Understanding Borderline Personality Disorder in Boys and Young Men: An Underserved Population

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Overview

1. Definitions, prevalence of BPD in males
2. Clinical presentations & co-occurring problems
3. Biases that lead to missed diagnosis and misdiagnosis
4. BPD and the justice/prison system
5. Assessment & treatment considerations
6. Summary & conclusions
1. What is BPD

- Long history, often stigmatized, still controversial
- Multiple problems related to:
  - Dysregulated emotion
  - Problems in relationships
  - Problems with self, self-construct, identity
  - Dysregulated behavior
  - Dysregulated thinking & cognition (especially when emotionally dysregulated)
Co-morbidity/Co-occurring Problems or Diagnoses

• Depression
• Substance use
• Eating disorders
• Panic disorder
• PTSD
• Social phobia
• GAD
• Dissociation
• Violence & aggression
• Bipolar disorder (II)
• Attention deficit disorder
• Conduct disorder
• Oppositional/defiant disorder
• Self-harm & suicidality
• DD/MR
• Other Personality Disorders
Emotion Dysregulation “Disorders”

- BPD: prototype for emotion dysregulation disorders and considerable suffering
- BPD is an umbrella term for a host of diagnoses and problem
  - Very heterogeneous
- Affects 1.5% to 3% (5.9%) of the population – about the SAME for men and women
- Families also suffer

(Grant et al., 2008; Hoffman, Harned & Fruzzetti, 2017; Widiger & Weissman, 1991)
Transactional Model for Emotion Dysregulation

Event

1

Heightened Emotional Arousal
Transactional Model for Emotion Dysregulation

Vulnerability (temperament current biol, baseline now)

Event

1

Heightened Emotional Arousal

2
Sources of Vulnerability

1. Temperament: A combination of all three:
   a) Sensitivity
   b) Reactivity
   c) Slow return to baseline

2. Present biology
   a) Sleep, diet, exercise, illness, pain, caffeine, medicines and drugs, etc.

3. Current baseline
   a) Influenced by recent events & reactions
Transaction Model for Emotion Dysregulation

High Emotion Vulnerability

Event

Judgments

Heightened Emotional Arousal

1 2 3
Event

High Emotion Vulnerability

Heightened Emotional Arousal

Judgments

Dysregulated Behaviors:
- Self-harm
- Suicide attempt
- Substance use
- Impulsivity
- Angry outbursts
- Withdrawal
High Emotion Vulnerability → Event → Judgments → Heightened Emotional Arousal* → “Inaccurate” Expression
High Emotion Vulnerability

Event

Judgments

Heightened Emotional Arousal*

"Inaccurate" Expression

Invalidating Responses
Transactional Model for Emotion Dysregulation

High Emotion Vulnerability → Event → Judgments → Heightened Emotional Arousal* → “Inaccurate” Expression → Invalidating Responses → Emotional Arousal→ Judgments

Vulnerabilities → Invalidating Responses
Event

High Emotional Arousal*

Invalidating Responses

“Inaccurate” Expression

Judgments

High Emotion Vulnerability

Transactional Model
Event

Heightened Emotional Arousal*

"Inaccurate" Expression

Invalidating Responses

Dysregulated Behaviors

High Emotion Vulnerability

Transactional Model

Judgments
Transactional Model for Emotion Dysregulation

High Emotion Vulnerability

Event

Judgments

Heightened Emotional Arousal*

“Inaccurate” Expression

Invalidating Responses

Pervasive History of Invalidating Responses
Event

High Emotion Vulnerability

Pervasive History of Invalidating Responses

Dysregulated Behaviors

Heightened Emotional Arousal*

“Inaccurate” Expression

Invalidating Responses

Transactions Model for Emotion Dysregulation

(cf. Fruzzetti, Shenk, & Hoffman (2005); Fruzzetti & Worrall (2010)
2. Clinical Presentation in Males

- More males with substance use disorders
- Fewer males with eating disorders
- Fewer males with PTSD
- More with prior substance use treatment
- Fewer with psychotherapy, psychopharm
- Males utilize mental health services less
- Possibly, boys & men have more co-occurring anti-social traits and/or ASPD, but this may be an artifact of biases…

(cf. Banzhaf et al., 2012; Mancke et al., 2015; Silberschmidt et al., 2014)
Antisocial Traits

• **Evidence is mixed:**
  – Some studies suggest more co-occurring ASPD, and/or traits, in males with BPD
  – Other studies suggest similar rates of these traits in females
  – Clear examples of bias, with the same objective behaviors overlooked when present in females but highlighted in males
  – Anger in men is typically viewed as more antisocial than it is in women
  – BPD may actually attenuate normative gender differences in aggression (cf. Mancke et al., 2015)
3. Example of Biases

• Survey: very typical BPD case description, but one described as male, the other as female
  – Mixed group of psychiatrists, psychologists, and social workers accurately identified BPD in “female” case 89% of the time, but only 43% in “male” cases

• 2nd case included BPD and some sub-threshold anti-social behaviors
  – “Males” labeled “likely” antisocial 71%; “females” only 31%

(Fruzzetti et al., 2015)
More Biases

• Stereotypes about males, and about masculinity—how to be male and:
  – Not misogynistic
  – High or low on traditional “masculinity” with social and emotion competence
  – Have positive, heterogeneous identity

• Invalidation and stigmatization of non-normative ways of being in the world
Lack of skills (e.g., social, emotional) is often misunderstood, and incorrectly attributed to, a lack of motivation (or, bad character)
4. BPD and Justice/Prison System

- Missed diagnosis (BPD)
  - Leads to no treatment at all

- Misdiagnosis (anti-social)
  - Leads to mismatched, likely ineffective, treatment
  - Stigma
  - For youth, referrals to programs that emphasize strict “limits”
  - For boys, less focus on emotion and emotion regulation, their core needs
Emotion Dysregulation

- Low Self-Esteem
- Problems in Relationships
- Anxiety About Emotion & Dysregulation
- Fears of Abandonment
- Attempts to Avoid or Numb
- Impulsive Behaviors
- Self-Judgments
- Problems Thinking & Problem-Solving
Treatment in Criminal Justice System

• Appropriate mental health treatment is rare in prisons, or while on parole
• Biases and stigma prevail
• Punitive
  – Often a “folk psychology” view of learning through punishment
• People can’t learn how to function well in the world while in prison
• Approximately 20% of male offenders met criteria for BPD (Wetterborg et al 2015)
5. Assessment & Treatment

- **Do your own assessment**
  - Although important to be informed by previous providers, understand bias prevalence and assess carefully, in particular “antisocial” characterizations or rule-outs

- **Assess emotion management abilities**

- **Help to build motivation**

- **Understand anger as an expression of emotion, but not necessarily accurate or skillful…what is missing?**
• Although many treatment studies have been conducted exclusively for women, almost none exist for men.

• However, men have been included in several studies, albeit in small sub-samples, with apparently good outcomes.

• Treatment research for males is needed, including longer-term outcomes.
6. Summary & Conclusions

- Prevalence of BPD is similar in males and females
- Biases exist from multiple sources to over-diagnose BPD in females, under-diagnose in males
- Minor aggression, anger and hostility in particular generate biases toward ASPD and away from BPD
- Mis-diagnosis prevents appropriate treatment
Summary & Conclusions, cont.

• Boys and men with BPD are more likely to end up in prison than good BPD treatment
• We need to move forward in acceptance of heterogeneity in boys and men
• Assessment should try to shed biases, including those already built into person’s record and even his own self-assessment
• Treatments for BPD are promising for men, but more research is needed
Thank you!