

Symptoms of Borderline Personality Disorder in Adolescents

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Objectives

Discuss the history of diagnosing Borderline Personality Disorder in Adolescents

What is the disorder and how do we understand it?

How does BPD present in Adolescence?

What are some of the other diagnoses that adolescents with BPD often receive?

History of diagnosing BPD in Adolescence

- Until very recently, clinicians believed they could not diagnose BPD until individuals were at least 18 years old
- Instead the common symptoms of BPD were seen as
 - A) The typical "storm and stress" of "normal adolescence"
 - B) Other Psychiatric Conditions (e.g. Depression, bipolar disorder, Anorexia, Bulimia, Substance Abuse, trauma)

AND

 - C) The stigma associated with this disorder also lead clinicians to shy away from diagnosing BPD

Common Myths and Assumptions

BPD involves intense and unstable moods - but aren't all teenagers "moody"? Isn't this just normal adolescence? Aren't they all "dramatic"? Isn't "angst" the normal condition at this age?

Individuals with BPD often engage in "impulsive" or "risky" behaviors - but don't lots of adolescents experiment with substances and sex? Don't lots of girls go through phases with eating disorders?

Individuals with BPD have unstable relationships and unstable self identities - isn't that typical for this stage of development?

Why is failure to diagnose BPD a problem?

- Without accurate diagnosis, adolescents often receive either
- No treatment
- Ineffective treatments (e.g. CBT for Depression)
- Are over-treated with medications that target Mood Disorders that they do not have (e.g. Mood stabilizers that are designed to treat Bipolar Disorder)
- Many adolescents who come to our program are taking multiple medications simultaneously and report no benefit from them!

Borderline Personality Disorder: What is it?

- A core problem with regulating and stabilizing emotions and behavior.
- A condition that often emerges during adolescence.
- A pattern of symptoms that involve:
 - The experience of frequent negative and reactive emotions
 - Interpersonal struggles, unstable sense of self, relationships and identity
 - Risky and impulsive or reactive behavior patterns

Temperament Traits of Individuals with BPD

Emotional Sensitivity:

- A) experience high degree of emotional intensity
- B) experience high degree of emotional and behavioral reactivity
- C) Slow return to baseline - emotions diminish in duration and intensity very slowly

Caution! Not all people who have these temperament traits have BPD!!

Distinguishing Normal from Pathological

- Symptoms are "persistent" and "pervasive"
- Duration of symptoms must be seen for at least a year
- Higher frequency of problem behaviors across contexts (home, school, etc.)
- Extreme degree of problem behaviors
- Behaviors typically stem from poor affect tolerance - an inability to tolerate intense negative emotions or to cope effectively with these states

Negative Affect and Emotional Dys-Regulation

- Intense Depressed Mood, Irritability and Anxiety Lasting a few hours to a Few Days
- Intense and Uncontrollable Anger
- Feelings of Boredom and Emptiness

- Mood states are “reactive” and “triggered”
- Cannot “validate” or make sense of their reactions and then judge themselves as terrible people or “over-reacting”
- Can’t feel connected to their goals or commitments - fail to follow through leaves them feeling terrible about themselves

Impulsive Behaviors: Dangerous Outcomes

- Most common behavioral problems:

- Risky and casual sexual encounters (on line chat rooms, sexting with people they don't know, etc.)
- Drug use and abuse
- Eating problems (binging, purging, restricting)

Impulse control is still developing during adolescence and into early adulthood so how do we differentiate “experimental behaviors” and “pathological behaviors”?

What motivates or prompts these behaviors? What is the FUNCTION of the behavior

Suicidal Behaviors and Self-Harm

- Suicidal Ideation and suicide attempts are the most life threatening and dangerous behaviors
- Many attempts are not planned but happen spontaneously with the rapid onset of a negative mood state (anger, sadness, shame, guilt)
- Suicidal thoughts and behaviors are frequently *REACTIVE*
- Following attempts, many adolescents will say their intent was NOT TO DIE, but to STOP FEELING an emotional state
- Inability to recognize that an emotion will not last forever

Self Injury

- Self-Injury typically is NOT:
 - A cry for help
 - A way to get attention
 - Another behavior that all the kids are doing now
 - A suicidal gesture

Self Injury Continued:

- Self Injury often is:
 - A powerful and immediate way to regulate affect
 - interrupt painful and distressing emotional states and rapidly decrease the intensity of emotions
 - Provides a sense of relief and restores a feeling of “calm”
 - Clears the mind of self-punitive thoughts
 - Disrupts feelings of “numbness” and “dissociation”

Unstable Sense Self and Relationships

- Frantic Efforts to Avoid Abandonment
- Unstable Personal Relationships
- Distorted and Unstable Sense of Self
- Feelings of Disconnection from thoughts sense of identity or body and stress related, paranoid thoughts
- Examples: Desperate efforts to connect through social media, texting, sending desperate messages to their peer group, "hooking up", suicide attempts
- Examples: Idealization/Devaluation, relationships form and dissolve quickly, all or nothing thinking, parents often notice their kids can't keep friends or maintain stable peer groups, black and white thinking about self and others
- Playing with identity vs. a desperate need know who they are, not recognizing that a thought or feeling is their own, not knowing their own "minds"

Final Thoughts

- BPD frequently emerges during adolescence and can be differentiated from more typical adolescent behaviors
- Emotion regulation and distress tolerance can be taught and developed during adolescence and the course of BPD can be halted and even reversed in many cases.
- Evidence based treatments (DBT and MBT-A) can effectively reduce life threatening behaviors and the need for hospitalization in adolescents.