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

Rebecca Schulman LICSW
Senior Clinical Social Worker
Dissociative Disorders and Trauma Inpatient Program
McLean Hospital
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,” “conveyor belt,” “in a box”
- Urges to self-harm
- Thoughts of harming others
- Issues with violence
- Domestic Violence resources
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
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

<table>
<thead>
<tr>
<th>Distress Level</th>
<th>Red Flag Behavior</th>
<th>Red Flag Bodily Reactions</th>
<th>Red Flag Emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 weeks</td>
<td>Bile nails - Stop using seat belt</td>
<td>Life sucks - I’m a loser. - You are understand - Other people's needs are more important than mine.</td>
<td>Headache - Tired or fatigued - Clench teeth - Blue - Fragile - Glum - Impatient - Cranky</td>
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<tr>
<td></td>
<td>Stop answering phone - Over eat - Late to work - Go to waste - Skip meal - Stay in bed</td>
<td>I must be really weak if I can’t fix this myself. - I gave up. - No one likes me. - This situation is hopeless</td>
<td>Head throbbing - Joint pain - Tension in neck - Listless - Sad - None - Discouraged - Anxious - Irritated - Inflatable</td>
</tr>
<tr>
<td>3+ months</td>
<td>Miss therapy appointments - Poor ACLS (stop brushing teeth and smoking) - Stamp around - Redress behaviors (specify)</td>
<td>Nobody cares. - I must be unlovable. - Everybody knows I’m a trash. - This is all my fault - Self harm thoughts (I need to cut to feel better.) Intuitive memories of trauma</td>
<td>Fearful - Overwhelmed - Humiliated - Abandoned - Angry</td>
</tr>
<tr>
<td></td>
<td>Stop trying to get things done - Miss work - Self harm (specify) - Cancel social events - Pick fights with friends - Drink or use drugs</td>
<td>I can’t do this. - I’m not going to try. - This is a disaster. - I just want to die - Specific suicide thoughts</td>
<td>Difficulty breathing - Shaky - Rapid heartbeat - Flasheads - Nausea - Desperate - Paralyzed - Foskated - Drunken - Furious</td>
</tr>
<tr>
<td></td>
<td>Total avoidance of friends - Angry outbursts - Increased substance use 66% FCM - Over medicate</td>
<td>I hate myself. - I am worthless. - I am a burden to my family and friends. - Pressures with suicide plan - Risking thoughts</td>
<td>Hopeless - Rejected - Despaired - Desperate -terrified - Emerged</td>
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#### Skills and Interventions

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<tr>
<th>Distress Level</th>
<th>Distress Tolerance Skills</th>
<th>Expression - Social Connection</th>
<th>Self Care - Mindfulness - Grounding</th>
<th>Alternative Thoughts - Attenuation</th>
</tr>
</thead>
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<td>1-2 weeks</td>
<td>Go for a walk - Listen to upbeat music - Read - Organize house - Watch a romantic comedy</td>
<td>Paint - Write a poem - Call (name of friend) - To chat - Go to dinner with a friend</td>
<td>Count breaths - Mindfully drink a cup of tea or cold beverage - Take a shower</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Jog - Walk to the store - Window shop - Clean the house - Play bills - Watch TV - Pet cat</td>
<td>Make a collage - Journal - Meet (name of friend) - at a coffee shop - Go to a movie - Email a friend</td>
<td>Take a mindfulness walk - Practice yoga poses or Tai Chi - Meditate - Look at a travel manages - Take a bubble bath</td>
<td>It is ok 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).</td>
</tr>
<tr>
<td>3+ months</td>
<td>Walk around the block - Listen to music - Take a treat - Play with pet - Clean one room of the house</td>
<td>Write letter about what would like to say &amp; rip up - Go to the mall alone or with (name of friend) - Call (name of friend) and vent - Go online</td>
<td>Visualize a soothing or safe place - Aroma therapy - Use hand lotion - massage oil - scented candle - Take a hot shower - De yoga - Stretch - Pray - Throw a tennis ball against a wall</td>
<td>I have been here before and have survived - I have many strengths (include list strengths) - It is ok to feel angry - I am an adult and have many skills that I did not have as a child.</td>
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<td></td>
<td>Take a warm or cool shower - Surf the WEB - Clean out a drawer - Look at photographs of people you care about - Gil outside in the sun</td>
<td>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</td>
<td>Take a PRN medication - Count backwards from 100 - Inhale - rubber ball - De jumping jacks or chair stretches - Listen to music</td>
<td>I am doing the best that I can - This feelings 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.</td>
</tr>
<tr>
<td>3+ years</td>
<td>Make a list of good things in your life - Curl up in favorite chair with a blanket - Brush hair - Read a magazine</td>
<td>Call therapist - Put yourself with people (names of people) - Call 911 or go to ER - Remember people who love you</td>
<td>Take a PRN medication - Inhale peace &amp; exhale fear - Hold something soft - Smell a favorite scent - Listen to a relaxation CD - Hot ice or a frozen orange</td>
<td>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.</td>
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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

• 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?