**Borderline Personality Disorder**

**Early detection, Early Intervention are Key**

Borderline personality disorder is an illness that has had many disagreements since its was officially recognized as a disorder in 1980. People have disagreed that: 1) the disorder actually is real or maybe it is such another form of a mood disorder; 2) there should be a name change; 3) parents are to blame for the disorder to develop; 4) patients can get better; and 5) the disorder begins under the age of 18.

The Global Alliance for Prevention and Early Intervention for Borderline Personality Disorder (GAP) is focused on #5 as it recognizes that the disorder has its start in adolescence if not even childhood. The goal of GAP is to help clinicians, teachers, pediatricians, etc., understand that early identification, as it is for all illnesses, is the best prevention.

People with BPD are born with an emotional sensitivity. This means that the person has a quicker and higher emotional reaction to things, and slower return back to feeling ok than people not with an emotional sensitivity. This can make life very challenging. It also can make individual relationships challenging, affecting family, peer, work, school, social situations.

Some of the early markers for the disorder include self-injury, thoughts of suicide, isolation, severe moods swings. Normal teenage behaviors happen also but to an extreme, such as excessive drinking, high risk taking, on and off in relationships.

Early detection is particularly important prior to age 18 before emotional patterns and maladaptive behaviors can become entrenched. Newly dispelled was the myth that professionals could not diagnosis prior to teen years or even as young as childhood. Recent research has supported that clinicians treat BPD at a younger age. Learning emotional coping skills, distress tolerance, and emotion regulation are imperative to arming at risk youth with tools necessary to survive the already emotionally volatile and challenging times of junior high and high school.

Up to 39% of teens who kill themselves had BPD or traits of the disorder. Recognizing the early signs may prevent an adolescent from going to such despair. With treatments now that are known to work, this can be changed. For example, Dialectical Behavior Therapy for Adolescents (DBT-A) is specifically designed to help decrease self-harm, anger, and increase relationships and mindful behaviors.[[1]](#footnote-1) Similarly, helping family members through the Family Connection’s Program™(FC) has been shown to benefit both the teen with BPD as well as their family. Provided at no cost by the National Education Alliance for Borderline Personality Disorder (www.NEABPD.com), FC, a twelve week course, teaches families skills and tools to help themselves create better individual and family environments for long term family and interpersonal wellbeing.[[2]](#footnote-2)

1. Rathus, J. H., & Miller, A. L. (2002). Dialectical behavior therapy adapted for suicidal adolescents. *Suicide and life-threatening behavior*, *32*(2), 146-157. [↑](#footnote-ref-1)
2. Hoffman, P. D., Fruzzetti, A. E., Buteau, E., Neiditch, E. R., Penney, D., Bruce, M. L., ... & Struening, E. (2005). Family connections: a program for relatives of persons with borderline personality disorder. *Family process*, *44*(2), 217-225. [↑](#footnote-ref-2)