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Personality disorders and insecure attachment among adolescents

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Chapter 1: Introduction

Looking back on your adolescence, what do you remember? Do you remember this phase in life of transition from childhood to adulthood as one of the happiest in life? Do you remember the excitement of getting older, discovering new things and the sense of possibilities? Do you remember getting along with family and friends and having your first romantic relationship? Do you remember successfully completing an academic degree? Do you remember leaving home and living on your own for the first time? Most people remember their adolescence as a happy phase in life with some temporary mild to moderate problems. When people with a severe personality disorder in adolescence look back on this lifetime, they remember above all severe mental health problems: depression, low self esteem, non-suicidal self injury, suicidal thoughts and actions, interpersonal problems with family, friends, school, work and sometimes criminal justice. Marie of now 22 years old, diagnosed with a personality disorder in adolescence, remembers the following about that time in life:

“I feel like I don’t remember much about the time before the treatment. I was 16 years old and every day felt like any other day where I just could not win. I am an avoider, so I did not fight any battles, I only kept losing the opportunity to face myself. I felt like an airport, a train station, in a body. I cannot escape myself, but others were always leaving. I wasn’t suffering from depression, but my personality got stuck up in itself too much. I knew some trauma’s happened to me but that was not the problem, nor the cause. It only made things worse that otherwise would have befallen me. I needed to learn ways to stand up and battle myself and make sure I could feel safe enough to try and win.”

And Emma of now 24 years old remembers:

“When I approached my 18th birthday I was certain that sooner or later I was going to die because of an overdose, violence or an alcohol or drugs related accident. But I didn’t really care about that. I was this kid who always had a lot of problems, with a family with a lot of problems. I lived in another dimension than the rest of the world. My dimension was troubled and confused like a tangled ball of wool. The inside me was not there, only thinking, not feeling anything. Where my former classmates graduated and where going to university I was responding to ‘my need’ for money to buy alcohol and drugs. I was there in my own little dimension on an bench in a park waiting for the time to pass. And I didn’t care, because that was all there was”.

In adolescence, Marie and Emma came in touch with healthcare because of their severe psychiatric problems. Both young women were diagnosed with a personality disorder and insecure attachment, and performed non-suicidal self-injury; problems between which seems great coherence.

As outpatient treatment resulted in insufficient reduction of these problems, they followed a residential psychotherapeutic treatment for adolescents.

To better help adolescents like Marie and Emma, this thesis aims to improve our understanding of personality disorders, insecure attachment and non-suicidal self-injury in adolescence.

Personality disorders in adolescence

Personality disorders are defined as “ways of thinking and feeling about oneself and others that significantly and adversely affect how an individual functions in many aspects of life” (DSM-5 APA). People with personality disorder have far higher morbidity and mortality than those without (Tyrer, Reed, & Crawford, 2015). Life expectancy at birth is shorter by 19 years for women and 18 years for men than in the general population (Tyrer et al., 2015). Prevalence rates of personality disorder in the general adult population vary from 4% to 15%, and are higher in adolescents than in adults (Chanen et al., 2004; Johnson et al., 2000), which is explicable as normal adolescent characteristics resemble criteria of personality disorders. Personality disorders often start and peak in middle to late adolescence (Hutsebaut, Feenstra, & Luyten, 2013; Shiner & Allen, 2013). When youngsters go to therapy, the risk of dropout is relative high (A. De Haan, A. Boon, J. De Jong, M. Hoeve, & R. Vermeiren, 2013; Hauber, Boon, & Vermeiren, 2017; Owen, Miller, Seidel, & Chow, 2016). In case of dropping out of psychiatric treatment, their personality disorders might persist or even worsen later in life. The psychosocial and economic burden is high (Chanen & McCutcheon, 2013; Feenstra et al., 2012). Against that background it is notable that relatively little research has been done on personality disorders in adolescents and specifically into effective treatments (Biskin, 2013; Chanen & McCutcheon, 2013; Courtney-Seidler, Klein, & Miller, 2013; Hutsebaut et al., 2013; Weisz et al., 2013). This has to do with the fact that the normal emotional maturation in this life phase is characterized by an interplay between progression and regression (Kaltiala-Heino & Eronen, 2015), which resembles criteria of personality disorders. This complicates the diagnostic process of personality disorders and thereby leads to reluctance among professionals to diagnose personality disorders in adolescence (Hutsebaut et al., 2013). This reluctance is intelligible although it is likely to hamper research and thus the development of effective treatments for this group of patients. If personality disorders in adolescence are ignored, inappropriate treatment might be given, resulting in chronic dysfunction.

In need of developing effective treatments of personality disorders among adolescents, this thesis aims to examine the dropout and outcome of intensive psychotherapy and to identify factors that promote recovery during intensive psychotherapy for this group.

Insecure attachment in adolescence

Insecure attachment is a risk factor for developing a personality disorder (Levy, Johnson, Clouthier, Scala, & Temes, 2015; Venta, Shmueli-Goetz, & Sharp, 2013). Attachment is defined as mental representations that children form of relationships with their caregivers based on interactions with and adaptations to this care-giving environment (Bowlby, 1973). Prevalence rate of insecure attachment in clinical adult populations is found to be 73% (Bakermans-Kranenburg & van IJzendoorn, 2009). Research on the prevalence of insecure attachment among adolescents with mental health problems is scarce (M. van Hoof, N. D. J. van Lang, S. Speekenbrink, M. H. van IJzendoorn, & R. R. J. M. Vermeiren, 2015). Current attachment research suggests a diathesis-stress model in which current and past stressors, parent-child attachment, temperament and genes, all contribute to the emergence and understanding of psychopathology (M. Steele, Bate, Nikitiades, & Buhl-Nielsen, 2015). In clinical practice, a direct relationship is assumed between insecure attachment and personality disorders. However, up till now no systematic association has been found (Allen, 2008; Bakermans-Kranenburg & van IJzendoorn, 2009; Dozier, Stovall-McClough, & Albus, 2008; Levy et al., 2015; Sroufe, Egeland, Carlson, & Collins, 2005; Westen, Nakash, Thomas, & Bradley, 2006). This assumed relationship is likely since attachment theory provides a clinically useful and theoretically coherent model for understanding many of the intrapsychic and interpersonal aspects that are core to personality disorders (Cassidy, 2008; Levy et al., 2015). For early detection and treatment of personality disorders in adolescence, it is thus of clinical interest to know if insecure attachment and adolescent personality disorders are related and if insecure attachment differs between the different personality disorders (Allen, 2008; Bakermans-Kranenburg & van IJzendoorn, 2009; Levy et al., 2015; Venta et al., 2013). Therefore, it is crucial to investigate insecure attachment and personality disorders in adolescence.

This thesis therefore aims to examine if insecure attachment is associated with adolescent personality disorders and if insecure attachment representations differ by type of personality disorder. Furthermore, this thesis aims to examine outcome of intensive psychotherapy on adolescent insecure attachment.

Non-suicidal self-injury

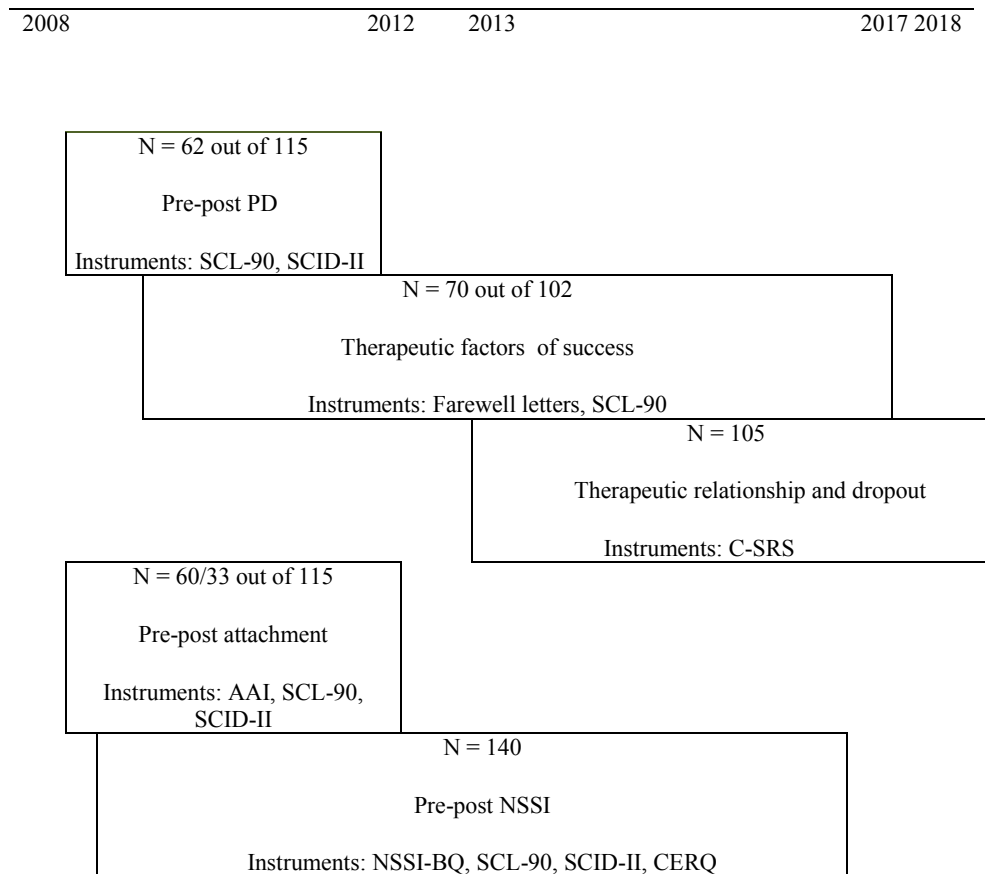
Non-suicidal self-injury (e.g., self-inflicted burning, cutting and hitting) (NSSI) among youth is a major public health concern (Glenn et al., 2016) and occurs pervasively in clinical practice among adolescents with personality disorders. Non-suicidal self injury is associated with significant functional impairment (Madge et al., 2011). Self-reported life-time prevalence of NSSI among adolescents varies from approximately 5% to 40% across community and clinical settings, due to different definitions and numerous methodological variations (Asarnow et al., 2011; Hamza, Stewart, & Willoughby, 2012; Madge et al., 2011; Wilkinson, 2013). Prior to intensive psychotherapy NSSI is often hidden behaviour and therewith a missed signal of an adolescent in need of help. Therefore, enhancing knowledge of NSSI is needed for early detection and for clinical practice.

In this thesis the aim is to examine different aspects of NSSI in clinical adolescent practice, in a group of adolescents with personality disorders.

Intensive psychotherapy for adolescents

As intensive psychotherapy is likely to diminish personality disorders, insecure attachment patterns and non-suicidal self-injury among adolescents (Innerhofer, 2013; Levy et al., 2015; Maxwell, Tasca, Ritchie, Balfour, & Bissada, 2014), the studies in this thesis are based on data collected as part of the treatment protocol of an adolescent residential psychotherapeutic institution. This institution, called the Albatros and located in an urban area (The Hague) in the Netherlands, offers a 5 days a week intensive mentalization based treatment (MBT) with partial hospitalization (Bateman & Fonagy, 2006, 2012; Hauber, 2010) for adolescents in the age of 16 to 23 years with personality disorders and a variety of non-psychotic comorbid disorders. This structured and integrative psychodynamic group psychotherapy program is manualized, adapted to adolescents (Bateman & Fonagy, 2006, 2012; Hauber, 2010) and facilitated by a multidisciplinary team trained in MBT. The program offers weekly verbal and non-verbal group psychotherapies and individual- and family psychotherapy. These different therapies focus on the adolescents' subjective experience of himself or herself and others, and on the relationships with the group members and the therapists. From January 2008 until July 2018 the clinical adolescents of the Albatros were studied in different overlapping subsamples. Figure 1 shows an overview of the different subsamples regarding number, subject and instruments in this thesis on a timeline according to the chapter order.

Figure 1. Overview of different subsamples with the number of participants, subject and instruments in this thesis on a timeline according to the chapter order



PD = Personality Disorder; NSSI = Non-Suicidal Self-Injury; AAI = Adult Attachment Interview; SCL-90 = Symptom CheckList-90; SCID-II = Structured Clinical Interview for DSM personality disorders; C-SRS = Child-Session Rating Scale; NSSI-BQ = Non-Suicidal Self-Injury Behaviour Questionnaire; CERQ = Cognitive Emotion Regulation Questionnaire

Outline of these thesis

The aim of this thesis was to investigate personality disorders, insecure attachment and non-suicidal self-injury in adolescence, and to examine therapeutic factors related to dropout and outcome of intensive psychotherapy on these problems. This aim is addressed in the following studies:

In Chapter 2 changes in adolescent personality disorders and symptomology before and after intensive MBT, and the relation between personality disorder variables and treatment outcomes were examined.

In Chapter 3 therapeutic factors that relate to patient's reported recovery in high risk adolescents during intensive treatment was examined.

In Chapter 4 the association between the therapeutic relationship and dropout in an intensive MBT treatment for adolescents with personality disorders is evaluated.

In the first part of Chapter 5 adolescent insecure attachment in Borderline Personality Disorder (BPD) and other personality disorders was studied. Also, deviations in attachment distribution of the normative pattern were investigated. In the second part of this chapter, changes in adolescent insecure attachment before and after intensive MBT, and the relationship between such changes and alterations in psychological symptoms of distress was examined.

In Chapter 6 different aspects of NSSI in clinical practice in association with personality disorders, symptoms, and coping skills were studied to enhance the understanding of NSSI and improve treatment interventions.

Finally, in Chapter 8 the results found in preceding chapters are summarized, strengths and limitations are addressed, and findings are discussed in unison. Then implications for clinical practice and recommendations for future research are given.

References

- Allen, J. P. (2008). The attachment system in adolescence. In J. E. S. Cassidy, P.R. (Ed); (Ed.), *Handbook of attachment. Theory, research, and clinical applications* (pp. 419-435). New York: The Guilford Press.
- Asarnow, J. R., Porta, G., Spirito, A., Emslie, G., Clarke, G., Wagner, K. D., . . . Brent, D. A. (2011). Suicide attempts and nonsuicidal self-injury in the Treatment of Resistant Depression in Adolescents: Findings from the TORDIA study. *Journal of the American Academy of Child & Adolescent Psychiatry, 50*(8), 772-781. doi:2048/10.1016/j.jaac.2011.04.003
- Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2009). The first 10,000 Adult Attachment Interviews: distributions of adult attachment representations in clinical and non-clinical groups. *Attachment & Human Development, 11*(3), 41. doi:10.1080/14616730902814762

- Bateman, A., & Fonagy, P. (2006). *Mentalization based treatment for borderline personality disorder: A practical guide*. Oxford, UK: Oxford University Press.
- Bateman, A., & Fonagy, P. (2012). *Handbook of mentalizing in mental health practice*. Arlington, VA, US: American Psychiatric Publishing, Inc.
- Biskin, R. S. (2013). Treatment of borderline personality disorders in youth. *Journal of the Canadian Academy of Child and Adolescent Psychiatry / Journal de l'Académie canadienne de psychiatrie de l'enfant et de l'adolescent*, 22(3), 230-234.
- Bowlby, J. (1973). *Separation: Anxiety and anger* (Vol. 2). New York: Basic Books.
- Cassidy, J. E. S., P.R. (Ed). (2008). *Handbook of Attachment. Theory, Research, and Clinical Applications*. New York: Guilford press.
- Chanen, A. M., Jackson, H. J., McGorry, P. D., Allot, K. A., Clarkson, V., & Yuen, H. P. (2004). Two-Year Stability of Personality Disorder in Older Adolescent Outpatients. *Journal of Personality Disorders*, 18(6), 526-541. doi:2048/10.1521/pedi.18.6.526.54798
- Chanen, A. M., & McCutcheon, L. (2013). Prevention and early intervention for borderline personality disorder: Current status and recent evidence. *The British Journal of Psychiatry*, 202, s24-s29. doi:10.1192/bjp.bp.112.119180
- Courtney-Seidler, E. A., Klein, D., & Miller, A. L. (2013). Borderline personality disorder in adolescents. *Clinical Psychology: Science and Practice*, 20(4), 425-444. doi:2048/10.1111/cpsp.12051
- De Haan, A., Boon, A., De Jong, J., Hoeve, M., & Vermeiren, R. (2013). A meta-analytic review on treatment dropout in child and adolescent outpatient mental health care. *Clinical Psychology Review*, 33(5), 698-711. doi:10.1016/j.cpr.2013.04.005
- Dozier, M., Stovall-McClough, K. C., & Albus, K. E. (2008). Attachment and psychopathology in adulthood. In J. E. S. Cassidy, P.R. (Ed); (Ed.), *Handbook of attachment: Theory, research, and clinical applications (2nd ed.)*. (pp. 718-744). New York, NY, US: Guilford Press.
- Feenstra, D. J., Hutsebaut, J., Laurensen, E. M. P., Verheul, R., Busschbach, J. J. V., & Soeteman, D. I. (2012). The burden of disease among adolescents with personality pathology: Quality of life and costs. *Journal of Personality Disorders*, 26(4), 593-604. doi:2048/10.1521/pedi.2012.26.4.593
- Glenn, C. R., Lanzillo, E. C., Esposito, E. C., Santee, A. C., Nock, M. K., & Auerbach, R. P. (2016). Examining the course of suicidal and nonsuicidal self-injurious thoughts and behaviors in outpatient and inpatient adolescents. *Journal of Abnormal Child Psychology*. doi:2048/10.1007/s10802-016-0214-0
- Hamza, C. A., Stewart, S. L., & Willoughby, T. (2012). Examining the link between nonsuicidal self-injury and suicidal behavior: A review of the literature and an integrated model. *Clinical Psychology Review*, 32(6), 482-495. doi:10.1016/j.cpr.2012.05.003

- Hauber, K. (2010). Mentaliseren en de kwetsbare adolescent. *Kinder & jeugd psychotherapie*, 37, 45-58.
- Hauber, K., Boon, A., & Vermeiren, R. R. (2017). Examining changes in personality disorder and symptomology in an adolescent sample receiving intensive mentalization based treatment - a pilot study. *Child & Adolescent Psychiatry and Mental Health*, 11(58). doi:10.1186/s13034-017-0197-9
- Hutsebaut, J., Feenstra, D. J., & Luyten, P. (2013). Personality disorders in adolescence: Label or opportunity? *Clinical Psychology: Science and Practice*, 20(4), 445-451. doi:2048/10.1111/cpsp.12052
- Innerhofer, B. (2013). The relationship between children's outcomes in counselling and psychotherapy and attachment styles. *Counselling Psychology Review*, 28(4), 60-76.
- Johnson, J. G., Cohen, P., Kasen, S., Skodol, A. E., Hamagami, F., & Brook, J. S. (2000). Age-related change in personality disorder trait levels between early adolescence and adulthood: A community-based longitudinal investigation. *Acta Psychiatrica Scandinavica*, 102(4), 265-275. doi:2048/10.1034/j.1600-0447.2000.102004265.x
- Kaltiala-Heino, R., & Eronen, M. (2015). Ethical issues in child and adolescent forensic psychiatry: a review. *Journal of Forensic Psychiatry & Psychology*, 26(6), 759-780. doi:10.1080/14789949.2015.1062995
- Levy, K. N., Johnson, B. N., Clouthier, T. L., Scala, J. W., & Temes, C. M. (2015). An attachment theoretical framework for personality disorders. *Canadian Psychology/Psychologie canadienne*, 56(2), 197-207. doi:2048/10.1037/cap0000025
- Madge, N., Hawton, K., McMahon, E. M., Corcoran, P., Leo, D., Wilde, E. J., . . . Arensman, E. (2011). Psychological characteristics, stressful life events and deliberate self-harm: Findings from the Child & Adolescent Self-harm in Europe (CASE) Study. *European Child & Adolescent Psychiatry*, 20(10), 499-508. doi:2048/10.1007/s00787-011-0210-4
- Maxwell, H., Tasca, G. A., Ritchie, K., Balfour, L., & Bissada, H. (2014). Change in attachment insecurity is related to improved outcomes 1-year post group therapy in women with binge eating disorder. *Psychotherapy*, 51(1), 8. doi:10.1037/a0031100
- Owen, J., Miller, S. D., Seidel, J., & Chow, D. (2016). The Working Alliance in Treatment of Military Adolescents. *Journal of Consulting and Clinical Psychology*. doi:10.1037/ccp0000035
- Shiner, R. L., & Allen, T. A. (2013). Assessing personality disorders in adolescents: Seven guiding principles. *Clinical Psychology: Science and Practice*, 20(4), 361-377. doi:2048/10.1111/cpsp.12047
- Sroufe, L. A., Egeland, B., Carlson, E. A., & Collins, W. A. (2005). Placing attachment experience in developmental context. In K. Grossmann, K. E. Grossmann, & E. Waters (Eds.), *Attachment from infancy to adulthood: The Major longitudinal studies* (pp. 48-97). New York: Guilford Press.

- Steele, M., Bate, J., Nikitiades, A., & Buhl-Nielsen, B. (2015). Attachment in adolescence and borderline personality disorder. *Journal of infant, child, and adolescent psychotherapy*, 14(1), 16-32. doi:10.1080/15289168.2015.1004882
- Tyrer, P., Reed, G. M., & Crawford, M. J. (2015). Classification, assessment, prevalence, and effect of personality disorder. *Lancet*, 385, 717-726.
- van Hoof, M., van Lang, N. D. J., Speekenbrink, S., van IJzendoorn, M. H., & Vermeiren, R. R. J. M. (2015). Adult Attachment Interview differentiates adolescents with childhood sexual abuse from those with clinical depression and non-clinical controls. *Attachment & Human Development*, 17(4), 354-375. doi:2048/10.1080/14616734.2015.1050420
- Venta, A., Shmueli-Goetz, Y., & Sharp, C. (2013). Assessing Attachment in Adolescence: A Psychometric Study of the Child Attachment Interview. *Psychological assessment*, 26(1). doi:10.1037/a0034712
- Weisz, J. R., Kuppens, S., Eckshtain, D., Ugueto, A. M., Hawley, K. M., & Jensen-Doss, A. (2013). Performance of evidence-based youth psychotherapies compared with usual clinical care: A multilevel meta-analysis. *JAMA Psychiatry*, 70(7), 750/761. doi:2048/10.1001/jamapsychiatry.2013.1176
- Westen, D., Nakash, O., Thomas, C., & Bradley, R. (2006). Clinical assessment of attachment patterns and personality disorder in adolescents and adults. *Journal of Consulting and Clinical Psychology*, 74(6), 1065-1085.
- Wilkinson, P. (2013). Non-suicidal self-injury. *European Child & Adolescent Psychiatry*, 22(Suppl 1), 75-79. doi:2048/10.1007/s00787-012-0365-7