

Borderline Personality Disorder in Youth and Early Intervention

Michelle's story

This case has been developed to be applicable to a range of settings. When you read this try to imagine how you would respond in your setting. The panel will then provide their thoughts about how they would respond in their setting.

Michelle is a 17-year-old female student, who lives at home with her parents and two younger siblings. Two months ago, Michelle was referred to you by the local Adolescent Inpatient Unit. She had taken an overdose of paracetamol tablets in the middle of the night after an online fight with friends from school. They had accused her of trying to steal someone's boyfriend and although she denied it, she felt the group were ostracising her and she had challenged them about this. Half an hour after taking the tablets she informed her parents, who then drove her to the Emergency Department (ED). She was medically cleared by the ED and 24 hours later, transferred to the Adolescent Inpatient Unit. She was then referred to you for further care, two months ago. Since then Michelle has only seen you twice, after the first longer assessment session.

At your initial assessment, Michelle reported that she was feeling hopeless and sad about her life. She had no friends at all, and she couldn't see the point in living. She reported that things had been okay for her until she started secondary school. She described increasing problems with her peers, and she reported her friends often blamed her for starting fights and causing trouble. She reported having always worried a lot about whether she was being left out or not. She disclosed spending a lot of time online checking what her friends were doing. This had led to her being bullied and trolled online for several years. Michelle described her moods as intense and that she would feel four different moods in a day. She found this overwhelming and

exhausting. When feeling particularly upset, she would self-harm. Michelle reported intermittently self-harming since the age of 14. She reported she had only taken one overdose prior to this referral. She was able to identify that feeling rejected by her friends often precipitated her harming herself. She also described frequently feeling angry about small issues, and reported she had been suspended from school for assaulting a peer six months ago. Her parents reported she was often moody, had frequent angry tantrums and had always had a short fuse "like her father". Despite these ongoing problems, Michelle reported she was managing academically, and that she had been good at basketball until she gave it up two years ago. She was enrolled in year 11, but with the recent absences was likely to fail the year.

Previous treatment:

When 14, Michelle had been referred to the Child and Adolescent Mental Health Service (CAMHS) by her GP for treatment of depression, and she reported she didn't like her counsellor. The family were also offered several family appointments by the CAMHS but it was difficult for the parents to get time off work and they only came to three appointments.

The current situation:

Over the past two months, Michelle had been staying in her room, only leaving for short periods of time, refusing to go to school or to come out and engage with her family. Michelle's self-harm has increased, to daily superficial cutting of inner arms with razors. She has missed a number of appointments with you and it is unclear what her goals might be. She says she wants to finish the school year, but she won't engage in discussing how to do this.

Michelle's parents attended the first joint assessment with you two months ago and said they don't know what to do any more. Michelle's mother has since called you to say they are feeling upset and frustrated with Michelle, especially as she isn't doing anything to help herself. Six months ago Michelle's maternal grandmother was diagnosed with cancer and Michelle's mother has struggled to manage this and the care of the other younger children. She has reduced her work to two days a week, and Michelle's father has increased his overtime to try and manage financially. They are feeling overwhelmed and at the end of their tether.

While at the Adolescent Inpatient Unit, Michelle reported symptoms consistent with depression over the past two months, and was prescribed an antidepressant. After leaving the Inpatient Unit it was expected that her medication would be followed up by her GP, and she has been seen once by her GP. Michelle reports to you that the medication is not helping and makes her feel numb. You are worried about this, and also whether Michelle is taking the medication reliably. When you asked her about this, she became angry and defensive. She told you she wants to change the medication, but later she indicated that she was not sure she wanted to try a different antidepressant. She also says she can't sleep and has asked you whether she should try a sleeping medication. You would like to talk with her GP about how to approach Michelle's situation and have left a message for the GP to return your call.

This case study was prepared by

