

BPD In Adolescence: Early Detection and Intervention



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Quick Points



- The idea that we have to wait until 18 to diagnose a personality disorder little clinical sense and flies in the face of current evidence.
- In our clinical experience most adult patients with BPD recognize that their symptoms started in adolescence (or earlier).
- Personality evolves in children. Parents often recognize that their children can have very different personalities from each other.
- Psychiatry has been comfortable diagnosing most other DSM conditions in younger people.
- No other medical or psychiatric condition would wait to get until someone was 18 to get targeted treatment.

BPD in Adolescence



- BPD usually emerges during adolescence and is estimated to affect 0.9% to 3% of community-dwelling teenagers and up to 3.5% of young adults.
 - In adolescent inpatients this number rises to 49%.
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- Lewinsohn PM, Rohde P, Seeley JR, et al. Axis II psychopathology as a function of Axis I disorders in childhood and adolescence. *J Am Acad Child Adolesc Psychiatry* 1997;36:1752–9.
 - Bernstein DP, Cohen P, Velez CN, et al. Prevalence and stability of the DSM-III-R personality disorders in a community-based survey of adolescents. *Am J Psychiatry* 1993;150:1237–43.

Developmental Precursors to BPD



- Research suggests several temperamental and environmental contributors to BPD
 - **INTERNALIZING CONTRIBUTORS:** propensity for negative affectivity further broken down into the factors of fear and distress
 - **EXTERNALIZING CONTRIBUTORS:** predisposition for high novelty seeking, impulsivity, and lack of constraint
 - Others (childhood trauma; low distress tolerance) thought to be major contributors as well
- Retrospective studies find that adult BPD is associated with childhood externalizing disorders (conduct disorder, oppositional defiant disorder, ADHD).
 - Precise window of risk in childhood and adolescence is unknown.
 - There is little data on how the environment and genetics overlap and interact to cause BPD.

Early Childhood and Heritability



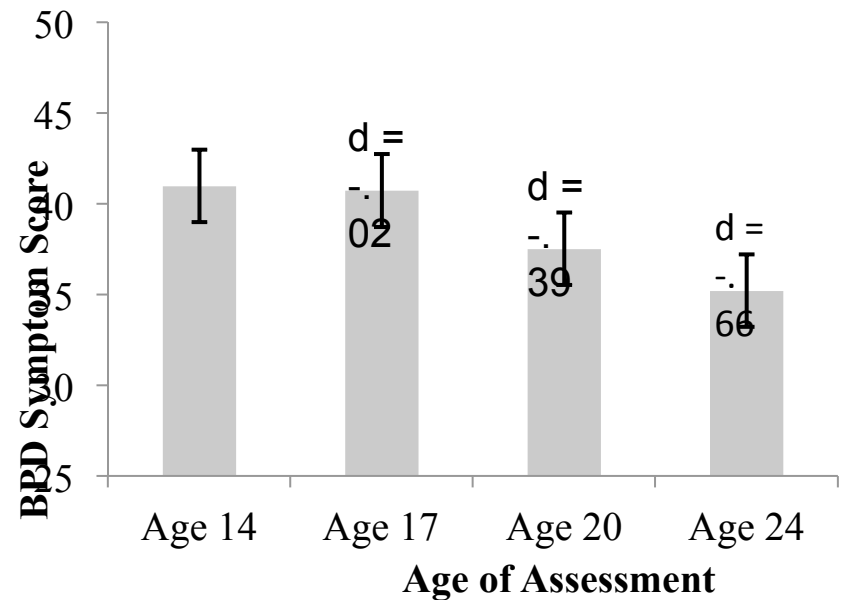
- Few studies testing heritability of BPD explicitly.
- Data provides varied results.
 - Heritability ranges from zero to .76
 - Heritability of temperamental vulnerabilities to BPD (affective dysregulation and behavioral undercontrol) is moderate (.40-.60)
- Many behavioral phenotypes increase in heritability over time (e.g., externalizing behavior, mood and anxiety disorder symptoms)

Livesley et al, 1993, 1998; Jang et al, 1996; Coolidge et al (2001) Torgersen (1984, 2000); Trull et al (2008) Bergen, Gardner, & Kendler, 2007

Longitudinal Research



- 2510 members of male and female monozygotic and dizygotic twin pairs from the Minnesota Twin and Family Study followed from age 11-24 (about 50% female)
- 1. Assessment of BPD traits: Age 14, 17, 20, 24
- 2. Internalizing and externalizing psychopathology measured at 11, 14, 17, 20, 24



- Bornovalova et al, 2010;

Findings



- BPD symptoms fall off “on their own” throughout adolescence and adulthood
 - Biggest drop from 17 to 24

- Internalizing and externalizing symptoms seem to serve as developmental contributors to adult BPD
 - Internalizing symptoms seem to have an especially strong effect on adult BPD when manifested at age 11 and 14

Impediments to Treatment



- Adolescents with BPD commonly seek clinical help but opportunities for early intervention are frequently missed.
- Clinicians often consider it controversial to diagnose personality disorders (PDs) in adolescents.
- Such diagnoses are frequently either discouraged or made too late, when functional impairment and iatrogenic complications have become entrenched.
- Treating adolescents with BPD can cause considerable stress and strong emotions in clinicians.
- Adolescents with BPD often struggle with interpersonal relationships – including with therapists – and may find it difficult to remain engaged in therapy

- Chanen AM, Jovev M, Jackson HJ. Adaptive functioning and psychiatric symptoms in adolescents with borderline personality disorder. *Journal of Clinical Psychiatry* 2007;68:297–306.
- Zanarini MC, Frankenburg FR, Khera GS, et al. Treatment histories of borderline inpatients. *Comprehensive Psychiatry* 2001;42:144–50.

Early Intervention



- One study compared a manualized treatment Cognitive Analytic Therapy (CAT) with Treatment as Usual (TAU).
 - At 24-month follow-up, the patients in the CAT group had lower levels of, and a significantly faster rate of improvement in, internalizing and externalizing psychopathology, compared with the group who received treatment as usual.
 - The CAT group showed a substantial reduction over time in the likelihood of ongoing parasuicidal behavior incidents.
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- Chanen AM, Jackson HJ, McCutcheon L, et al. Early intervention for adolescents with borderline personality disorder: A quasi-experimental comparison with treatment as usual. *Australia New Zealand Journal of Psychiatry* 2009;43:397–408.

Dedicated Treatments for BPD



- Dialectical Behavioral Therapy DBT also studied in adolescents
- Studied in adults:
 1. Schema-Based Therapy (SBT)
 2. Cognitive Behavior Therapy (CBT)
 3. Mentalisation Based Therapy (MBT)
 4. Transference Focused Therapy (TFT)
 5. Acceptance and Commitment Therapy (ACT)
 6. Interpersonal Group Therapy (IGP) and
 7. Systems Training for Emotional Predictability and Problem Solving (STEPPS)
 8. Manualized Cognitive Therapy
- Medication?
 - ✦ **There is no compelling evidence for the use of medications to treat adolescent BPD. Medication should never be used as a primary treatment for adolescent (or adult) BPD**

- Rathus J.H. & Miller A.L. (2002) Dialectical Behavior Therapy adapted for suicidal adolescents. *Suicide and Life-Threatening Behavior*, 32(2), p.146
- Paris J. (2005) Recent advances in the treatment of borderline personality disorder. *Canadian J Psychiatry*, 50 (8) p. 435-441

Final Thoughts



- Adolescent BPD in girls and young adolescent women looks a lot like adult BPD.
- Their symptoms tend to be based on skill deficits rather than intentional “acting out”.
- Early treatment includes habilitation vs. rehabilitation and psychoeducation.
- Dedicated treatments are emerging and increasingly empirically validated.
- We must persist in ongoing efforts to increase public awareness of BPD.