Borderline Personality Disorder in Teens

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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
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
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
<table>
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**Count “yes” responses**

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

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%

Ha et al. (2014); Zanarini et al. (2011); Johnson et al. (2008); Leung et al. (2009)
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.

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.

Diagram:
- Borderline personality disorder
- Internalizing
- Externalizing
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


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
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
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.
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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**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 ...**

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<th>8-BORDL</th>
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<td>... felt very angry a lot of the time?</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>Probably present</td>
</tr>
<tr>
<td>2</td>
<td>Definitely present</td>
</tr>
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<td>How much of the time do you feel angry?</td>
<td></td>
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<td>How about often felt really angry inside but managed to hide it so that other people didn’t know about it?</td>
<td></td>
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<td><em>Frequently behaved in an angry manner (e.g., often teased people or said mean things, frequently yelled at people, repeatedly broken things)?</em></td>
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<td>How about become very angry and gotten into physical fights with someone you’re close to?</td>
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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 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