



ADOLESCENTS WITH BORDERLINE PERSONALITY DISORDER

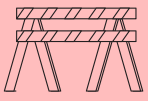
Historically, some clinicians have been reluctant to diagnose borderline personality disorder (BPD) during adolescence because BPD symptoms are common and often considered normal during this life stage.

However, many adolescents do not experience the natural improvement of BPD symptoms that typically occurs in adulthood. BPD can and should be diagnosed in adolescents when appropriate to prevent years of misdiagnosis, the wrong treatment, and individual and family suffering.



UNDERSTANDING BPD IN ADOLESCENCE

- Approximately 3% of adolescents in the general community have BPD. Among receiving outpatient mental health care, the prevalence is approximately 11%. In emergency settings, most adolescents with suicidality (78%) qualify for a BPD diagnosis.
- 20% of adolescents engage in nonsuicidal self-injury (NSSI), a behavior common in BPD. Not everyone who engages in NSSI has BPD. Approximately 50% of adolescents who engage in NSSI qualify for a BPD diagnosis.
- BPD can be identified reliably by age 11 or 12.
- BPD symptoms in adolescence predict anxiety and depression, continued NSSI, and suicide risk, as well as trouble with relationships, school performance, self-care practices, and job outcomes.
- Early intervention can minimize how much BPD may interfere with adolescents' development.



BARRIERS ADOLESCENTS FACE TO ACCESS CARE

- Despite a solid research base, many clinicians remain reluctant to diagnose BPD during adolescence. It is important to diagnose BPD so as not to continue stigmatization of the disorder. BPD in young people is diagnosable and treatable.
- Family involvement and understanding is essential for adolescents with BPD.
- It is difficult to find treatment for BPD, especially for adolescents, due to cost and availability.



STRATEGIES AND SOLUTIONS

- Early intervention can help build resilience and the skills and support needed to manage symptoms in the face of stressful life situations.
- BPD is viewed from a dimensional perspective, which means that less severe manifestations can be treated with less intense interventions.
- Education for adolescents with BPD, their families, and professionals, can contribute to positive outcomes. Clinicians need to be well-informed about BPD, and adolescents and families should be equipped to advocate for themselves.
- Advocate for adolescents at school and in clinical settings. Communicate their needs and pursue accommodations to assist their academic and personal growth.



REFERENCES AND RESOURCES

For More Information

- [Longitudinal course of borderline personality disorder: What every clinician needs to know](#)
- [Borderline personality disorder in adolescents: Prevalence, diagnosis, and treatment strategies](#)
- [A special issue on personality disorder and development](#)

Resources

- AACAP - [A guide from the American Academy of Child and Adolescent Psychiatry on identifying BPD in youth](#)
- McLean Hospital - [Teens and BPD](#)
- McLean Hospital - [Understanding BPD in boys and young men](#)
- McLean Hospital - [BPD in Adolescents](#)
- McLean Hospital - [Family Involvement](#)
- University of Wollongong Australia - [Fact Sheet for young people, families, and schools](#)

Disclaimer:

All content found within this publication is provided for informational purposes only. This content is not intended to be used as a substitute for medical advice, diagnosis, or treatment. If you have specific questions or need assistance about a medical condition, you should consult your doctor or other qualified medical professional. Emotions Matter does not recommend any specific course of medical remedy, physicians, products, procedures, opinions, or other information. Emotions Matter Inc. expressly disclaims responsibility and shall have no liability for any damages, loss, injury, or liability whatsoever suffered as a result of reliance on the information in this publication. Reliance on this material is solely at your own risk.