

CHRONIC CARE MANAGEMENT PLAN BORDERLINE PERSONALITY DISORDER (BPD) OVERVIEW

What is BPD?

BPD is a serious mental illness that is generally not diagnosed until at least age 18. BPD is characterized by pervasive instability in moods, interpersonal relationships, self-image, and behavior. This instability often disrupts family and work life, long-term planning, and the individual's sense of self-identity. People with BPD suffer from a disorder of emotion regulation. While less well known than schizophrenia or bipolar disorder, BPD is more common, affecting 2 percent of adults, mostly young women. There is a high rate of self-injury without suicide intent, as well as a significant rate of suicide attempts and completed suicides in severe cases.

Individuals with BPD present with at least **five** of the following symptoms:

- Frantic efforts to avoid real or imagined abandonment
- A pattern of unstable and intense relationships
- Unstable sense of self
- Impulsiveness that can be self-destructive (e.g., sex, substance abuse)
- Recurrent suicidal behavior, gestures, threats, or self-mutilating (e.g., superficial cuts) behavior
- Mood swings
- Chronic feelings of emptiness
- Inappropriate or intense anger
- A distorted sense of reality

Treatment

In Job Corps, the goal of treatment for borderline disorder should be to help the student make progress toward employability.

Treatments for BPD have improved in recent years. Within the past 15 years, a new psychosocial treatment, dialectical behavior therapy (DBT), was developed specifically to treat BPD. This technique is a promising treatment intervention. Any treatment should emphasize education about stressors, sleep hygiene, symptoms of relapse, importance of activity/exercise, and medication compliance. Other psychological issues include the emotional consequences of coping with a poor self-esteem, social isolation, stigmatization, fear of relapse and prevention, and interpersonal challenges, as well as academic or occupational issues.

Pharmacological treatments are often prescribed based on specific target symptoms shown by the individual patient. Antidepressant drugs and mood stabilizers may be helpful for depressed and/or labile mood. Antipsychotic drugs may also be used when there are distortions in thinking or impulsive behaviors.

Applicant Name: _____

Date: _____

**CHRONIC CARE MANAGEMENT PLAN
BORDERLINE PERSONALITY DISORDER (BPD)**

OUTREACH AND ADMISSIONS PERIOD

Please provide us with the following information regarding the applicant's self-disclosed diagnosis of BPD. [To be obtained from applicant's physician or other health provider.]

1. Classification of Borderline Personality Disorder

- _____ Mild intermittent—symptoms absent with medication, and no pressure
- _____ Mild persistent—symptoms more than twice a week, less than daily
- _____ Moderate persistent—daily symptoms, but can usually ignore
- _____ Severe, persistent—continual symptoms, even with compliance

2. Date of diagnosis: _____

3. Age of onset: _____

4. What are the current symptoms?

5. List **current** (within the past 6 months) self-harm behaviors, if applicable.

6. List current medications and/or treatment, including dosage and frequency.

7. Has applicant been compliant with medications and treatment? If no, explain.

8. List past hospitalizations, including dates, reason for admission, and discharge plans related to the disclosed diagnosis

9. What is the current status?

10. What is the applicant's prognosis with medication?

10a. What is the applicant's prognosis **without** medication?

11. When was last appointment? _____

Applicant Name: _____

Date: _____

12. Will applicant need to continue follow-up under your care? If yes, please list date and/or frequency of follow-up appointments.

13. In your opinion, will the applicant be able to self-manage his/her medications unsupervised and participate in a non-mental health residential vocational training program? If no, explain.

14. In your opinion, will the applicant be appropriate to reside in a non-mental health dormitory-style residence with minimal supervision? If no, please explain.

15. Are there any restrictions or limitations related to this specific illness?

16. List any precipitants that could induce increased symptoms.

17. List any environmental features that might trigger worsening symptoms (e.g., noisy room, crowded room with strangers, family gatherings, etc.).

Please sign below and return the form in the attached addressed envelope.

Print Name and Title

Signature

Phone

Date

For any questions, please call

Admissions Counselor/Health and Wellness Staff

Phone

Name: _____

Student ID#: _____

DOB: _____

**CHRONIC CARE MANAGEMENT PLAN
BORDERLINE PERSONALITY DISORDER (BPD)**

Goals:

1. Enhance employability by optimizing control of symptoms
2. Educate the student regarding recognition of symptoms and self-management
3. Reduce environmental triggers, which might set off increased symptoms
4. Optimize pharmacotherapy, based on student's past and current experience
5. Help student develop outline of plans to arrange for optimal care after graduation

This care management plan includes suggested clinical activities and accommodations that are not mandatory for any particular student. In keeping with the importance of individualized care, please choose those that are most appropriate for this particular student's care plan, considering the specific presentation of the problem and needs of the student. The overall goal is to develop a care plan that supports the student's goal toward employability.

Mark each item with an X that is part of the student's case management plan.

OUTREACH AND ADMISSIONS	
<input type="checkbox"/>	Conduct clinical file review
<input type="checkbox"/>	Request additional health and educational information for file review, if needed
<input type="checkbox"/>	Refer and participate with IDT team for accommodation planning

CAREER PREPARATION PERIOD	
<input type="checkbox"/>	Screen for co-occurring disorders
<input type="checkbox"/>	Establish a symptom action plan for current or returning symptoms
<input type="checkbox"/>	Evaluate need for brief on-center treatment
<input type="checkbox"/>	Evaluate need for outside mental health resources
<input type="checkbox"/>	Arrange for continued off-center appointments with physician and/or therapist
<input type="checkbox"/>	Discuss vocational training match
<input type="checkbox"/>	Develop safety/behavior plan with student
<input type="checkbox"/>	Review center emergency response plan
<input type="checkbox"/>	Refer to center physician or consulting psychiatrist for medication evaluation, if indicated
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written schedule of medications and calendar of compliance
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written description of possible medication side effects
<input type="checkbox"/>	Consult with oral health and wellness staff about the effects of psychotropic medications on oral care, if applicable. Reduced saliva (dry mouth), a side effect from some medications, can cause oral health care problems
<input type="checkbox"/>	Provide student with sleep hygiene brochure, if appropriate (http://jchealth.jobcorps.gov/health-topics/gh/gh-docs/)
<input type="checkbox"/>	Refer to TEAP, if appropriate
<input type="checkbox"/>	Refer to anger and/or stress management group
<input type="checkbox"/>	Refer to TUPP/smoking cessation enrollment
<input type="checkbox"/>	Refer to recreation to practice social and group recreation skills
<input type="checkbox"/>	Educate student about self-care plans to monitor and cope with symptoms of borderline personality disorder: <ul style="list-style-type: none">• Understanding events and/or emotions that trigger unhealthy behavior• Coping skills to reduce risky and/or impulsive behavior, if needed• Compliance with therapy and/or medical appointments• Medication compliance, if needed• Managing symptoms of BPD in the employment setting Refer to Web site http://www.bpdresourcecenter.org for support with BPD management
<input type="checkbox"/>	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Preparation Period.

Student signature: _____ Date: _____

Name: _____

Student ID#: _____

DOB: _____

CAREER DEVELOPMENT PERIOD	
	Monitor adherence issues: <ul style="list-style-type: none">• Regular counseling planned and kept on or off center, if applicable• Participation in groups on center• Self-monitoring, asking for assistance when needed• Medication regimen, including anticipate getting refills• Rest, exercise, nutrition• Address any tobacco, alcohol, drug use
	If off-center treatment is sought, assure communication with treatment provider is documented
	Encourage active participation in CSS and Social Skills Training. Standards that could be particularly helpful are Workplace Relationships and Ethics, Communications, Interpersonal Skills, and Independent Living
	Participate in review of accommodations with the disability coordinator
	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Development Period.

Student signature: _____ Date: _____

CAREER TRANSITION PERIOD	
	Conduct a health and wellness center exit interview approximately 4 weeks before program completion and review self-management skills
	Work with the career transition specialist to identify potential sources of mental health care, and specialty care if needed, in the work community
	Work with the HWM to obtain signed HIPAA authorizations for the transfer of student health records to identified health care providers
	Work with the HWM and career transition specialist in assisting the student in enrolling or maintaining enrollment in a public or private health insurance program
	Provide student with copy of SF-93, SF-88, and management plan, including sleep and mood charts, if any
	Work with HWM and/or center physician to provide student with adequate supply of medication(s) at departure
	Consult with the disability coordinator and review accommodation needs for future employment, and give student a written description of ideas to be reviewed with providers in the work community

I agree with the care management plan for the Career Transition Period:

Student signature: _____ Date: _____

Name: _____

Student ID#: _____

DOB: _____

SUGGESTED TRAINING AND ACCOMMODATION ACTIVITIES	
	Educate instructors to be sensitive to any changes in behavior that might signal lack of concentration or distraction by return of symptoms
	If student requests separate study space or room for test taking because of hypersensitivity to the presence of others, comply if possible
	Provide feedback to student on behaviors frequently in a confidential setting
	Review preferred seating with student to allow student to minimize distracting symptoms (e.g., some paranoid students prefer to sit either in back row or on end of row, to minimize fear of what they cannot see)
	Provide education of other students for symptoms noticed by others, to minimize negative reactions and to promote acceptance of people who may be somewhat different from them
	Provide opportunities for short breaks out of classroom, if requested. Time in a private place to relax and review present situation often can give the student courage to return to class, without as much distraction from internal voices or hypersensitivities
	Shorten assignments if the student cannot concentrate for long periods of time before getting discouraged and distracted by symptoms of the disorder. Once shorter assignments are mastered, gradually lengthen assignments until they reach normal level
	With student's permission, consult with mental health consultant and student to develop any special modifications or educational/vocational strategies that may be needed to help overcome residual symptoms (e.g., use of ear plugs if in a noisy environment that might stimulate "voices," which thereby distract from finishing assignments), and a mechanism to practice skills needed for work environment
	Manage symptoms. If student appears distracted, restless, or irritable, check with student/HWC to see if the student took prescribed medication and if not, provide pass to health and wellness center for student to see wellness staff