



THE GIRL CONNECTION

FORTHOSE WHO SERVE ADOLESCENT FEMALES
IOWA GENDER-SPECIFIC SERVICES TASK FORCE / OCTOBER 2003

According to the Diagnostic and Statistical Manual of Mental Disorders(DSM), any Personality Disorder, including Borderline Personality Disorder should not be diagnosed until after a child turns age 18.

This is the single most important piece of information you can gain about Borderline Personality Disorder (BPD) from this edition of the Girl Connection newsletter.

Why is it so crucial? Some answers can be found by looking at a partial definition for a diagnosis of BPD:

A pervasive pattern of:

- ✓ Unstable interpersonal relationships
- ✓ Unstable self-image
- ✓ Unstable affects (moods)
- ✓ Marked impulsivity

Does this sound like any adolescent you know?

Even if clinicians use caution and reference "Borderline Traits" in their diagnosis rather than making a diagnosis of BPD, this can have a lasting impact on a girl's future as the diagnosis follows her through life. Young women come into the system with labels that evoke automatic responses from the professionals who work with them; a BPD label is no exception. It is widely believed that those diagnosed with BPD are notoriously difficult to work with and are at best a serious challenge for long term success. Curtailing the diagnosis from BPD to Borderline

Traits will not change that attitude. If girls do have Borderline Traits, we still need to remember that they are much more than their diagnosis.

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## **Related issues:** Suicide

The suicide rate among those with BPD is the same as for Major Depressive Disorder (9-15%). The difference is that with BPD, they often don't genuinely want to die but instead they underestimate the lethality of their chosen method.

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Self-injury

General profile of a self-injurer:

- ▲ Secretive
- ▲ Starts at age 14 continues into 20s
- ▲ Likely to have other compulsive disorders (Bulimia, Alcoholism)
- ▲ Associated with anger, sadness & abandonment
- ▲ Addictive quality – must injure more severely & more often to get relief
- ▲ Ratio of males to females is equal in adolescents, after that it is primarily females
- ▲ History of sexual abuse (Strong correlation with later BPD diagnosis)
- ▲ Others are perfectionists and/or over-achievers

Female (as well as male) adolescents who self-harm but come from relatively stable lives otherwise will generally quit self-harming.

Some Good News

More than half of a group of adult women who had previously been diagnosed with BPD were later found to no longer meet the criteria to be considered BPD.

(Current research out of Montreal, Canada)

Suggestions

- 1) Research any diagnosis of BPD or Borderline Traits. Axis I diagnosis (e.g. Depression, Anxiety), for which girls are often referred, can look like BPD or Borderline Traits when in fact they are not.
- 2) Be aware and combat stereotypical beliefs and attitudes about girls suspected to have BPD or Borderline Traits. The “diagnosis” may not be official, but that does not stop assumptions from being made. Putting an end to automatic negative reactions among adults will promote an environment where positive relationships between adults and girls can flourish, a crucial element if girls are to succeed.
- 3) Remember that many of the behaviors that meet the criteria for diagnosing a young woman with BPD or as having Borderline Traits are NORMAL for adolescents. Be cautious about labeling girls!

Information in this month's newsletter was taken from the training provided at the annual Task Force retreat by Nancee Blum, MSW, LISW, MAC, clinical faculty member in the Department of Psychiatry, University of Iowa College of Medicine.

The Girl Connection

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October 2003 ~ "Borderline Personality Disorder"

For back issues of *The Girl Connection*, more information about the Gender-Specific Services Task Force, or if you are willing to receive future issues via e-mail to save mailing costs, please contact us:

Kathy Nesteby, Challenge Grant Coordinator

Iowa Commission on the Status of Women

1-800-558-4427 or (515) 281-6915

Kathy.Nesteby@iowa.gov

www.state.ia.us/dhr/sw/girls

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Iowa Gender-Specific Services Task Force
Iowa Commission on the Status of Women
Lucas State Office Building
Des Moines, IA 50319