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Chapter 1 : How adolescence affects our brain and molds our personality - Rava

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Parents and friends are crucial to helping teens cope with their personality disorder and continue managing their thoughts and behavior long after treatment is over. Often, psychotherapy involves teaching parents and, optionally, friends to watch out for specific sentences and speech structures and know how to react in a way that invokes what their loved one already knows about their condition. Psychotherapy Primary treatment for personality disorders involve psychotherapy, or talk therapy. Individual circumstances affect how a personality disorder manifests. Different types of therapy are used to help a teen work through their issues, realize how they affect others, and manage their urges to avoid conflict. Therapists first encourage teens to become aware of their thoughts and behaviors, creating an awareness from which changes can be made. Then, they help the teens to understand the effects that their behaviors have, both in their own lives, and in the lives of others. Medication Medication does not cure a personality disorder. However, in cases where teens also experience severe anxiety symptoms, or depressive thoughts including suicidal thinking medication such as antidepressants can help manage these symptoms where therapy fails. Teen Personality Disorder Treatment at Paradigm Malibu Treating a teen personality disorder starts with properly diagnosing a teen and figuring out what other problems they may have in life. By offering a therapeutic environment designed to help teens express their problems and address their mental health issues, Paradigm Malibu not only utilizes psychotherapy, but considers the entire living space to be conducive towards helping a teen address their issues. Staying at Paradigm Malibu can be a very social experience, giving teens the opportunity to learn how to interact with others in a way that is healthy and normal, and why. Therapists can then begin working with the teens during teen personality disorder treatment to change those compulsive behaviors and bring about an awareness of their actions, as well as introducing healthy behaviors and practices that will help the teens grow. Therapists also help the teens to gain an ability to deal with stress and conflicts in their lives in healthy ways, so that they can learn to react intentionally and with control. Understanding why their disorder can be abrasive towards others or even potentially lead to dangerous consequences is an important part of treatment. There is no doubt that Paradigm saved our son and our family - and we are eternally grateful. People with personality disorders are not necessarily more likely to behave more dangerously than others, but it can feel that way, because their behavior can seem so unpredictable. Because people with personality disorders often lack awareness of how they act, this can lead to problems in multiple areas of life. Therefore, seeking support and teen personality disorder treatment early on is so important. How can I figure out if I have a personality disorder?

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Chapter 2 : The Millon Adolescent Clinical Inventory (MACI) (&)

Borderline personality disorder. 4 3 IACAPAP Textbook of Child and Adolescent Mental Health Through the International Classification of Diseases, the World Health.

Moreover, pioneering studies showed that preexisting personality characteristics, specific emotion regulation styles and psychological-psychiatric difficulties are likely to increase the risk of the onset, maintenance, and outcome of headache. Still personality issues in migraine have been poorly studied, in particular in children and adolescents. This study aims, therefore, to investigate the specific characteristics of personality, and in particular emotion regulation and coping strategies, in adolescent with migraine, comparing them with age-matched patients with idiopathic epilepsy and healthy adolescents. The results showed specific personality characteristics in adolescents with migraine, revealing a marked difficulty in modulating and regulating affections through thoughts and reflections, resorting instead to impulsive acts and maladaptive coping strategies, thus revealing a vague and immature perception of reality. Differently from adolescents belonging to the general population, but similarly to patients with epilepsy, adolescents with migraine perceive a high situational stress, probably related to the condition of suffering from chronic disease. They have, therefore, a lower self-consideration and self-esteem along with a poorer insight regarding themselves as well as the relations with others. In line with previous findings, these preliminary results suggest the need for further research on ample samples, using also standardized projective test in order to better understand the pathogenesis of psychological difficulties in patients with migraine. As a clinical implication, the results seem to indicate that providing a psychological integrated approach can play a pivotal role in the assessment and treatment of adolescent with migraine, in order to improve the outcome and the quality of life of the young patients. Introduction Personality and emotional characteristics in adolescents with migraine began to be more in-depth studied in recent years: The majority of the authors currently consider migraine as a complex neurological disorder of higher mental functions and pain control mechanism, not linked to structural lesions: Different authors consider the disorder as a dysfunction of the neuromodulatory structures in the brain, such as the locus coeruleus or the periaqueductal gray matter 8. Quite well-known are the biological mechanisms that are related to migraine in adulthood as well as in adolescence and the hypothesis of migraine as a disorder caused by a neurovascular dysfunction is nowadays the most accepted. Placebo indeed was showed to have a surprisingly high therapeutic value: In conclusion, while important evidence about the biological basis of adolescent migraine was established, at the same time a lack of sensitivity of the pathology to the currently known pharmacological therapies was shown. The relationships between migraine and emotional states affect and personality characteristics appear instead very much complex and difficult to investigate and definitively define; so far in fact different and contradictory results were found. Well-known authors from different scientific backgrounds, such as Kandel 18 and Marty 19 have in fact always emphasized the constant bidirectional interactions between mind and brain. Controlled clinical studies 20 – 22 and rigorous meta-analyses 23 demonstrated that children and adolescents with migraine and tension-type headache show a significantly higher prevalence of psychopathological symptoms compared to healthy controls, in particular concerning internalizing disorders, such as anxiety and depression; oppositional defiant disorder and conduct disorders were also demonstrated to be more frequent in these patients Furthermore, a population-based study conducted on 1, Finnish children 16 found not only more internalizing and total behavioral problems. Additionally, concerning population-based studies, which offer a high degree of evidence in terms of evidence-based medicine, interesting aspects emerged concerning the timing of the onset of the two disorders, i. According to a cohort study conducted on This large and rigorous longitudinal study 26 reported that 9 years old children and 15 years old adolescents with high levels of stress and anxiety exhibited a 2–3 times increased risk of later developing migraine or migraine along with tension-type headache. A reduced emotion regulation ability to get in contact and psychologically handle feelings and emotions and low empathic skills

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were also highlighted in patients with migraine 29 , 30 , despite these latter characteristics seemed to be ignored by the patients themselves, due to their inclination to deny any difficulty, tension, and in particular hostile feelings and negative emotions 28 , 31 , Although, to the current state of knowledge, psychological factors seem to play an important role in headaches, the correlation remains unclear and raises a wide-ranging debate Despite the good number of studies predominantly concerning the comorbidity of headache with psychiatric symptoms and their course over time, the personality characteristics and functioning of adolescents with migraine are still unclear. Despite their psychometric properties, often validated and supported by plenty of scientific literature, these instruments frequently remain at a superficial diagnostic level, which is a strong limitation for a deep understanding of psychopathology 31 , To date, most of the studies evaluating psychopathological characteristics in patients with headaches are based only on the proxy-reported child behavior checklist CBCL ; this, however, leads to a need to enrich the assessment in order to more specifically capture the relationship between migraine and psychopathology This study, investigating psychological characteristics and psychopathology in a sample of adolescents with migraine, based, therefore, on a multi-method assessment that combines the perspective of the patient self-report and of the parents proxy-report with a projective test. The application of the Rorschach test administered and scored according to the Rorschach Comprehensive System CS guidelines aimed to describe the deep personality functioning and to identify the presence of any specific dysfunctional element in the sample of patients Some previous studies on adolescent migraine have used the Rorschach method, according to the unpublished traditional administration and scoring techniques 35 , Such researches provided a wealth of interesting findings on the personality profile of children and adolescents with migraine, but appeared to be also partially contradictory due to the non-standardization of the methods and to the bias in the mean ages of the groups compared. Summarizing the results, the researches agreed in finding a low level of insight and empathy in children with migraine, along with some specific personality difficulties, such as inhibition of affects, hyper-adaptation, and weakness of the self. Differently from the above-mentioned studies, this research specifically relies on a standardized performance-based personality test, the Rorschach test administered and scored according to the Rorschach CS, which provides implicit personality functioning characteristics and highlights the unconscious aspects of complex cognitive behaviors, emotional and decision-making processes Additionally, the Rorschach test applied according to the CS has been subjected to a sophisticated meta-analysis which demonstrated that 13 of the variables identified by the CS exhibit an excellent validity against externally assessed criteria, such as psychiatric diagnosis and standardized observer ratings To our knowledge, no previous study used the Rorschach test according to the CS to study patients with migraine, neither in child or adolescent age nor in adulthood. In this study, the sample of adolescents with migraine was compared with adolescents suffering from a different chronic disorder involving the central nervous system, i. This method allowed to differentiate migraine from a paroxysmal disorder with exclusively biological pathogenic mechanisms, such as epilepsy, and also to compare adolescents with migraine to a non-patient control population for what concerns personality characteristics, and in particular emotion regulation and coping strategies. The areas of affectivity, self-perception, interpersonal relationships, ideation, and stress control were explored in the three groups of adolescents, basing, in particular on the subsequent hypotheses: Mondinoâ€™University of Pavia Italy , among patients that had been consecutively admitted during the period of the recruitment, which lasted 7 months. For all participants in the study, inclusion criteria were: Exclusion criteria were the presence of visual impairment that could interfere with performance at the Rorschach test or with the administration of self-reports. The healthy control group was recruited among patients of a home pediatrician of the same city during a routine pediatric check-up. Parents were interviewed in order to collect precise information on medical history, i. Medical histories of headaches, epilepsy, or different organic chronic physical diseases were considered as exclusion criteria. Patients and their parents adhered on voluntary basis after detailed explanation of the project. Parents and adolescents were informed and expressed their consent to the participation in the study. As far as migraine and epilepsy patients were concerned, the

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submitted tests fell within the evaluations carried out within the psycho-pathological assessment. The study involved 21 patients suffering from migraine 9 males and 13 females aged 11â€”17 years mean. Most of the adolescents 25 out of 52, i. There were in fact no differences in the socioeconomic level measured with SES 39 as well as in the duration of the disorder among the groups: The majority of the migraineurs 13 does not take any prophylactic therapy, while 4 patients take a therapy based on a combination of l-tryptophan and niacin, 2 patients take magnesium, and 2 other palmitoylethanolamide. Epilepsies were diagnosed, following the ILAE classification 41 as benign epilepsy with centro-temporal spikes in 8 patients, childhood absence epilepsy in 3 cases, reflex epilepsy in 2 cases, late-onset childhood occipital epilepsy, juvenile absence epilepsy, epilepsy with myoclonic absence, epilepsy with myoclonic atonic seizures, epilepsy with generalized tonicâ€”clonic seizures alone, frontal local seizure, and epilepsy of unknown causes in 1 patient each. Of these patients, 16 are considered in symptomatic remission, as they had no seizures for months, 2 patients still have seizures with a frequency of one a year, 1 patients has seizures with a frequency of 3â€”4 month and 1 presents myoclonic episodes several times a week, which, however, do not disturb the girl to the point that she prefers not to take drugs. As for any use of antiepileptic medication, 16 of our patients were receiving treatment, which involved valproic acid in the majority of cases 6 , levetiracetam 3 , carbamazepine 2 , oxcarbazepine 2 , ethosuximide 1 , topiramate 1 , and lamotrigine 1. This method was chosen for its good psychometric properties in terms of standardization, reliability, and validity, supported by several studies 37 , although some drawbacks have to be cited, and first of all the time-consuming procedure and training necessary to submit and score this complex projective test. The indexes obtained from the scoring are grouped into eight clusters synthesized in the structural summary: Moreover special psychopathological indices are calculated from the scores, such as suicide constellation, perceptual thinking, depression, coping deficit, and hypervigilance index. The affective features cluster, including for example the form: These indexes differentiate people having adequate capacity to experience and express emotions from individuals inclined to process affects and emotional activation in an excessively intense or compulsory, disfiguring way, which implies consequent adjustment difficulties. The cluster regarding situational stress and control provides information on the individual psychological resources, ability to handle stress, and ability to confront consistently and effectively with life events. It includes, among others, the coping style introversive versus extratensive , the human and inanimate movement, the difference score, and the sum of shading. The cluster of self-perception provides information on how people see themselves, especially with respect to self-esteem, self-awareness, and self-image. These characteristics can be measured by indexes, such as morbid and reflections responses and the egocentricity index. The last clusters regard information processing, cognitive mediation, and ideational functioning, and measures how people focus attention on life events, perceive the environment and integrate perceptions. The styles of information processing are measured for example through the synthesized or developmental quality vague DQv responses, perseverations, and organizational frequency while cognitive mediation can be individualized by popular, conventional, appropriate form, or vice versa distorted forms. This helps to evaluate if the individual perception of events and people is similar to the most frequently reported. Critical special scores, such as the weighted sum of the first six special scores, signal a potential disturbance of thinking processes, which are measured by the ideational functioning cluster. A successful adaptation indeed is promoted by an attitude of openness to new experiences, along with the ability to efficiently organize impressions and to perceive experiences in a realistic way. A logical, coherent, constructive, but also flexible and not too much conventional style of thinking can help to adaptively build and organize experiences and impressions about life events. The emerging comprehensive picture of the personality functioning can be interpreted within a psychometric and psychoanalytic framework Caracena was used for the interpretation in order to provide a structural overview and an interpretative report for each protocol. However, indexes were deliberately not too rigorously selected due to the absence of previous studies, in order to provide an exploratory analysis of these first data. The latter part consists of syndromic scales, scales of internalizing, externalizing, and total problems and scales oriented to the diagnostic categories

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of DSM IV. In particular, eight syndromes can be evaluated: Despite the limitations connected to the self-reported evaluations, the questionnaires allow, therefore, a preliminary clinical evaluation of the symptoms according to the DSM classification, which can be then confirmed by a diagnostic interview. This multi-axial empirically based set of measures has been normed on an ample sample and was also standardized for the Italian population. Analyses Descriptive statistics were used to describe the socio-demographic and clinical variables of the participants. A log-linear model approach for categorical variables was applied in order to compare the Rorschach scorings of patients with migraine with patients with epilepsy and with control adolescents. Models for categorical data are consistently used in psychological research [e. The log-linear analysis in fact allows to estimate parameters that define the significant interactions between indicators measured by the Rorschach test and groups of patients. Data were cross classified by means of contingency bivariate tables, where each cell of the tables represented the interaction of each category of the first variable the group with each category of the second variable Rorschach indexes: Interaction parameters and SEs were estimated to calculate a standard score for each interaction. Results Concerning the proxy-reported CBCL scale, administered to mothers, higher scores for internalizing symptoms and in particular anxiety symptoms and somatic complaints were found in patients with migraine compared to patients with epilepsy group and controls. In these scales, patients with migraine more frequently had scores in the borderline or clinical range. As regards the self-reported YSR, higher scores for somatic complaints were found in patients with migraine compared to the adolescents belonging to the control groups; self-reported lower scores in anxiety symptoms were also found, as shown in Table 1. Psychopathological symptoms measured using the proxy-report questionnaire CBCL and the self-report questionnaire YSR in migraine, epilepsy, and control groups. In Table 2, results concerning the Rorschach indicators are shown. Significant differences were found concerning the psychopathological index coping deficit index CDI, affective features [see in particular form-color ratio FC: Log-linear standardized estimated parameters to compare the migraine, epilepsy, and control groups in relation to Rorschach indexes. Among the psychopathological indices, the CDI was higher in patients with migraine. In fact as much as five pure color C responses were present in patients with migraine, three analogous responses were found in patients with epilepsy, while no one appeared in control adolescents. Moreover in patients with migraine, five M-responses and three M none responses were present whereas in the control adolescents such responses were completely absent. Concerning the situational stress and control, significant interactions were found between the three groups of adolescents and the difference score D Score. As regards interpersonal perception, adolescents with migraine more often presented a higher level personalized responses PER, while the self-perception was characterized by an increased level of morbid MOR responses and FD responses; on the contrary the adolescents of the control group more frequently did not present with these kinds of answers. Moreover, patients with migraine were the only adolescents showing a more marked presence of perseverations and DQv responses, in comparison to patients with epilepsy and adolescents of the control group. Along with these significant results concerning the information processing, the ideational functioning appeared to be compromised in patients with migraine, who showed a higher weighted sum of the first six special scores WSum6. Discussion In the parent reported questionnaires, the migraine group obtained higher scores in internalizing problems and in particular in anxious and somatic symptoms. These findings are in line with the literature data indicating higher levels of internalizing, anxious, and somatic problems in children and adolescents with migraine compared to healthy controls 17, Different authors suggested that such a result may indicate a denial or underestimation of anxiety in children with chronic diseases, who may resort to an adaptive repressive style of managing negative emotions 53, 56, Considering the projective test, the most notable differences between patients with migraine, patients with epilepsy and control adolescents were indeed related to the emotion management style.

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Chapter 3 : Adolescent Personality and Behavior © University of Minnesota Press

And now, in the early to mid twenties, adolescence ends and young adulthood begins, bringing with it a period of self-evaluation that soon implicates parents.

Share Tweet Share Parenting teens can be stressful. Borderline personality disorder, or BPD, is a mental health condition that can cause severe mood swings, difficulty functioning, and general instability. They might lash out in irrational anger or have severe mood swings. They often have volatile and unstable relationships with friends, family, romantic partners, and acquaintances. Your teen with BPD might engage in risky behaviors, like unprotected sex, racing in a car, and drug use. Your teen might have a distorted perception about who he or she is. Separation can be a huge obstacle, and your teen might be terrified that any small separation will lead to abandonment. For example, he or she might overreact to you going away for a weekend on business or coming home late from work unexpectedly. There can be paranoid delusions and suicide attempts, too. Often, other types of mental health conditions exist at the same time as BPD. Otherwise, make an urgent appointment with his or her primary care doctor or mental health professional. In a sizable percentage of people with the disorder, there is a genetic component. If a parent or sibling of your teen has been diagnosed with or shows signs of BPD, your child has a five times greater chance than average of developing it. Also, if your teen has had some type of traumatic episode or was a victim of any type of child abuse, the signs might be higher of him or her developing BPD. Finally, some people with borderline personality disorder have changes in their brains that could contribute to the condition. Researchers are still looking into why some people develop the disorder and others do not. There are many different kinds of therapy that might be tried to see what is most successful. Counseling can make a big difference and make the condition easier to cope with. Medications can also be used, but because people with BPD are at a higher risk of suicide than the general population, many practitioners will try not to prescribe anything that would be lethal in case of an overdose or which might raise the risk of suicide. Also, medication will not be effective for some of the symptoms of BPD. Also, control the medication yourself by keeping it locked up or otherwise inaccessible if your teen is at risk of suicide or is showing symptoms of suicidal ideation. Sometimes, parents of teens with mental health conditions get into the habit of letting boundaries go by the wayside, but this can make things even more difficult. A home rules contract might help by having everything in writing. Also, be sure to get support for yourself and any other children or teens in your home. Having a child or sibling with a severe mental health disorder is stressful and can be overwhelming. This may include family therapy in addition to individual counseling for each family member. Parenting an adolescent with borderline personality disorder can be an overwhelming task. Rely on your circle of friends and family members, as well as your mental health care team, to help you with the things that you need to do to help your teen get healthier and to keep the other members of your household safe and healthy. Remember to take care of yourself and to keep the lines of communication open with your teenager. You can support him or her through this disorder now and lay a framework so your teen will be able to continue to care for him- or herself through adulthood.

Chapter 4 : Adolescence: Social and Personality Development

Personality and emotional characteristics in adolescents with migraine began to be more in-depth studied in recent years: literature showed an increased interest in emotional aspects, such as anxiety and depression, and in their value for the clinical approach, therapy, and comprehension of the adolescent migraine's key characteristics ().

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Abstract Different profiles of the character dimensions of self-directedness, cooperativeness and self-transcendence result in different levels of wellbeing among adults. This study builds on previous studies with adults, and examines the linear and non-linear associations between the dimensions of the psychobiological model of personality and well-being in adolescents. Well-being was evaluated in a composite perspective: Variable-centered and individual-centered analyses were performed. Self-directedness was strongly associated with all dimensions of affective and cognitive well-being regardless of the other two character traits. Cooperativeness was associated with non-affective well-being and with positive affect, but only when associated to elevation of Self-directedness and Self-transcendence. Self-Directedness and Cooperativeness explained Self-Directedness and Self-Transcendence explained This study confirms the tendencies found in previous studies with adults from other societies, where each character dimension gives an independent contribution to well-being depending on the interactions with other Character dimensions. These results have strong implications for youth positive mental health promotion, including for school-based policies and practices. Adolescents with high levels of well-being are more resilient Gilman and Huebner, ; Antaramian et al. Well-being is a multidimensional phenomenon, integrating biological, psychological, social, and spiritual dimensions Cloninger, , a , b ; Lyubomirsky et al. Wellbeing refers to the emotional and cognitive dimensions of the subjective experience resulting from the individual evaluation of several dimensions of life. Conceptions of well-being vary from Hedonic and Eudaimonic distinct but related and complementary approaches Keyes et al. Eudaimonic well-being refers to the harmony between the individuals goals and values and life experiences Ryff et al. Personality is a significant predictor of mental health Cloninger et al. Healthy personality development is related to several aspects of well-being and there is a need for integrating the contributions of personality to well-being on current approaches to mental health Seligman, ; Cloninger, ; Vaillant, Extraversion was found to be positively related to positive affect Diener et al. Mixed results of positive relation Huebner et al. However, there is a growing consensus about the need of using genetic-informed and psychobiological personality models, as they are more adequate for describing psychobiological processes underlying behavior than lexical models Cloninger, b ; de Moor et al. Cloninger and colleagues developed the psychobiological model of personality which conceptualizes personality as an organization of dynamic and non-linear psychobiological processes Cloninger et al. The authors developed age-appropriate instruments of the Temperament and Character Inventory TCI , which measures temperament and character dimensions. Temperament refers to individual differences in behavioral conditioning of responses to basic emotional stimuli related to fear, anger, disgust, and ambition. There are 4 TCI temperament dimensions: Novelty Seeking NS i. Each extreme of temperament has advantages and disadvantages depending on the situation Cloninger et al. Character refers to individual differences in higher order socio-cognitive processes self-concepts, and intentional values and goals Cloninger, a. Because Temperament refers to the tendency of responding to basic emotional stimuli, it is more strongly related to hedonic well-being Cloninger et al. High levels of Extroversion of the Five-Factor Model which corresponds to low scores of the psychobiological model personality dimension of HA, Cloninger, tend to be more respondents to positive affect Larsen and Eid, Also, high levels of Neuroticism which corresponds to low

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persistence and low self-directedness Cloninger, are associated to more reactivity to negative affect Larsen and Eid, These results are consistent to those found in adolescents, where high levels of Harm Avoidance predicted low levels of Positive Affect Garcia, By another hand, Character refers to higher order socio-cognitive self-regulatory processes, and is more associated to the Eudaimonic well-being Cloninger, Both Temperament and Character are associated to physical and emotional health, although the evidences for the associations between temperament and health are less consistent Ryff et al. Two recent population-based studies in Israel and Finland used the multidimensional psychobiological personality profiles to assess the linear and non-linear effects of interactions among dimensions on different indicators of well-being Cloninger and Zohar, ; Josefsson et al. Character dimensions of self-directedness, cooperativeness and self-transcendence shown to be strong predictors of the different aspects of well-being. In the Israeli population-based study Self-directedness was strongly correlated with affective positive and negative affect and non-affective life satisfaction, social support and subjective health dimensions of well-being. Cooperativeness was especially associated to satisfaction with social support and Self-transcendence predicted positive emotions Cloninger and Zohar, Similar findings were found in the Finn population-based study, where personality explained half the variance in non-affective aspects of well-being and two thirds of the variance in affective dimensions of well-being Josefsson et al. Besides, each character dimension independently contributes to well-being, depending of interactions among dimensions, which means that the character profiles are strongly associated with individual differences in well-being Josefsson et al. However, in the Finn study, Self-Transcendence was associated with both positive and negative affect, while in the Israeli study it was only associated with positive affect, which suggest that the effect of Self-transcendence on well-being depends on cultural and religion differences Josefsson et al. Adolescence is a developmental period characterized by marked transformations in psychobiological processes underlying behaviors, due to the maturation of the neuroanatomical circuitries, the specificities of the contexts and the development tasks associated autonomy, intimacy, etc. Although personality development is characterized by continuity, temperament and character dimensions have different development patterns Josefsson et al. Childhood personality is a significant predictor of competence and resilience in adulthood Shiner and Masten, , and dimensions of positive mental health systematized by Vaillant are involved in cascades of children and adolescents positive and negative development Blandon et al. Because well-being is a central dimension on positive development cascades Lewin-Bizan et al. In addition, a fully understanding of adolescents health requires the use of genetic-, neuroanatomic, and psychological-informed frameworks Burnett et al. Several authors are arguing that Character dimensions need to be considered in the understanding of the associations between personality and well-being Cloninger et al. Recent studies conducted by Garcia and colleagues found that dimensions of the psychobiological model of personality are strong predictors of adolescents wellbeing. Different temperament and character dimensions registered different associations with wellbeing. Rather than a linear phenomenon, the development of well-being encompasses complexes and non-linear interactions between personality dimensions involved in adaptation. Healthy personality development depends on the growth in self-awareness Cloninger, a and on the differentiation of dimensions such as strengths of character, maturity, positive emotional balance, socio-emotional intelligence, life satisfaction true happiness , and resilience Vaillant, The same personality dimensions can result in different outcomes i. As described by previous studies with adults conducted by Cloninger and colleagues, the personality influences on wellbeing are better described throughout non-linear associations and combinations between different temperament and character dimensions, rather than linear associations only Cloninger and Zohar, ; Josefsson et al. In spite of that, no study had evaluated the non-linear associations of Character dimensions of self-directedness, cooperativeness and self-transcendence with well-being in adolescents, which are significant predictors of physical, mental, and social components of health and happiness Cloninger and Zohar, The objective of this study was to build on Cloninger and Zohar and on Josefsson et al. Adolescents were nearly equally divided by gender Participants were also nearly divided by school level Measures Socio-demographicsâ€™Socio-demographic characteristics of adolescents,

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such as age, parent and mother education, parent and mother occupation, were collected. Students filled out the required socio-economic in the socio-demographics inventory. Because parental education and especially maternal education is the strongest predictor of family SES, and it is an acceptable indicator of SES Bradley and Corwyn, , we considered parents education as the indicator for SES status. Mothers educational attainment in our sample was as follows: The TCI-R Portuguese version has a good internal consistency for all the dimensions with coefficient values for Cronbach alpha above 0. In the validity based studies of the Portuguese version of the JTCI, 2 modifications were made to the American version: These changes were made in accordance with the author of the instrument, and they did not change the constructs of the dimensions. The JTCI Portuguese version has items, and has moderate to strong internal consistency for all dimensions: As in previous studies, the participants were distributed in 2 groups:

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Chapter 5 : What are personality changes in adolescence? | HowStuffWorks

Like adults, children and adolescents can be described in terms of personality traits: characteristic patterns of thinking, feeling, and behaving. We review recent research examining how youths' specific behavioral tendencies cohere into broader traits, how these traits develop across childhood and adolescence, and how they relate to important biological, social, and health outcomes.

My twin sons of 4 years are similar in many ways. Both are sociable, mischievous and loving. But it is already possible to notice some differences between them. The child, for example, is more aware of time and is very curious about the future. The girl, for her part, is more determined to do things for herself. As a psychologist specializing in personality, and as a father, seeing how the particularities of each one emerges and develops fascinates me. Adolescence is a phase of rapid transformation. Indeed, from the first years of childhood to its final stage, our personality and temperament are consolidated as we adopt a more consistent way of thinking, acting and feeling. The stability of the personality is reinforced again from the final phase of adolescence to adulthood. The kaleidoscope of the personality is shaken and it is deeply important how the pieces are placed. Long-term studies show that the traits that appear during our adolescence can predict a series of results throughout life, such as academic success or the risk of unemployment. Research on the subject is still incipient, but the possible conclusions are relevant and exciting. Changes towards maturity Personality changes are not exclusive to adolescence. In the Netherlands, a study was conducted with thousands of adolescents: The result seems to reinforce stereotypes about adolescents: Both parents and children agree that changes occur in this phase. But, surprisingly, the perceived alterations may vary according to the point of view. The young people evaluated their own personalities in two moments: On both occasions, the parents also analyzed the personalities of the children. Some differences were revealed: In addition, young people felt increasingly extroverted, while parents thought they were more introverted. And, at the same time, they classified the reduction of meticulousness of adolescents with less rigor than young people. The divergence may seem initially contradictory. But perhaps it can be explained by the great changes in the relationships between parents and children, triggered by the growing demands of adolescents for greater autonomy and privacy. The researchers emphasize that they may also be using different parameters: The result is in line with other studies that also identified a pattern of transient reduction of positive traits especially kindness and self-discipline at the onset of puberty. In addition, in the German research, parents and children agreed that the kindness had diminished, they only disagreed on how much it had been reduced. Naturally, they are long-term studies that analyze common personality changes among adolescents. Few individual data This type of data in a group setting masks the amount of individual variation that exists from one adolescent to another. The adolescent brain is a good starting point. That factor could contribute to patterns of personality change in adolescence, according to a Norwegian study of based on brain imaging. The researchers examined the brains of dozens of young people twice over a period of two and a half years and asked the parents to analyze the personalities of the children on both occasions. The same was observed in relation to the highest evaluations on the issue of emotional stability. Stress and dislikes It is clear that external factors such as situations of stress or adversity are also intrinsically linked to any change of personality in this phase. Research shows that certain types of stress can have an impact on specific personality changes. In a study published in that counted on the cooperation of American volunteers, the researchers evaluated the personality of the participants, aged between 8 and 12 years, and repeated the procedure three, seven and ten years later. In parallel, the volunteers recorded stressful or adverse experiences that they experienced in adolescence. Researchers believe that the adversities generated by the actions of a young person can be considered more stressful, thus harming the development of their personality. But not everything is harmful. Positive aspects There are investigations that point to the beneficial consequences of personality changes in adolescents. Another study revealed a link between self-confidence in school and positive personality development. Findings like this are flattering

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because they offer clues about how we can create more stimulating environments for teenagers to help develop their personality. For example, a British study conducted among more than 4, adolescents showed that those who presented a low assessment in meticulousness were twice as likely to be unemployed in the future, compared to those who scored high on the same issue. We are very focused on getting teens to study and pass the university entrance exam.

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Chapter 6 : Teen Personality Disorder Treatment | Paradigm Malibu

Borderline personality disorder (BPD) is a common and severe mental disorder that is associated with severe functional impairment and a high suicide rate. BPD is usually associated with other psychiatric and personality disorders, high burden on families and carers, continuing resource utilization, and high treatment costs.

Adults with ADHD experience considerable functional impairment. However, the extent to which comorbid Axis II personality disorders contribute to their difficulties and whether such comorbidities are associated with the childhood condition or the persistence of ADHD into adulthood remains unclear. This study examined the presence of personality disorders in a longitudinal sample of adolescents diagnosed with ADHD when they were 7 to 11 years-old, as compared to a matched, never-ADHD, control group. Participants were years old at follow-up. Data were analyzed using logistic regression and odds ratios OR were generated. Results suggest that ADHD portends risk for adult personality disorders, but the risk is not uniform across disorders, nor is it uniformly related to child or adult diagnostic status. Thus, among many people, ADHD may be conceptualized as a chronic disorder that is not confined to childhood and adolescence. Among adults with ADHD, several studies have indicated elevated rates of comorbid mood, anxiety, and substance use disorders. In addition, adults with ADHD are oftentimes characterized by affective volatility, occupational instability, poor social relationships, and impulsive and self-destructive behaviors that may or may not be related to the presence of ADHD or other Axis I disorders. As such, investigators have recently begun to explore the degree to which Axis II Personality Disorders might account for some of the functional impairment associated with ADHD in adults. According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision, personality disorders are enduring, pervasive behavioral and thinking patterns that are inflexible and maladaptive. Rather than reflecting transient mental or emotional states that may be more indicative of Axis I disorders, personality disorders are characterized by stable attributes of personality that cause distress or impairment in multiple environments. Cluster A disorders are characterized by odd or eccentric behaviors and include Paranoid, Schizoid, and Schizotypal Personality Disorders. Cluster B disorders include Antisocial, Borderline, Histrionic, and Narcissistic Personality Disorders, with behaviors that are dramatic or emotional. Avoidant, Dependent, and Obsessive-Compulsive Personality Disorders comprise Cluster C with behaviors that are anxious or fearful in nature. Numerous studies have shown an association between childhood ADHD and adult antisocial personality disorder, but only a limited number have examined associations between childhood ADHD and other adult personality disorders. Although the link between ADHD and personality disorders may be phenomenological. A recent longitudinal study indicated that young adults with a history of ADHD are more likely than those without such history to have a personality disorder, particularly Antisocial, Histrionic, or Borderline personality disorders. Consistent with this, individuals with a retrospectively documented history of disruptive behavior disorders during childhood, including ADHD, were significantly more likely to have Cluster B personality disorders in general, and Borderline Personality Disorder in particular, when compared to individuals with childhood internalizing disorders. Retrospective studies also suggest a link between childhood disruptive behavior disorders, and non-Cluster B disorders. Lewinsohn and colleagues reported that adults with retrospectively-reported disruptive behavior disorders experienced higher rates of Antisocial, Histrionic, Narcissistic, Schizoid, and Schizotypal personality disorders than those not reporting a history of ADHD behaviors. Additionally, childhood ADHD without comorbid Axis I psychopathology may also increase risk for particular personality disorders. Adults with a history of pure ADHD have greater rates of Antisocial, Histrionic, Narcissistic, and Borderline personality disorders compared with those with a history of comorbid ADHD and internalizing symptomatology. Taken together, these results suggest an association between childhood ADHD and later personality disorder. However, there are a number of limitations inherent to these studies. All but two of the studies linking ADHD with Axis II symptomatology other than

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Antisocial personality disorder have relied on retrospective reporting by clinically-referred adults to make the diagnosis of childhood ADHD. Yet, reliance on retrospective assessment of childhood status in a clinical sample is problematic because of the questionable validity of childhood diagnosis³. Additionally, there may be other confounding variables. For example, in several of the studies of adults with personality disorders, there was either no clear control group²⁵,²⁶ or the control group was poorly matched to the psychiatric group on key demographic characteristics, including sex, age, and comorbid diagnoses. Finally, it is unclear from these studies whether adult personality disorders are linked to a history of childhood ADHD per se, without regard to adult outcomes, or to the persistence of ADHD into adulthood. The primary goal of the present study was to assess, as compared to controls, personality disorders in a longitudinal sample of late adolescents who were diagnosed with ADHD during childhood. A secondary aim was to determine the degree to which personality disorder diagnoses are linked to the persistence of ADHD symptoms into adulthood as opposed to the childhood condition per se. It was hypothesized that as compared to matched controls, youth previously diagnosed with ADHD would have elevated levels of Cluster B, but not Clusters A or C personality disorders, and that increased rates of personality disorder would be associated primarily with the persistence of ADHD into adolescence. These participants with childhood ADHD were compared to 85 community controls. All participants were between 16 and 26 years of age mean age. Participants represented a diverse population with. Most of the participants were urban dwellers living in a large metropolitan area at the time of evaluation. All participants and their participating parent were proficient in English. Demographic characteristics by group are summarized in Table 1.

Chapter 7 : Millon's Adolescent Personality Inventory

The MACI test was specifically designed to evaluate adolescents with clinical symptoms, and the normative population consists of adolescents in a variety of clinical settings. The MAPI test was designed to identify adolescent personality characteristics and was normed primarily on individuals in settings where clinical problems were not assumed.

Chapter 8 : Personality and well-being in adolescents

Evaluations of adolescent treatment programs suggest: A) placing adolescents who experiment with drugs into treatment programs has been effective in preventing escalation to drug abuse. B) drug treatment programs for adolescent substance abuse are more effective when the adolescent's family is involved in therapy with the adolescent.

Chapter 9 : Evaluations for Children, Adolescents, and Adults - Carolina Psychological Associates

Future studies, especially those utilizing prospective longitudinal data, ideally conducted in a slightly older sample and with multiple time points for analysis of personality traits, may further elucidate the relationships between ADHD in childhood and adolescence and personality disorders in early adulthood.