TRYING TO FIND THE GREY: Identifying Teenagers at Risk for Borderline Personality Disorder

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A Professional Study Guide

Identifying Teenagers at Risk for Borderline Personality Disorder

View the affiliated slide presentation and then consider these questions:

¤ The U.S. Department of Health and Human Services considers Borderline Personality Disorder to be a serious mental illness marked by instability in _____, _____, and _____.

¤ Which of the follow is NOT a need area for teenagers at risk for developing Borderline Personality Disorder?

- °Intense Emotional Outburst
- °Commission of Impulsive Acts
- °Nervous Tics
- °Strained Social Relationships

¤ Identifying Borderline Personality Disorder in teenagers can be controversial. Why?

¤ True or False: Borderline Personality Disorder is the least commonly occurring of all personality disorders.

¤ True or False: When dealing with a student who has Borderline Personality Disorder, an authority figure should engage in power struggles with the student in order to establish his or her dominance.

¤ The _____ domain of development is where there is the most significant impact of the effects of Borderline Personality Disorder.

¤ A distorted sense of reality, difficulty with _____, impaired decision making, and _____ are possible cognitive impairments faced by teenagers at risk for Borderline Personality Disorder.

¤ True or False: Borderline Personality Disorder is more common among boys than girls.

¤ Which of the following is NOT considered to be factor influencing the development of Borderline Personality Disorder?

- °Abuse and Neglect
- °Divorce
- °Parental death
- °Parental substance abuse
- °Low Birth-weight
- °Temperament of the child

¤ True or False: Research shows that Borderline Personality Disorder is more successfully treated with therapy than with medication.

Glossary

DSM-IV	**BPD**	**Splitting**

1. Published by the American Psychiatric Association, the _____ is the manual used to classify mental disorders according to symptoms.

2. _____ is an inability to see people holistically, but rather, as all good or all bad, loved one moment and hated the next. Black or white thinking.

3. It is important to be careful when using the acronym _____ for Borderline Personality Disorder as Bipolar Disorder is also often abbreviated this way.

A Case Study:

Carrie, a 15 year-old girl, is the only child being raised by her mother. Her father left when she was a toddler; because of this Carrie's mother went back to school in order to obtain a better paying job so that she could support herself and Carrie. Carrie's mother often left Carrie in the care of her grandmother while she was working and attending classes. It was not uncommon during this time for Carrie's mother to promise to pick her up from her grandmother's only to call and cancel at the last minute. As a result, Carrie spent more time during her childhood with her grandmother than she did with her own mother.

Carrie's mother was overly involved but at a distance. She placed a great amount of pressure on Carrie to "behave" and "do well" in school, suggesting to Carrie that failure to do so would elicit strong feelings of disappointment in her mother. Yet she failed to deliver any positive reinforcement to Carrie. Instead, the only time Carrie received genuine attention from her mother was when she acted out, resulting in a consistent pattern of negative reinforcement. When Carrie was with her mother, she went out of her way to act on her best behavior due to the guilt she felt for taking up her mother's time. When Carrie was away from her mother, the anger she felt overtook her, which led to increased instances of acting out.

By the time she reached high school, Carrie was suffering academically. She failed to run in assignments because she felt that there was no point. She was frequently fighting with classmates and engaging in verbal altercations with teachers. She often stated no body liked her. She admitted her outbursts at school were provoked by normal school expectations, such as being required to turn in homework assignments she had not completed. She was suspended several times.

Your Turn:

1. Describe in brief detail four things that you could do in the classroom to help Carrie.

2. What should you avoid doing when dealing with Carrie?

Frequently Asked Questions

Q. **What is a personality disorder?**

A. A personality disorder refers to a set of characteristics, styles and behaviors of an individual that makes it difficult for the person to deal with social and environmental circumstances. These individuals often have distorted perceptions of reality, impaired functioning and experience an overall lower quality of life ("Mental Health America", 2012).

Q. **What does Borderline Personality Disorder look like?**

A. Individuals with Borderline Personality Disorder display instability in mood, affect, behavior and personal relationships. Emotional outbursts are frequent and inappropriate. Severe bouts of anger also occur. These individuals have difficulty forming lasting relationships, due to the phenomenon of "splitting", where love-hate patterns occur. It is common for teenagers with BPD to also exhibit self-destructive behavior such as substance abuse problems, reckless behavior, sexual promiscuity, and eating disorders.

Q. **That sounds like any teenager. What is the difference?**

A. What sets apart teenagers with Borderline Personality Disorder from teenagers who do not is a long-lasting, intense, and consistent instability and unpredictability.

Q. **What is the controversy surrounding teenagers and personality disorders?**

A. Some people feel that personality disorders can not be accurately diagnosed prior to adulthood, as the personality is still forming in the teenage years. However, the pervasive traits the define personality disorders often begin to emerge during adolescence.

Q. **Is there a cure?**

A. There is no "cure" for Borderline Personality Disorder. Research shows that therapeutic intervention improves quality of life and decreases maladaptive thought patterns and impulsive behaviors.

Q. **How is Borderline Personality Disorder diagnosed?**

A. As with any mental health issue, a diagnosis of Borderline Personality Disorder would have to be done via an evaluation performed by a licensed, mental health professional.

Q. **What treatment is available?**

A. Therapy is the primary method for treating Borderline Personality Disorder. Combined therapeutic approaches tend to yield more significant, longer lasting results in improving overall affect, mood, and social relationships. These include individual therapy, group family, and when possible, family therapy.

Q. **Where can I go to learn more about Borderline Personality Disorder?**

A. The following resources can be used to acquire additional information:

http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001931/

http://www.borderlinepersonalitydisorder.com/

http://www.newport-academy.com/teen-borderline-personality-disorder/

References

Blum, N., & Black, D.W. (2008). Systems training for emotional predictability and problem solving (STEPPS) for the treatment of BPD. *Social Work in Mental Health, 6*(1/2), 171-186.

Nancee Blum is currently a clinical faculty member at the University of Iowa. This is also where she received her MSW. She works in the Psychiatry Department and is a founder of the STEPPS program. Dr. Donald Black is also on staff at the University of Iowa where he specializes in adult psychiatry. He completed his residency there following his medical school career at the University of Utah. He is considered to be an expert in personality disorders. In this article the authors describe the use of the STEPPS program in the treatment of borderline personality disorder. The program was found to be successful when used in conjunction with individual therapy for adolescents with BPD. STEPPS is a 20-week program where participants meet once a week in two hours sessions. The training consists of three sections. The first section involves participants gaining awareness of their disorder and includes reviewing the diagnostic criteria, and the concept of owning the disorder versus the disorder owning the individual. Section one also includes the identification of distorted thoughts and the impact these thought processes can have on the lives of individuals associated with this disorder. Section two focuses on emotion management training and helps individuals identify maladaptive schemas while simultaneously working to replace these schemas with effective coping skills. The final section of the program is behavior management training. During this time the participants identify previous behaviors that have been inappropriate and work to change the patterns of these behaviors as they follow intense emotional interactions rendering them more functional in stressful situations. The article briefly mentions disqualifying criteria, such as narcissistic and antisocial tendencies. It closes with a case study of a woman who successfully completed the program. Dr. Black and Ms. Blum thoroughly explain the STEPPS program and provide examples of the variety of groups within which STEPPS has been successful. They are careful to include characteristics that may prevent an individual from effectively participating in the program. While the school leader project does not provide an in depth review of treatment options, the information provided in this article is relevant as it is important to be aware of what treatment options are available when dealing with any disorder. Additionally, this article demonstrates the efficacy of the STEPPS program use with adolescents, offering yet another example of research that supports the diagnoses of personality disorders in adolescents. Finally, this article offers further insight into how the diagnosis of Borderline Personality Disorder affects an individual's life functioning.

Chanen, A.M., & Kaess, M. (2012). Developmental pathways to borderline personality disorder. *Journal of Current Psychiatry Reports, 14,* 45-53. Doi: 10.1007/s11920-001-0242-y

Andrew M. Chanen is an Associate Professor at the University of Melbourne in Australia. He is considered to be an expert in youth mental health and specializes in adolescent personality disorders. His education took place at Monash University where he finished with Master of Psychological Medicine. Dr. Michael Kaess also works at the University of Melbourne in the Orygen Youth Health Research Center and his areas of interest include Borderline Personality Disorder, risky and suicidal behaviors, and self-injury. The purpose of this paper is to explore risk factors leading to a diagnosis of Borderline Personality Disorder. These risk factors include biological, genetic, and environmental. In a review of previous studies the authors found that while genetic factors, such as short alleles of 5-HTTLPR, and biological factors, such as midline brain structural abnormalities, were considered to be influential in the development of borderline personality disorder, the results lacked significance and were not consistently replicated. It was concluded that there is a stronger association between environmental factors, such as childhood trauma and poor parent-child relationships, and borderline traits. The authors propose that borderline personality may be the result of a genetic predisposition exacerbated by environmental circumstances. While the authors present the results of empirical research, the results of the research are inconsistent, calling for a further look into such matters, specifically in regards to biological and genetic conditions. This article provides information that is very important when considering a diagnosis of Borderline Personality Disorder. As with any mental disorder, etiology is often complex and found to be influenced by a variety of factors. While more research on this specific subject is warranted and would prove beneficial, this article provides a basic understanding of what types of genetic make-up and environmental factors could be present in adolescents at risk for Borderline Personality Disorder.

Fall, K. A., & Craig, S.E. (1998). Borderline personality in adolescence: An overview for counselors. *Journal of Mental Health Counseling, 20*(4), 315-332.

Dr. Stephen E. Craig received his Ph.D. from the University of North Texas. He currently works at Western Michigan University where he is both an Associate Professor and the Unit Director of the Counselor Education Program in the Department of Counselor Education and Counseling Psychology. He has had multiple publications, many of which related to childhood and adolescence. The purpose of this article is to provide a basic overview of Borderline Personality Disorder and to describe ways in which Borderline Personality Disorder can present in adolescents. The authors describe in detail the six elements thought to make up the core of this disorder. These elements include intense emotions, impulsive acts, illusory social adaptation, strained social relationships, vulnerability to brief psychotic episodes, and the

persistence of the disorder. It is emphasized that while many of these characteristics may seem synonymous with the teenage years, they will be more intense, frequent, and persistent in teenagers with Borderline Personality Disorder. The article also touches on etiology of the disorder, highlighting the common belief that attachment and parental relationships and interactions are the largest contributors to the onset of this disorder. Finally, the authors outline several key factors when considering treatment, such as the importance of therapy, different types of therapeutic interventions, and potential risks in treatment. This article provides and accurate and thorough introduction to Borderline Personality Disorder, touching on all of the most important aspects of understanding BPD such as symptomology, etiology, and treatment thus making it extremely relevant to the current project directed at individuals who are being introduced to Borderline Personality Disorder for the first time.

Harman, M.J. (2004). Children at-risk for borderline personality disorder. *Journal of Contemporary Psychotherapy, 34*(3), 279-290.
Dr. Marsha J. Harman received her Ph.D. from the University of Houston where she has worked in private practice. She has been published numerous times on a variety of subjects related to mental health in children. In this article, Dr. Harman discusses multiples factors that put children at risk for developing borderline personality disorder. These factors include attachment style, temperament, sexual abuse, and parental divorce, neglect, substance abuse, and death. Dr. Harman then briefly addresses key issues in the assessment and intervention of children at risk for developing borderline personality disorder. Unique to this article, Dr. Harman addresses sensitive issues that may arise in working with these children and their parents during the therapeutic process. An example of such an issue is acknowledging hurtful and neglectful parental relationships. This article thoroughly examines the impact that parental relationships and behavior have on the development of borderline personality disorder. While it is not meant to address therapeutic treatment it does acknowledge potential roadblocks during the treatment process. It provides an effective summary of environmental influencers. This is extremely relevant to the current project as school leaders will need to be aware of the home lives that adolescents at risk for Borderline Personality Disorder are potentially coming from. Sensitivity to this subject will aid in appropriately dealing with the behaviors, and their subsequent functions, being exhibited by these adolescents at school.

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Wink, L.K., Erickson, C.A., Chambers, J.E., & McDougle, C.J. (2010). Co-morbid intellectual disability and borderline personality disorder: A case series. *Journal of Psychiatry, 73*(3), 277-287.
Dr. Logan Wink, Dr. Craig Erickson, Dr. Joanna Chambers, and Dr. Christopher McDougle are all affiliated with Indiana University's Department of Psychiatry. In addition, the Doctors respectively have backgrounds in neuropsychiatry adolescent psychiatry, schizophrenia, and autism. The purpose of this article is to explore the difficulties of accurately diagnosing borderline personality disorder in individuals who present with an intellectual disability through three case reports. The authors describe each individual with a brief background including concerns that were present in childhood, educational background and experience and presenting symptomology as well as prior diagnoses and treatments. The authors then discuss how the diagnosis for borderline personality disorder and subsequent treatment of resulted in profound positive changes for each individual. Finally the authors address the difficulties in accurately diagnosing personality disorders in individuals with intellectual disability while emphasizing the importance of proper treatment for the disorder. The authors acknowledge that research on this topic is only in its early stages but make clear through their case examples the importance of continuing the research on this topic. While this article provides information important to understanding Borderline Personality Disorder as a diagnosis, the information offered here is not entirely relevant to the current project. Due the complexity involved in, and controversy surrounding, diagnosing Borderline Personality Disorder in adolescents, it is not expected that school leaders will be faced with dealing with students at a school level who have BPD as a secondary diagnosis. More likely these students will already be receiving services due to their intellectual disability. However it is

important to raise awareness to the fact that Borderline Personality Disorder can be, and is often, comorbid with other diagnoses.