final hypothesis, it is investigated whether a correlation between the two outcome measures is present, so between perceived parental difficulties and perceived psychosocial problems in their children. To investigate this possible correlation a Pearson correlation is applied ($p < .05$). It is expected to find a positive correlation, where an increase in perceived parental difficulties is correlated with an increase in perceived psychosocial

problems in children. Finally, Fisher's z-transformation is applied to investigate whether the two correlations found between the BPD group and the OPD group differ significantly.

2.7 Budget

The 'Ouder-Kind Programma' is funded by "Stichting Kinderpostzegels". This fund aims to help vulnerable children in the Netherlands and abroad (http://www.kinderpostzegels.nl). They work for the rights of children, for their protection and their development. Because their vision is that – regardless of the situation or circumstances in which children might grow up – they deserve to get the chance to develop and get the best out of themselves.

3. Results

3.1 Parental difficulties

To investigate whether patients with BPD perceive more parental difficulties compared to patients with OPD, an independent samples *t*-test was conducted first. No significant difference was found between the perceived parental difficulties in patients with BPD (M = 67.95, SD= 17.61) and patients with OPD (M = 68.48, SD= 14.56), t (46) = -.115, $p > .05$, based on their total problem scores. Table 4 displays the means and *SD* for the total OBVL scores of the BPD and OPD group. This result suggests that there is no difference in perceived parental difficulties in patients with BPD compared to patients with OPD.

Table 4. *Means and SD for perceived parental difficulties and perceived psychosocial problems in children.*

	BPD (*M, SD*)	**OPD** (*M, SD*)	***p***
OBVL	67.95 (17.61)	68.48 (14.56)	.91
SDQ	13.28 (6.47)	10.48 (5.97)	.14

Note: BPD = Borderline Personality Disorder, OPD = Other Personality Disorders, OBVL = Opvoedbelasting Vragenlijst, SDQ = Strengths and Difficulties Questionnaire, $p < .05$*

Second, a MANOVA was used to investigate whether a significant group difference was present for perceived parental difficulties, where the subscale scores of the OBVL are analyzed simultaneously as multiple dependent variables (Meyers et al., 2006). Before a MANOVA was used, a table with correlations between the subscales was made to check if the subscales measure the same construct, i.e. parental difficulties. All the subscales showed an average correlation with at least one other subscale. Therefore is decided to enter all the

different subscales into the MANOVA. The MANOVA investigates the presence of a group difference based on the subscales. No significant difference was found for perceived parental difficulties between the BPD group and the OPD group (Wilks' Lambda = .96, $F(5,42) = .34$, $p = .89$). The result suggest that there is no difference in perceived parental difficulties in patients with BPD compared to patients with OPD.

Even though the total problem score and the MANOVA showed no significant group difference between the BPD patients and the OPD patients, the subscales of the OBVL are investigated separately. To investigate whether patients with BPD perceive more problems in the parent-child relationship compared to patients with OPD, independent samples *t*-tests were conducted for all the subscales separately. Because multiple *t*-tests are conducted, which enhances the change of a random significant result, the Bonferroni correction is applied. Therefore, an alpha level of .05/5 = .01 is used for these statistical test. No significant difference was found in the perceived problems in the parent-child relationship between patients with BPD ($M = 10.53$, $SD = 4.49$) and patients with OPD ($M = 10.17$, $SD = 3.88$), $t(46) = .773$, $p > .01$. This result shows that there is no difference in the parent-child relationship between patients with BPD and patients with OPD. With regard to the remaining subscales, no significant differences were found either, which is displayed in Figure 1.

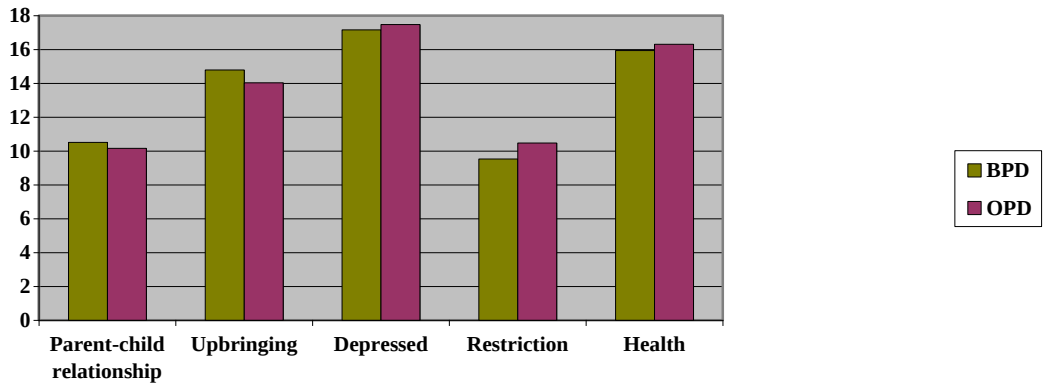

Figure 1. Mean scores OBVL subscales separately for the BPD and the OPD group. No significant differences between BPD and OPD. Subscales are not mutually comparable, because the scores are not commensurate.

3.2 Psychosocial problems in children

To investigate whether patients with BPD report more perceived psychosocial problems in their children compared to the reports of patients with OPD, first an independent samples *t*-test was conducted. No significant difference was found with regard to the total scores of perceived psychosocial problems in the children between the self-reports of patients with BPD (M = 13.28, SD= 6.47) compared to the self-reports of patients with OPD (M = 10.48, SD= 5.97), t (45) = 1.512, $p > .05$. Table 4 displays the means and *SD* for the SDQ scores of the BPD and OPD group. During this analysis one participant in the BPD group is excluded because of to many missing values on the SDQ questionnaire, therefore the calculation of a total SDQ score for this specific participant was not possible. The result suggests that there is no difference in perceived psychosocial problems in the children of patients with BPD and patients with OPD.

Second, a MANOVA was used to investigate whether a significant group difference was present for perceived psychosocial problems in children, where the subscale scores of the SDQ are analyzed simultaneously as multiple dependent variables (Meyers et al., 2006). Before a MANOVA was used, a table with correlations between the subscales was made to check if the subscales measure the same construct, i.e. psychosocial problems in children. All the subscales showed an average correlation with at least one other subscale, except for the impact score. Therefore is decided to enter all the different subscales into the MANOVA, with exception of the impact score. Furthermore, prosocial behaviour is excluded during this calculation, because this subscale is not included in the total problem score. The MANOVA investigates whether there is a group difference based on the subscales. A significant difference was found for perceived psychosocial problems in children between the BPD group and the OPD group (Wilks' Lambda = .74, F(4,42) = 3.59, p = .01). This result, in contrast to the result mentioned above, suggests that there is a difference in perceived psychosocial problems in children of patients with BPD compared to patients with OPD.

To investigate whether patients with BPD perceive more emotional problems, more behavioural problems and more hyperactivity in their children compared to patients with OPD, independent samples *t*-tests were conducted for all the subscales separately. Because multiple *t*-tests were conducted, which enhances the change of a random significant result, the Bonferroni correction was applied. Therefore, an alpha level of .05/5 = .01 was used for these statistical test. Prosocial behaviour is excluded during this calculation, because this subscale is not included in the total problem score.

First, no significant difference was found with regard to the perceived emotional

problems in children of patients with BPD (*M* = 3.28, *SD*= 2.93) compared to patients with OPD (*M* = 2.83, *SD*= 2.25), *t* (45) = .556, *p* > .01. This result shows that there is no difference in the perceived emotional problems in children of patients with BPD compared to the children of patients with OPD.

The second subscale investigated was perceived behavioural problems. No significant difference was found with regard to the perceived behavioural problems in children of patients with BPD (*M* = 3.05, *SD*= 2.55) compared to patients with OPD (*M* = 1.55, *SD*= 1.76), *t* (46) = .02, *p* > .01. The result would be significant with an alpha level of .05, however this result is eliminated after the Bonferroni correction. This suggests that there is no difference in the perceived behavioural problems in children of patients with BPD compared to the children of patients with OPD.

The final subscale investigated was hyperactivity, to investigate whether patients with BPD report more hyperactivity in their children compared to patients with OPD. No significant difference was found with regard to the perceived hyperactivity in children of patients with BPD (*M* = 5.67, *SD*= 2.72) compared to patients with OPD (*M* = 3.72, *SD*= 2.37), *t* (32.45) = .02, *p* > .01. The result would be significant with an alpha level of .05, however this result is eliminated after the Bonferroni correction. This suggests that there is no difference in the perceived hyperactivity in children of patients with BPD compared to the children of patients with OPD. With regard to the remaining subscales, no significant differences were found, which is displayed in Figure 2.

Overall, none of the subscales separately explain the significant MANOVA result. Next to the result of the total SDQ score, it could be questioned whether a difference in psychosocial problems in children of parents with BPD and the parents with OPD is present.

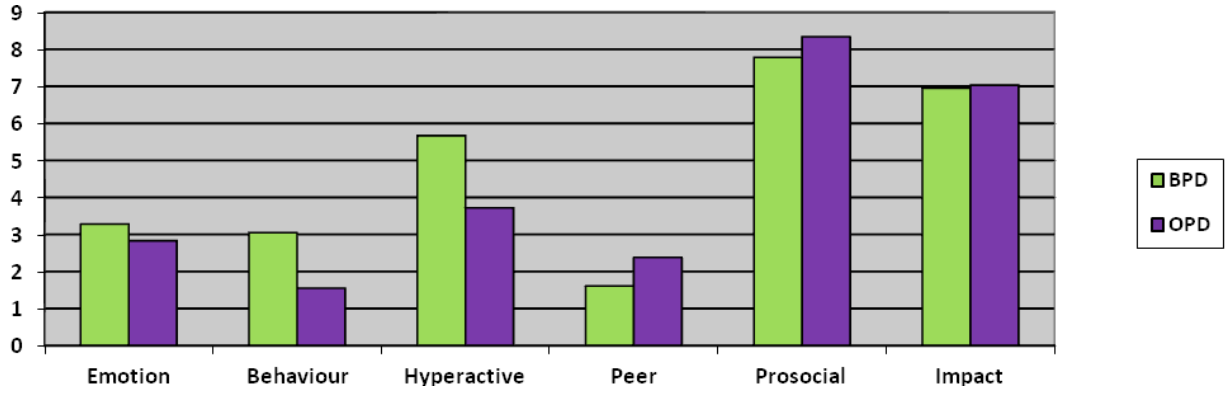

Figure 2. Mean scores SDQ subscales separately for the BPD and the OPD group. No significant differences between BPD and OPD. Subscales are not mutually comparable, because the scores are not commensurate.

3.3 Correlation parental difficulties and psychosocial problems in children

To investigate whether there is a correlation between the two outcome measurements, perceived parental difficulties and perceived psychosocial problems, a Pearson correlation is used. First, the Pearson correlation is conducted based on the whole group of participants, BPD and OPD combined. Next, the Pearson correlation is conducted again, based on the two separate groups, so divided in the BPD group and the OPD group.

There was a positive correlation between perceived parental difficulties and perceived psychosocial problems in children, based on the total group of participants, r = .433, n = 47, *p* = .002. The result suggest that increases in perceived parental difficulties are correlated with increases in perceived psychosocial problems in children. The scatterplot in Figure 3 displays the positive correlation for the total group of participants.

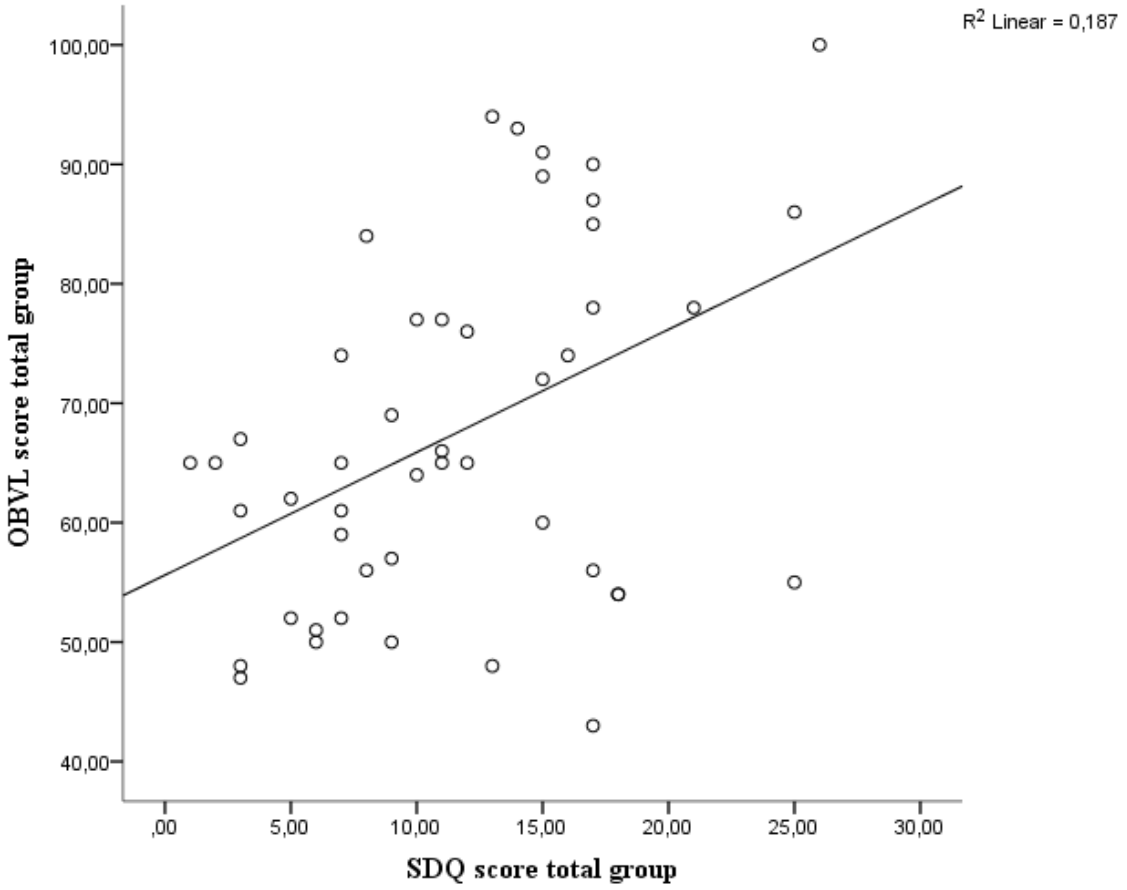

Figure 3. Scatterplot shows positive correlation for total group of participants.

Next, the Pearson correlation is conducted, based on the BPD group only. There was a positive correlation between perceived parental difficulties and perceived psychosocial problems in children, based on the BPD group of participants, r = .412, n = 18, *p* = .09. This is

not a significant result, therefore no conclusions can be drawn from this analysis. The result might suggest that there is a trend towards a correlation of the BPD group, which suggest that increases in perceived parental difficulties are correlated with increases in perceived psychosocial problems in children. The scatterplot in Figure 4 displays the positive, but not significant, correlation for the BPD group of participants.

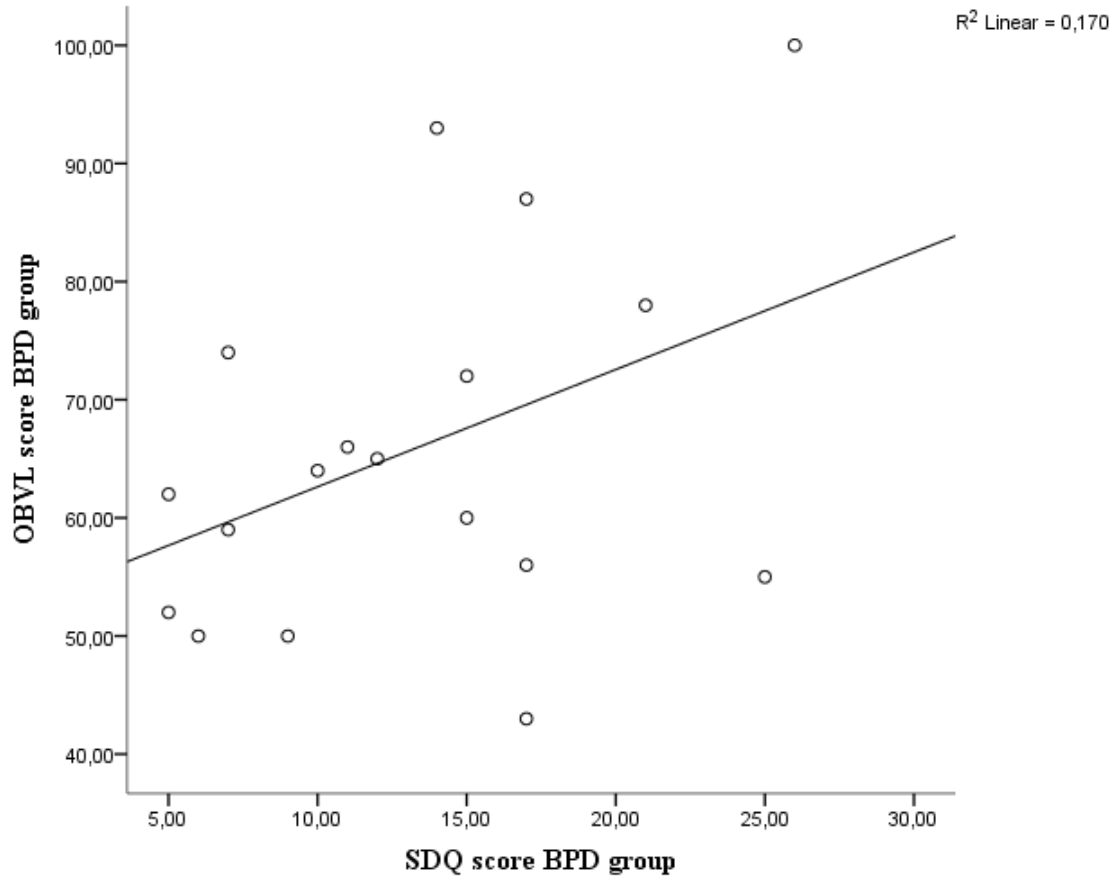

Figure 4. Scatterplot shows a positive, not significant, correlation for BPD group of participants.

Furthermore, a Pearson correlation is conducted, based on the OPD group only. There was a positive correlation between perceived parental difficulties and perceived psychosocial problems in children, based on the OPD group of participants, r = .502, n = 29, *p* = .006. This is a significant result, which suggest that increases in perceived parental difficulties are correlated with increases in perceived psychosocial problems in children within the OPD group. The scatterplot in Figure 5 displays the positive correlation for the OPD group of participants.

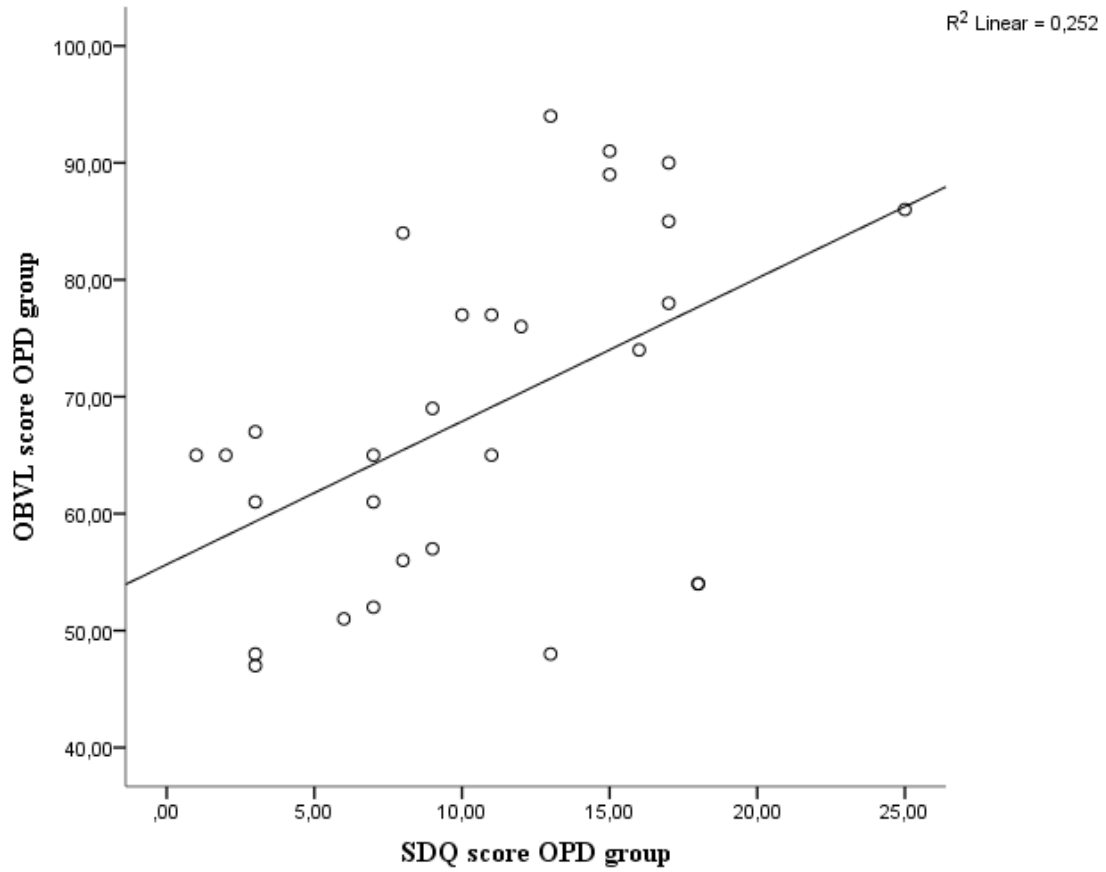

Figure 5. Scatterplot shows a positive correlation for OPD group of participants.

Finally, to investigate whether there is a difference in correlation between the BPD group correlation and the OPD group correlation, the Fisher's z-transformation is used (p = .73) (Kenny, 1987). This is not a significant result, which indicates that the correlation of the BPD group does not differ from the correlation of the OPD group. Therefore, eventually could be stated that the positive correlation between perceived parental difficulties and perceived psychosocial problems in children is present in the OPD group as well as the BPD group. The absence of a significant correlation in the BPD could be explained by the less amount of participants included in this research group.

4. Discussion

The question intended to answer during the present study was: Do parents with BPD perceive more problems in their parental functioning compared to parents with OPD? During this study a group of parents with BPD was compared to a group of parents with OPD, based on two outcome measurements, i.e. perceived parental difficulties and perceived psychosocial problems in children. Based on the literature it was expected that the BPD group would perceive more difficulties in parental functioning compared to the OPD group (Ansell et al., 2007; Antony et al., 2005; Bartsch et al., 2015). Looking at the perceived parental difficulties, especially problems in the parent-child relationship were expected to be more present and more severe in the BPD group (Groenendaal et al., 2000; Kiel et al., 2011). With regard to the perceived psychosocial problems in their children, especially emotional problems, behavioural problems and hyperactivity were expected to be more present in the children of the BPD group (Carlson et al., 2003; Barnow et al; 2006; Bartsch et al., 2015) .

The results of the present study are the following: first, no significant group differences in parental difficulties have been found. Therefore, in contradiction to the expectations, the present study suggests that there is no difference in perceived parental difficulties between parents with BPD and parents with OPD. Furthermore, it was expected to find more problems in the parent-child relationship in parents with BPD. Also the subscales of the OBVL reveal no significant difference with regard to the perceived problems in the parent-child relationship, nor for the remaining subscales of the OBVL. Therefore the present study suggests that there is no difference in the perceived parent-child relationship between parents with BPD and parents with OPD.

With regard to the psychosocial problems in children, conflicting results has been found. No significant effect has been found for the total score of the perceived psychosocial problems in children. But the subscale scores of the SDQ were also investigated, which did show a significant effect between the BPD group compared to the OPD group on perceived psychosocial problems in the children. The present study cannot fully support the claim whether or not a difference in perceived psychosocial problems in the children of parents with BPD and the children of parents with OPD is present. Therefore, more research is required to obtain clarification. Furthermore, it is investigated which subscale might explain this possible group difference for perceived psychosocial problems. Leaving the Bonferroni correction out of the analysis, would give a significant group difference for perceived behavioural problems and hyperactivity in children. These results tentatively suggest that children of patients with

BPD do show more behavioural problems and hyperactivity compared to children of patients with OPD. However, more research is required to investigate this possible trend.

Finally, a positive correlation between perceived parental difficulties and perceived psychosocial problems in children was found in both groups. However, the positive correlation found for the BPD group was not significant. The correlations found in the BPD group and in the OPD group do no differ significantly, allowing to conclude that there is a positive correlation between perceived parental difficulties and perceived psychosocial problems in children. This result is consistent with the expectations (Jackson, 2000; Anthony et al., 2005). Therefore, could be stated that an increase in parental difficulties is correlated with an increase in psychosocial problems in their children for parents with a personality disorder. This result is of particular importance for future treatment of parents with a personality disorder. It points out the possibility that their children might need to be more involved in this treatment, because these children could be at risk for developing problems of their own.

Altogether could be stated that parents with BPD perceive an equal amount of difficulties in parental functioning compared to parents with OPD. The results found in the present study do not match the results of former studies, which concluded that parents with BPD experience more difficulties in parental functioning compared to parents with cluster C personality disorders (Barnow et al., 2006).

Yet, the question still remains how to interpret the data of the current study in the light of previous studies. Most studies focus on patients with BPD, because it is stated that this group of patients show the most functional impairment, especially in their relationships with children (Zanarini et al., 2005; Ansell et al., 2007; Newman et al., 2007). These studies mostly compared parents with BPD to healthy controls (Vermulst et al., 2012). As such, literature lacks satisfactory information about problems in parental functioning in patients with OPD. Results of the current study may provide more insight in this. Interestingly, some prior studies pointed out that patients with an avoidant PD also show strong functional impairment, when compared to the other personality disorders in cluster B and C (Cramer, Torgersen, & Kringlen, 2006; Hong et al., 2004). The overlapping feature between patients with BPD and patients with an avoidant PD is that they are both characterized by dysfunction in emotion regulation and by affect avoidance (Johansen, Normann-Eide, Normann-Eide, & Wilberg, 2013). Focusing on the OPD group in the present study, 6 parents with an avoidant PD were included. It could be suggested that parents with an avoidant PD could perceive an equal amount of functional impairment compared to parents with BPD (Cramer et al., 2006;

Hong et al., 2004), and consequently perceive a comparable amount of functional impairment in their relationships with children. However, more research is required to investigate this possibility.

Another possible overlapping feature between the BPD group and (some parents in) the OPD group is inconsistent parenting (due to rejection or emotional over-involvement), which negatively influences parental functioning (Carlson et al., 2003). Additionally, inconsistent parenting is stated to be a possible harmful factor in the development of children (Bornstein, 2012). Most former studies state that especially BPD parents maintain this inconsistent type of parenting (Newman et al, 2007; Sansone & Sansone, 2009; Zanarini & Frankenburg, 1997). However, Bornstein (2012) states that parents with a dependent personality disorder also maintain an over-involved type of parenting. Therefore, it could be speculated that when it comes to parenting behaviour, cluster B and C might show some overlapping features (e.g. inconsistent parenting). This could explain the absence of group differences. However, more research is required so conclusions based on solid analyses can be made.

Finally, it is important to point out the seriousness of the problems which both groups of patients perceive concerning parental difficulties. According to the scorings system of Vermulst et al. (2012) the BPD group as well as the OPD group find themselves in the range of 'serious parental difficulties'. Therefore, this result could be beneficial for the future treatment of parents with OPD, in such a way that more attention can be paid to the difficulties they perceive in parental functioning. Patients with OPD might need just as much assistance in parental functioning as patients with BPD.

4.1 Limitations

Before conclusions can be drawn or further recommendations can be made, some limitations of the present study are pointed out. First, the composition of the two patient groups has not been optimal. The BPD group consisted of females only, and in the OPD group twelve males were included. Besides this skewed gender distribution, there was a significant difference in age between the BPD parents and OPD parents which could have been influential for the present results. A significant difference was also present in the age of the children groups. However, further research is necessary to investigate this factor of influence. Furthermore, half of the parents diagnosed with a personality disorder 'not otherwise specified' (PD NOS) in the OPD group were diagnosed with cluster B traits. Despite that the PD NOS with BPD traits were excluded from the present study, the other

cluster B traits might show overlapping factors with BPD. Cluster B in general is referred to as the 'emotional' cluster, because this reflects their most prominent characteristic (Emmelkamp & Kamphuis, 2007). Consequently, this overlap could have been a possible factor of influence.

Next, the questionnaires used during the present study were both based on self-report measurements. The disadvantage of this type of measurement is the risk of a 'social desirability response bias', where it is possible that the parents responded in a socially desirable manner instead of in a true manner (Leary, 2008). It is a possibility that the parents were too ashamed to admit they perceive difficulties in their parenting or perceive difficulties in their children. Therefore, it is not clear whether the measured perceived parental difficulties and perceived psychosocial problems correspond with the actual parental difficulties and psychosocial problems in children.

Furthermore, the study relies on voluntary participation. Therefore, results can be biased by a lack of respondents, if there are systematic differences between parents who participate and parents who do not (Moore, McCabe, & Craig, 2009). Some of the parents which were signed up for the 'Ouder-Kind' program, because of concerns with regards to the children, refused to participate. Hence, it is a possibility that important data was missed because of the voluntary participation.

Next, the small sample size of the present study could have been a factor of influence in the results. Because of the small sample size, the present study does have a small power. This small power increases the chance of a type II error, which means no significant difference is found where in reality this difference is present. More power is associated with a greater chance of finding a true effect (Meyers et al., 2006).

Finally, during the present study, axis I disorder comorbidity is not examined. Differences based on these disorders are not taken into account during the interpretation of the results. Therefore, influences based on axis I disorders could be of influence in the present results.

4.2 Conclusion and recommendations for further research

Although these limitations may have an impact on the results of this study, a noteworthy conclusion can be drawn. Altogether could be concluded that parents with BPD perceive an equal amount of difficulties in parental functioning as parents with OPD. This could be concluded based on the results where no differences were found in perceived parental difficulties between parents with BPD and parents with OPD. Besides that, parents

with BPD perceive as much psychosocial problems in their children compared to parents with OPD, even though a trend towards behavioural problems and hyperactivity might be present. Therefore, the fact that parents with BPD perceive the most impairment in relationships with children (Ansell et al., 2007) might needs to be reconsidered, because of the possibility that parents with OPD perceive an equal amount of impairment in their relationships with children.

For further research it is recommended to include a separate cluster B group and a separate cluster C group. Besides investigating these two groups of personality disorders, it is advised to include a non-clinical group as a control group. It is investigated that the presence of BPD is of influence in parental functioning, compared to healthy controls (Newman et al., 2007). Furthermore it is investigated what the mean scores for healthy controls are (Vermulst et al., 2012). But literature lacks sufficient research concerning parental functioning for the other personality disorders. Therefore it is advised to include parents with cluster B, parents with cluster C and non-clinical parents as controls.

Finally, in order to obtain more objective results, it is advised to include another measurement instrument besides parental self-report questionnaires. It could be recommended to include the impressions from psychologists or teachers. Greater knowledge regarding parental difficulties and the consequences of these difficulties for the children of parents with a personality disorder could contribute in the development of improved treatment possibilities for this population and their children.

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Appendices

Appendix-A: Demographics

Table 5. *Remaining demographics regarding the patients included in this study.*

	BPD (*N*)	**OPD** *(N)*
Education		
Low	10	11
Middle	8	11
High	1	7
Employment		
Yes	4	15
No	12	17
Living situation		
Alone	10	18
With partner	7	10
With parents	1	0

Appendix-B: Opvoedbelasting Vragenlijst (OBVL)

OBVL

OPVOEDINGSBELASTING VRAGENLIJST

VERSIE VOOR OUDERS VAN JEUGDIGEN VAN 0 T/M 18 JAAR

NAAM JEUGDIGE:

GEBOORTEDATUM:

GESLACHT: ☐ MAN ☐ VROUW

INVULDATUM:

MEETMOMENT:

DEZE VRAGENLIJST IS INGEVULD DOOR:

☐ MOEDER ☐ VADER
☐ STIEFMOEDER ☐ STIEFVADER
☐ ADOPTIEFMOEDER ☐ ADOPTIEFVADER
☐ PLEEGMOEDER ☐ PLEEGVADER
☐ BEIDE OUDERS ☐ ANDER

Toelichting

Hierna volgen 34 uitspraken over hoe u uw kind ervaart, hoe u met uw kind omgaat, hoe u zichzelf voelt en over uw gezondheid. We vragen u per uitspraak aan te geven in hoeverre deze voor u geldt door een van de cijfers 1 tot en met 4 te omcirkelen.

	Geldt niet	Geldt een beetje	Geldt behoorlijk	Geldt helemaal
Bijvoorbeeld:	↓	↓	↓	↓
"Het opvoeden van mijn kind is een lastige taak"	1	2	(3)	4

Deze cijfers hebben de volgende betekenis:

1. "De uitspraak geldt niet voor mij."
2. "De uitspraak geldt een beetje voor mij."
3. "De uitspraak geldt behoorlijk voor mij."
4. "De uitspraak geldt helemaal voor mij."

Omcirkel voor elke uitspraak het antwoord dat volgens u het meest van toepassing is. Denk niet te lang na, uw eerste indruk is meestal de beste. Er zijn geen goede of foute antwoorden mogelijk. Als u denkt een vergissing gemaakt te hebben, dan zet u een kruis door dat antwoord en omcirkelt u alsnog het juiste antwoord. Vergeet niet dat uw antwoord steeds betrekking heeft op één en hetzelfde kind. Wilt u alle uitspraken beantwoorden?

praktikon

OBVL - VOOR OUDERS VAN JEUGDIGEN VAN 0 T/M 18 JAAR
A.A. Vermulst, G. Kroes, R.E. De Meyer, L. Nguyen & J.W. Veerman
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OBVL

		Geldt niet ↓	Geldt een beetje ↓	Geldt behoorlijk ↓	Geldt helemaal ↓
1	Ik voel me gelukkig met mijn kind.	1	2	3	4
2	Mijn kind luistert naar mij.	1	2	3	4
3	Ik heb plezier in het leven.	1	2	3	4
4	Door de opvoeding van mijn kind kom ik te weinig aan mezelf toe.	1	2	3	4
5	Ik voel me vrolijk als mijn kind bij mij is.	1	2	3	4
6	Als mijn kind boos wordt dan kan ik het kalmeren.	1	2	3	4
7	Ik voel me gelukkig.	1	2	3	4
8	Door mijn kind kom ik weinig toe aan andere dingen.	1	2	3	4
9	Ik heb een tevreden gevoel over mijn kind.	1	2	3	4
10	Ik heb controle over mijn kind.	1	2	3	4
11	Soms zie ik het nut van het leven niet in.	1	2	3	4
12	Ik zou vaker vrienden en kennissen willen bezoeken maar dat gaat niet vanwege mijn kind.	1	2	3	4
13	Met mijn kind voel ik me prettig.	1	2	3	4
14	Ik ben geduldig met mijn kind.	1	2	3	4
15	Ik voel me vaak prettig.	1	2	3	4
16	Ik heb vanwege mijn kind minder contact met mijn vrienden dan vroeger.	1	2	3	4
17	Als mijn kind bij mij is voel ik me rustig.	1	2	3	4
18	Ik ga gemakkelijk met mijn kind om.	1	2	3	4
19	Ik heb vaak een slechte bui.	1	2	3	4
20	Ik kan door mijn kind heel weinig van huis weg.	1	2	3	4
21	Ik geniet van mijn kind.	1	2	3	4
22	Ik weet dat ik als opvoeder het goed doe.	1	2	3	4
23	Ik heb een hekel aan mezelf.	1	2	3	4
24	Ik heb door mijn kind weinig contacten met andere mensen.	1	2	3	4
25	Ik kan mijn kind goed corrigeren als dat nodig is.	1	2	3	4
26	Ik heb een positief gevoel over mijn toekomst.	1	2	3	4
27	Ik heb een opgezet of drukkend gevoel in mijn maagstreek.	1	2	3	4

		Geldt niet ↓	Geldt een beetje ↓	Geldt behoorlijk ↓	Geldt helemaal ↓
28	Ik heb het gevoel dat ik moe ben.	1	2	3	4
29	Ik heb pijn in mijn borst of hartsstreek.	1	2	3	4
30	Ik heb pijn in mijn maagstreek.	1	2	3	4
31	Ik voel me slaperig of suffig.	1	2	3	4
32	Ik heb benauwdheid op mijn borst.	1	2	3	4
33	Mijn maag is van streek.	1	2	3	4
34	Als ik 's morgens opsta dan ben ik moe en niet uitgerust.	1	2	3	4

DIT IS HET EINDE VAN DE VRAGENLIJST. HARTELIJK DANK VOOR HET INVULLEN!

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Appendix-C: Strengths and Difficulties Questionnaire (SDQ)

Sterke Kanten en Moeilijkheden: Vragenlijst voor Ouders (SDQ-Dut) O4-17

Wilt u alstublieft voor iedere vraag een kruisje zetten in het vierkantje voor "Niet waar", "Een beetje waar" of "Zeker waar". Het is van belang dat u alle vragen zo goed mogelijk beantwoordt, ook als u niet helemaal zeker bent of als u de vraag raar vindt. Wilt u alstublieft uw antwoorden baseren op het gedrag van het kind de laatste zes maanden.

Naam van het kind ..... Jongen / Meisje

Geboortedatum .....

	Niet waar	Een beetje waar	Zeker waar
Houdt rekening met gevoelens van anderen	☐	☐	☐
Rusteloos, overactief, kan niet lang stilzitten	☐	☐	☐
Klaagt vaak over hoofdpijn, buikpijn, of misselijkheid	☐	☐	☐
Deelt makkelijk met andere kinderen (bijvoorbeeld speelgoed, snoep, potloden, enz.)	☐	☐	☐
Heeft vaak driftbuien of woede-uitbarstingen	☐	☐	☐
Nogal op zichzelf, neigt er toe alleen te spelen	☐	☐	☐
Doorgaans gehoorzaam, doet gewoonlijk wat volwassenen vragen	☐	☐	☐
Heeft veel zorgen, lijkt vaak over dingen in te zitten	☐	☐	☐
Behulpzaam als iemand zich heeft bezeerd, van streek is of zich ziek voelt	☐	☐	☐
Constant aan het wiebelen of friemelen	☐	☐	☐
Heeft minstens één goede vriend of vriendin	☐	☐	☐
Vecht vaak met andere kinderen of pest ze	☐	☐	☐
Vaak ongelukkig, in de put of in tranen	☐	☐	☐
Wordt over het algemeen aardig gevonden door andere kinderen	☐	☐	☐
Gemakkelijk afgeleid, heeft moeite om zich te concentreren	☐	☐	☐
Zenuwachtig of zich vastklampend in nieuwe situaties, verliest makkelijk zelfvertrouwen	☐	☐	☐
Aardig tegen jongere kinderen	☐	☐	☐
Liegt of bedriegt vaak	☐	☐	☐
Wordt getreiterd of gepest door andere kinderen	☐	☐	☐
Biedt vaak vrijwillig hulp aan anderen (ouders, leerkrachten, andere kinderen)	☐	☐	☐
Denkt na voor iets te doen	☐	☐	☐
Pikt dingen thuis, op school of op andere plaatsen	☐	☐	☐
Kan beter opschieten met volwassenen dan met andere kinderen	☐	☐	☐
Voor heel veel bang, is snel angstig	☐	☐	☐
Maakt opdrachten af, kan de aandacht goed vasthouden	☐	☐	☐

Heeft u opmerkingen?

ZOZ: Er staan nog een paar vragen aan de andere kant

Denkt u over het geheel genomen dat uw kind moeilijkheden heeft op één of meer van de volgende gebieden: emoties, concentratie, gedrag of vermogen om met andere mensen op te schieten?

Nee	Ja, kleine moeilijkheden	Ja, duidelijke moeilijkheden	Ja, ernstige moeilijkheden
☐	☐	☐	☐

Als u "Ja" heeft geantwoord, wilt u dan alstublieft de volgende vragen over deze moeilijkheden beantwoorden?

• Hoe lang bestaan deze moeilijkheden?

Korter dan een maand	1-5 maanden	6-12 maanden	Meer dan een jaar
☐	☐	☐	☐

• Maken de moeilijkheden uw kind overstuur of van slag?

Helemaal niet	Een beetje maar	Tamelijk	Heel erg
☐	☐	☐	☐

• Belemmeren de moeilijkheden het dagelijks leven van uw kind op de volgende gebieden?

	Helemaal niet	Een beetje maar	Tamelijk	Heel erg
THUIS	☐	☐	☐	☐
VRIENDSCHAPPEN	☐	☐	☐	☐
LEREN IN DE KLAS	☐	☐	☐	☐
ACTIVITEITEN IN DE VRIJE TIJD	☐	☐	☐	☐

• Belasten de moeilijkheden u of het gezin als geheel?

Helemaal niet	Een beetje maar	Tamelijk	Heel erg
☐	☐	☐	☐

Handtekening:..... Datum: .....

Moeder/Vader/Anders, nl:

Dank u wel voor uw medewerking

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