Recognition and Treatment of Borderline Personality Disorder in the College and University Counseling Setting

Annual Metropolitan College Counseling Conference

Wednesday, January 11, 2012

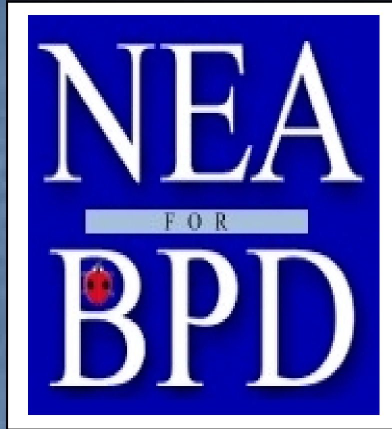
9:30 a.m. - 10:30 a.m.

Presenters

- Richard Hersh, M.D., Associate Clinical Professor of Psychiatry, Columbia University College of Physicians and Surgeons
- Perry Hoffman, Ph.D., President, National Education Alliance for Borderline Personality Disorder

Goals for Presentation

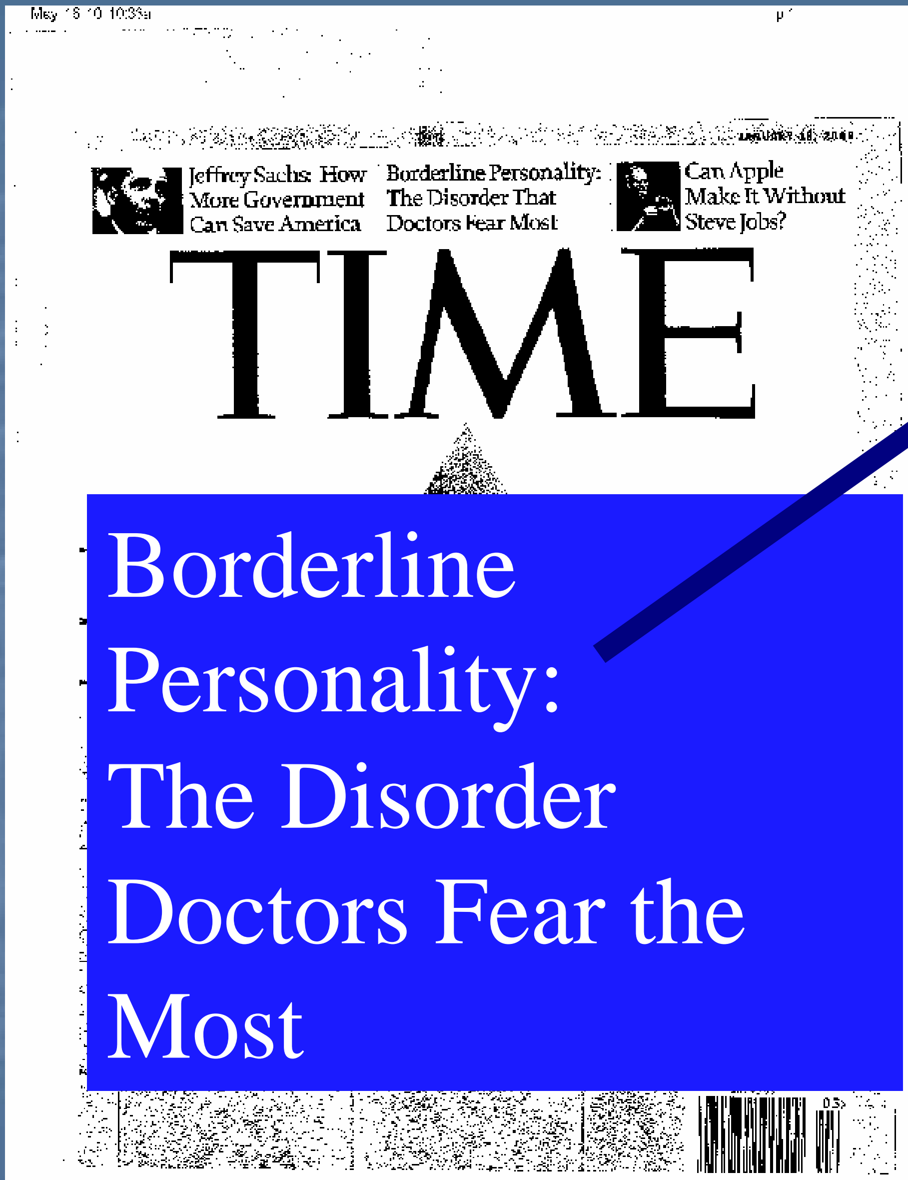
- Overview of challenges of treating BPD in the outpatient setting and specific challenges in the college and university counseling center settings
- Highlighting resources including NEA BPD's website and Family Connections Program
- Dialogue with clinicians: What can we learn from your experiences? What would help clinicians?



National Education Alliance for
Borderline Personality Disorder

www.borderlinepersonalitydisorder.com

Special thanks to the National Institute of Mental Health (NIMH)
for its grant support



Perhaps, this says it all.

Cover, Time *Magazine January 19, 2009*

National Education Alliance Borderline Personality Disorder

- Not-for-profit organization started August 2001
- Chartered by the Board of Regents of the State of New York
- Co-founded by four family members, two consumers, and one mental health professional
- An all-volunteer organization
- All funding and donations directly support programs

First Meeting
August 20, 2001
Agenda

1. Lack of information and misinformation

2. Stress and distress of family members

3. Importance of family involvement

4. Lack of awareness

5. Hopelessness

6. Stigma

Mission Statement

The mission of the National Education Alliance for Borderline Personality Disorder is to raise public awareness, provide education, promote research on borderline personality disorder, and enhance the quality of life of those affected by this serious mental illness.

Action for Professionals

1. 40 Conferences

2. Web site
   borderlinepersonalitydisorder.com
   >100 audio and video tapings

3. Courses
   Residency workshops at APA convention
   Psychiatry Online CME courses

4. Textbook
   Borderline Personality Disorder: *Meeting the Challenges to Successful Treatment*, The Hawthorne Press, ed. Perry D. Hoffman, Ph.D. & Penny Steiner-Grossman, Ed.D., MPH

DSM-IV-TR Diagnostic Criteria for a Personality Disorder

- An enduring patter of inner experience and behavior that deviates markedly from the expectations of the individual's culture
- Pattern manifested in two or more ways: cognition, affectivity, interpersonal functioning, impulse control
- Enduring pattern is inflexible and pervasive across a broad range of personal and social situations

DSM-IV-TR Diagnostic Criteria for a Personality Disorder

- The enduring pattern leads to clinically significant distress or impairment in social, occupational or other important areas of functioning
- The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or young adulthood

DSM-IV-TR Criteria for Borderline Personality Disorder

1. Frantic efforts to avoid real or imagined abandonment
2. A pattern of unstable and intense interpersonal relationships
3. Identity disturbance
4. Impulsivity in at least two areas: spending, sex, substance abuse, reckless driving, binge eating

DSM-IV-TR Diagnostic Criteria for Borderline Personality Disorder

5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
6. Affective instability due to marked reactivity of mood
7. Chronic feelings of emptiness or boredom
8. Inappropriate intense anger or difficulty controlling anger
9. Transient, stress-related paranoid ideation or severe dissociative symptoms

Four Domains of Borderline Pathology Zanarini, 2005

- Affective
- Interpersonal
- Impulsivity
- Cognitive

Making the BPD Diagnosis

- Cross sectional assessment and longitudinal history

  Questions:

- Affective instability associated with reactivity vs. persistent mood states?
- A pattern of suicidal thoughts, behaviors including non-suicidal self-injurious behavior?
- Impulsivity in multiple spheres?
- Unstable relationships or expectable turmoil?

"Diagnostic Parsimony" and "Occum's Razor"

- "Simple explanations are, other things being equal, generally better than more complex ones"
- Multiple diagnoses or one diagnosis accounting for multiple symptoms?

Overview of Outpatient Treatment of BPD

- Epidemiology in the community and in treatment settings
- Barriers to accurate diagnosis
- New understanding of prognosis
- Evidence-based treatments: psychotherapies and pharmacotherapy
- Managing suicidality
- Special risk management concerns

Epidemiology of BPD in the Outpatient Setting

- General Population 0.4 – 5.9 %
- 15-25 % of Outpatient Population
- Higher rates of diagnosis of BPD when structured interviews are used (Zimmerman, 2005)
- High utilization of all services: individual, group, partial, hospitalization, medications

Barriers to Accurate Diagnosis: Why Making the Diagnosis is Important Paris, 2008

- Without the diagnosis, BPD patients will get misguided treatment
- Accounts for co-occurrence of affective, impulsive, and cognitive symptoms
- The characteristic course can help predict outcome
- Predicting response to medication
- Modifying psychotherapy

New Understanding of Prognosis

- Prospective Studies (CLPS, McLean Study of Adult Development, Hamilton)
- High Rates of Recovery from the disorder, GAF Score Remain Stable suggesting long-term challenges in major spheres of work, relationships
- "Enduring" "Stable and of Long Duration"

Evidence-based Psychotherapies and Pharmacotherapy

- Evidence-based treatments: DBT, MBT,CBT, SFT, TFP, STEPPS
- High rates of pharmacotherapy, particularly polypharmacy, limited data

Managing Suicidality

- 8 – 10% Lifetime Suicide Rate
- Mean age of suicide 30 (Stone) and 37.3 (Paris, Zweig-Frank)
- 60 – 70 % Non-Suicidal Self-Injury
- Limitations in predicting suicide in all diagnostic categories including BPD
- Most patients with BPD do not kill themselves early in the course of the illness

BPD at College Counseling Centers

- Onset during late adolescence, early adulthood (mean age of onset 18 years, SD= 5-6 years; Zanarini et al.,2001)
- Co-morbidity or co-occurrence of other conditions: mood disorders, substance abuse, eating disorders, anxiety disorders, ADD
- "Stress Diathesis Model": social, academic, financial stressors

Demographics of Borderline Personality Disorder: Age of Onset

Gunderson,2008

AGE GROUP	PERCENTAGE
Adolescence (ages 13 -17)	15
Early Adulthood (ages 18 – 25)	50
Young Adulthood (ages 26 – 30)	25
Adulthood (ages 31 – 48)	10

Treating BPD in the College and University Counseling Center Setting: Special Considerations

- Limitations on visits
- Access to treatment in the community
- Uncertain role/involvement of parents
- Interface with administration
- “Epidemic” of substance abuse

BPD at College Counseling Centers

Rosenstein, 2006 College Mental Health Practice

- Most frequently diagnosed personality disorder seen
- Appropriateness of treating BPD patients on campus: "Too much of the center's resources"
- Careful referrals to off-campus providers
- Supervision and consultation with colleagues when treated on-campus

BPD at College Counseling Centers

Rosenstein, 2006

- Experienced, senior clinicians or well-supervised novices or trainees
- Medicated students should be treated by prescribing clinician to minimize splitting
- Hospitalizing students with BPD: risk of suicide/suicide attempt/psychosis/close monitoring for stabilization with medications

BPD at College Counseling Centers

Rosenstein, 2006

- Indications for not hospitalizing a student with BPD; enlisting others to monitor dangerousness
- Partial hospitalization as an alternative
- Short-term work with BPD students focusing on specific relational or situational problems

Standards of Care for BPD

Gunderson, 2008

- BPD patients and significant others should receive education about the diagnosis and treatment
- Treatments should be tailored to meet goals for change agreed to by the BPD patient
- BPD patients should have a primary clinician who is experienced with borderline patients or is under skilled supervision
- Impulsive BPD patients should have two or more collaborating components in their treatment until they are stabilized in the community

Standards of Care for BPD

- The least restrictive level of care consistent with safety and social rehabilitation should be used
- BPD patients should be offered medications with the explicit expectation of partial relief and with plans to test the effects of tapered dosage every few months
- Self-injurious patients should be offered cognitive-behavioral skills training
- Psychotherapy should be provided by therapists who are trained to give BPD-specific therapies or who are under skilled supervision
- Psychodynamic psychotherapy should be reserved for those BPD patients without disabling social and vocational impairment

DBT at the College Counseling Center: The Sarah Lawrence Experience

- Begun in 2005 in response to increase number of students hospitalized
- Comprehensive DBT vs. supportive psychotherapy – the students chooses
- Weighing increased costs vs. benefits of intensive treatment program
- Preliminary findings: fewer hospitalizations and medical leaves

Families Make a Difference

Family Connections Goals

- Current information and research
- Coping skill strategies
  - Individual skills - “mini” DBT skills
  - Family skills
- Social support around BPD issues

Format

- 12 week, multiple-family group program
- Community-based
- Family members: parents, partners, spouses, adult children
- DBT skills and strategies
- Standardized, semi-structured manual
- Family members trained by NEA-BPD
- No charge for the course

Action for Family Members

1. Conferences

   Family and consumer presenters

2. Web site information wwwborderlinepersonalitydisorder.com

   Current research; Audio and video tapes

3. Call-in Series

4. Books

   Understanding and Treating Borderline Personality Disorder, American Psychiatric Press, ed. John G. Gunderson, M.D. and Perry D.Hoffman,Ph.D.

5. Video series & research study

   Living with Borderline Personality Disorder

6. Family Programs

   ©Family Connections Tele-Connections

When the Student with BPD goes to the Emergency Room

- What the ER wants to know
- What you want the ER to know
- When you want a patient hospitalized
- When you want a patient released
- How can an ER visit help?

When the Student with BPD is Hospitalized

- Indications for hospitalization
- What the inpatient clinicians want to know
- What you want the inpatient clinicians to know
- How a hospitalization can help outpatient treatment
- How a hospitalization can hinder outpatient treatment

Suicide in College Students: BPD as a Factor?

- Two Leading Causes of Death in College Students

Eells and Schwartz, from Kay and Schwartz, 2012

- Accidents (often related to substance abuse)
- Suicide

The Case of Elizabeth Shin

- 19 year old MIT sophomore
- $27 million dollar wrongful death suit against MIT: "The school did not provide adequate, coordinated mental health care"
- Episode of self-injury in high school
- Freshman year: Overdose with 15 Tylenol #3
- Sophomore year: Break-up, passive SI, self-injury

The Case of Elizabeth Shin

- Sophomore year: Break-up, active SI, Dx: depressive do, "possible" BPD, antidepressant trial
- Affective instability, "morbid thoughts"
- Referral to five-day "intensive DBT program"
- Active SI, plan
- Self-immolation

Public Action

1. NAMI
   Priority Population (2006)
2. Public Service Announcements
3. NIMH
   October 7, 2010 *Outlook for Borderline Personality Disorder*
4. SAMSHA
   Report to Congress on Borderline Personality Disorder (2010)
   Meeting with NAMI and NEA-BPD
   Federal Partners' Meeting (2011)
5. Congress
   Two Congressional Briefings
   House Resolution 1005 (2008)

House Resolution 1005 - May is BPD Awareness Month

"Whereas the National Education Alliance for Borderline Personality Disorder and the National Alliance on Mental Illness support the designation of Borderline Personality Disorder Awareness Month as a means to educate our Nation about this disorder, the needs of those suffering from it, and its consequences:

Resolved, That the House of Representatives supports the goals and ideals of Borderline Personality Disorder Awareness Month...."

Thank You!

www.borderlinepersonalitydisorder.com

neabpd@aol.com

Questions: What Are the Specific Challenges Now?

- Students already diagnosed with BPD prior to college or university
- Students with other diagnoses, then presenting at college with BPD symptoms
- Students with onset of BPD symptoms during college or university

Questions: What Are the Specific Challenges Now?

- Students with other diagnoses better accounted for by BPD
- Students seeking treatments specific for BPD
- Difference of opinions about BPD diagnoses with outside treaters
- Explaining BPD to administrators