After all of this treatment, why isn't he/she better?

Common Causes of Treatment Resistance and Possible Solutions

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What is Borderline Personality Disorder?

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A pervasive pattern of instability of interpersonal relationships, self-image and affects, and marked impulsivity beginning by early adulthood ..., as indicated by five (or more) of the following:

1. Frantic efforts to avoid real or imagined abandonment
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
3. Identity disturbance: markedly and persistently unstable self-image or sense of self
4. Impulsivity in at least two areas that are potentially self-damaging
5. Recurrent suicidal behavior, gestures, or threats or self-mutilating behavior
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety)
7. Chronic feelings of emptiness
8. Inappropriate, intense anger or difficulty controlling anger
9. Transient, stress-induced paranoid ideation or severe dissociative symptoms

What Causes BPD?

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NO ONE KNOWS FOR SURE

But here are some theories and/or risk factors:

1. Genetics
2. Brain abnormalities
3. Poor attachment in childhood
4. Poor ability to mentalize
5. “Split” sense of self and others
6. Abuse and neglect

Remission and Recovery from BPD

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McLean Study of Adult Development

(Zanarini MC, et al. *Am J Psychiatry. 2012;169:476-483)*

A long-term study of 362 McLean Hospital inpatients diagnosed with personality disorders (290 with BPD)

Remission = No longer meet symptom criteria for BPD

Symptomatic remission after 16 years:

99% achieved a 2-year remission (36% recurrence rate)

78% achieved an 8-year remission (10% recurrence rate)

Recovery = Remission + Relationship + full-time work/school

Recovery rates after 16 years:

60% achieved a 2-year recovery (44% lose the recovery)

40% achieved an 8-year recovery (20% lose the recovery)

What does remission look like?

Why the lower rates of recovery?

What is Treatment-Resistant BPD?

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- No clear definition
- Working definition ***might*** include the following:
  - Continued self-harm and/or frequent suicide attempts after one or more years of treatment
  - Serious symptoms of depression, anxiety, mood instability, and/or impulsivity that interfere with functioning after two or more years of treatment
  - Serious impairment of functioning (lack of job, or inability to successfully participate in school, or lack of friends or social contacts, or serious trouble/outbursts with others) after two or more years of treatment
  - Repeatedly dropping out of treatment, despite continued symptoms or functional impairment

What causes treatment-resistance?

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NO ONE KNOWS FOR SURE

- But here are some possibilities:
  - Less-than-optimal treatment
  - Wrong diagnosis
  - Uncoordinated treatment/splitting
  - Incorrect or unrealistic expectations of different aspects of treatment, especially medications
  - Incorrect or too many medications
  - Other diagnoses that aren't recognized or addressed
    - Especially ongoing trauma or substance use/abuse
  - Having a worse illness than others have – (multiple etiologies, more brain dysfunction, etc.)
  - Mindsets

Is it really just BPD?

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Psychiatric Co-occurring Conditions

- Mood Disorders
  - Depression
  - Bipolar Disorder
- Substance Abuse
- Eating Disorders
- Posttraumatic Stress Disorder
- Anxiety Disorders
- Dissociative Identity Disorder
- Attention Deficit/Hyperactivity Disorder
- Other Personality Disorders

Medical Co-occurring Conditions

- Headaches
- Fibromyalgia
- Chronic Fatigue Syndrome
- Irritable Bowel Syndrome
- Premenstrual Dysphoric Disorder
- Temporomandibular Joint Disorders
- Obesity (BMI≥30)
- Osteoarthritis
- Diabetes
- Hypertension
- Chronic back pain
- Urinary incontinence

Mindsets

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Mindset: The New Psychology of Success

(Carol Dweck, PhD; 2007)

- **Fixed Mindset**

  People are born with inherent traits (such as IQ) and success is based largely on these inherent traits

- **Growth Mindset**

  People can learn new things and grow, so success is based on how hard they work to learn new things, and how flexible and adaptable they and their teachers, parents, or managers can be in helping them learn

- **Example:** Child having difficulty learning math

Mindsets: Borderline Personality Disorder

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Fixed Mindset

- BPD is a disorder that persists for life
- Examples:
  - "She'll always be moody and irrational. It must be genetic."
  - "I don't know how she'll ever be able to take care of herself."
  - "He'll never change!"
  - "She must want to be this way, because she keeps doing the same things."
  - "She's so broken and weak… maybe she's just too damaged to get better."
  - "I will need to be in therapy for the rest of my life."
  - "I'll never be able to take care of myself."

Growth Mindset

- BPD symptoms remit in 99% of people for at least 2 years
- Examples:
  - "The symptoms of BPD can be challenging and interfere with life, but they can be understood, and people can learn new skills to better manage the symptoms, or become symptom-free."
  - "This is an extremely difficult time, but it won't last forever."
  - "She has been trying these skills for a month now and they aren't working. Maybe we need to figure out why, or come up with other strategies for her to use."
  - "Even though the last job didn't work out, maybe we should try again."

Mindsets: Borderline Personality Disorder

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Fixed Mindset: Results

- Often leaves people feeling hopeless and helpless
- Leads to enabling or excessive caretaking
- Leads the BPD sufferer to expect to be taken care of, or be suicidal

Growth Mindset: Results

- Assumes that the person with BPD is capable of overcoming symptoms, functioning in life, and caring for him/herself
- Leaves people feeling determined to find solutions
- Encourages patience with trial and error to see what will work

Mindsets: Borderline Personality Disorder

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I'm unlovable!

(but desperately need to be loved)

- A common mindset that interferes with recovery from BPD
- Consistent with a fixed mindset
  - "I'm so messed up, no one will ever love me."
  - "If he really knew everything about me, he would leave me."
- Can lead to helpless and suicidal stance, or desperate and clingy stance
- Can lead to a desire to remain in the sick role
  - "Being sick is the only reason anyone will pay attention to me."
- Can lead to promiscuity
  - "The only way to get someone to be with me is to have sex."
- Can lead to distortions, anger outbursts, and erratic behavior in romantic relationships
  - "Why is he with me? He's either using me somehow, or really stupid."
- Can lead to excessive and unrealistic expectations of the need to be perfect
- Can lead some people to remain in abusive relationships.

Mindsets: Borderline Personality Disorder

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It's not my fault!

- The person who often blames others or circumstances for their less-than-desirable behaviors or their lack of progress in treatment
  - the perpetual "victim" who lacks ownership over own life
- Can develop from PTSD, feeling that life has been unfairly difficult, feeling weak and vulnerable, wanting people to rescue, trying to understand or explain illness/symptoms
- In some cases, can lead clinicians and loved ones to excessively caretake and enable, trying to rescue the person
- But it can also lead clinicians and loved ones to get burned out, stop believing the person, and give up

Mindsets: Borderline Personality Disorder

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My life has no meaning.

- Confusion about meaning and purpose in life can be more common in BPD:
  - Identity disturbance
  - Chronic feelings of emptiness
  - Depression and hopelessness
- Identity can become “chronic patient”
- Continued symptoms
- Fear of relapse
- Meaning and purpose form the basis for treatment, and a better life

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What to do?

- Address these mindsets/beliefs directly
- Validate FEELINGS and BELIEFS
  - You first have to “get it”
- Then you can share your concerns and your own beliefs
  - Agree to disagree, for now
- Try to understand how he/she came to these conclusions
- Help him/her solve own problems – avoid doing it for him/her (which can encourage the fixed mindset)

Treatments for BPD

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- Psychotherapy
- Medications
- Hospitalization
- Other “prescriptions”

Psychotherapy

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- Many Types:
  - Dialectical behavior therapy (DBT)
  - Mentalization based treatment (MBT)
  - Transference focused psychotherapy (TFP)
  - Systems training for emotional predictability and problem solving (STEPPS)
  - Schema focused psychotherapy
  - Cognitive behavior therapy (CBT)
  - Good psychiatric management (GPM)
- Weekly individual sessions usually warranted, possibly twice weekly in some cases. Much more than that can lead to over-dependence upon therapist, reinforce a passive stance, and reward being "sick."
- If one approach or therapist isn't working, can try another approach or therapist
- Therapeutic alliance is critical. If not present, talk to therapist about this, and if it can't be resolved, look for another therapist
- Progress in therapy should be clear and measurable over time
- Consider a consultation if clear progress isn't being made

Medications

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- No medication is FDA-approved for the treatment of BPD
- Medications can play a role in treating some of the symptoms of BPD
  - **Affective dysregulation** (e.g. depression, lability, anger, rejection sensitivity)
    - Antidepressants and mood stabilizers
  - **Impulsivity** (e.g. violence, self-injurious behaviors, sex, reckless driving, binge eating)
    - Antidepressants, mood stabilizers, antipsychotics, opioid antagonists
  - **Cognitive/perceptual distortions** (e.g. paranoia, hallucinations, dissociation)
    - Antipsychotics
- Atypical Antipsychotics are the best studied and treat most of the symptom categories

Medications

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- Most psychiatric medications take at least 2 weeks to even show a hint of working, and 6-12 weeks for the full effect. That's 2-3 months!
- Many patients and clinicians do not wait this long to assess effects.
- Increasingly, the American population is looking for pills to solve all problems
  - **"Isn't there a pill for that?"**
- Unfortunately, medications do not fix all problems of BPD, and they don't work for everyone.
- In some cases, medications can be the **cause** of psychiatric symptoms!
  - Too many medications (more than 3 or 4) can cause a myriad of symptoms.
  - We now know that medication withdrawal can mimic severe depression and can cause acute suicidality. If a patient is intermittently taking and not taking medications, this can result in mood instability and other symptoms. If medications are being started and stopped, or changed frequently because of ongoing symptoms, this can exacerbate symptoms of BPD and other psychiatric illnesses.
- Over-reliance on medications to solve the problems of BPD can be a cause of treatment resistance

Medications

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Recommendations:

- Despite the aforementioned concerns, medications can/should be tried to see if they are helpful. Medication choices should be based on symptoms. At a minimum, should try:
  - At least two trials of different antidepressants, each taken for at least 2 months
  - At least two trials of atypical antipsychotics, each taken for at least 2 months
- Avoid prescribing new medications in reaction to the crisis of the day – can cause more problems than it solves. Instead, focus on coping strategies to more effectively deal with crises.
- Avoid too many medications
- If you need to stop a medication, taper off of it very slowly, and look out for withdrawal symptoms (not to be confused with needing the medication)
- If a person is not doing well and on more than 5 medications, taper off of some of them
- Be clear about measuring the effect of medication trials after an appropriate amount of time, usually 2 months
- If symptoms persisting, can/should continue to slowly try new medications

Hospitalization

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- Inpatient hospitalization (locked unit)
  - Should be used for emergencies of safety (e.g. suicide attempts)
  - Can often lead to regression and a worsening of symptoms, so should be kept as short as possible
  - Can reinforce/reward the "sick role"
- Partial hospitalization (daily, intensive group therapy)
  - Usually lasts 1-3 weeks
  - Can be helpful when in crisis or unable to function
  - Can be helpful when outpatient treaters are feeling overwhelmed and unsure about treatment
- Residential treatment (unlocked, longer-term treatment)
  - Usually lasts 2-6 months
  - Can be helpful when outpatient treatment is failing to work
  - Unfortunately, insurance coverage can be difficult

Other “prescriptions”

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1. **Structure**
   - Lack of structure can be detrimental to recovery process

     “Why get out of bed? There’s nothing for me to do except feel depressed.”
2. **Sleep**
   - Lack of regular sleep, or disrupted circadian rhythm, can exacerbate BPD symptoms, and interfere with recovery process (e.g. can’t get to work or school)
   - Medications can sometimes be useful
   - Sleep hygeine / Computerized CBT-I can help
   - Light therapy can often regulate circadian rhythm, and can also help with depression
3. **Relationships - friends, family, romantic relationships**
4. **Exercise**

Other “prescriptions”

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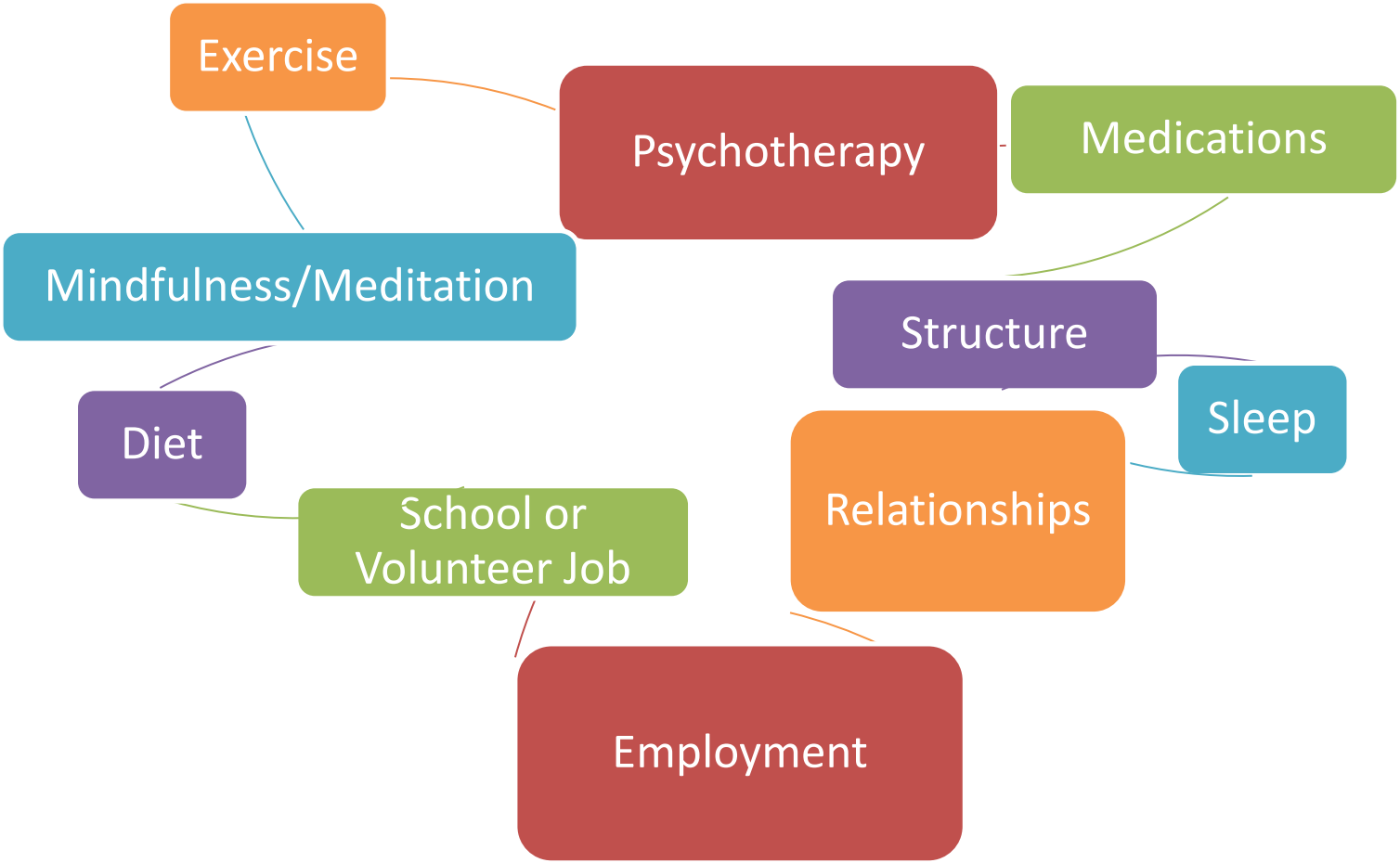
4. **Mindfulness/meditation**
5. **Diet**, preventing obesity, or losing weight if already obese
6. **School or volunteer job** – in preparation for employment
7. **Employment**
   - Employment is difficult for many with BPD
     - Impaired stress tolerance
     - Impaired conflict resolution skills
   - However, these are “learnable” skills (growth mindset)
   - Many have a fixed mindset of BPD, and never encourage employment because they assume it’s impossible, or fear relapse
   - If framed in the context of “meaning and purpose in life,” many patients can and should engage in the process of learning the skills needed to effectively manage employment

Putting It All Together



Questions?

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