



Parent Webinar: Borderline Personality Disorder in Adolescents

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Alyson is a Licensed Marriage and Family Therapist in California with over a decade of clinical experience in a variety of settings. Alyson has worked extensively in residential treatment and has come to specialize in the treatment of teens with emotion dysregulation and suicidal behaviors. As an intensively trained DBT therapist with a commitment to evidence-based treatment, Alyson has guided the clinical teams at Evolve on effective practices with teens who show signs of borderline personality disorder. Alyson is dedicated to compassionate and effective treatment for BPD as well as destigmatizing the disorder among mental health professionals.





Learning Objectives

- Understand what BPD looks like in teens
- Understand the factors contributing to development of BPD
- Separate myths from realities regarding BPD
- Identify key steps to take if you suspect your teen may have BPD or BPD traits

What is Borderline Personality Disorder?

Significant challenges with **emotion regulation, interpersonal relationships, and impulsivity**

Behaviors are outside of what is normative for age and culture

Behaviors are pervasive and occur in multiple contexts (home, school, etc.)

Leads to impairment in functioning

Emotion Regulation

- Naming emotions
- Understanding emotions
- Managing intense emotions when they come up
- Taking steps to prevent the frequency of intense emotions
- Learned starting in infancy and continues throughout childhood





High Emotion Sensitivity

Some people may be born with this biogenetic temperament

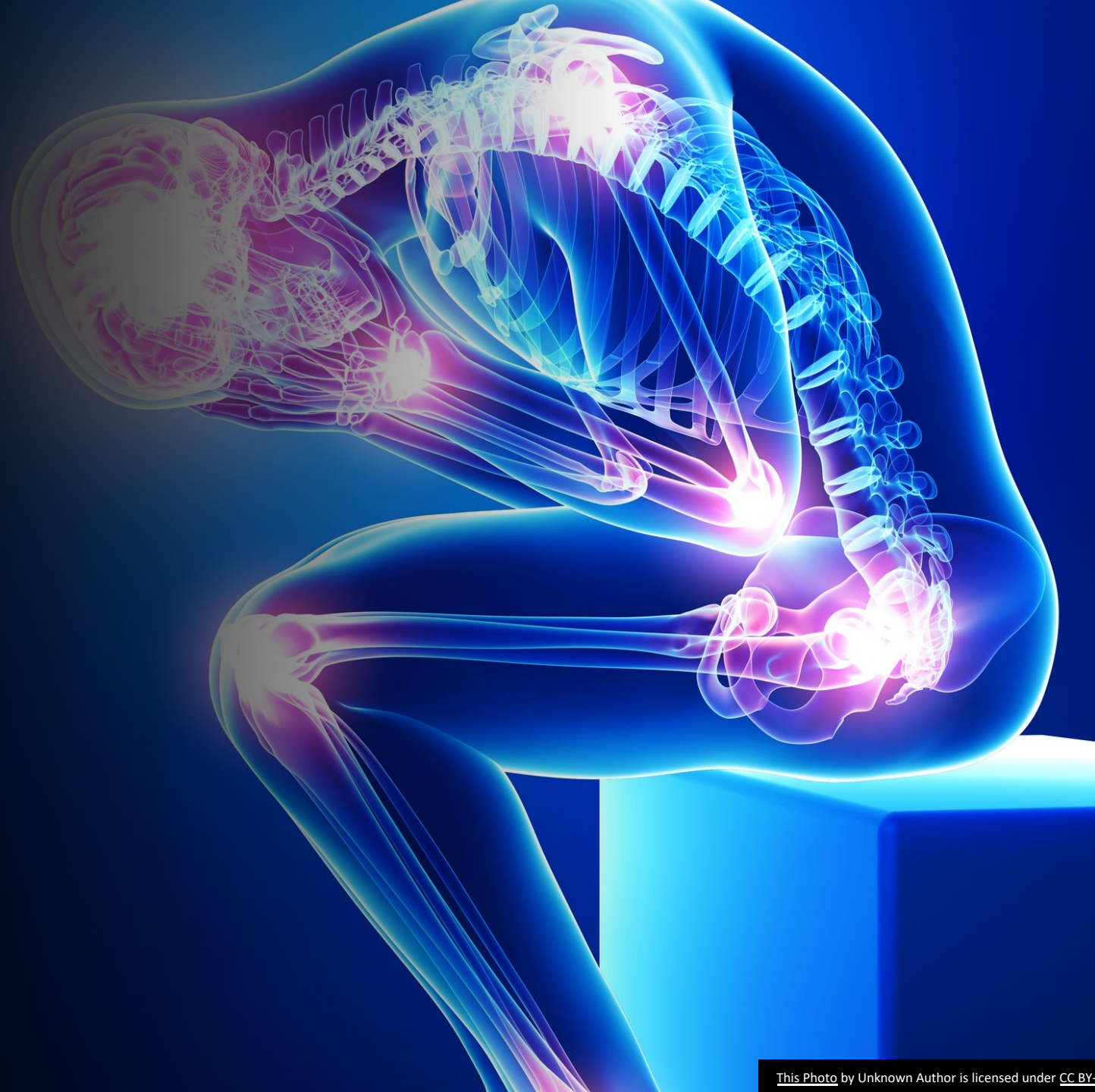
Experience emotions more intensely

Intense emotions are prompted by the environment more frequently

Difficulty returning to baseline when experiencing intense emotions

Not necessarily negative-- "super sensors"

What might
this feel like?



Biology Meets Environment

- **Invalidating environment** during childhood
 - Abuse- around 70% of people with BPD have history of physical and/or sexual abuse
 - Caregivers not equipped to respond to intense emotions of their child (this is HARD!)
- **High Emotion Sensitivity + invalidating environment** →
 - Distrust of emotion experiencing
 - Inability to express emotions effectively
 - Inability to experience or manage emotions safely and effectively
 - Sometimes, borderline personality disorder

BPD Criteria (at least 5 must be present)

1. Frantic efforts to avoid real or perceived rejection or abandonment
2. A pattern of unstable and intense interpersonal relationships
3. Persistently unstable sense of self
4. Impulsivity in at least two areas that are potentially damaging
5. Recurrent suicidal behavior, gestures, or threats, or self-harm behavior
6. Moods that change frequently throughout the day
7. Chronic feelings of emptiness
8. Inappropriate, intense anger or difficulty controlling anger
9. Stress-related paranoia or dissociation

Internalizing Factors

More reliable in accurately identifying BPD in teens than externalizing (“acting out”) criteria.

Intense fear of real or perceived abandonment or rejection

Excessive reassurance seeking, clinging, high sensitivity

Unstable sense of self

Lacking core values, frequent and significant changes in beliefs, interests, dress, etc.

Intense and chaotic interpersonal relationships

Devaluing and idealizing others, high sensitivity, intense break-ups, and fighting

Typical versus Atypical

Many teens might display one or more of the traits and behaviors listed without having BPD. Some BPD traits and behaviors are normal teen behaviors, amplified.

Typical Teen Behavior	BPD Behavior
Occasional interpersonal difficulties	Constant blow-ups and break-ups
Sometimes feeling down or moody	Frequent and significant mood swings
Trying new things, self-discovery	No consistent interests or values
Occasionally getting angry and yelling at parents	Frequent/severe anger outbursts
Feeling touchy or sensitive at times	Extreme emotion sensitivity/difficulty regulating emotions

Misconceptions

- Media depictions
 - “Manipulative”
 - Lying
 - Always unpleasant to be around, unlikeable
- Too difficult to work with
 - Not responsive to treatment
 - Lacking empathy
 - Cannot be present in teens

Realities of BPD

People with BPD have learned how to get needs met in ways that might cause other problems

- Avoiding abandonment by intensely clinging to friends or threatening suicide → friends stick around at first, but may become overwhelmed and eventually leave
- Self-fulfilling prophecy

“Lying” is not a diagnostic criteria for BPD

- May be an associated trait and can occur as a way to avoid abandonment or rejection
- Can be associated with ODD, Conduct Disorder

BPD can present itself in several different ways.

- People with BPD can be highly empathic and care deeply about others.

Realities of BPD

Not a “life-sentence”

- Gunderson et al, 2011:
- Longitudinal study of 175 patients, age 18-49
- Over 10 years, 85% of patients experienced remission of symptoms
- High rates of remission and low rates of relapse in the 10 years after onset, particularly with externalizing criteria (suicidal behaviors, self-harm, etc.)
- Impairment in social functioning tends to persist

Can be present in teens (more on this later)

Similar to adults, teens with BPD tend to experience more co-occurring mood disorders, substance use disorders, etc. than teens without BPD (Ha et al, 2014)

- Presentations are complex, severe, and often necessitate higher levels of care in order to stabilize

So, can BPD be diagnosed in teens?

YES!

It is a long-standing misconception that BPD cannot be diagnosed prior to age 18.

Hesitancy to diagnose BPD in teens often due to:

- False belief that it is not permitted
- Lack of training on effective assessment for BPD
- Lack of awareness of current research showing the validity in doing so

Research Findings

Becker et al, 2002

- “In hospitalized patients, borderline personality disorder and its symptoms appear to be as frequent for adolescents as for adults.”
- More research was needed

Glenn & Klonsky, 2013

- Study of 174 adolescents in inpatient and PHP settings
- “30% of patients in the current sample met criteria for BPD. The nine BPD criteria demonstrated good internal consistency, equivalent to rates reported in adult samples”
- “Reliability and validity remained satisfactory even when analyses were limited to younger adolescents between the ages of 12 and 14”

Why Diagnose in Teens?

Early diagnosis → early intervention → improved outcomes

- Bornovalova et al, 2009:
 - Teens with BPD will not necessarily present with the same severity of pathology in their 20's as they do in their teens
 - Symptoms may peak at around age 14-17, which makes the case for early intervention to prevent more severe outcomes

Ability to focus on effective treatment (Dialectical Behavior Therapy, Mentalization Based Therapy, etc.)

Reduce stigma

Increase validation through understanding and education

Effective Assessment

- Be an advocate!
 - Reference the literature
 - Ask for appropriate screening tools (Borderline Personality Features Scale for Children)
- Consult a DBT clinician
- Focus on the need to link with appropriate treatment and support

Common Misdiagnosis

Bipolar Disorder

- Clear mood episodes lasting days or weeks versus mood that fluctuates intensely throughout the day
- Bipolar lacks the internalizing symptoms of BPD

Disruptive Mood Dysregulation Disorder

- Lacks the internalizing symptoms of BPD
- May have overlap with mood dysregulation, anger outbursts

ADHD

- BPD does not result in inattention or hyperactivity
- Lacks the internalizing symptoms of BPD

Effective Treatment: Dialectical Behavior Therapy (DBT)

Skills-based therapy that draws on cognitive therapy, mindfulness, and dialectical philosophy

Skills training focuses on reducing problem behaviors and increasing skillful behavior from four modules:

1. Core Mindfulness
2. Interpersonal Effectiveness
3. Emotion Regulation
4. Distress Tolerance

Dialectical Behavior Therapy

Pistorello et al, 2012:

- DBT led to greater reduction in suicidal behaviors, depression, self-harm, BPD traits, and psychiatric medication use compared to TAU (treatment as usual; lead to *“greater improvements in social adjustment”* (Pistorello et al, 2012)

Koon et al, 2001:

- In a group of female veterans with BPD: compared to TAU, those in DBT reported *“significantly greater decreases in suicidal ideation, hopelessness, depression, and anger expression.”*
- Significantly decreased parasuicidal behavior, anger, and dissociation

Effective Treatment: Mentalization Based Therapy

Helps individuals to more effectively name, perceive, and interpret the behaviors, thoughts, feelings, etc. of self and others

May be especially helpful for those with relational trauma

“...more effective than TAU in reducing self-harm and depression. This superiority was explained by improved mentalization and reduced attachment avoidance and reflected improvement in emergent BPD symptoms and traits.” (Rossouw & Fonagy, 2012)

“...mentalization may be an important treatment target, influencing BPD symptoms and interpersonal functioning in adolescents with BPD. ” (Quek et al, 2019)

Resources



“Borderline Personality Disorder in Adolescents: A Complete Guide to Understanding and Coping When Your Adolescent has BPD” by, Blaise A. Aguirre, MD



National Education Alliance for BPD
www.borderlinepersonalitydisorder.org



Global Alliance on Prevention and Early Intervention for BPD
www.borderlinepersonalitydisorder.org/what-is-gap/

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