Understanding BPD in Adolescents: New Findings from Research on Personality Development

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Who I Am

- Clinical psychologist by training
- Researcher who studies personality development in children and adolescents: how do we become the people we are over the first two decades of life
- A fellow parent



Overview

Personality traits and the development of BPD 1. The most relevant traits a) How do youth's traits change over time? b) How traits affect life tasks C) 2. Aspects of personality beyond traits in BPD Mental representations and coping a) Life stories b) Conclusion: The potential for personality 3. change

Two big themes

Adolescence likely represents a key developmental period for the development and manifestation of BPD.

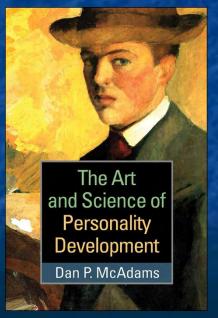
Normal personality development processes are highly relevant for understanding the emergence of BPD.

Developmental psychopathology perspective

What are the main components of personality?

What makes us distinct and different from others? Dan McAdams' model







What are the main components of personality?

LEVEL 1: TRAITS

Tendencies in behavior, emotion, and thought expressed with some consistency across time and situation

LEVEL 2: PERSONAL CONCERNS
 Mental representations, coping styles
 LEVEL 3: NARRATIVE IDENTITY
 Evolving stories about who one is

I. Personality traits and the development of BPD

LEVEL 1: TRAITS a) The most relevant traits Tendencies in behavior, emotion, and thought expressed with some consistency across time and situation Earliest emerging aspect of children's individuality, often called "temperament" earlier on Reflect heritable, biological differences across people, but are influenced by

experiences and the environment

The Five-Factor Model of Personality

Openness to Experience Conscientiousness **Extraversion Agreeableness** Neuroticism

Neuroticism

 Tendencies toward negative emotions, including worry, irritability, sadness, vulnerability, insecurity



Neuroticism: Two components Includes two related but separable components: 1. Withdrawal: worried, easily overwhelmed, feels threatened and fearful 2. Volatility: moody, easily upset and angered From Colin De Young, Big Five Aspects Scale





I am someone who . . .

- Worries a lot. Gets nervous easily. Can be moody. Is depressed, blue. Can be tense. Feels insecure.
- Is relaxed, handles stress well.
- Is emotionally stable, not easily upset.
- Remains calm in tense situations.

From the Big Five Inventory, Soto and John

Neuroticism

Propensity to experience negative emotions more often, more intensely

Trait is measureable in rudimentary form in infants

Young people with BPD experience complex negative emotions at the same time, and this often precedes self-harm; also show lower acceptance of negative emotions (Andrews et al., 2017)



Conscientiousness



 Tendencies toward organization, planfulness, high striving, responsibility, attention, impulse control

 At the low end: high impulsivity, difficulty with planning and maintaining responsible behavior

I am someone who . . .

Is systematic, likes to keep things in order Is persistent, works until the task is done Is reliable, steady

- Tends to be disorganized
- Tends to be lazy
- Remains calm in tense situations.
- Sometimes behaves irresponsibly



Agreeableness



- High: considerate, empathic, kind, generous, gentle
- Low: aggressive, rude, spiteful, stubborn, cynical, manipulative
- Motivation to maintain harmonious relationships
- Low A predicts more conflicts and more destructive conflict tactics
 - Less distressed by conflicts

I am someone who . . .

compassionate, has a soft heart Treats others with respect Assumes the best about people

Can be cold and uncaring

 Is sometimes rude to others

 Tends to find fault with others

So, what traits are most relevant to BPD in young people?

- Neuroticism, especially Volatility
- Low Conscientiousness, especially impulsivity
- Low Agreeableness, especially interpersonal aggression and distrust
- Neuroticism and low Conscientiousness and Agreeableness are common across PDs in general, but especially pronounced in BPD

b. How do young people's traits change over time?

Two kinds of change:
 1. Rank-order stability: How much do people maintain their "rank" relative to others over time

• 2. Mean-level stability: How much do people change on average as they get older?

Example from height

Rank-order stability

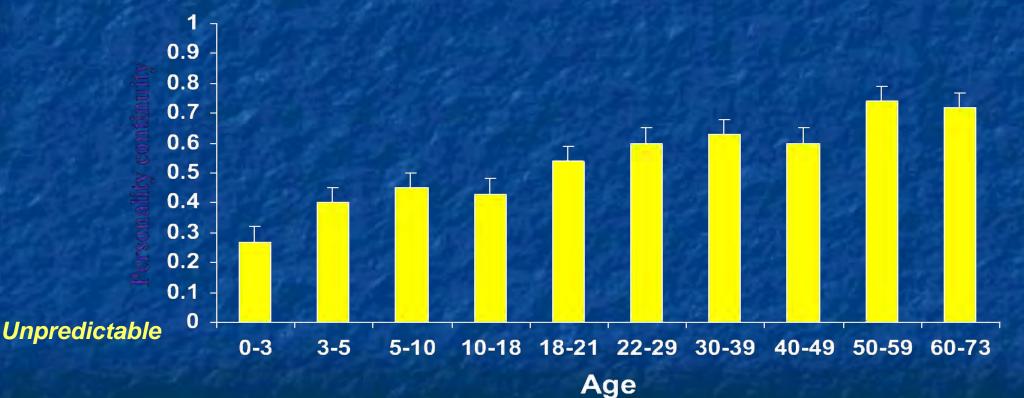
Mean-level stability





Personality trait rank-order stability across the life course: Meta-analysis of 152 studies based on 50,207 people

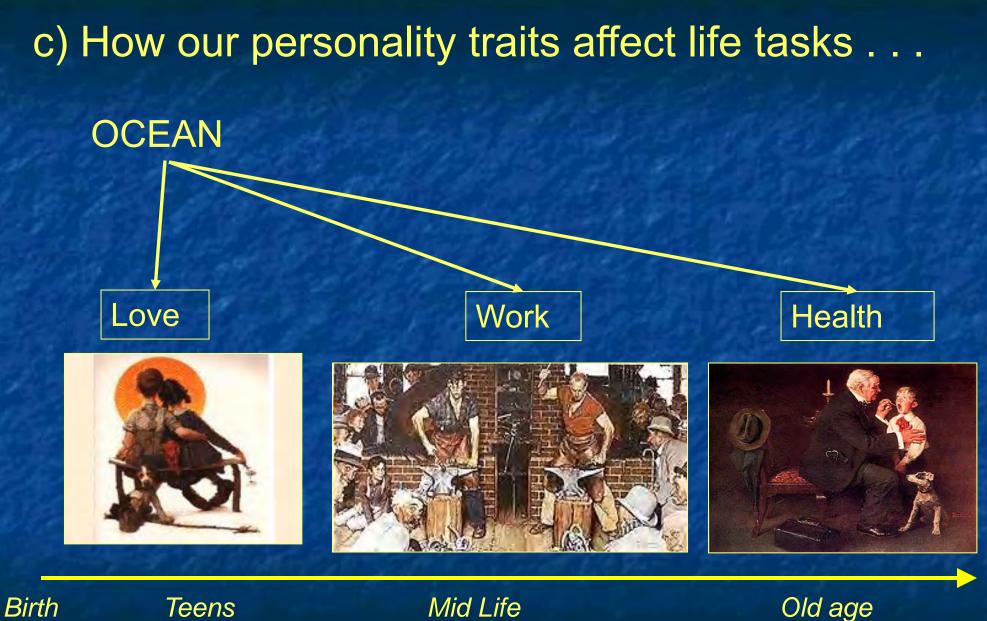
Perfect stability



Roberts & DelVecchio²²000

Mean-level change

Neuroticism increases in adolescence among girls, decreases overall in young adulthood Agreeableness and Conscientiousness at lowest in adolescence, increase in young adulthood and middle age Some young adults don't show these positive personality changes, especially those lacking normative experiences in adult roles Plus, these are the traits that adolescents with BPD struggle with



Life tasks of adolescence: Critical juncture in development of BPD Many new life tasks Academic achievement Charting a future course for school and work More intimate relationships with peers and romantic partners Negotiating more independence from parents while maintaining relationships

Personality traits, including BPD traits affect how adolescents negotiate these life tasks

For example, high Neuroticism undermines all of these life tasks

Low Conscientiousness negative impacts academic achievement

 Low Agreeableness interferes with relationships
 BPD symptoms cause impairment, and impairment causes worsening BPD symptoms

Traits: In summary

So, traits help explain some of the genetically influenced BPD tendencies youth may struggle with

Problems in

emotion regulation

self-control

relationship behaviors

But, traits cannot be the whole picture

LEVEL 2: PERSONAL CONCERNS

- Mental representations: how do people perceive and think about themselves and their experiences?
- Motivations: what do people want?
 - Goals and coping
- These aspects of personality seem especially important in the development of impairment, as defined in the DSM-5 Alternative Model for PDs
 - Identity, Self-Direction, Empathy, and Intimacy
 - Impairment in these domains predicts later worsening of PD symptoms in adolescents (DeFife, Goldberg, & Westen, 2013)

Mental representations

The ways that young people perceive and think about their experiences of themselves and other people In BPD, mental representations are disturbed Overly positive or negative self-views Mistrust, or tendencies to idealize others Deviant thinking: perfectionism, black-and-white thinking These disturbed mental representations evoke strong feelings

Example: Hypermentalizing in Borderline Personality Disorder in adolescents From Sharp et al. 2012: Person A invites person B to dinner, but B replies hurriedly that she is unavailable because she has a prior engagement. A then assumes that B does not want to spend time with her because of a minor misunderstanding that she recalls from several years ago, where A did not turn up for B's birthday party.

Coping strategies

Youth vary in how they approach stressful situations

 Adolescence: less adaptive strategies emerge, e.g., rumination, aggression, blaming others
 More advanced strategies don't emerge until later (e.g., planning, strategizing)
 Chronic use of poor coping (e.g., avoidance) may lead to BPD symptoms and impairment

LEVEL 3: NARRATIVE IDENTITY Stories about lives that reflect and create personal identity Aspect of contemporary Western society No inherent story Who am I? Purpose and meaning Lends coherence to self across time Reconstructed past Imagined future

Narratives in adolescence

- Erik Erikson noted crucial role of narratives and identity in adolescence
 - Youth's more complex cognitive skills enable them to start working on narratives
- Young people connect current identity with
 specific memories
 recurrent themes

Narratives gone awry: PDs in adolescence

- Difficulties incorporating negative experiences into a positive, functional life story
 - Contamination sequence: E.g., happy about new boyfriend, then betrayal

Struggles to develop a coherent life story
 E.g., problems committing to a life path
 Miss out on benefits of coherent narrative in transition to adulthood

III. Conclusion: The potential for change

BPD and the potential for change
A recent study found that BPD features are as unstable as depression in adolescence (Conway et al., 2017)

A recent meta-analysis by Roberts et al. (2017) found that Neuroticism decreases often through therapy

Personality can change as the result of other environmental changes as well (e.g., decreasing stress and adversity) (Shiner et al., 2017)

Conclusions

Many personality processes can be targeted
 Changing traits OR learning to live with traits
 Addressing disturbed mental representations
 Developing new means of coping
 Developing a healthy life story

 Clinicians and parents have great potential to help youth with BPD move onto a healthier life path

Questions?

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