

The Borderline Personality Disorder Resource Center

Personality Disorders In Adolescents: A Resource Guide



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www.bpdresourcecenter.org

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The Borderline Personality Disorder Resource Center

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About Us



The BPD Resource Center at New York-Presbyterian Hospital is a not-for-profit informational

center dedicated to providing education, awareness and support to individuals, families, and professionals touched by Borderline Personality Disorder (BPD).

The Center's staff is led by Otto F. Kernberg M.D., Director of the Personality Disorders Institute at New York-Presbyterian, and a world leader in the diagnosis and treatment of severe personality disorders. The staff is available to help individuals, families and professionals understand the nature of BPD and assist them with recovery efforts by providing educational materials and current information, and by locating treatment resources where available.

The BPDRC has the only national database of treatment providers for every level of care specializing in treating BPD and co-occurring disorders.

If you are a professional with experience treating BPD and other related illnesses, and are interested in being included on our mailing list, please fill out the online form in the "Professionals" section of our website at:

<http://www.bpdresourcecenter.org>

It is our mission at the BPDRC to help those suffering to begin the road to recovery with the hope of a better life.



Special thanks to Otto F. Kernberg, M.D. and Pamela A. Foelsch, Ph. D. for their assistance in editing this publication. Dr. Kernberg is a Professor of Psychiatry at Weill Cornell Medical College and the Director of the Personality Disorders Institute at New York-Presbyterian Hospital/Payne Whitney Westchester. Dr. Foelsch is a Clinical Assistant Professor of Psychology and Psychiatry at Weill Cornell Medical College in New York and is a specialist in the diagnosis and treatment of adolescents and young adults with personality disorders.

☰ Severe Personality Pathology in Adolescents

What is a Personality Disorder (PD)?



It is estimated that approximately 15% of adolescents have a Personality Disorder (PD). Symptoms of Borderline Personality Disorder (BPD) may mask different personality disorders, or may even reflect other related disorders.

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, 2000), a Personality Disorder becomes apparent in adolescence or early adulthood, and is marked by "...an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture and is manifested in...(impairment in the areas of) cognition, affectivity, interpersonal functioning or impulse control...leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning...is stable and is of long duration...." (APA, 2000). Personality Disorders can be detected as such when these behaviors are determined to be unrelated to manifestations of another mental illness, substance use/abuse, or medical conditions. Since personality is still being shaped during this period of life, one must use caution in making a diagnosis of a Personality Disorder in adolescence. It is essential that a careful diagnostic evaluation is performed.

The teen may exhibit symptoms of PDs, but may minimize them to others. In reality, he/she may be very concerned by unusual thoughts and behaviors. Those coming into contact with the individual suffering from this affliction may also be disturbed by it. As the illness progresses, the maladaptive patterns become more concrete and increasingly difficult to manage.

Which PDs Are Most Common?

The three most common PDs in this population are Borderline, Narcissistic, and Antisocial PD.

Definitions

Borderline PD is marked by sudden and powerful mood swings, intense anger, pervasive feelings of loneliness and feeling unloved by others. Also, those with BPD may engage in the destruction of one's own property, self-injury, sudden attacks on others, bullying, difficulty with commitments in relationships (at work, school or other), and impulsiveness.

Narcissistic PD is marked by an intense need for perfection, disobedience at school and at home, bragging and showing off, and anger at those who have traits or abilities he/she desires. Those with Narcissistic PD may believe "rules do not apply" to them. Furthermore, those with NPD may oscillate between feelings of entitlement and superiority, and feelings of painful inferiority.

Antisocial PD is marked by extreme acting out with disregard for others, coupled with severe and chronic lack of honesty and lack of remorse for his/her actions. This is often exhibited by vandalism, property destruction, running away, lying, and cruelty toward other people and animals.

Behavioral Symptoms of BPD

Typical behaviors may include: underachievement in school, drug and/or alcohol abuse, an eating disorder, poor coping strategies, intense aggression toward others or oneself, a family history of abuse and/or neglect, and dependency on public support. Teens and young adults with PDs may have severely distorted self-images, distorted perceptions of others and their intentions, poor impulse control (usually exhibited by sexual promiscuity, aggression, and/or drug/alcohol abuse), and "affective storms", generally in the form of sudden and intense feelings (usually rage), that are normally not appropriate for the situation.

These symptoms are not typically exhibited as a "phase", but rather endure across all types of circumstances and for long periods of time. In addition, not all symptoms are required for a diagnosis. Generally, the few that are required, interfere with daily functioning.

What to Do?

First, if you detect warning signs of an existing or developing Personality Disorder, seek help from a trained professional who treats adolescents and/or young adults with these issues. You will need to obtain a differential diagnosis.

Next, if a Personality Disorder or PD traits are diagnosed, you should seek a treatment program that meets the requirements for treating this population. Look for:

- A therapy utilizing a treatment modality that has been clinically proven to help this population, such as Dialectical Behavior Therapy, Transference-Focused Psychotherapy, Mentalization, Supportive Psychotherapy, and/or STEPPS. More information on these methods of treatment can be found on the BPD Resource Center's website.
- A group therapy utilizing one of the treatment methods mentioned above. Groups should be reasonably small in size, with two leaders.
- Psychoeducation as a portion of the treatment program.
- Medication, often used as a supplement to the therapeutic element.

Finally, in addition to therapeutic options for the needs of the PD sufferer, there are opportunities for family support. The BPDRC can be used as a resource in identifying these, as well as programs throughout the United States, and therapists who may be able to help caregivers implement and reinforce treatment strategies in the home.



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