Inpatient Hospitalizations: Providing a Crash Course in Treatment for Borderline Personality Disorder

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Discussion

- Identifying Borderline Personality Disorder (BPD) traits during a time-limited hospitalization
- Individual and group treatment to build one's "toolbox" of skills, contain a crisis, and stabilize safety
- Treatment recommendations and aftercare options

Borderline Personality Disorder (BPD)

- Personality Disorder
  - Pervasive impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits
- DSM 5 Criteria for BPD
  - Instability of interpersonal relationships, self-image, affect, and marked impulsivity

- Frantic efforts to avoid real or imagined abandonment
- Pattern of unstable and intense interpersonal relationships
- Affective instability/reactive mood
- Inappropriate and intense anger, difficult to manage
- Chronic feelings of emptiness
- Identity disturbance/unstable self-image
- Transient, stress-related paranoid ideation or severe dissociative symptoms
- Impulsivity/self-damaging behavior
- Recurrent suicidal behavior

BPD in the Community

- Dysregulation, impulsivity, safety concerns = highest ER and inpatient service utilization of any psychiatric disorder
- General Population- 1-3%
- Prevalence in inpatient settings- 15%-25%
- High utilizers of inpatient psychiatric services (high recidivism rate)
- High rate of comorbidity

Inpatient Hospitalization

- Criteria
  - Diagnosis
  - Acute symptoms
  - Significant/immediate safety (self and others)
  - Impact on basic functioning
  - Higher level of care is clinically indicated
    - Complicated medication evaluation
    - Difficulty stabilizing at lower levels of care

- Structure
  - Average length of stay 5-7 days
  - Locked unit
  - 24 hour staff and safety checks
  - Milieu
  - Treatment team
  - Treatment plan

Paths to Hospitalization

- Community referral
  - Outpatient
  - Other level of care
- Self-referral
  - Recommendation that hospitalization be reviewed with outpatient team
  - Process of securing a bed
  - Potential need to be evaluated at medical hospital
- Emergency room or general medical unit transfer
- Voluntary
- Involuntary
  - (Section 12- in MA/Pink Slip/Commitment)
- *3-day notice (once hospitalized)

Treatment

- Individual, Group, Milieu
- What precipitated hospitalization?
- Safety assessment and stabilization
- Skills
  - Time-limited
  - Stabilization/Containment
- Psychiatric Interventions
  - Medication evaluation and management
  - ECT
  - TMS
- Collateral Information
  - Supports
  - Family meeting
  - Outpatient team
- Discharge and Aftercare Planning
  - Step-down plan

Longer-term Inpatient Hospitalizations

- Concern- iatrogenic effects, regression, avoidance
  - Study of extended inpatient hospitalization (2-8 weeks) trained in mentalization (Fowler, Clapp, Madan, Allen, Frueh, Fonagy, Oldham, 2018)
    - No difference in clinical deterioration from non-BPD
    - Can result in functional and symptomatic improvement
- Extended, specialized inpatient hospitalizations are rare and often costly
- May be cost effective if client is not improving with typical treatment

Why Not Hospitalize?

No empirical consensus for patients with BPD

- Concern- iatrogenic effects, regression, avoidance
- Emotionally intense environment
- Gratification of dependency or paranoid combativeness
- Improvement minimal at 1 week
- Acute focus
  - Not establishing new directions in therapy
  - Focus is not on long-term patterns

Why Not Hospitalize?

- Shift in culture/mental health delivery policies
- Effective evidence-based outpatient treatments and alternative levels of care
- Maintain functioning, no disruption or avoidance of daily life, “life worth living”
- Use skills/coaching

Why Hospitalize?
…for Symptoms

- Persistent/severe safety concerns
  - Suicidality
  - Self-destructiveness
  - Significant threat towards self or others
- Transient psychotic symptoms
- Significant impairment or decompensation in daily functioning
- Comorbid disorder
- Refractory symptoms
- Complex medication assessment or psychiatric treatment (ECT, TMS)

Why Hospitalize?
…for Structure

- Containment of intolerable affect states
- Break the cycle of outpatient trials/safety issues
- Specific treatment plan
- Structure, therapeutic community/milieu

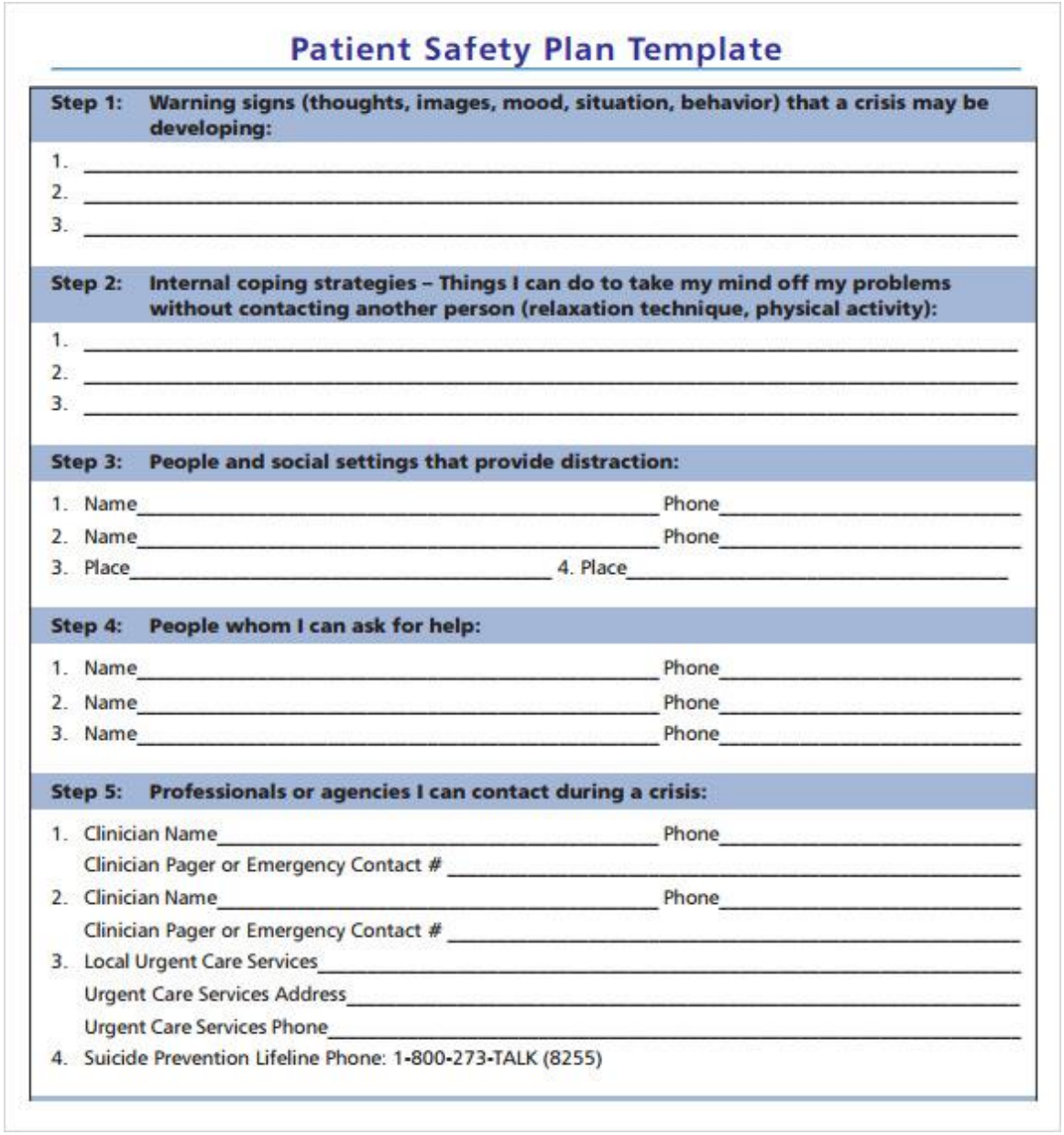
- *Hospitalization is not a punishment
- *Recommend that hospitalization be a joint decision

Inpatient Goals

- What do I want to have be different by the time of discharge?
  - Time-limited and goal-oriented treatment
- What is happening to me?!
  - Recognizing diagnostic traits
- Ok, so how do I feel better?!
  - Safety, functioning, and acute symptom stabilization
- What next?!
  - Aftercare options

Safety

- Evaluate risk
  - Suicidal ideation, plan, intent
  - History of safety concerns
  - Protective factors
- Deepening commitment to safety controls
  - Safety/Crisis plan – safe enough to be outside of an inpatient setting
  - Imagery can be a powerful tool- suicide “on the back burner,” “conveyer belt,” “in a box”
- Urges to self-harm
- Thoughts of harming others
- Issues with violence
- Domestic Violence resources



Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

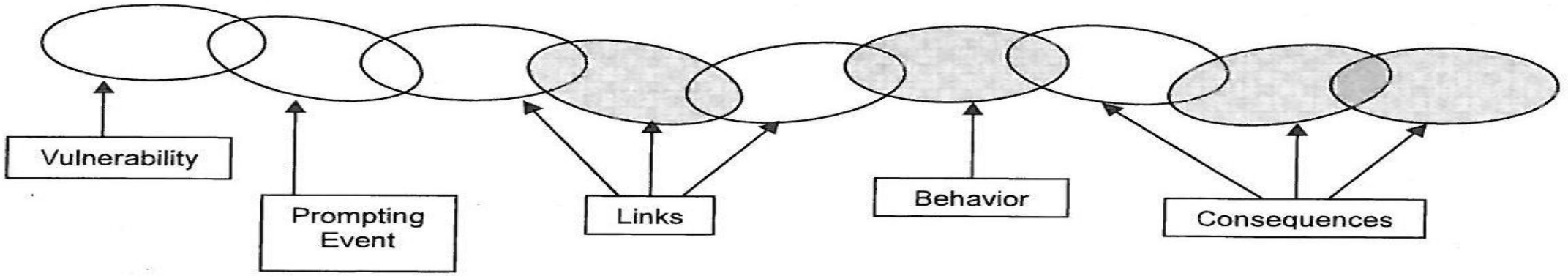
1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

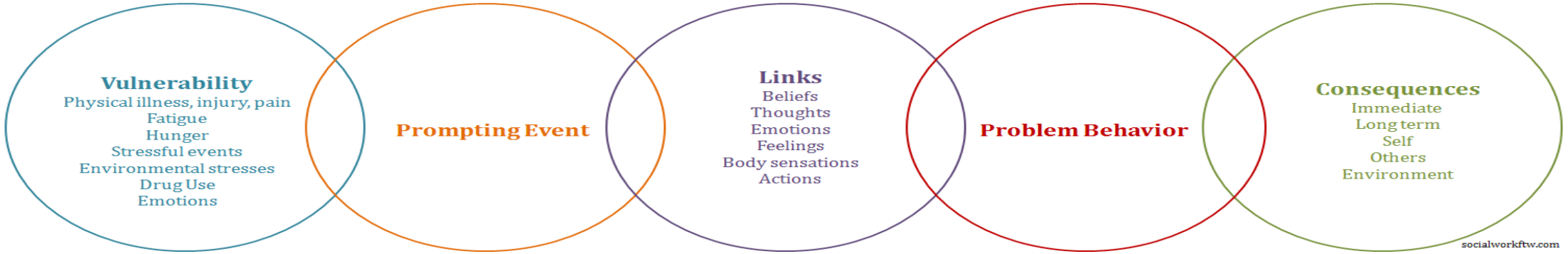
Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

How did this happen?!

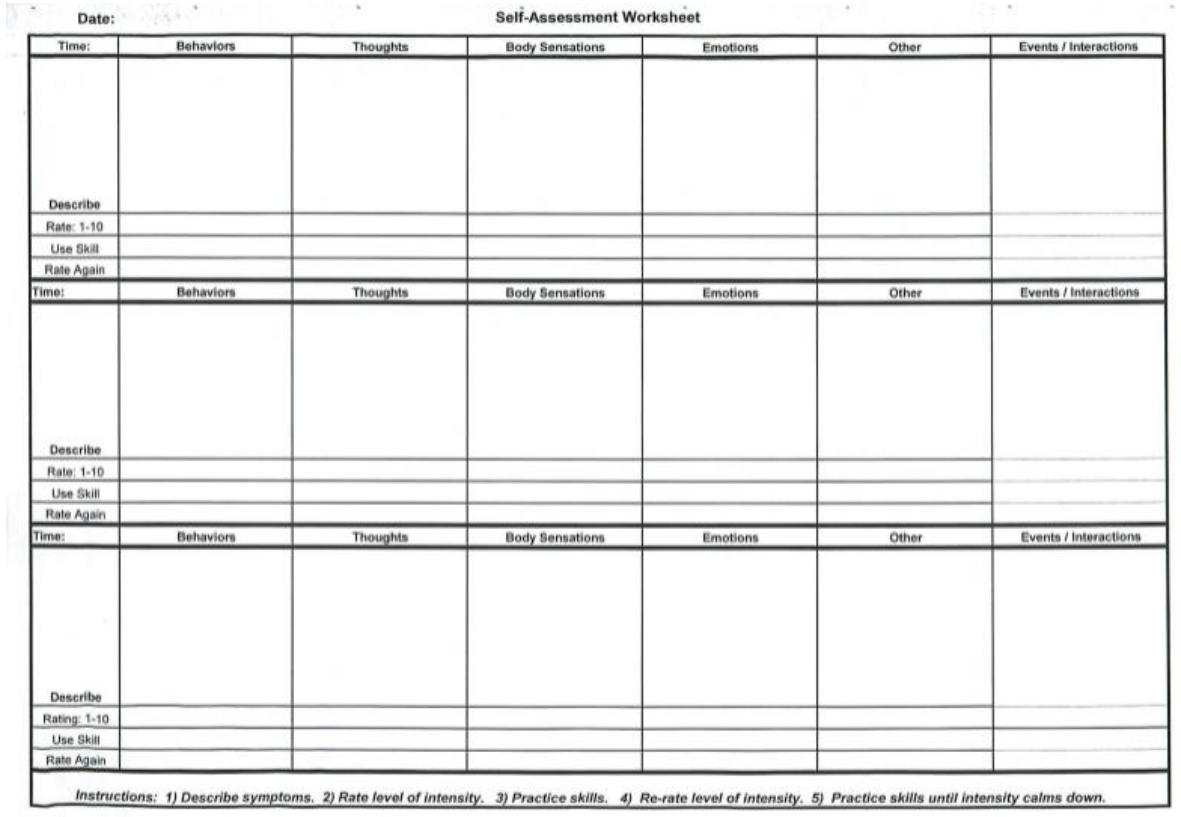
- Chain Analysis
  - DBT- A non-judgmental way of analyzing what it is, how it started, what keeps the behavior repeating, where/how to intervene, consequences





Skills

- Group treatment is key
- Introduction to or review of coping strategies
- DBT
  - Mindfulness and distress tolerance tools helpful and frequently used
  - DEARMAN preparation for family/team meeting
- Self-assessment
- Self-care
- Create/build a “toolbox”
- Make a plan



Date: Self-Assessment Worksheet

Time:	Behaviors	Thoughts	Body Sensations	Emotions	Other	Events / Interactions
Describe						
Rate: 1-10						
Use Skill						
Rate Again						
Time:	Behaviors	Thoughts	Body Sensations	Emotions	Other	Events / Interactions
Describe						
Rate: 1-10						
Use Skill						
Rate Again						
Time:	Behaviors	Thoughts	Body Sensations	Emotions	Other	Events / Interactions
Describe						
Rating: 1-10						
Use Skill						
Rate Again						

Instructions: 1) Describe symptoms. 2) Rate level of intensity. 3) Practice skills. 4) Re-rate level of intensity. 5) Practice skills until intensity calms down.

Coping Strategies and Crisis Management

- Skills
  - Mindfulness*
  - Distress tolerance*
  - Emotion regulation
  - Interpersonal effectiveness
  - Grounding
- Charting emotional levels of distress and healthy coping strategies
- “Cope Ahead” plan

COPING and CRISIS PLAN **SELF ASSESSMENT: RED FLAGS OF DISTRESS** **SIDE ONE** JULY 2010

Distress Level	Red Flag Behaviors	Red Flag Negative Thoughts	Red Flag Body Sensations	Red Flag Emotions
1-2: mild	Bite nails ~ Stop using seat belt ~ Space out	Life sucks. ~ I'm a loser. ~ No one understands. ~ Other people's needs are more important than mine.	Headache ~ tired or fatigued ~ Clench teeth	Blue ~ Fragile ~ Glum ~ Impatient ~ Cranky
3-4: moderate	Stop answering phone ~ Over sleep ~ Late to work ~ Cry easily ~ Skip meals ~ Stay in bed	I must be really weak if I can't fix this myself. ~ I give up. ~ No one likes me. ~ This situation is hopeless	Head throbbing~ Joint pain ~ Tension in neck ~ Listless	Sad ~Alone ~ Discouraged ~ Anxious ~ Invalidated ~ Irritable
5-6: high	Miss therapy appointments ~ Poor ADLS (stop brushing teeth and showering) ~ Stomp around ~ Reckless behaviors (specify)	Nobody cares. ~ I must be unlovable. ~ Everybody knows I'm a fraud. ~ this is all my fault. ~ self harm thoughts (I need to cut to feel better.) Intrusive memories of trauma	Shallow breathing ~ Lethargic ~ Stomachache ~ Migraine	Fearful ~ Overwhelmed ~ Humiliated ~ Abandoned ~ Angry
7-8:severe	Stop trying to get things done ~ Miss work ~ Self harm (specify) ~ Cancel social events ~ Pick fights with friends ~ Drink or use drugs	I can't do this. ~ I'm not going to even try. ~ This is a disaster. ~ I'm just want to die. ~ specific suicidal thoughts	Difficulty breathing ~ Shaky ~ Rapid heartbeat ~ Flashbacks ~ Nausea	Desolate ~ Panicked ~Forsaken ~ Victimized ~ Furious
9-10: crisis	Total avoidance of friends ~ Angry outbursts ~ Increased substance use & self-harm ~ Overmedicate	I hate myself. ~ I am worthless. ~ I am a burden to my family and friends. ~ Preoccupation with suicide plan ~ Racing thoughts.	Body memories ~ Paralyzed ~ Whole body tension ~ Racy & rapid heartbeat ~ Revved	Hopeless ~ Rejected ~ Despairing ~ Desperate ~ Terrified ~ Enraged

COPING and CRISIS PLAN **SKILLS and INTERVENTIONS** **SIDE TWO** JULY 2010

Distress Level	Distress Tolerance Skills	Expression ~ Social Connection	Self Care ~ Mindfulness ~ Grounding	Alternative Thoughts ~ Affirmations
1-2: mild	Go for a walk ~ Listen to upbeat music ~ Read ~ Organize house ~ Watch a romantic comedy	Paint ~ ~ Write a poem ~Call (name of friend) to chat ~ Go to dinner with a friend	Count breaths ~ Mindfully drink a cup of tea or cool beverage ~ Take a shower	Life is challenging but I have tools to manage. ~ My needs are just as important as others. ~ Thoughts aren't facts and feeling like a loser doesn't make me a loser.
3-4: moderate	Jog ~ Walk to the store ~ Window shop ~ Clean the house ~ Pay bills ~ Watch TV ~ Pet cat	Make a collage ~ Journal ~ Meet (name of friend) at a coffee shop ~ Go to a movie ~ Email a friend	Take a mindfulness walk ~ Practice yoga poses or Tai Chi ~ Meditate ~ Look at a travel manages ~ Take a bubble bath	It is o.k. to ask for help. ~ This would be hard for anybody. ~ I don't have to be perfect. ~These people love and care about me (names of people).
5-6: high	Walk around the block ~ Listen to music ~ Bake a treat ~ Play with pet ~ Clean one room of the house	Write letter about what would like to say & rip up ~ Go to the mall alone or with (name of friend) ~ Call (name of friend) and vent ~ Go online	Visualize a soothing or safe place ~ Aroma therapy - use hand lotion, massage oil, scented candle ~ Take a hot shower ~ Do yoga ~ Stretch ~ Pray ~ Throw a tennis ball against a wall	I have been here before and have survived. ~ I have many strengths including (list strengths). ~ It is ok to feel angry. ~ I am an adult and have many skills that I did not have as a child.
7-8:severe	Take a warm or cool shower ~ Surf the WEB ~ Clean out a drawer ~ Look at photographs of people you care about ~ Sit outside in the sun	Stay with a friend or family member ~ Go to the library ~ Call a support person ~ Go to a 12-step or self-help meeting ~ Call therapist	Take a PRN medication ~ Count backwards from 100 ~ Squeeze a rubber ball ~ Do jumping jacks or chair stretches ~ Listen to music	I am doing the best that I can. ~ This feeling will pass. ~ I will be okay. ~ Think about the people who love me. ~ Feelings can't hurt me but behaviors can. ~ I don't always feel this bad.
9-10: crisis	Make a list of good things in your life ~ Curl up in favorite chair with a blanket ~ Brush hair ~ Read a magazine	Call therapist ~ Put yourself with people (names of people) ~ Call 911 or go to ER ~ Remember people who love you	Take a PRN medication ~ Inhale peace & exhale fear ~ Hold something soft ~ Smell a favorite scent ~ Listen to a relaxation CD ~ Hold ice or a frozen orange	I deserve to live. ~ I can breathe through this feeling like a wave. ~ (Names of people) will be hurt if I act on my self-destructive thoughts.

Psychoeducation

- Why is this happening to me?!
- Clarification
  - Diagnostic traits
  - Treatment options
- Destigmatizing stigma of hospitalizations

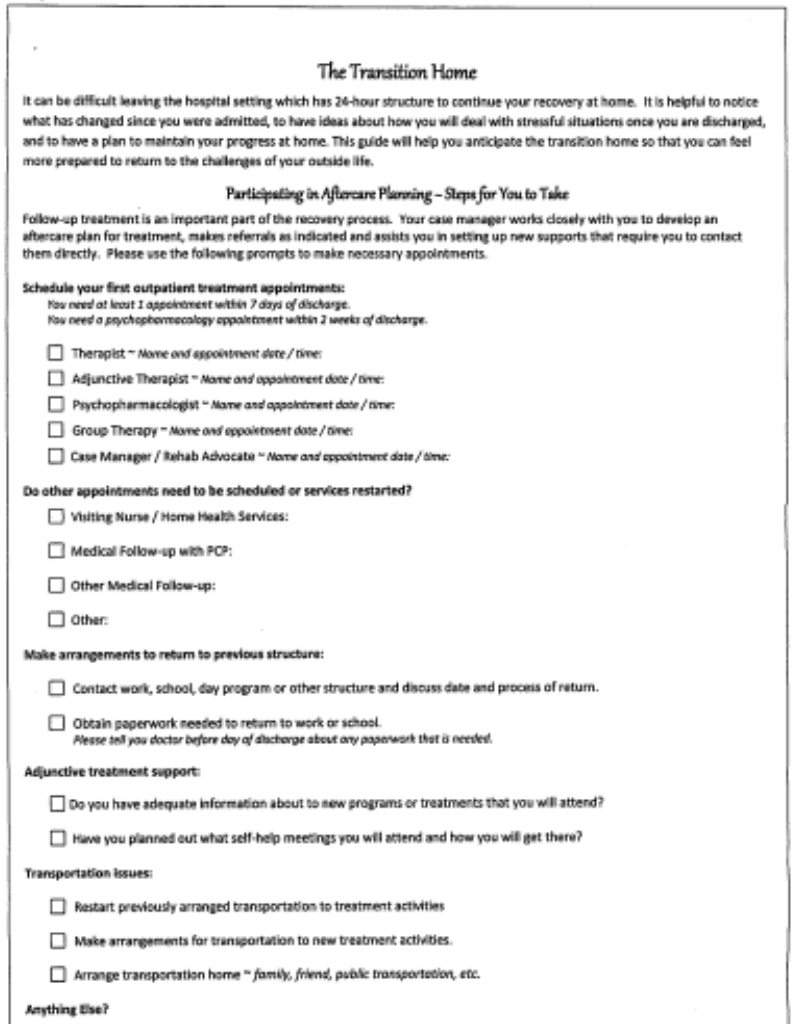
Family and Team Meetings

- Orient to inpatient unit
- Review treatment goals
- Clarification/Communication
- How can I be helpful?
- Attempt to resolve a conflict
- Discuss safety
- Aftercare
- Discharge
- Review outpatient resources for families

Aftercare Planning

- Collaborate with team/family
- Residential Treatment (ART)
- Partial Hospitalization (PHP)
- Intensive Outpatient Treatment (IOP)
- Outpatient treatment
- Additional Structure and Support

Discharge Planning



The Transition Home

It can be difficult leaving the hospital setting which has 24-hour structure to continue your recovery at home. It is helpful to notice what has changed since you were admitted, to have ideas about how you will deal with stressful situations once you are discharged, and to have a plan to maintain your progress at home. This guide will help you anticipate the transition home so that you can feel more prepared to return to the challenges of your outside life.

Participating in Aftercare Planning – Steps for You to Take

Follow-up treatment is an important part of the recovery process. Your case manager works closely with you to develop an aftercare plan for treatment, makes referrals as indicated and assists you in setting up new supports that require you to contact them directly. Please use the following prompts to make necessary appointments.

Schedule your first outpatient treatment appointments:
You need at least 1 appointment within 7 days of discharge.
You need a psychopharmacology appointment within 2 weeks of discharge.

- ☐ Therapist ~ *Name and appointment date / time:*
- ☐ Adjunctive Therapist ~ *Name and appointment date / time:*
- ☐ Psychopharmacologist ~ *Name and appointment date / time:*
- ☐ Group Therapy ~ *Name and appointment date / time:*
- ☐ Case Manager / Rehab Advocate ~ *Name and appointment date / time:*

Do other appointments need to be scheduled or services restarted?

- ☐ Visiting Nurse / Home Health Services:
- ☐ Medical Follow-up with PCP:
- ☐ Other Medical Follow-up:
- ☐ Other:

Make arrangements to return to previous structure:

- ☐ Contact work, school, day program or other structure and discuss date and process of return.
- ☐ Obtain paperwork needed to return to work or school.
  Please tell you doctor before day of discharge about any paperwork that is needed.

Adjunctive treatment support:

- ☐ Do you have adequate information about to new programs or treatments that you will attend?
- ☐ Have you planned out what self-help meetings you will attend and how you will get there?

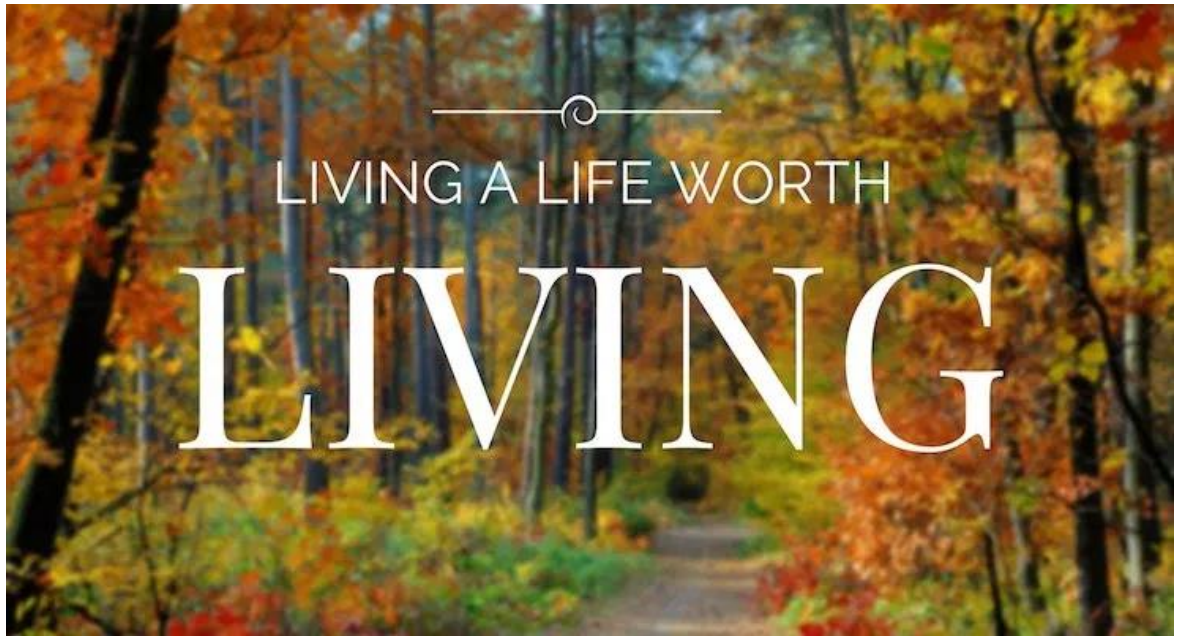
Transportation issues:

- ☐ Restart previously arranged transportation to treatment activities
- ☐ Make arrangements for transportation to new treatment activities.
- ☐ Arrange transportation home ~ *family, friend, public transportation, etc.*

Anything Else?

- Preparing for transition
  - What has changed/improved?
  - What have you learned?
  - Early warning signs of a setback?
  - What will you say to work? Family? Friends?
  - How will you create balance?
  - Discuss crisis plan + rehospitalization
- Recommit to life outside of the hospital setting
  - Inpatient artificial environment → Real world
  - Outpatient treatment
  - Job/School/Family commitments

Next Steps



Questions ?