

Borderline Personality Disorder in adolescence:

Externalizing comorbidity and cutting

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Background

- Non-suicidal self-injury (NSSI) is prevalent among individuals with Borderline Personality Disorder (BPD), with 63% of inpatients with BPD reporting NSSI (Soloff, Lis, Kielly, Cornelius, & Ulrich, 1994).
- Self-inflicted cutting, the most common method of NSSI, is associated with higher risk for suicide (Andover, Pepper, Ryabchenko, Orrico, & Gibb, 2005).
- It is important to build on the existing research on cutting behaviors to refine treatment and determine who is at most risk.
- While past research in adults has found that different subtypes of BPD are differentially characterized by self-injurious behaviors, this finding has never been examined in an adolescent sample.
- In particular, people characterized by the externalizing subtype of BPD are less likely to engage in self-injury (Conklin, Bradley, & Westen, 2006).

Aims

- To examine how the presence of comorbid externalizing problems is related to cutting behaviors in adolescents with BPD.
- Based on previous literature, we predicted that the presence of externalizing problems would be associated with reduced cutting behavior among psychiatric inpatient adolescents with BPD.

Methods

- N = 108 adolescents from an inpatient psychiatric unit
- M age = 15.28, SD = 1.51; females = 73.1%
- All participants met criteria for BPD on the Childhood Interview for DSM-IV Borderline Personality Disorder (CIBPD; Zanarini, 2003).
- Participants grouped by either “frequent cutting” (those who reported a lifetime history of cutting more than five times; n = 56, 51.9%), or “infrequent cutting” (those who reported having cut zero to four times in their life; n = 52, 48.1%).
- Study approved by the Institutional Review Board.

Measures

- Externalizing diagnoses** (Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Conduct Disorder) assessed by parent and child versions of the Computerized Diagnostic Interview Schedule for Children (CDISC; Shaffer, Fisher, Lucas, Dulcan, & Schwab-Stone, 2000).
- Externalizing symptoms** assessed by Childhood Behavior Checklist (CBCL) and Youth Self-Report (YSR; Achenbach, 1991).
- Frequency of cutting** assessed by the Deliberate Self-Harm Inventory (Gratz, 2001).

Table 1. Chi-square assessing relation between frequency of cutting and presence of externalizing disorder in BPD

	Frequent cutter	Infrequent Cutter	Total within group
No comorbid externalizing	66.7% [22]	33.3% [11]	100% [33]
Ccomorbid externalizing	44.3% [31]	55.7% [39]	100% [50]

$\chi^2(1) = 4.50, p < .05$

Results & Conclusions

- To examine the association between cutting and the presence of an externalizing disorder in adolescents with BPD, a chi-square test was conducted (Table 1). Results suggest, based on the odds ratio, that the odds of frequently cutting were 2.516 times higher in patients who had no comorbid externalizing disorder.
- A series of t-tests were conducted in order to assess differences between frequent and infrequent cutting groups in parent and youth ratings of externalizing behavior (Table 2). Adolescents with BPD who do not frequently cut had significantly higher ratings on the subscales of externalizing, oppositional defiant problems, conduct problems, and aggressive behavior on YSR and/or CBCL.
- In conclusion, adolescents with BPD who have infrequently or never cut themselves are significantly more likely to be diagnosed with a comorbid externalizing disorder than adolescents with BPD who have frequently cut themselves. Additionally, on dimensional measures, members of the infrequent cutting group reported higher levels of: externalizing, oppositional defiant problems, conduct problems, rule-breaking behavior, and aggressive behavior.**
- This information may help clinicians evaluating and treating adolescents with BPD.

Table 2. Independent samples t-tests comparing ratings of externalizing behavior and frequency of cutting in BPD

	CBCL Subscales <i>M (SD)</i>		YSR Subscales <i>M (SD)</i>	
	Infrequent cutting	Frequent cutting	Infrequent cutting	Frequent cutting
Internalizing	72.24 (7.14)	71.91 (6.29)	68.14 (12.32)	68.11 (11.06)
Externalizing	69.55* (7.85)	65.6* (7.87)	68.02 (11.72)	65.43 (9.78)
Oppositional Defiant Problems	67.08** (7.77)	62.7** (8.13)	66.88* (7.41)	62.74* (10.02)
Conduct Problems	68.73* (8.10)	64.62* (7.96)	68.12 (10.76)	65.57 (9.5)
Rule-breaking Behavior	69.14 (8.83)	66.38 (8.73)	68.2 (10.42)	66.85 (10.23)
Aggressive Behavior	69.67** (9.45)	64** (8.46)	67.67* (10.31)	63.09* (10.34)

Note. CBCL = Child Behavior Checklist; YSR = Youth Self Report; * $p < .05$, ** $p < .01$