

# Session 1

## Barriers and myths regarding early detection and intervention of BPD

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# Case vignette



Sarah is a 15-year-old adolescent who was admitted to an inpatient unit after she made a serious threat to kill herself. Sarah's parents got divorced when she was four years old and she has been spending alternate weekends with her father. On the day she was admitted to hospital, Sarah's father brought her to the meeting point (a park) where he was going to drop off Sarah to be picked up by her mother. When he began to leave, Sarah clung to him and started to cry. Sarah has had a tendency in the past to engage in dramatic displays to stop her parents or good friends from leaving her. This time, Sarah told her father that living with her mother had become unbearable and that if he did not stay with her she would kill herself. During the past two years Sarah has often threatened to kill herself. Her father tried to calm her down but she shouted that he was not hearing her and she pulled up her skirt to reveal significant cuts and burns on her thighs. Her father was shocked; since childhood, Sarah had always been highly emotional and reactive. Recently, her father had become concerned about Sarah's alcohol intake and the fact that she was caught shoplifting a few times, but her father had not been aware of any self-harm. Sarah disclosed that she has been cutting and burning herself for at least two years. By this time Sarah was sobbing angrily and accusing her father of never being there for her and choosing a life with his new family instead of her. When her father tried to hold her to comfort her, she punched him in the face and started running away. When a car nearly ran her over she collapsed and her father was able to catch up with her to take her to the hospital. On admission, Sarah appeared completely calm and said that she felt separated from her body—a feeling which she said she often has when she becomes stressed. She kept scratching herself. She did not want her mother to come to the hospital.

# What do you think?



Would you diagnose a personality disorder?

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# What do you think?



Would you assess for personality pathology?

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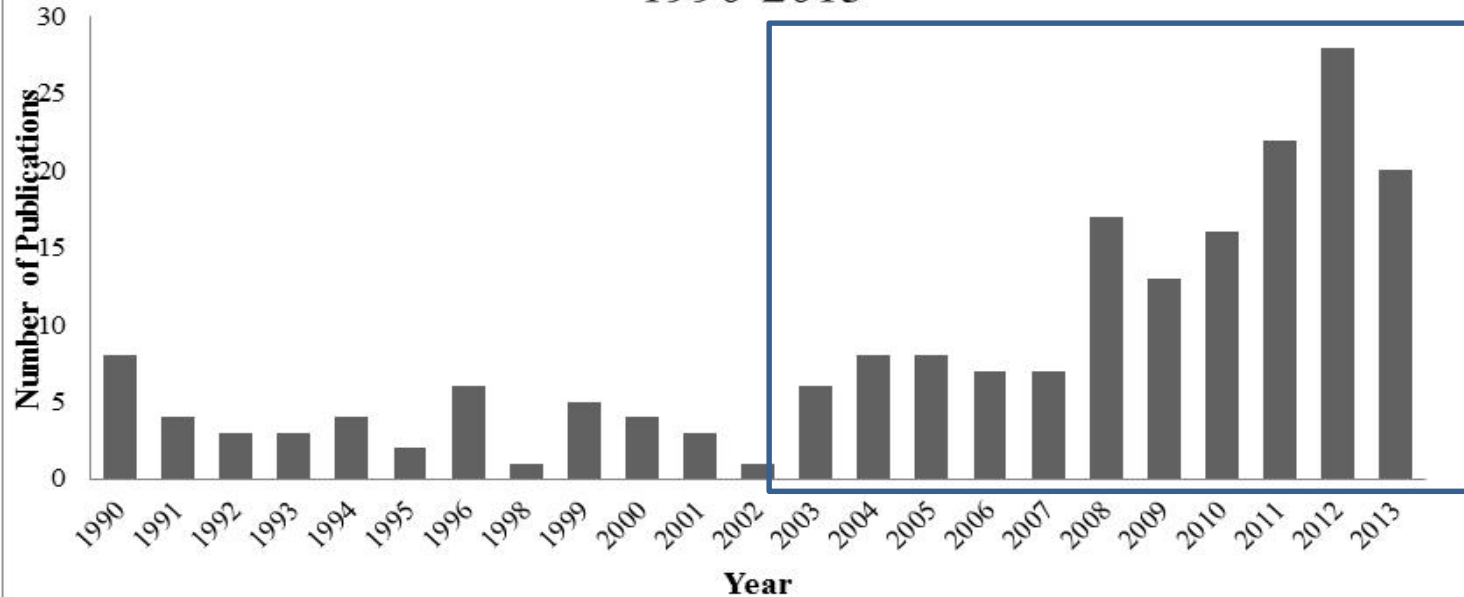
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# Westen et al. (2003)

- Randomly select one of your adolescent patients, e.g. “the last patient you saw last week”.
- 296 patients.
- Clinicians:
  - Highly experienced (years post training 13.4)
  - 34.8% psychodynamic; 11.6 CBT; 42% eclectic
  - Most worked in multiple settings
  - Knew the patients well – more than 20 sessions
- Clinicians were given assessment tools that contained questions about PD.
- They were also asked to diagnose the adolescent.
- Only 28.4% received PD diagnosis (most common BPD).

## Published Research Articles on BPD in Youth\*

1990-2013



\*Literature searches conducted via *PSYCIInfo* and *Web of Science* with search terms of Borderline Personality (Disorder, Pathology) or BPD and Adolescent(s), Child(ren), Youth(s), Juvenile,(s) Girl(s), or Boys(s). Search results yielded 196 published empirical articles from 1990 to 2013.

Sharp & Tackett (2013), *BPD in children and adolescents*, Springer

# Laurensen et al. (2013)

- 596 psychologists in the Netherlands.
- 75% female; mean age 40; average 12 years in clinical practice.
- 27% primary care; 58% in secondary care; 14% in psychiatric hospitals.
- 57.8% agreed that PDs can be diagnosed in adolescents.
- However, only 8.7% reported that they diagnose PDs and only 6.5% offered specialized treatment:
  - 25% MBT
  - 17.7% ERT
  - 12.5% SFT
  - 12.5% DBT

# Griffiths et al. (2011)

- Annual general meeting: 2009 child psychiatry conference.
- 52 child and adolescent psychiatrists.
- 82% accepted overall validity of BPD for adult populations vs. 37% for adolescent BPD; 2% accepted validity for children <12.
- 23% used the diagnosis in regular clinical practice; and of those only 60% feed back the diagnosis to young people and families.
- Qualitative feedback:
  - ‘The diagnosis can help families and young people understand their experiences and difficulties.’ ‘It may also help young people access appropriate interventions such as dialectical behaviour therapy (DBT).’
  - “The label may have stigmatizing, marginalizing and objectifying effects on young people”
  - “Making the diagnosis can lead to a worsening of the difficulties”
  - “The diagnosis leads to therapeutic pessimism and a belief that change is impossible.”
  - “The diagnosis is conceptually problematic, as it omits crucial developmental factors and makes assumptions about the enduring nature of certain personality variables, which is considered developmentally naive in adolescent populations”
- Concludes: “conceptually problematic, empirically insufficiently supported, lacking in clinical utility”



# What do you think?



DSM criteria	Sarah
Self-harm and/or suicide attempts?	
Abandonment fears?	
Affective instability and reactivity?	
Impulsive?	
Angry behavior?	
Dissociation?	
Relationship problems?	
Emptiness?	
Identity disturbance?	

# What do you think?



DSM criteria	Sarah
Self-harm and/or suicide attempts?	Cutting/burning 2 yrs; recent suicide attempt
Abandonment fears?	Accuses father of not being there for him; clings to him; threatens suicide.
Affective instability and reactivity?	Highly emotional since childhood
Impulsive?	Ran in front of car; alcohol problems; shop lifting
Angry behavior?	Punch father in face; sobs angrily
Dissociation?	Feels separated from her body
Relationship problems?	Refuses mother's presence; Dramatic display.
Emptiness?	
Identity disturbance?	

Westen et al: Only 28.4% received PD diagnosis (most common BPD) although 75.3% of patients met criteria based on clinician's report of PD symptoms.



# Biases (myths)

1. **Psychiatric nomenclature** does not allow the diagnosis of PD in adolescence.
2. Certain features of BPD are **normative** and not particularly symptomatic of personality disturbance.
3. The symptoms of BPD are better explained by **traditional Axis I** disorders.
4. Adolescents' personalities are **still developing** and therefore too unstable to warrant a PD diagnosis.
5. Because PD is long-lasting, treatment-resistant and unpopular to treat, it would be **stigmatizing** to label an adolescent with BPD.

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# Legitimization in psychiatric nomenclature

- DSM-5 (allowed since DSM-III).
- ICD-11.
- National treatment guidelines:
  - National Institute for Health and Care Excellent (NICE): UK.
  - Australian National Health and Medical Research Council (NHMRC).

# DSM 5 Section II PDs

- Paranoid
  - Schizoid
  - Schizotypal
  - Antisocial
  - Borderline
  - Histrionic
  - Narcissistic
  - Avoidant
  - Dependent
  - Obsessive-compulsive
  - Personality change due to another medical condition
  - Other specified PD and/or Unspecified PD
- Cluster A: Odd and eccentric
- Cluster B: Dramatic, emotional, erratic
- Cluster C: Anxious and fearful

# DSM 5 Section II BPD criteria

**A pervasive pattern of instability of interpersonal relationships, self-image, and affects and marked impulsivity beginning by early adulthood and present in a variety of contexts as indicated by five (or more) of the following:**

- 1) Frantic efforts to avoid real or imagined abandonment
- 2) A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
- 3) Identity disturbance markedly and persistently unstable self-image or sense of self
- 4) Impulsivity in at least two areas that are potentially self-damaging (e.g. spending, sex, substance abuse, reckless driving, binge eating)
- 5) Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
- 6) Affective instability due to a marked reactivity of mood (e.g. intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
- 7) Chronic feelings of emptiness
- 8) Inappropriate, intense anger or difficulty controlling anger (e.g.) frequent displays of temper, constant anger, recurrent physical fights)
- 9) Transient, stress-related paranoid ideation or severe dissociative symptoms



# DSM 5 Section II BPD criteria

- Criteria are the same for adults and youth.
- But: criteria have to be met for 1 year instead of 2 years.
- Caution: “those relatively unusual instances in which the individual’s particular maladaptive personality traits appear to be pervasive, persistent, and unlikely to be limited to a particular developmental stage or another mental disorder” (p.647).

# DSM 5 Section III BPD criteria

- No caution for diagnosing PD in adolescents.
- “relatively stable across time, with onsets that can be traced back to at least adolescence or early adulthood” (p. 761).
- Criterion A: severity of problems in identity, self-direction, empathy, and intimacy (Levels of Personality Functioning Scale).
- Criterion B: presence of 4+ of 7 pathological personality traits: Emotional lability, anxiousness, separation insecurity, depressivity, impulsivity, risk taking, and hostility; of which at least one must be impulsivity, risk taking, or hostility (PID5).

Measure	Internal consistency	Inter-rater reliability	Factor structure	Construct validity
<b>CI-BPD</b>				
Zanarini (2003)	.81	.65-.93	Not reported	
Sharp et al. (2012)	.80	.89	Unidimensional	Associates with PAI-BOR, clinician diagnosis, BPFS-C, BPFS-P, internalizing and externalizing problems
Michonski et al. (2013)	.78	Not reported	Unidimensional	N/A
<b>SWAP-A-II</b>				
Westen et al. (2005)	Not reported	.60	Not reported	r = .68 with DSM-5 symptom count AUC = .84
<b>PAI-A BOR</b>				
Morey (2007)	.85-.87	N/A	Four-factor	Associated with range of other BPD relevant pathology
<b>BPFS-C</b>				
Crick et al. (2005)	.76	N/A	Not reported	Associates with relational aggression, cognitive sensitivity, emotional sensitivity, friend exclusivity over time
Chang et al. (2011)	.88	N/A	Not reported	Sensitivity .85 Specificity .84
<b>BPFS-P</b>				
Sharp et al. (2013)	.90	N/A	Not reported	Correlates with BPFS-C, internalizing and externalizing problems
<b>BPFC-11</b>				
Sharp et al. (2014)	.85	N/A	Unidimensional	Sensitivity .740 Specificity .714

Measure	Internal consistency	Inter-rater reliability	Factor structure	External validity
<b>MSI-BPD</b> Chanen et al. (2008)	.78	N/A	Not reported	Sensitivity .68 Specificity .75
<b>BPQ</b> Chanen et al. (2008)	.92	N/A	Not reported	Sensitivity .68 Specificity .90
<b>Minnesota BPD scale</b> Bornavolova et al., 2009	.81	NA	Not reported	Correlates with PAI-BOR Mean difference for clinical vs. community sample
<b>DIPSI</b> DeClercq et al., 2006	Not reported	NA	27 facets ordered into 4- factor structure	Resembles factor structure of adult personality pathology; cross-sectional and prospectively predictive of key outcomes.
<b>MMPI-adolescent version</b> Archer, et al., 1995	.43 (5) .90 (F)	NA	14 factors (item level); 8 factors (scale level)	Good congruence between MMPI and MMI-A code types; minimal support for diagnostic BPD profile, but useful for differential diagnosis.
<b>PID-5</b> DeClercq et al., 2012	>.80 for 16 out of 25 facets	NA	25 facets; 5 factor	Fair similarity between this and PID-5 factor structure observed in US adult sample as well as US and Flemish students; Correlates with DIPSI

BPFS-C ID: \_\_\_\_\_

Date: \_\_\_\_\_

### How I Feel About Myself and Others

Instructions: Here are some statements about the way you feel about yourself and other people. Put an X in the box that tells how true each statement is about you.

1. I'm a pretty happy person.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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2. I feel very lonely.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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3. I get upset when my parents or friends leave town for a few days.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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4. I do things that other people consider wild or out of control.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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5. I feel pretty much the same way all the time. My feelings don't change very often.

Not at All True	Hardly Ever True	Sometimes True	Often True	Always True
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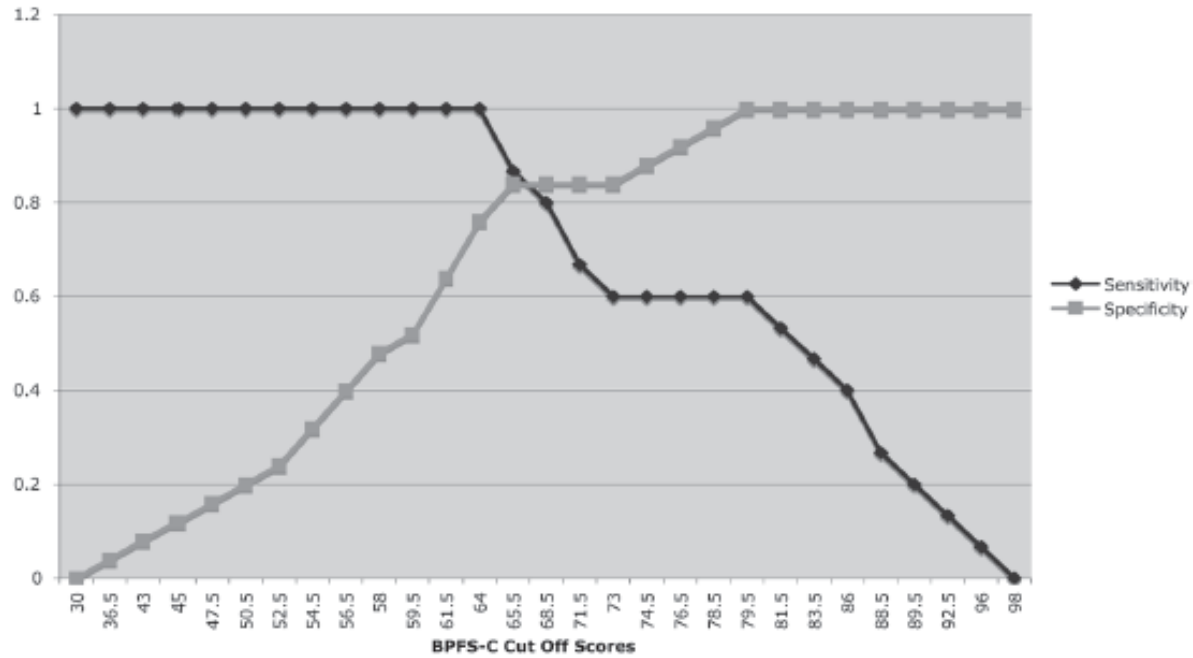


FIGURE 2. Sensitivity and specificity plotted against different cut-off scores on the BPFS-C. The optimal cutpoint is determined by the intersect point of sensitivity and specificity.

# BPFSC-11

1. I feel very lonely
2. I want to let some people know how much they've hurt me.
3. My feelings are very strong. For instance, when I get mad, I get really really mad. When I get happy, I get really really happy.
4. I feel that there is something important missing about me, but I don't know what it is.
5. I'm careless with things that are important to me.
6. People who were close to me have let me down.
7. I go back and forth between different feelings, like being mad or sad or happy.
8. I get into trouble because I do things without thinking.
9. I worry that people I care about will leave and not come back.
10. How I feel about myself changes a lot.
11. Lots of times, my friends and I are really mean to each other.

Cut-off: 34

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.

### **BORDERLINE PERSONALITY DISORDER**

**During the past two years, have you ...**

1. ... felt very angry a lot of the time?

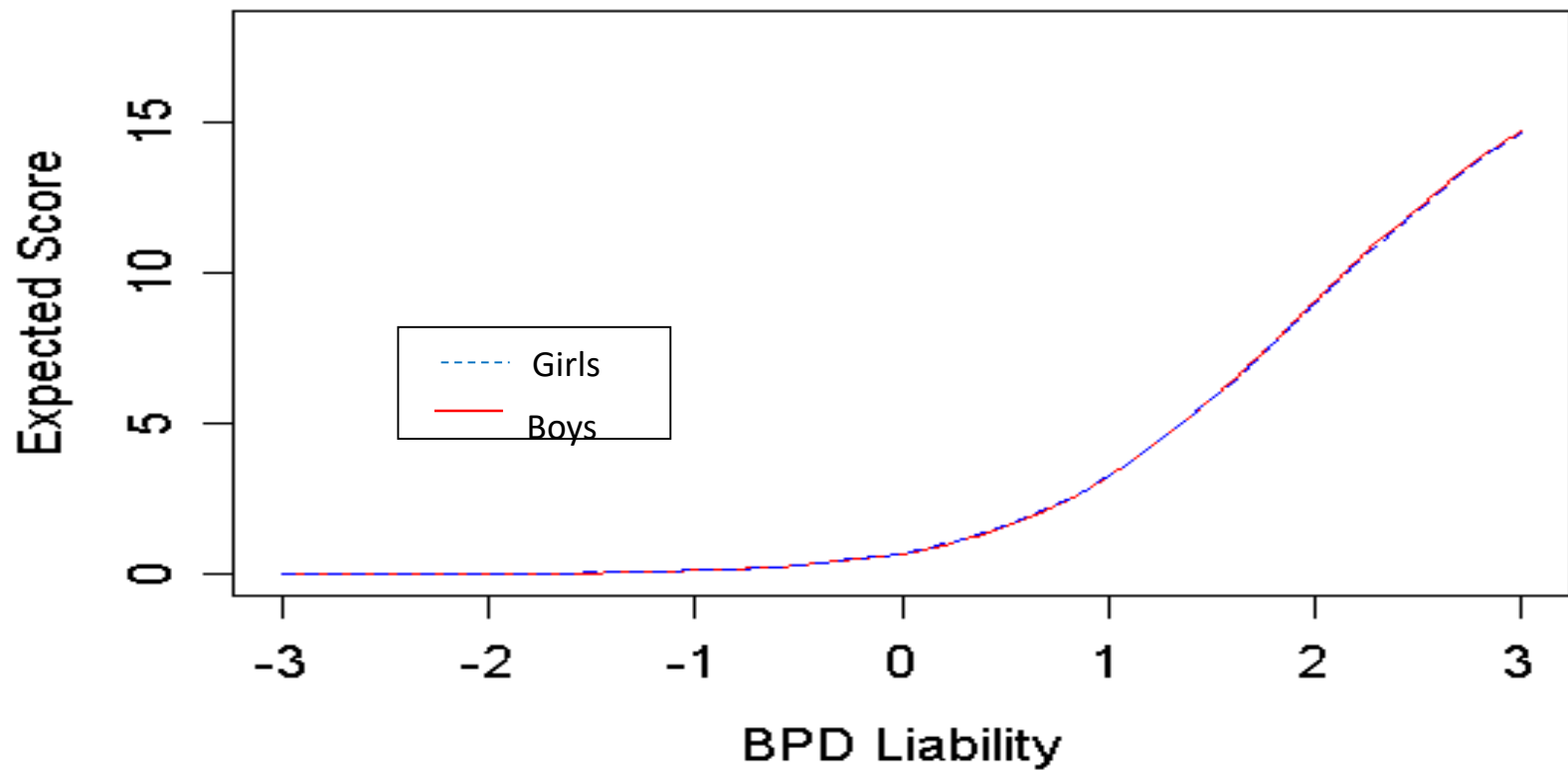
How about often felt really angry inside but managed to hide it so that other people didn't know about it?

Frequently behaved in an angry manner (e.g., often teased people or said mean things, frequently yelled at people, repeatedly broken things)?

How about become very angry and gotten into physical fights with someone you're close to?

(Inappropriate, intense anger or difficulty controlling anger, e.g., frequent displays of temper, constant anger, recurrent physical fights: 2=definitely present, 1=probably present, 0=absent)





Michonski, Sharp et al. (2012), PD:TRT

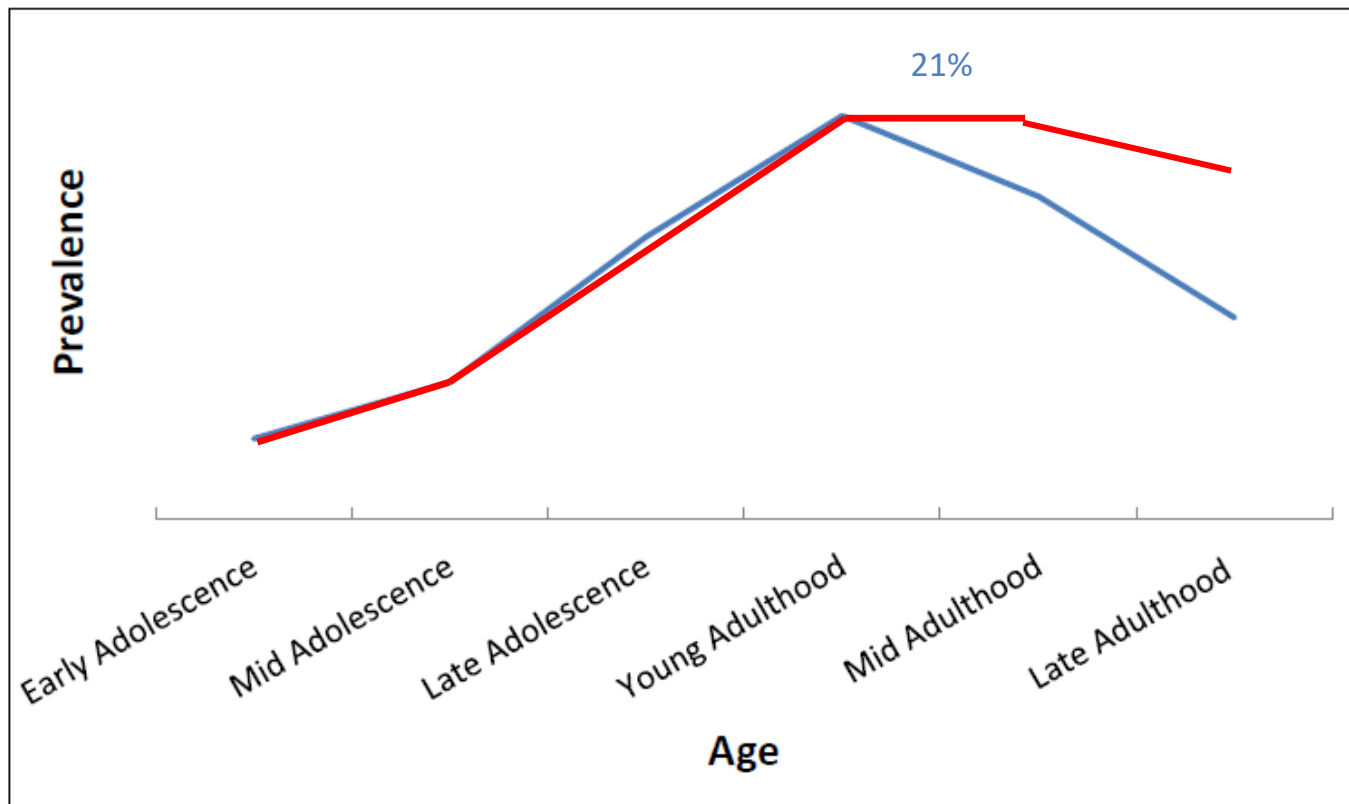
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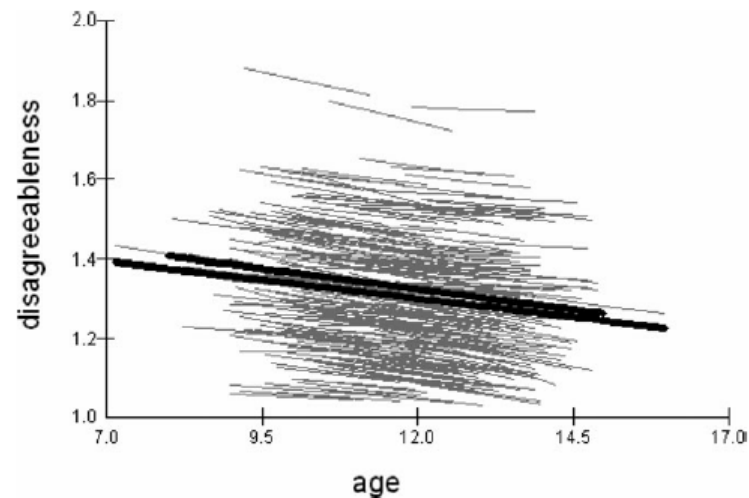
N = 800  
T1 = age 9  
T2 = 14  
T3 = 16  
T4 = 22



	DIPSI			
	DIS (SE)	INS (SE)	ITR (SE)	COM (SE)
Fixed effects				
Intercept	1.326 (0.008)	1.318 (0.008)	1.210 (0.008)	1.376 (0.010)
Random effects				
Between children	0.025 (0.002)	0.026 (0.002)	0.021 (0.002)	0.036 (0.003)
Within children	0.011 (0.001)	0.012 (0.001)	0.012 (0.001)	0.016 (0.001)
Deviance				
-2LL	-1021.5	-903.2	-1015.5	-573.0
ICC	.70	.68	.65	.69

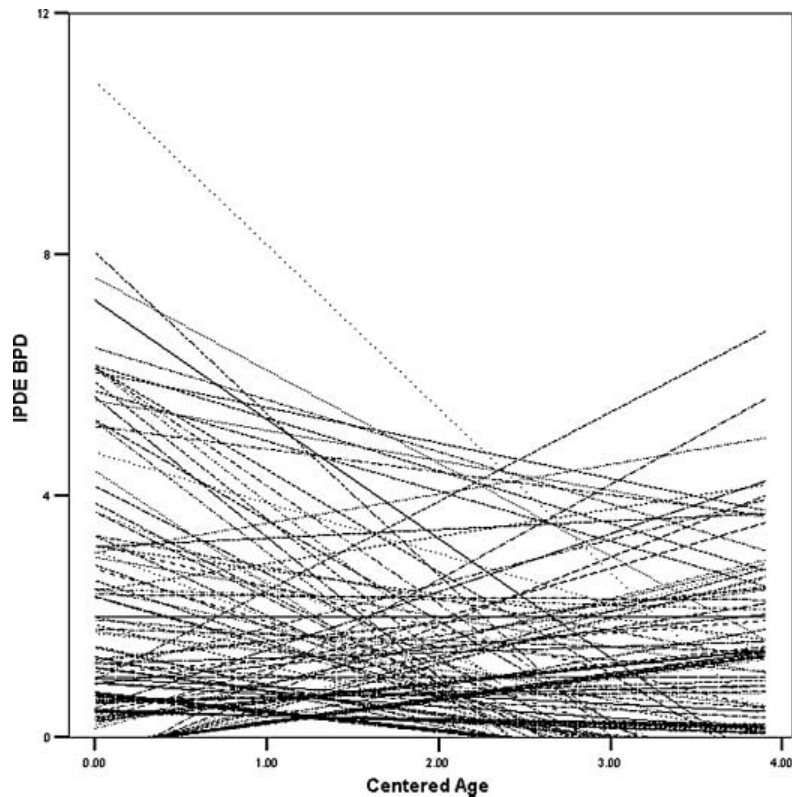
ICC value = proportion of the between-individual variance to the sum of the between-and within-individual variances.

Thus a measure of within-person stability, indicating the extent to which the absolute symptom level of each individual remains stable.



**Figure 1.** Individual growth trajectories for disagreeableness in 314 subjects across a 2-year interval, based on the results of the multilevel analysis (performed with MLwiN software), as well as the overall expected trajectory for boys (highest curve) and for girls. Age is expressed in years.

N = 477  
 $m_{age}$  = 10.67 years  
 DIPSI  
 2 yr follow-up



250 subjects ( $m_{\text{initialage}} = 18.88$  years)

Follow-up: 4 years

Revised Interpersonal Adjectives Scale-Big 5

International Personality Disorder Examination

Adaptive personality traits such as affiliation, conscientiousness and openness, + decrease in neuroticism = a decrease in PD symptoms.

As PD's developed, the development of adaptive personality traits ceased or even regressed.

# Summary of studies of course

- BPD **onsets** in adolescence.
- General **normative decline** in personality pathology and an increase in adaptive personality traits, across adolescence, as youth enter young adulthood.
- However, within these samples there also appears to be a **subset** of adolescents who diverge from the norm and whose personality pathology persists or increases into adulthood.
- The question then arises whether this subset of adolescents, whose pathology persists, **meet threshold** for a DSM defined personality disorder.

# Prevalence rates

- Clinical
  - 11% in outpatients (Chanen et al., 2004).
  - 33% (Ha et al., 2014) in inpatients.
  - 43-49% (Levi et al., 1999) in inpatients.
- Epidemiological
  - 3% in the UK (Zanarini et al., 2011)
  - 1% in the USA (Lewinsohn et al., 1997)
  - 2% in China (Leung et al., 2009),
  - cumulative prevalence rate of 3% (Johnson et al., 2008)



# Anger



All the time. I don't know I just get mad or angry for no reason. (how often?) Uhm once every week. (what kind of things make you mad?) Uhm I don't know. (example ?) Uhm well I was in school cuz uh a teacher got me mad because he was being mean to like the class for no reason and it got me mad. (what did you do?) Put my head down. (normally do?) Yeah I stay quiet or listen to music. (yell?) No. (hit someone?) No. Only time when I scream is when they bug me but other than that I just leave everyone alone. (family situations?) Just anyone. (when was the last time felt you needed to scream?) Uh not sure. (hasn't happened a lot? More typical to keep it inside?) Yeah. (do you think other people can tell?) No. (why not?) I don't show my emotions I just hold them in act like everything is ok. (how often do you hold in?) Uh like every week, not everyday. (so mad that you can't control it?) No. (angry all the time?) No not really. (most of time keep angry inside?) Yeah. (physical fight?) No. (teasing people?) No.

Yes. I usually, I-I have-sometimes I've hit my mom. But, um, I um, I scream a lot. And I go to my room and I just like, I get really, like I just scratching myself like, with anger. And [clears throat] I just, I don't know, I do a lot of stupid stuff when I'm angry. I'm really impulsive. (Last time you got angry with mom?) Well... it was in Miami and [mumbles] month ago. Two months ago. (What happened?) She was trying to wake me up for school, and I was kind of sad, I didn't want to go to school. So she went to wake me up and um, I um, [shrugs] I just pushed her and she fell on her butt.

# Affective instability



I could be excited to do something, or go out with my friends, and then my mom will say no and that will trigger me and uhm then I'll be upset for the rest of the night; Sometimes like, sometimes I get over it, but the original fee- the thing that caused the feeling is still there, so I still have the capacity to go back to that mood).

(mood changes?) uhm I think gradually thing that I try to ignore when I can but if it happens suddenly then something happens to make it that way like I got a bad grade or something. (ok to rage?) Uhm...it doesn't really happen...happens over a course of time usually. I don't really get angry...more nervous. (can you predict your mood for the day?) Well in the mornings I'm generally like not in a bad mood, I am kind of sleepy and stuff like that but not like I won't wake up angry or anything. (reword ?) Well I imagine that I end up pretty well but that times bad things happen then I'll get upset sometimes (have you had a lot of mood changes) I think I've become more calm and learned to manage things better (have you been told you're a moody person) um, not really (have people told you they have to be careful around you) no).

# Suicidal behaviors



Fifth grade I cut myself, sixth grade I cut myself, seventh grade is now, I haven't cut myself, but I did once, and that's right there [points to arm] see that scar right there. That was like once- that was like two weeks ago. Not last week, but the week before, so like two weeks ago. Every time I cut myself I usually cut probably about ten times. Like all this [looks to arm] would be filled up, like right here, filled up last year. In fifth grade, a little bit right here, right here, and over right here. [points to arm] I went to- I was hospitalized twice- one in fifth grade, one in sixth grade, and now seventh so. [shrugs] But, I'm here because I need to work on my coping skills, my depression, my emotionalness.

(hurt yourself without meaning to kill yourself?) Uhm like I don't know how you mean about that just to see if it hurts? (reworded?) Yeah I've punched things. When I was like really mad (like what?) Like the usually stuff like walls things like that. (cut yourself?) Yeah by accident once but it didn't really hurt you know and usually does. (accident?) I was cutting something..i forgot...cutting stuff for my nephew I have to do everything for him and I cut myself right here and it didn't like...(doesn't sound like self-mutilation?) No. (threaten to kill yourself.) No I don't think I would on purpose I don't think I would be brave enough to do. (tell someone kill yourself?) I probably wouldn't tell someone that I would kill myself but probably just tell them like I was in pain.

# Emptiness



(empty?) Interesting question...uhm I would say...maybe no..definitely no. (no feelings?) I've always had feelings...yeah..i've always..(like void?) no I've never been void of. (nothing inside?) I don't know...what does that mean? (just like empty?) No I haven't ever felt that.

Like, like there are things I feel should make me sad and I don't cry about them or I don't.... I just think about them over and over and over and analyze them and break them down into the tiniest possible pieces and then I feel empty because I never actually absorb any of the emotion - I just analyze it and that makes me feel pretty empty. And then the things that used to make me happy don't make me happy and even the things that make me sad don't bother me enough to make me cry anymore. So I don't feel like I have any emotional responses to things, besides overanalyzing them. Like even when I'm happy I don't feel like I'm ever in the moment and I'm ever really feeling things for what they really are. Like when people are laughing, I'm laughing too, but I'm never feel like I'm enjoying myself like a normally functioning person would.

# Identity disturbance



Yeah. (what's that like?) Well [inaudible] everyone different but um how like I don't know, what you grew up with. Like your friends, they have taught you this and that and your parents taught you this and that, I don't know, I don't know which road to take should I be more like my friends, should I do things for my friends or should I do more things for my parents? (okay) That's how I feel. (um Is that more in the area of going to college and deciding on a career and things like that or?) No I know what career. (okay so you know that?) I know I'm following that path but I mean that was over two years it took me until now to college to find out what direction I'm heading to and what person I'm going to be in life.

I feel a little bit like I have no identity sometimes, yeah. I feel like I often, when I like first meet people, I only act like a chunk of who I am. Like I don't know to like, I don't know how to do it, and like, it becomes really confusing, enough to really know which me is really me. (Why is it confusing?) Because I feel sometimes like a blank canvas a little bit, but sometimes I feel like, a lot of times I find myself doing like, with my actions or with my words, kind of making so that it's not maybe what would be the best for me, but more like what would be the most dramatic.

# Impulsivity



- Some anger, but not intense.
- Some alcohol but not frequently.
- Low sexual promiscuity.
- No drugs except occasional marijuana.
- No fistfights – if present <2 in the last two years.
- Few instances of breaking the law.
- Multiple and intense anger outbursts that may include fistfights.
- Sexual promiscuity.
- Drug and alcohol abuse.
- Shoplifting, driving under the influence.
- Trouble controlling eating (bulimia).
- Trouble holding on to money.

# Abandonment fears



(Avoided feeling alone or abandoned?) Yes  
(Example?) Um, well my friends well- they do- they- they go to different schools, so I try to tell myself like they went to different schools for a good reason. And that they didn't abandon me and I'm not alone. Cause I can still keep in touch with them and I can still make new friends (So you avoid feeling that way by telling yourself that?) Yeah (Do anything physically? Beg/plead?) Not really (Ever physically clung to someone?) No (What happens if you feel left out of something or that someone might leave you out?) Um, I feel that all the time basically. Cause most of my friends are Hispanic and they always speak Spanish. (And you don't speak Spanish?) No. um so most of the time I have no idea what they're talking about. So I feel left out during that. (What do you do?) Usually I just ignore it. Like I'm trying to learn Spanish right now, so. Yeah, I just, I just ignore it. Cause I know that they're not talking about me ...

I've always been worried about losing people. (Have you lost people before?) Mhm. (Ya? Physically or emotionally?) Emotionally. [Sniffing] (Who have you lost?) A lot of friends and I feel like I've lost some family too. Ya. [wipes nose] (What do you do when you are worried they'll leave you?) I get really shaky and I just keep thinking about it and worrying about it and I start like crying and just imaging the worst and [voice cracks and trails off] I try to keep it to myself. 'Cause I feel like if I...if I reach out to them, I'm just going to push them away. But you know when you're like, when like [points off camera near the door] there's like something over there and you reach for it and you can barely touch it with your fingertips but you can't grab it and you just push it a little bit more and more. I feel like it's like that. (Has that actually happened though?) No, but I've seen it happen with other people and I just don't want [trailing off] (You don't want it to happen to you?) ...Ya. I don't want to be like the controlling one that makes them stay if they don't want to. (Do anything else to avoid the feeling of being abandoned?) I self-harm. I just...(Does it help?) At the time, ya it does. Sometime I push them away before they get the chance to push me away. Sometimes I, like, go off on them. Or something to push them away before they get the chance to do it themselves...

# Unstable relationships



Yes, and it happens over a really small incident. And it goes from loving them to the completely-calling them my enemy. (Most relationships are stormy?) Ya. I'm not really good with relationships. That's why I don't really have any close friends.

No not really. (what do you mean by that?) like I like somebody but then like they do things, they give you a reason not to like them so (not within your own control that you don't like them?) yeah, yeah. (what kind of things) like there was this person like you know I-I hung out with them and they were really nice then one day like they decided like you know I found out like what type of person they are like you know (feeling from not being able to living without someone to needing to get away from him or her? No (any stormy relationships with lots of ups and downs?) no (how would you describe your relationships in general?) fun, easy [laughs] (friends and family and stuff) yeah yeah (relationships with a lot of arguments?) no (how about someone who you stopped talking to and seeing them) no



# Paranoid ideation



My mom says I don't have evidence but I always feel like it's so crystal clear that it's there and my therapist told me over and over again not to make judgments but I always feel like people are talking about me but there's no real evidence..

Uhm no only the only example I can think of is this one girl who is well I am not gossiping but I know like around school she is known to always lie and things like that so I know I can't completely trust her because she lies about everything. But I am not distrustful of people in general. I am like a trusting person. (taken advantage of you?) sometimes I feel like my parents blame me for things like that are not my fault that are my sisters fault but not like always just in the older child and my mom was the oldest child when she said it's the same way not in an abnormal way. (stuff they blame you for?) Just uhm if I like for example if we weren't suppose to watch tv between me and my sister I would be the one to get blamed even not blamed but I would be the one to get the brunt of the lecture even if she were the one to turn it on but I mean I can understand because I'm the older one more responsible should have been like you shouldn't be doing this so its not unreasonable. (often?) Not often. One or two times a month I mean like I remember those but I also know that my sister gets in trouble for stuff and I just don't remember that stuff because it happened to her and not to me so. (staring at you?) No. the only time I think that if there's a couple cute girls across the room and they're whatever and I'll be like oh there talking...well its in like a hopefully in a positive way not in like what are they doing they hate me not like laughing behind my back or anything like that no.

# Dissociation



I'm too overwhelmed by my feelings, and too in the middle of them. But sometimes there are moments where I, I think I do it as kind of a coping mechanism where I kind of take myself out of my feelings, um. My psychiatrist says my dad had referred to it as dissociation, where I kind of just, a lot of the time I just like sit in one position, I don't really move any muscles in my body, and it has a really strange but really good feeling throughout my whole body, and um, I don't usually like to talk that much and I, you know, really only move my eyes and sometimes my head when I do it, and it kind of just has a numbing effect but it's also a really good feeling. Um, and I don't really feel any of the crazy emotions that I usually feel when I'm not doing that.

(felt like you were physically separated from your feeling or as though you were viewing yourself from a distance?) [shakes head no] (often felt as if you were in a dream or as though something like a window was between you and the world?) [shakes head no] (repeatedly had times when you felt spaced out or numb?) [shakes head no] (felt emotionally dead?) No. (you never really feel that way do you?) No.

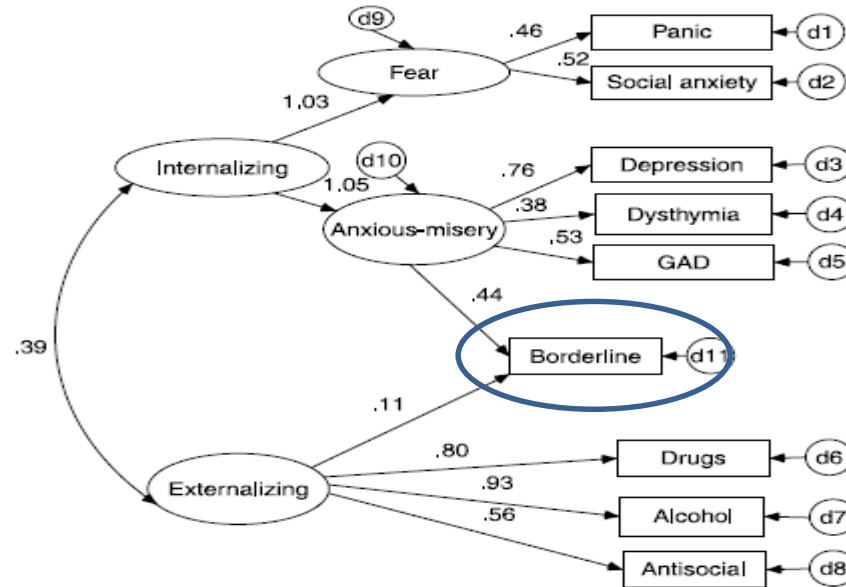
# Biases (myths)

1. **Psychiatric nomenclature** does not allow the diagnosis of PD in adolescence.
2. Certain features of BPD are **normative** and not particularly symptomatic of personality disturbance.
3. The symptoms of BPD are better explained by **traditional Axis I** disorders.
4. Adolescents' personalities are **still developing** and therefore too unstable to warrant a PD diagnosis.
5. Because PD is long-lasting, treatment-resistant and unpopular to treat, it would be **stigmatizing** to label an adolescent with BPD.

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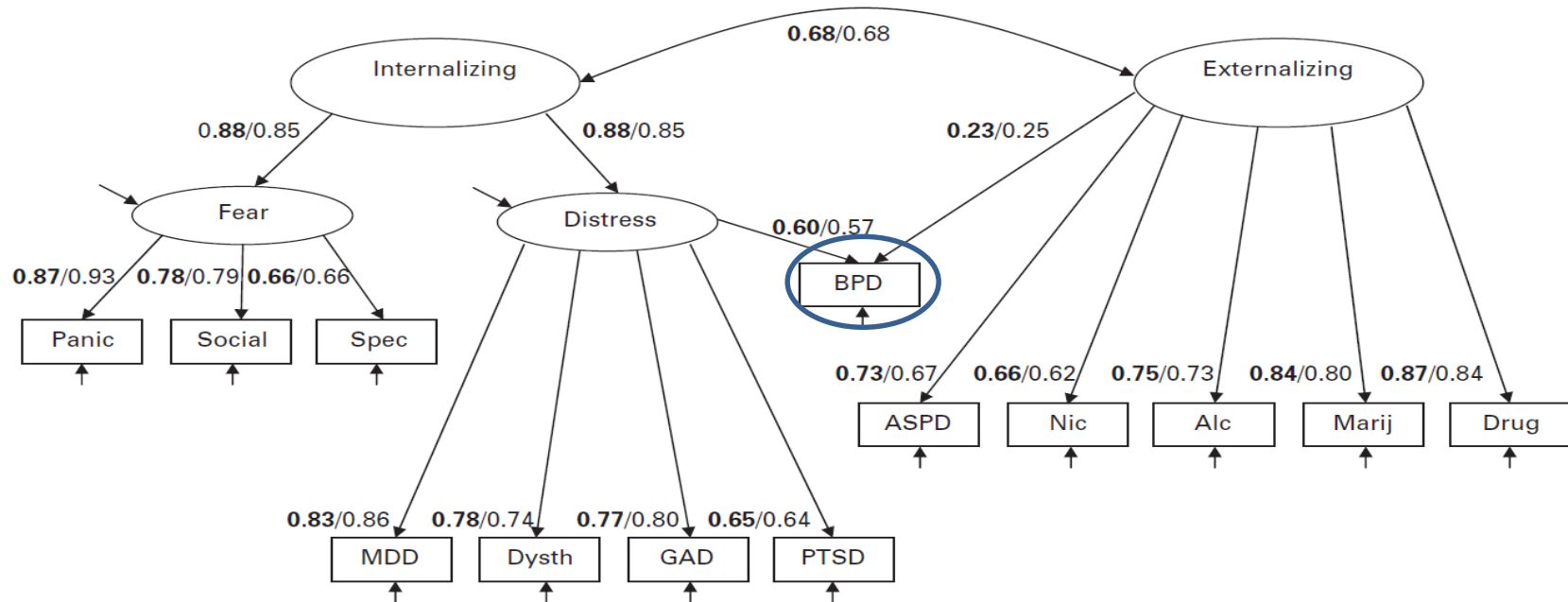
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# James & Taylor (2008)



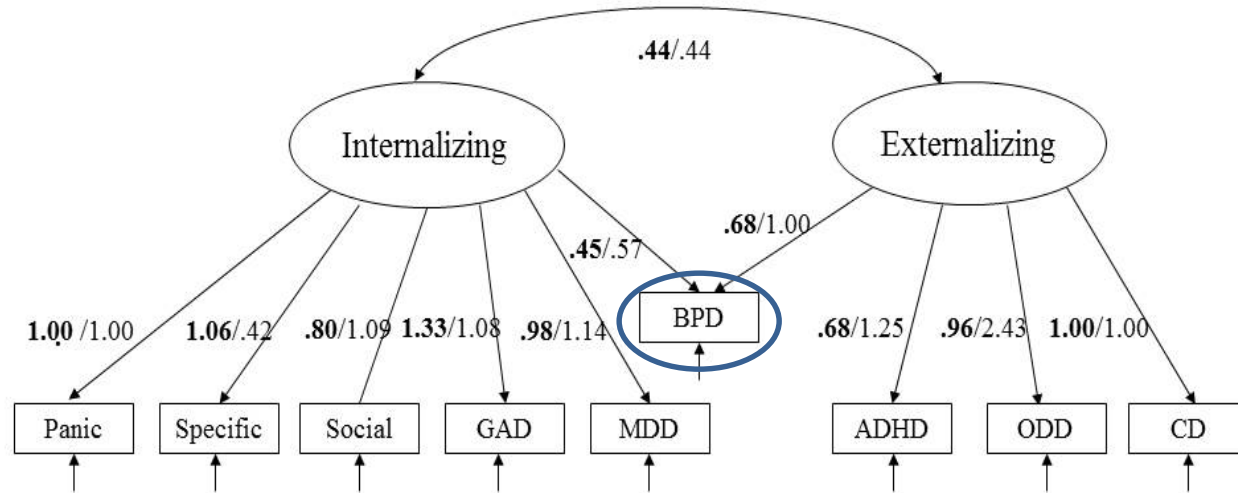
**Figure 1.** Best-fitting model for the whole sample. A model in which borderline personality disorder is an indicator of both anxious-misery and externalizing latent dimensions. All parameter estimates are standardized and significant at  $p < .001$ . Antisocial, antisocial personality disorder; Alcohol, alcohol use disorder; Drugs, illicit drug use disorder; Borderline, borderline personality disorder; GAD, generalized anxiety disorder.

# Eaton et al. (2011)



**Fig. 1.** The best-fitting model in women and men. Values are standardized factor loadings (all significant  $p < 0.001$ ). Bold values are for women; non-bold values are for men. Panic, panic disorder with agoraphobia; Social, social phobia; Spec, specific phobia; MDD, major depressive disorder; Dyth, dysthymic disorder; GAD, generalized anxiety disorder; PTSD, post-traumatic stress disorder; BPD, borderline personality disorder; ASPD, antisocial personality disorder; Nic, nicotine dependence; Alc, alcohol dependence; Marij, marijuana dependence; Drug, other drug dependence. Arrows without numbers indicate unique variances, including error.

# Sharp et al. (under review)



# Personality pathology not as stable as we thought, but still more problematic

- More stable:
  - CIC: Cluster B more stable than internalizing and externalizing.
  - May be more enduring and long-lasting despite moderate stability.
  - DeClercq et al (2009): Externalizing symptoms show steeper and continued declined beyond that of personality traits → developmental maturation processes/"grow out" of externalizing behaviors
- More dysfunction:
  - Wright et al (2016)



<b>Latent Growth Curve Factor Correlations with BPD Symptoms</b>						
<b>Domain of Functioning</b>	<b>Intercept</b>			<b>Slope</b>		
	<b>Coeff.</b>	<b>95% <i>CI</i></b>	<b><i>p</i></b>	<b>Coeff.</b>	<b>95% <i>CI</i></b>	<b><i>p</i></b>
Academic Performance	.29	.14–.33	< .001	.04	–.02–.02	.875
Extracurricular Activities	.12	.03–.22	.012	.19	–.11–.49	.213
Mental Health Treatment	.35	.23–.47	< .001	.05	–.45–.55	.836
Global Functioning	.31	.22–.39	< .001	.07	–.24–.39	.455
Self Perception	.32	.23–.40	< .001	.36	.15–.58	.001
Social Skills (Child report)	.38	.28–.48	< .001	.39	.02–.76	.039
Social Skills (Parent report)	.30	.21–.38	< .001	.05	–.30–.41	.766
Sexual Activity	.54	.40–.68	< .001	.65	.29–1.00	< .001

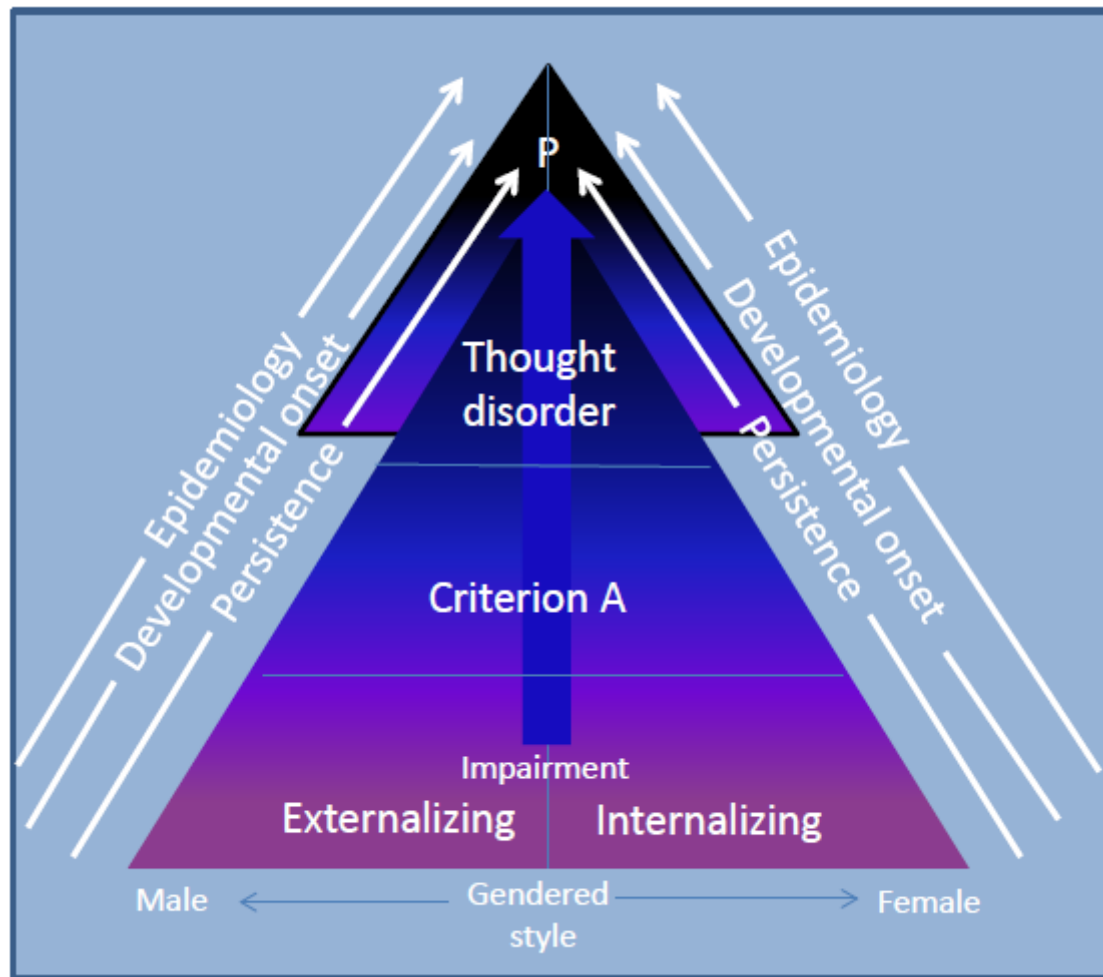
# Incremental value of BPD

Sharp et al (2012)

- 156 consecutive admissions (55.1% female; age = 15.47;  $SD = 1.41$ ).
- A diagnosis of MDD or BPD independently increased the odds for thinking about death by nearly 2.5 times, MDD,  $B = -.91$ ;  $SE = .36$ ; Wald statistic (1) = 6.56;  $p = .01$ ,  $OR = 2.48$ ; BPD,  $B = -.88$ ;  $SE = .44$ ; Wald statistic (1) = 4.02;  $df = 1$ ,  $p < .05$ ,  $OR = 2.42$ ,
- The addition of BPD to the model robustly improved correct classification of those wishing to die from 29% to 41%.
- Being female similarly increased risk for thinking about death,  $B = -.86$ ;  $SE = .36$ ; Wald statistic (1) = 5.64;  $df = 1$ ,  $p = .02$ ,  $OR = 2.36$ .

Chanen et al (2006)

- BPD significantly predicted general psychopathology as measured by the Youth Self-Report (YSR; Achenbach, 1991) and the Young Adult Self-Report (YASR; Achenbach, 1997), functioning, peer relationships, self-care, and family and relationship functioning, above and beyond other PD's or Axis I disorders.



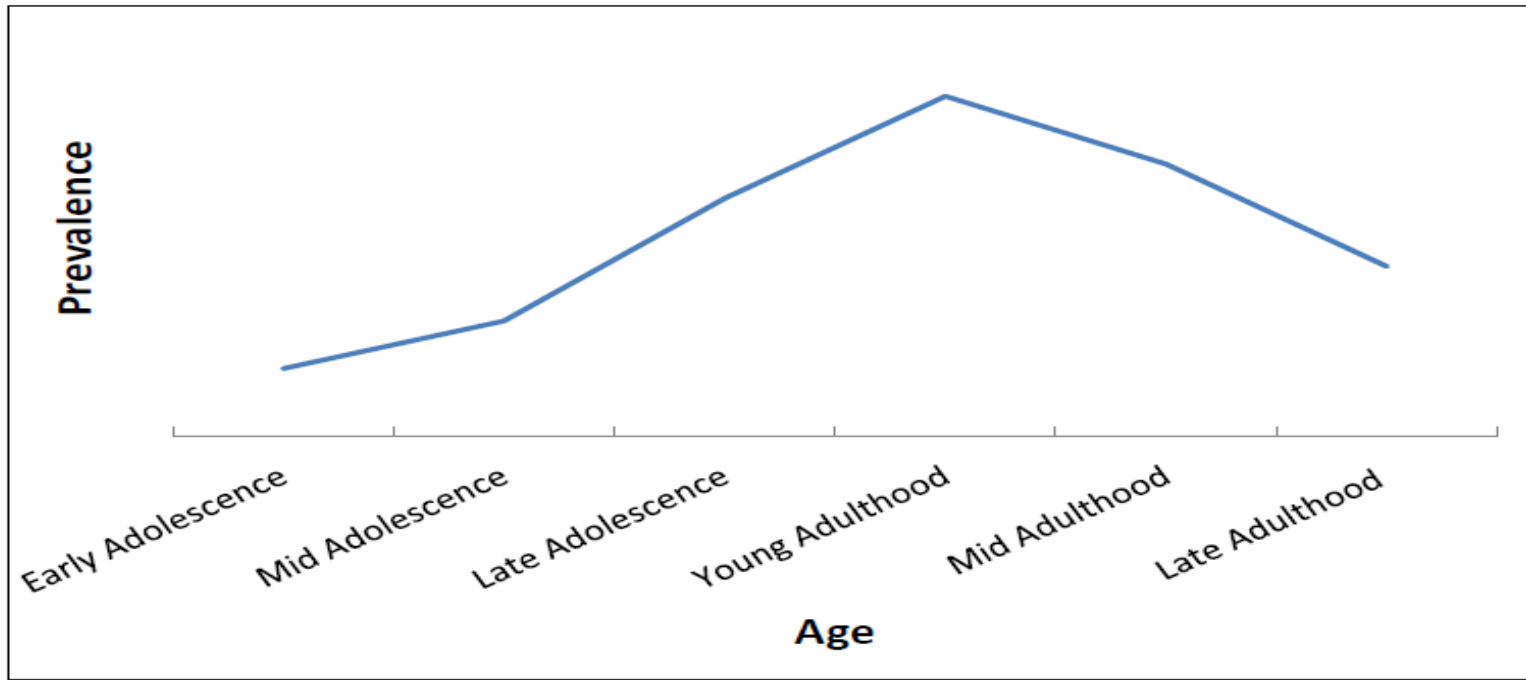
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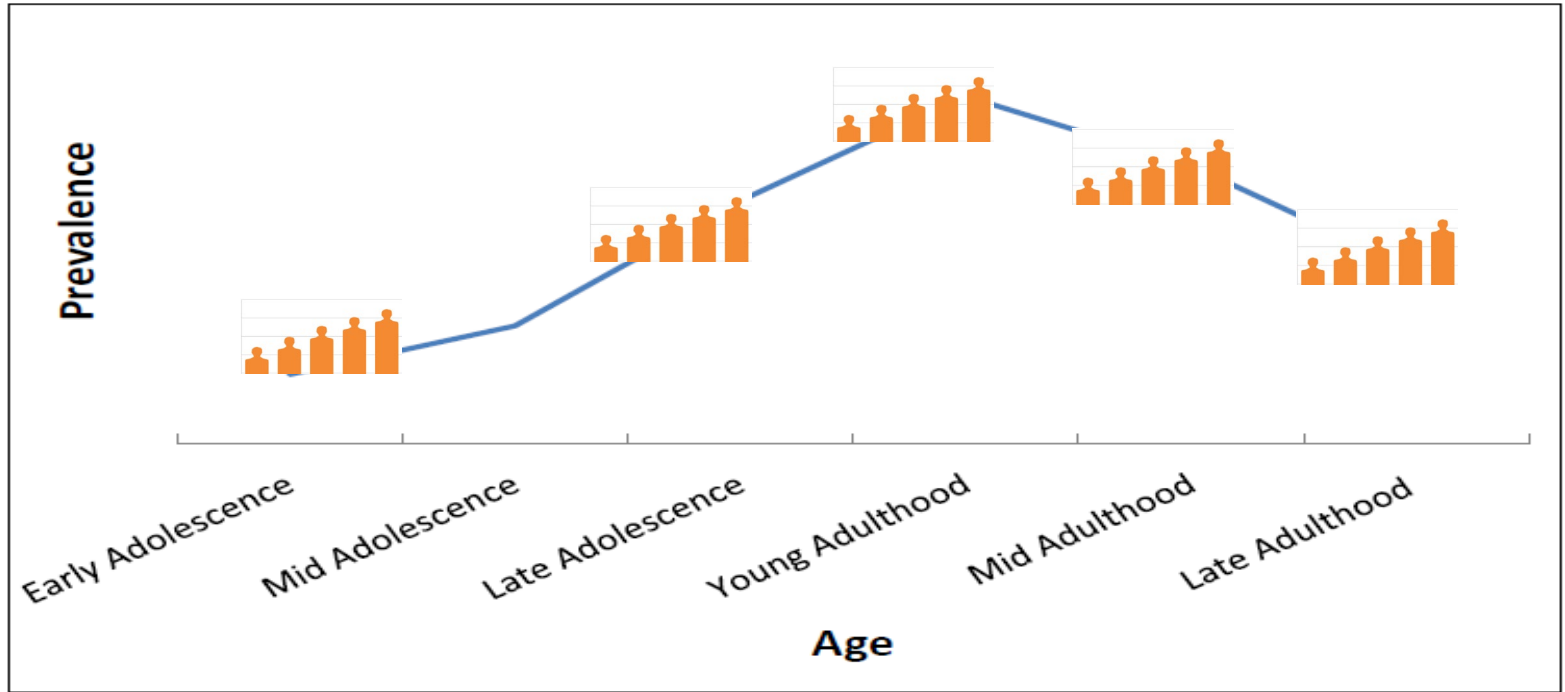
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Rank-order stability for PD symptoms in the range of .40-.65  
(Bornavola et al., 2013)



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# More rank-order stability studies

- **CIC**
  - .4-.7 (Cohen et al., 2005)
  - Cluster B personality pathology (borderline, narcissistic and histrionic PD), over the course of 9 years: .63 for boys and .69 for girls.
- **Minnesota Twin Family Study** rank-order stability of .53-.73 in adolescent female twins, assessed over a period of 10 years from ages 17-24 (Bornovalova, et al., 2009).
- **HYPE** (Chanen et al., 2004), stability index of .54 over the course of 2 years in a sample of 101 adolescents, aged 15-18.
- Similar to ranges reported for normal personality traits in both **adults** and children

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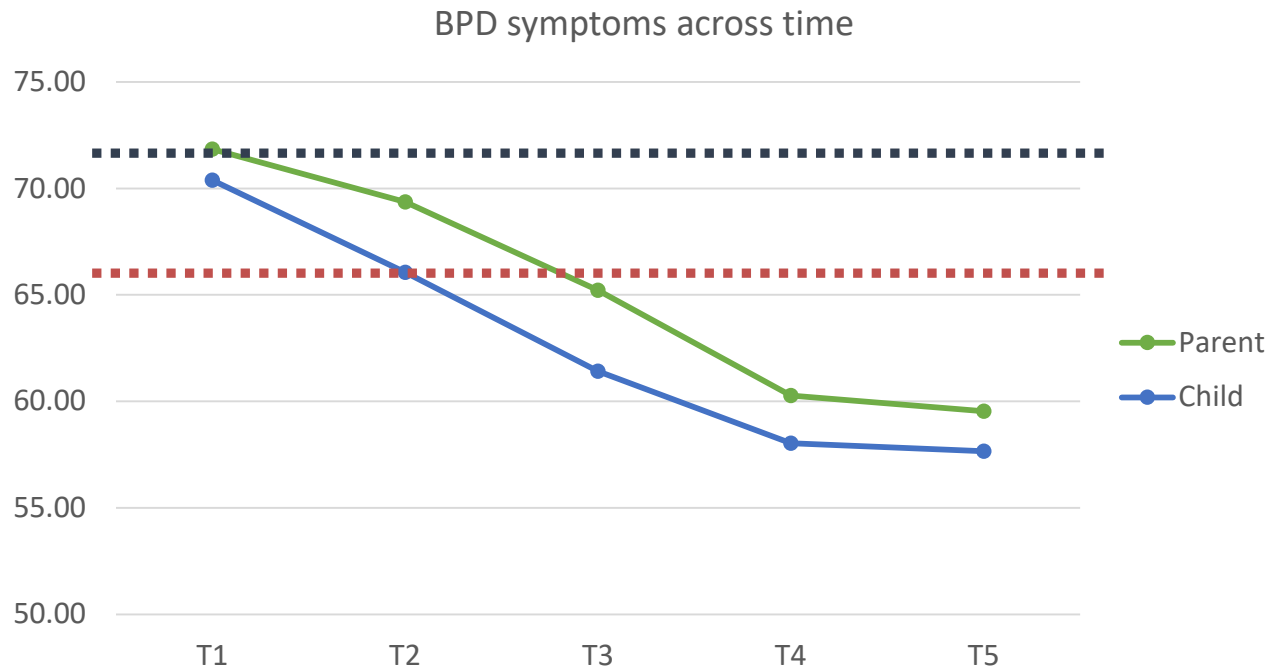
# Treatment studies

Authors	Design	Intervention	Outcomes
Chanen et al (2008) Jackson et al (2009)	RCT in HYPE 41 CAT vs. 32 TAU	CAT	Both show improvement; CAT faster
Esposito-Smythers et al. (2011)	RCT 19 CBT vs. 17 TAU	CBT	CBT groups reduced drinking, suicide attempts, hospitalization, ED visits
Cooney et al. (2012)	RCT 14 DBT vs. 15 TAU	DBT	No differences
Mehlum et al. (2014)	RCT 39 DBT vs. 38 EUC	DBT	Significant drop in self-harm in DBT; DBT greater benefits on BPD symptoms and depression
Rathus et al. (2002)	Quasi-experimental 29 DBT vs. 82 non	DBT	Fewer hospital admissions in DBT but no difference in suicide attempts

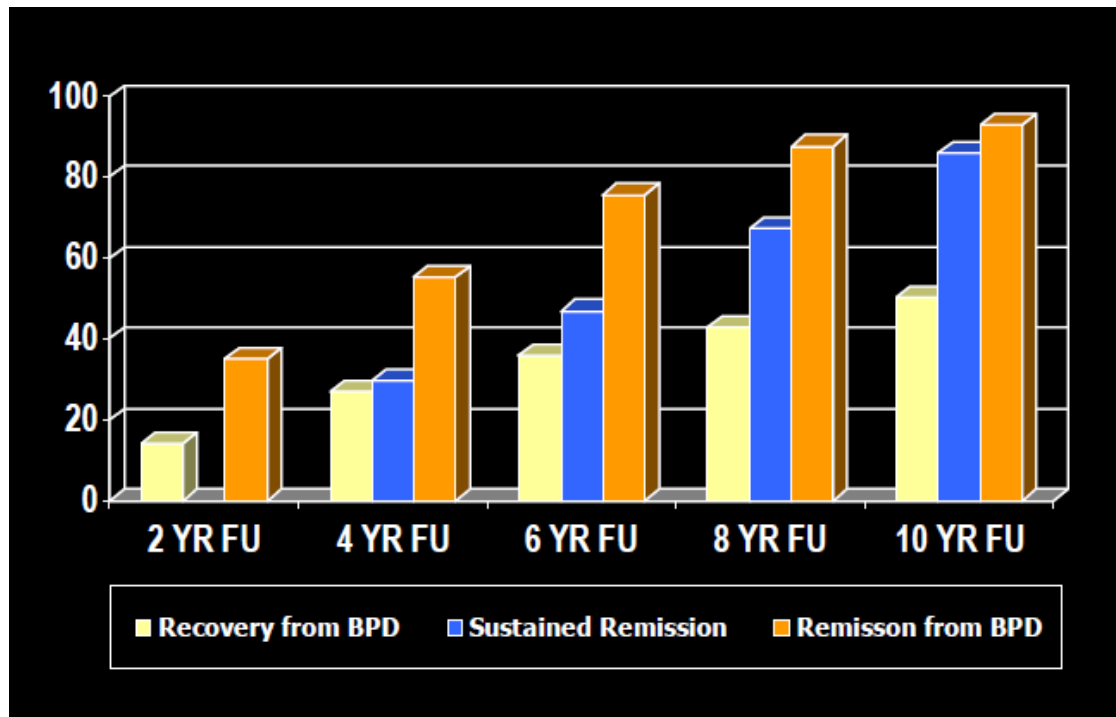
# Treatment studies

Authors	Design	Intervention	Outcomes
Rossouw & Fonagy (2012)	RCT 40 MBT vs. 40 TAU	MBT	Decrease in selfharm; improved mood in MBT
Laurensen et al. (2014)	Pilot 11 MBT	MBT	Decrease in symptomatic distress; improved personality functioning , QoL
Schuppert et al. (2009)	RCT 23 ERT vs. 20 ERT+TAU	ERT	No additional benefit from ERT although locus of control increases
Schuppert et al. (2012)	RCT 54 ERT vs. 55 ERT+TAU	ERT	No additional benefit from ERT

# Change in BPD symptoms over 18m



# McLean Study of Adult Development



# What do you think?



Would you diagnose a personality disorder?

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0

10



# What do you think?



Would you assess for personality pathology?

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0

10

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