



Borderline Personality Disorder in Teens

STAR Conference 2020

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NO CONFLICTS OF INTEREST

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BPD Symptoms are Expressed in the Context of Interpersonal Interactions

- Efforts to avoid abandonment
- Unstable, intense relationships
- Affective instability
- Angry outbursts
- Impulsive, aggressive behavior
- Self-injury/suicide behavior
- Identity disturbance
- Emptiness
- Transient paranoia, dissociation



Reactivity to interpersonal stressors

BPD is a serious public health problem

Costs (> depression & anxiety)

High utilization of mental health resources

- *\$14,606 out-of-pocket + \$45,573 billed*

High economic costs

- *Unemployment, absences, & loss in productivity*

Consequences

8% will die by suicide

Poor vocational & social functioning for decades



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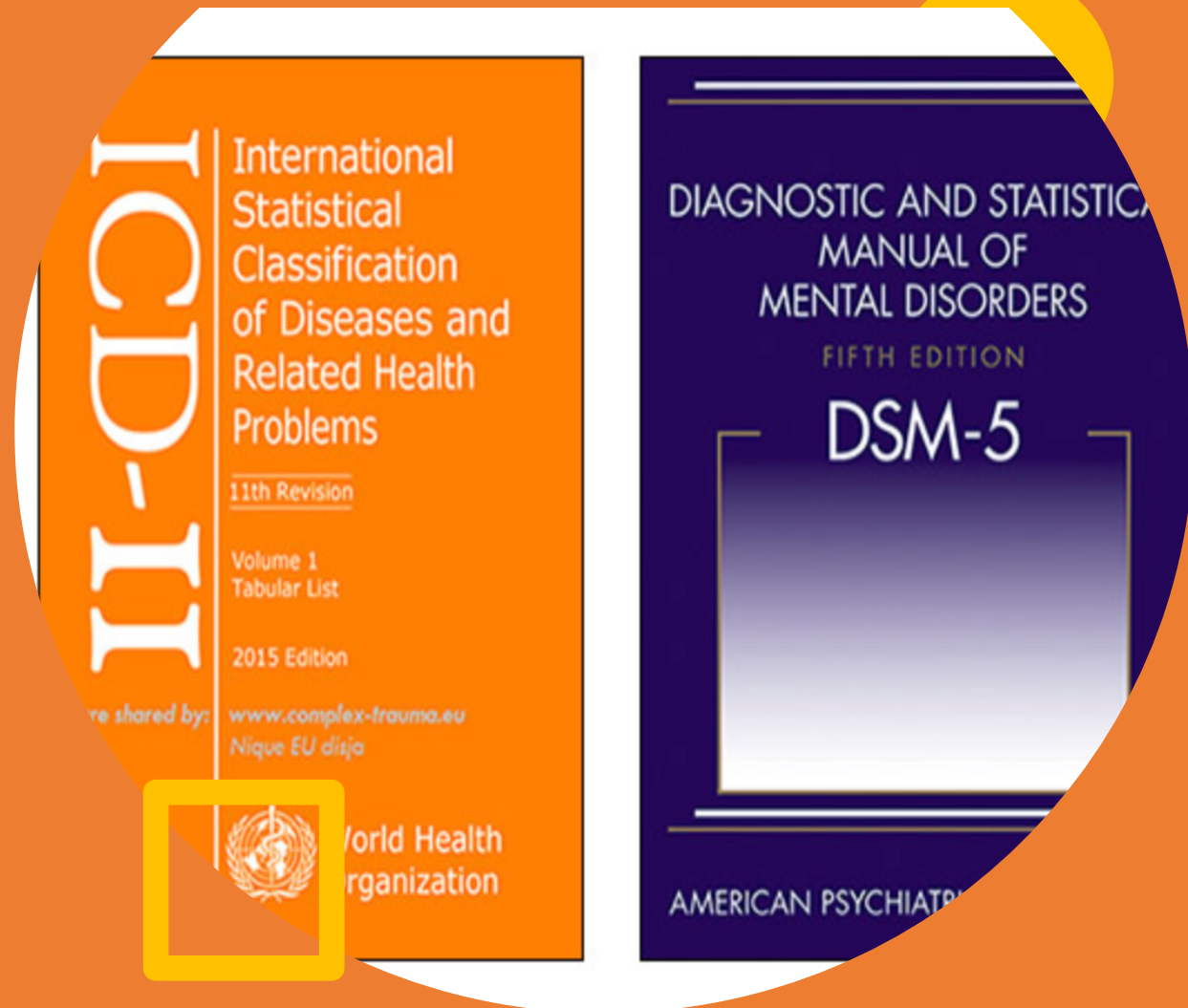
Learning objectives

DESCRIBE:

- POSITIVE BENEFITS OF EARLY IDENTIFICATION & TREATMENT OF BPD
- TOOLS TO DIAGNOSE BPD IN TEENS
- TREATMENT STRATEGIES TO MITIGATE BPD IN TEENS

MYTH #1

BPD DIAGNOSIS IS FOR ADULTS ONLY



BPD ASSESSMENT TOOLS FOR TEENS

- MCLEAN SCREENING INSTRUMENT FOR BORDERLINE PERSONALITY DISORDER (*MSI-BPD; Zanarini et al. 2003*)
- CHILDHOOD INTERVIEW FOR BORDERLINE PERSONALITY DISORDER (*CI-BPD; Zanarini, 2003*)

FACT #1
BPD DIAGNOSIS IS
EXPLICITLY
PERMITTED FOR
YOUTH



DSM-5, Section II BPD Criteria (APA, 2013)

Pervasive pattern of

- **instability of interpersonal relationships**
- **self-image**
- **affects**
- **marked impulsivity beginning**

by early adulthood and present in a variety of contexts as indicated by 5+ symptoms

Comparing diagnostic criteria for adults and teens



Same symptoms



Different duration

Adults: 2+ years

<18 years: 1+ years

McLean Screening Instrument for Borderline Personality Disorder	Yes	No
1. Have any of your closest relationships been troubled by a lot of arguments or repeated breakups?	1	0
2. Have you deliberately hurt yourself physically (e.g., punched yourself, cut yourself, burned yourself)? How about made a suicide attempt?	1	0
3. Have you had at least two other problems with impulsivity (e.g., eating binges and spending sprees, drinking too much, verbal outbursts)?	1	0
4. Have you been extremely moody?	1	0
5. Have you felt very angry a lot of the time? How about often acted in an angry or sarcastic manner?	1	0
6. Have you often been distrustful of people?	1	0
7. Have you frequently felt unreal or as if things around you were unreal?	1	0
8. Have you chronically felt empty?	1	0
9. Have you often felt that you had no idea of who you are or that you have no identity?	1	0
10. Have you made desperate efforts to avoid feeling abandoned or being abandoned (e.g., repeatedly called someone to reassure yourself that he or she still cared, begged them not to leave you, clung to them physically)?	1	0

Count “yes” responses

Optimal cut-score = 7 (Sensitivity = 0.81; Specificity = 0.85)

Zanarini, MC, Vujanovic, AA, Parachini, EA, Boulanger, JL, Frankenburg, FR, & Hennen, J. (2003). A screening measure for BPD: The McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD). *Journal of Personality Disorders*, 17(6), 568-573.

Instructions:

Before we begin, I want to point out that the questions in this interview concern the past two years of your life or the period since you were (APPROPRIATE AGE) and were in the (APPROPRIATE YEAR IN SCHOOL) grade. I also want to point out that I'm mainly interested in learning about feelings, thoughts, and behaviors that have been typical for you during this two-year period. However, I will be asking you a number of questions about specific things that you may have done only when you were particularly upset.

*Ask adult-informant questions with a * in front of them. Follow up as needed.

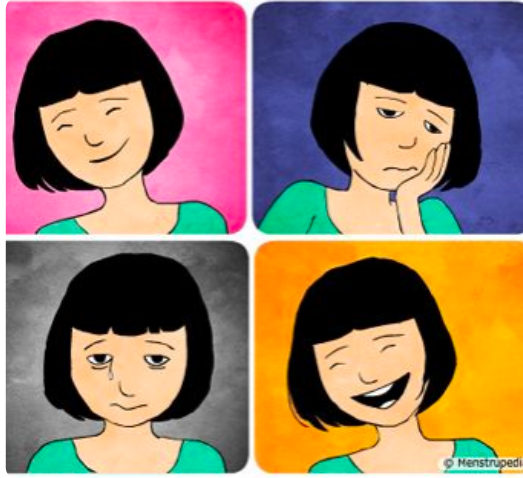
During the past two years, have you ...

1. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights) 8-BORDL		
... felt very angry a lot of the time? How much of the time do you feel angry?	0	Absent
	1	Probably present
	2	Definitely present
How about often felt really angry inside but managed to hide it so that other people didn't know about it? *Frequently behaved in an angry manner (e.g., often teased people or said mean things, frequently yelled at people, repeatedly broken things)? How about become very angry and gotten into physical fights with someone you're close to?		Remember that they can meet this criterion if they <u>very often or frequently feel angry whether they express it or not</u> . Most who feel this angry will also express it. Ideally, we will see some display of anger at least once per month over the past year.

Childhood Interview for Borderline Personality Disorder

Zanarini, M.C. (2003). *The childhood interview for borderline personality disorder*. McLean Hospital, Belmont, MA.

**expanded prompts and scoring criteria developed and utilized by Dr. Stephanie Stepp, University of Pittsburgh*



MYTH #2
SOME BPD SYMPTOMS REFLECT
NORMAL ADOLESCENT DEVELOPMENT

FACT #2
~80% OF TEENS
SUCCESSFULLY
NAVIGATE THIS
DEVELOPMENTAL
PERIOD



PREVALENCE RATES IN TEENS MIRROR THOSE IN ADULTS

GENERAL POP.: 1-3%

OUTPATIENTS: ~20%

INPATIENTS: ~50%

Typical Adolescent Development



Neurobiological maturation of the frontostriatal reward system →

Increased experimentation and risk-taking behavior

Heightened emotionality

Increased desire for autonomy



Re-negotiation of the parent-child relationship →

Increased conflict with parents

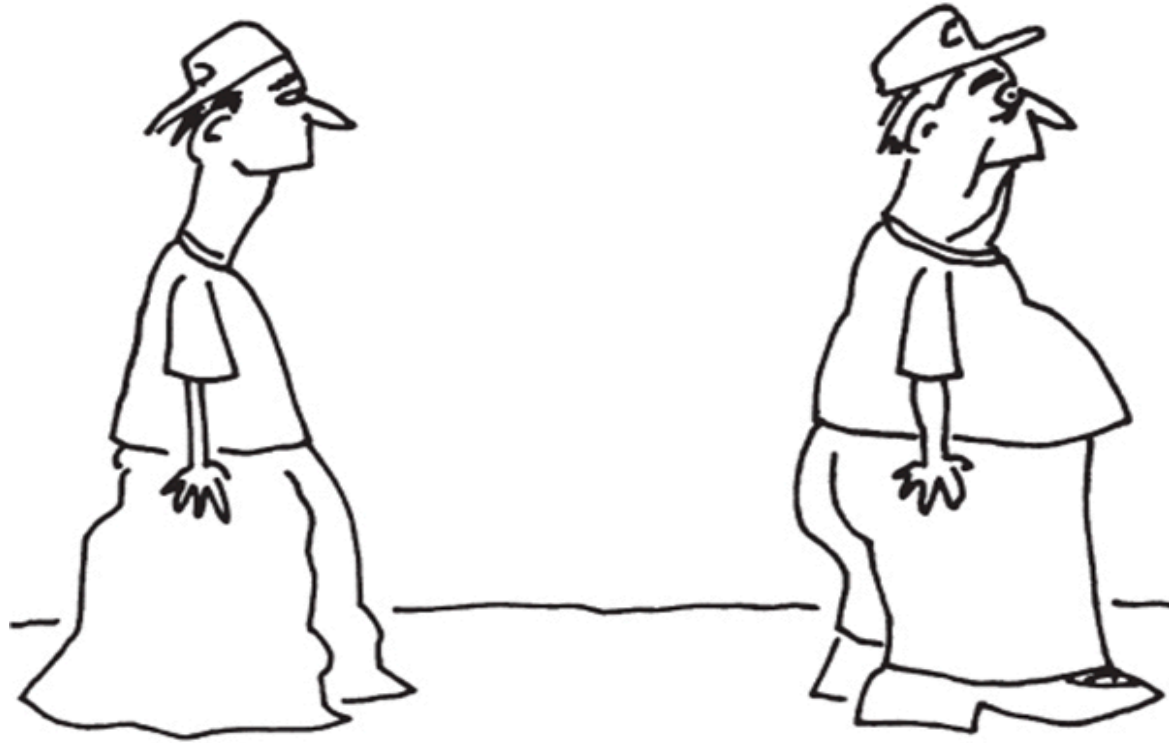
Conflict allows opportunities to successfully renegotiate the parent-child relationship

MYTH #3
TEENS PERSONALITIES
ARE IN FLUX – SO BPD
DIAGNOSIS WOULD NOT
BE VALID



FACT #3
PERSONALITY IS ONE
OF THE MOST STABLE
CHARACTERISTICS
ACROSS THE LIFE
COURSE



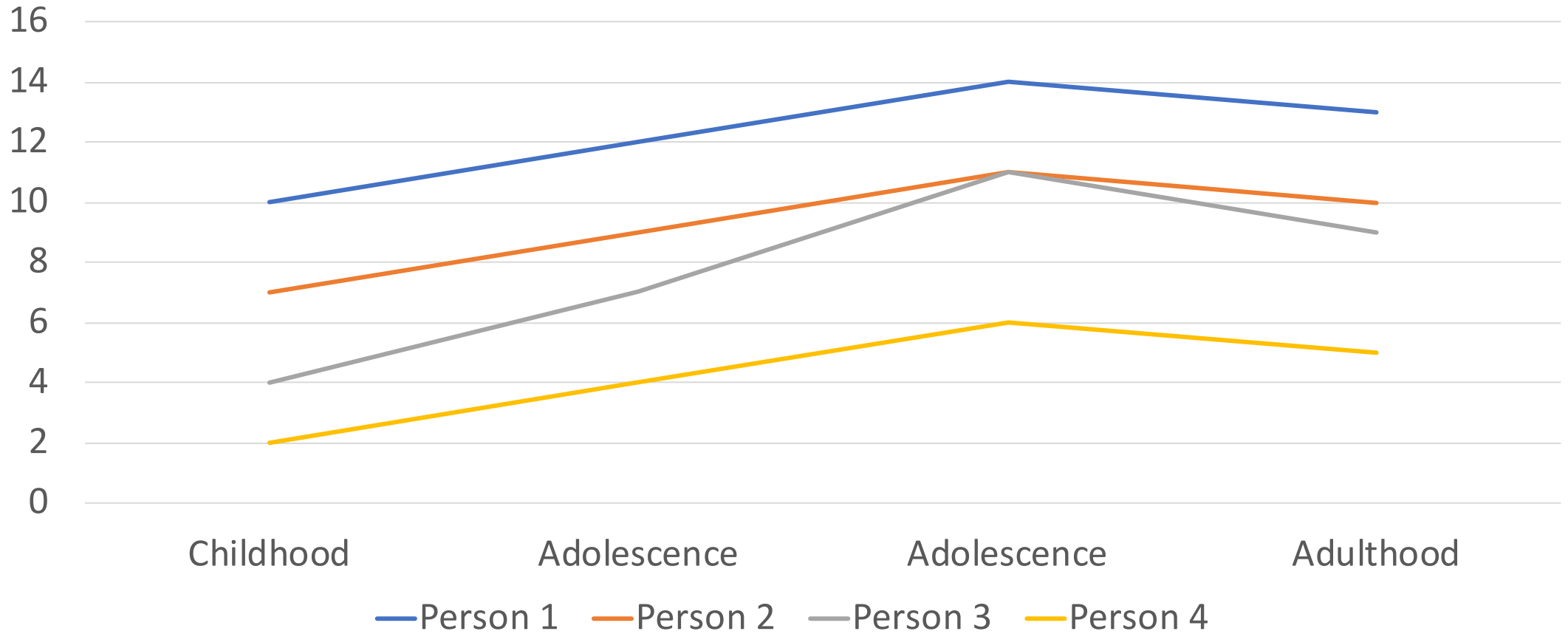


As adults grow older, there is continuity
of self.

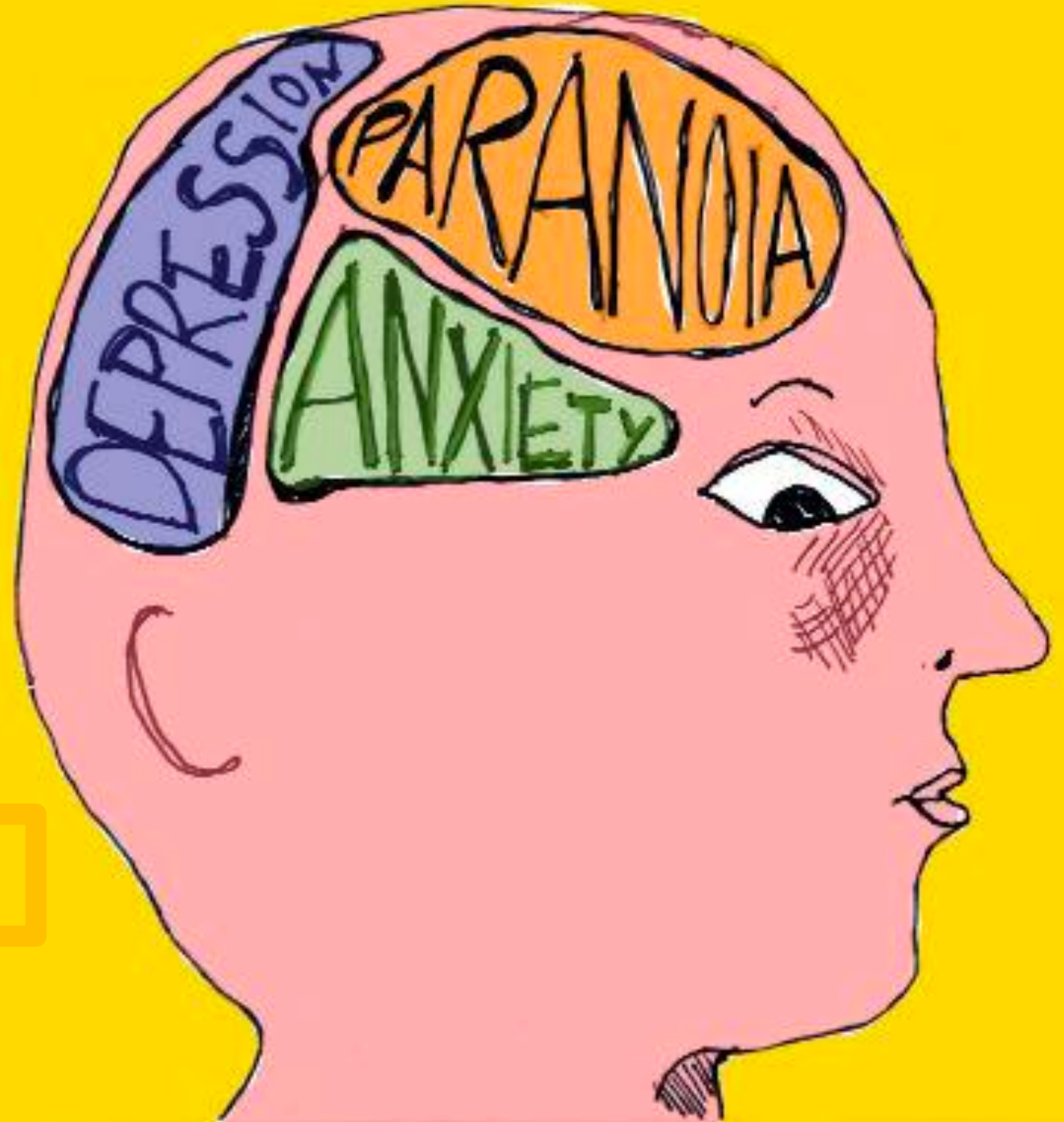
The New Yorker Collection, 1998, Peter Mueller from cartoonbank.com.
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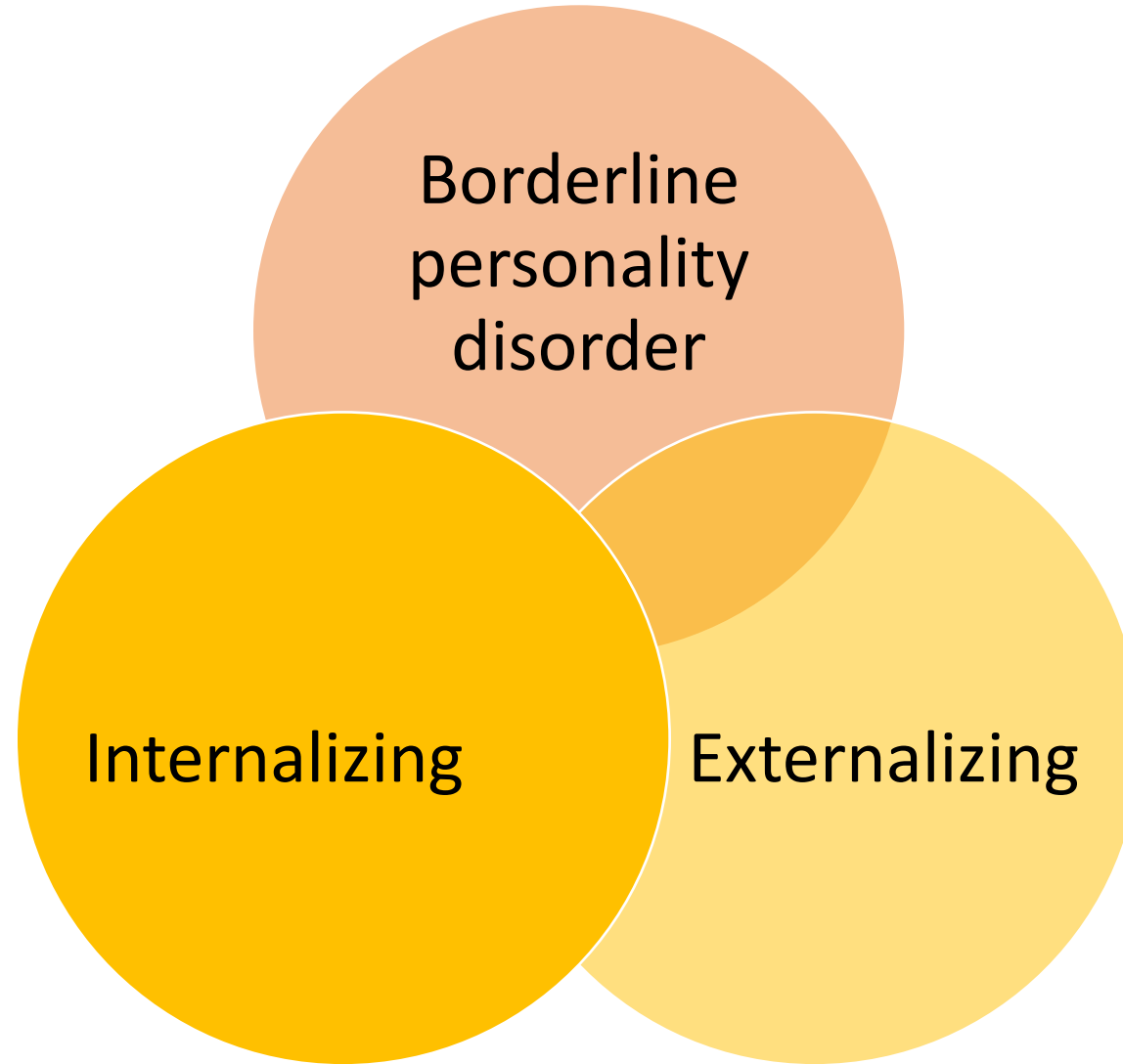
Emotionality increases during adolescence AND Individual maintains rank-order stability over time



MYTH #4
BPD CAN BE EXPLAINED
BY OTHER DIAGNOSES



Fact #4: BPD is a discrete disorder with high rates of comorbidity





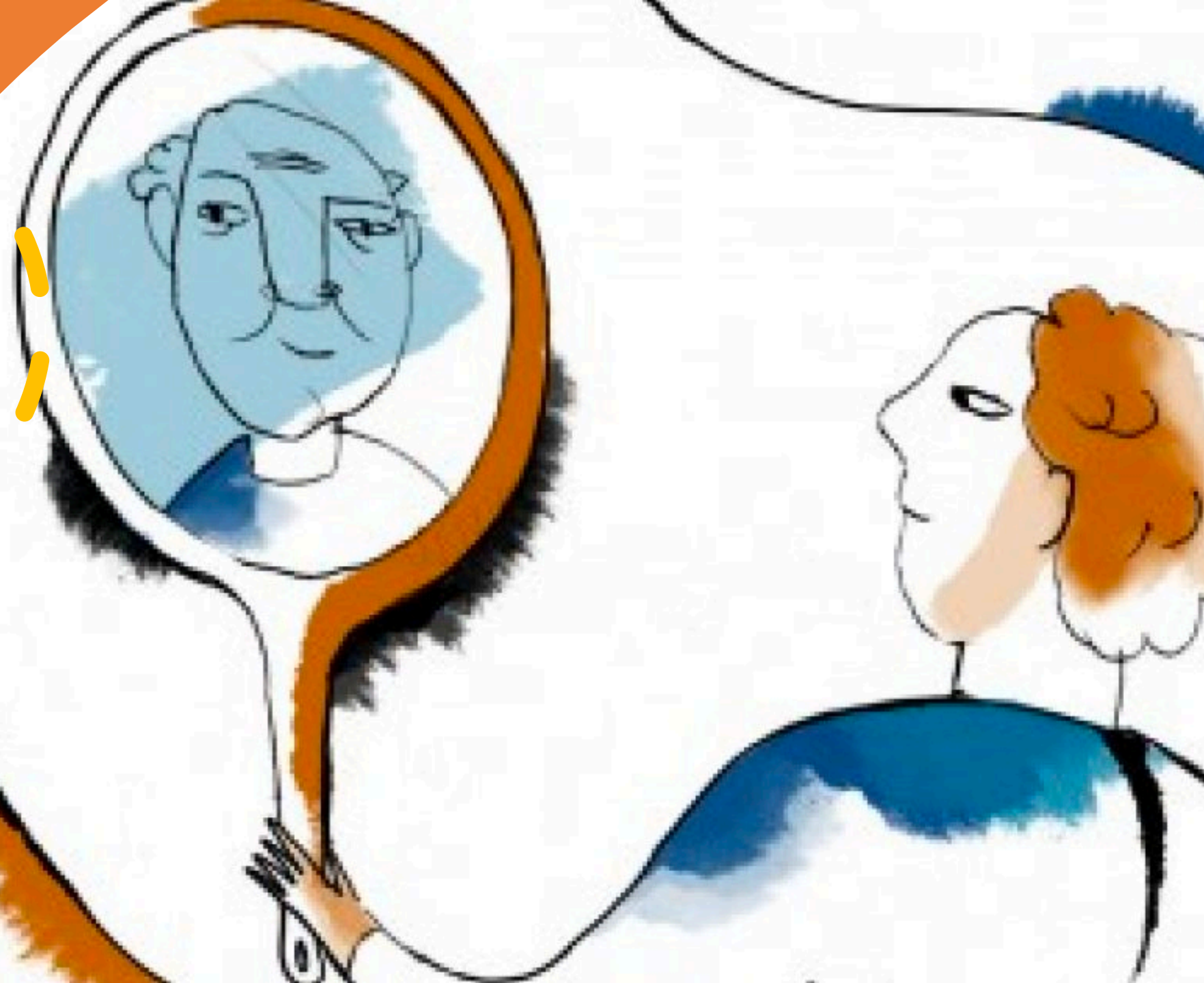
WARNING: *Patients with BPD are at increased risk of misdiagnosis with bipolar disorder compared to patients with other psychiatric disorders.*

- Affective instability—
 - Very strong, intense mood swings that occur often or very frequently each week
 - Usually lasts a few hours and rarely more than a few days
 - Lability among negative affective states, especially anger
 - Anger may only be felt and not expressed
 - Due to a marked reactivity of mood - likely reactivity to interpersonal stressors
- Impulsive behavior
 - 2+ more areas – overlapping in time

MYTH #5
LABELING A TEEN WITH
BPD DOES MORE HARM
THAN GOOD



FACT #5
BPD IS TREATABLE AND
REMISSION FROM BPD
IS THE NORM

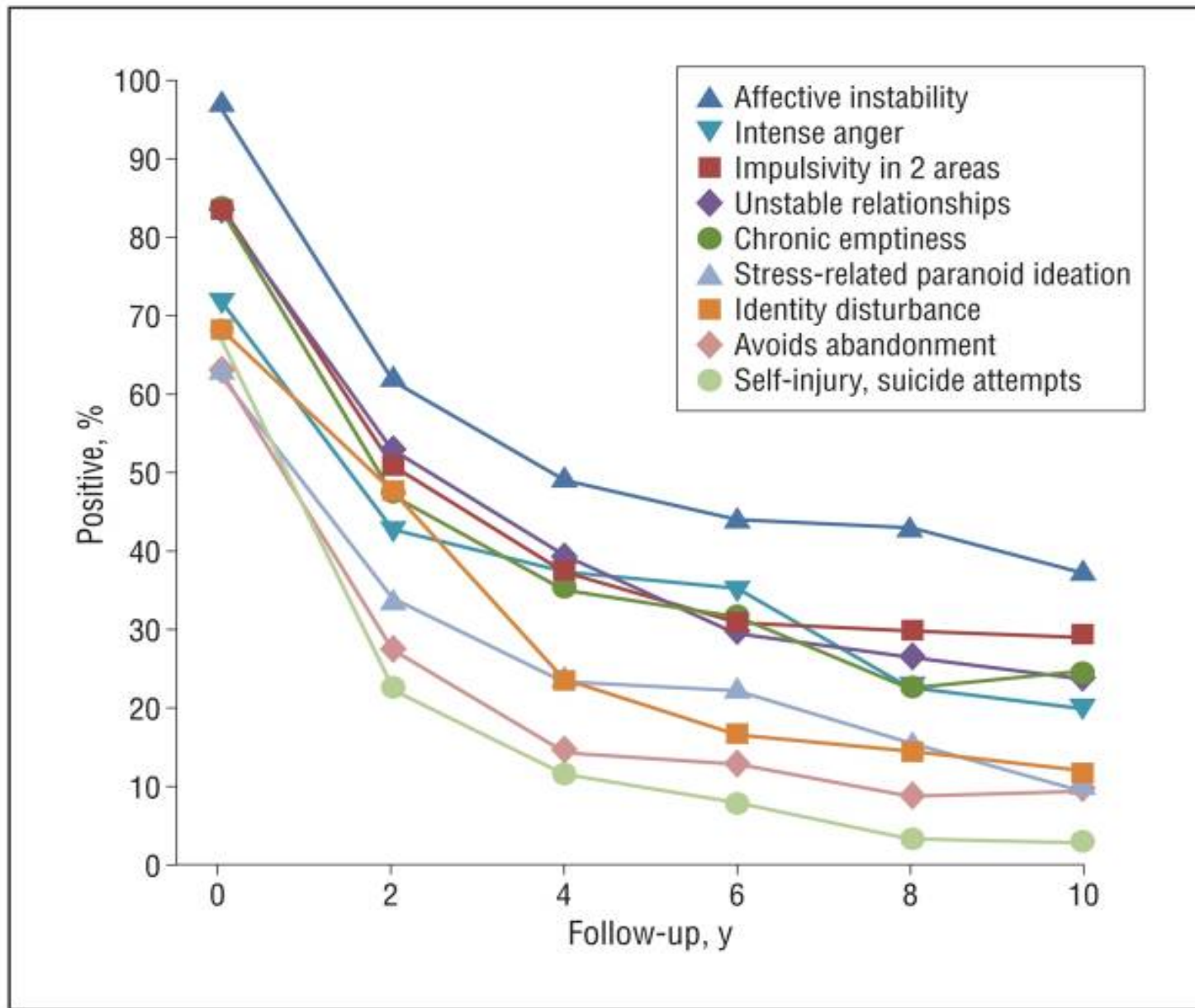


Course & Prognosis

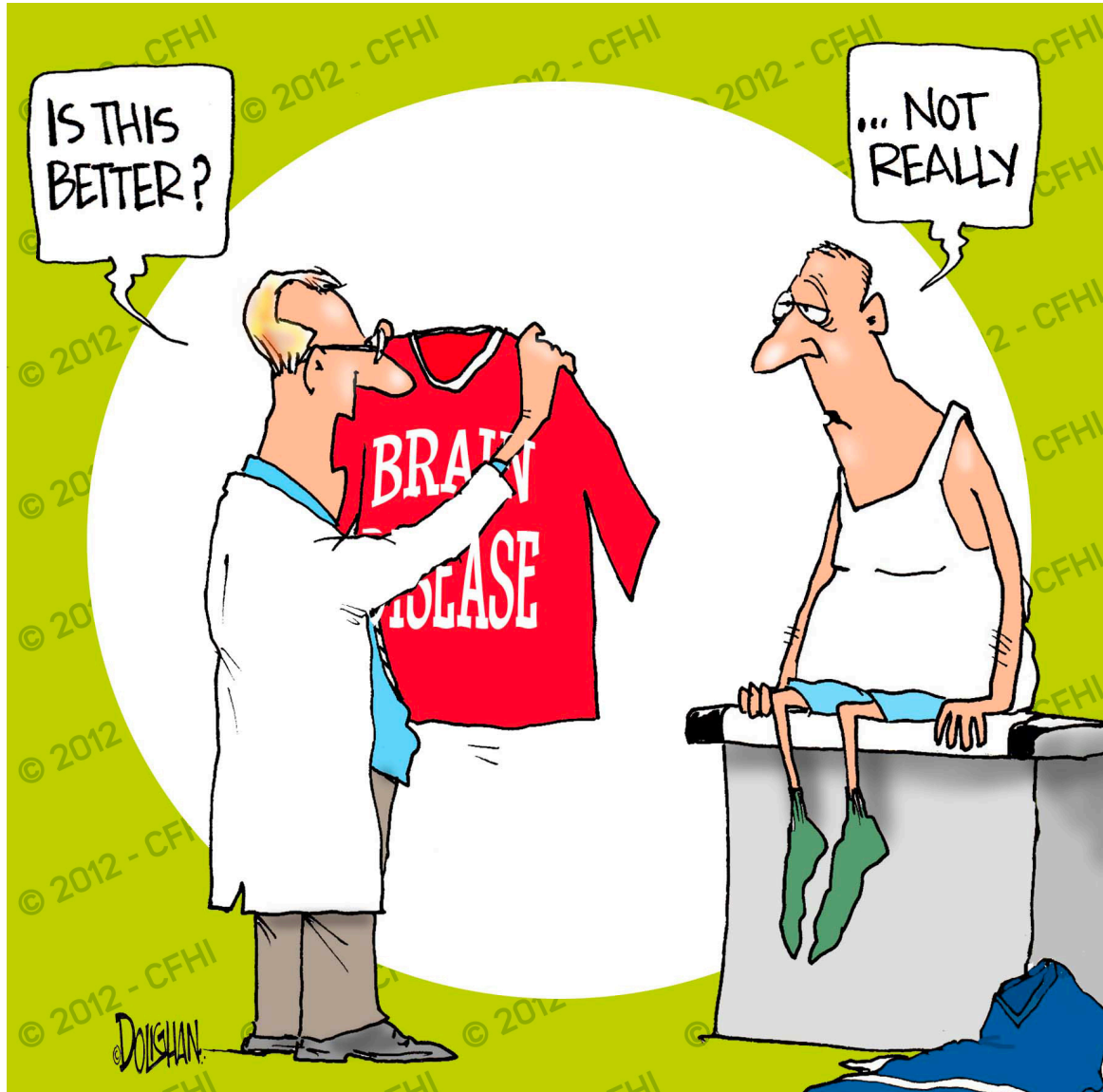
- BPD is treatable & individuals do fully recover
- Remission is the norm (defined as not meeting >2 criteria)
 - Rates do NOT significantly differ from MDD & other PD remission
 - Relapse is VERY rare & less likely compared to MDD
- Recovery is more difficult
 - Early occupational improvements = positive sign
 - Supportive person/positive relationship = positive sign

Zanarini, M. C., Frankenburg, F. R., Reich, D. B., & Fitzmaurice, G. (2010). Time to attainment of recovery from borderline personality disorder and stability of recovery: A 10-year prospective follow-up study. *The American journal of psychiatry*, 167(6), 663-667.

Gunderson, J. G., Stout, R. L., McGlashan, T. H., Shea, M. T., Morey, L. C., Grilo, C. M., ... & Skodol, A. E. (2011). Ten-year course of borderline personality disorder: psychopathology and function from the Collaborative Longitudinal Personality Disorders Study. *Archives of general psychiatry*, 68(8), 827-837.

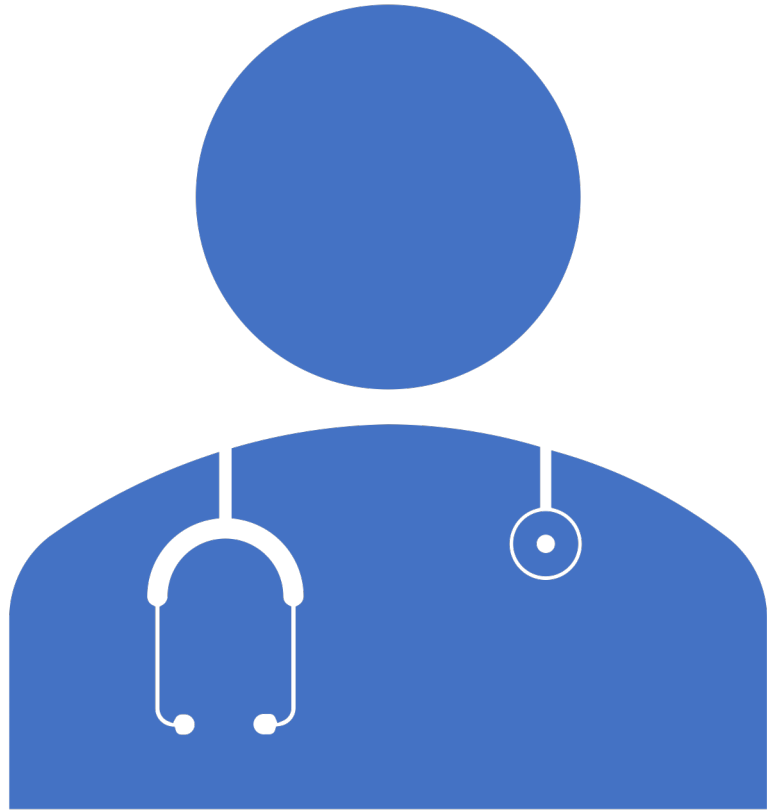


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Fact #5
Accurate diagnosis
facilitates appropriate
treatment & better
prognosis





Actions You Can Take to Reduce Stigma


- Communicate diagnosis to patient and family early in treatment and provide regular updates
- Provide information packets for patient/family
- **ACTIVELY** provide factual information against popular myths
- Practice describing symptoms using nonjudgmental, nonpejorative terms



SO NOW WHAT?
INTEGRATING BPD INTO YOUR
ROUTINE CLINICAL PRACTICES

A graphic illustration of a megaphone. The megaphone is rendered with multiple overlapping, semi-transparent outlines in various colors including blue, green, yellow, red, and pink. The interior of the megaphone's horn is filled with a dark purple color and a white halftone dot pattern. To the right of the megaphone, there are three stylized yellow lightning bolts pointing towards the right. The entire graphic is set against a plain white background.

RECOMMENDATION #1
SPREAD THE WORD



Develop psychoeducation materials for clinicians, staff, patients, and families

National Education Alliance for Borderline Personality Disorder (NEABPD)

www.borderlinepersonalitydisorder.org

- Conferences, publications, videos, courses
 - ©Family Connections, ©TeleConnections
 - “Family Guidelines” by John G. Gunderson & Cynthia Berkowitz
-

Your perception:



My reality:



BORDERLINE PERSONALITY DISORDER CAN TURN YOUR LIFE UPSIDE DOWN.

BPD is a widely misunderstood psychiatric disorder.

Over 14 million Americans suffer from BPD.

It is more common than Schizophrenia and Bipolar Disorder combined.

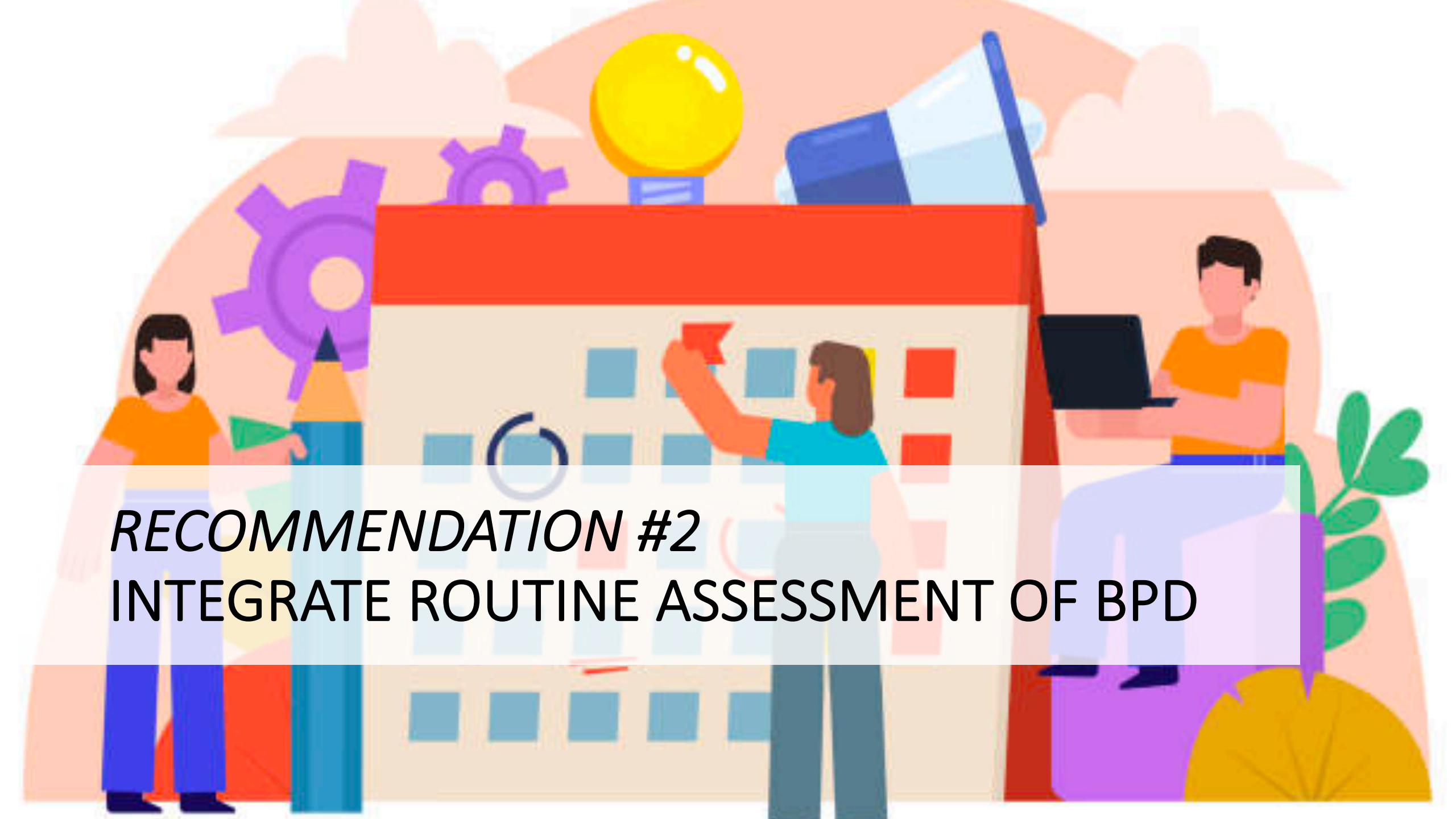
The suicide rate in BPD far exceeds that of the general population.

BPD is the third leading cause of death among young women between 15-24.

Research and education on BPD dispel the belief that BPD is untreatable.

But there IS hope,
and there ARE
treatments.



An illustration featuring a central building with a red roof and a grid of windows. To the left, a woman in an orange shirt and blue pants stands next to a large blue pencil. To the right, a man in an orange shirt and blue pants sits on a purple block, working on a laptop. Above the building, there are purple gears, a glowing yellow lightbulb, and a blue megaphone. The background is a soft, peachy color with stylized clouds and a green plant on the right.

RECOMMENDATION #2
INTEGRATE ROUTINE ASSESSMENT OF BPD

2-STEP ASSESSMENT

Step 1. Screening

Administer screener

Step 2. Diagnosis

For positive screens, administer structured interview

** Communicate results to patients/families at each step*

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RECOMMENDATION #3 LEARN AN EST FOR BPD IN TEENS

- Dialectical Behavior Therapy
- Mentalization Based Therapy
- Cognitive Analytic Therapy



COMMON TREATMENT STRATEGIES



- Provide psychoeducation to patient and family
- Attend to therapy engagement
- Validate + attend to behaviors that interfere with therapy
- Active stance, utilize attachment strategies
- Focus on here-and-now and building a life worth living
- Emotion focused, connect emotion to behavior

Free Video Course

borderlinepersonalitydisorder.org



- Basic principles for the for the diagnosis and treatment of BPD.
- 6 20-minute modules from [“If Only We Had Known: A Family Guide to Borderline Personality Disorder.”](#)
 - Videos from patients/families and experts
 - Interactive quizzes

Drs. Brian Palmer, Lois Choi-Kain, & John Gunderson at McLean Hospital, produced by Dawkins Productions and funded by NEA-BPD



**MAY IS BPD
AWARENESS
MONTH**
