CASE 3: APRIL: SOMATIZATION AND ALLIANCE BUILDING: Illustrating
Chapter 1 - Overall Principles, Chapter 3 - Getting Started,
and Chapter 5 - Pharmacotherapy and Comorbidity

(This vignette illustrates the need to discuss goals/roles, assess the alliance, the value of
psychoeducation, and the treater’s efforts to move a patient’s search for medication relief of
symptoms into a discussion of their psychosocial contributions.)

A. Case Vignette

April is referred to you by her primary care physician who had concluded she has BPD and
requires psychiatric care. She presents as a slightly unkempt, pleasant and soft-spoken
overweight 34 year old woman. She has a long history of depression, anxiety, somatic
complaints, and severe self-mutilation – making multiple, and at times deep, cuts in her forearms
and legs. She complains of chronic depression that can make it difficult for her to get out of bed
and of anxiety so severe that it has caused her to “feel frozen”. She has a history of alcohol
abuse, but has been abstinent for one month. She is 70 lbs overweight and has a history of binge
eating, particularly during the evening. On the basis of her self-harm, help-seeking, affective
instability, and impulsivity you feel confident of the BPD diagnosis.

April also reports complicated medical problems, i.e., chronic pain from arthritis,
fibromyalgia, migraines, asthma, and diabetes. She has been treated with varying types and doses
of medications, including opiates. She is focused on how much pain she is in and immediately
requests that you refer her to specialists for treatment of her migraines and painful menses.

She has a strong academic record, but has never been able to hold a job for more than 6
months, and has remained financially dependent on her family. She has few friends. April
recently began attending business school. This involved relocating from living with her parents
into on apartment with several roommates. “My parents”, she says, “especially my mother, are upset about the costs”.

At the end of this session, you feel certain of the borderline diagnoses and have a clearer picture of April’s problems. [Decision Point 1 (see p. 5)] You also feel a bit overwhelmed by the complexity of her medical and medication history. When you schedule her return, you ask her to prepare a medical/medication summary and bring it to her next meeting.

At her return visit, a week later, she complains of worsening depression and that she is feeling more hopeless about her life. She says she’s been unable to work on the medical/medication summary, explaining that fights with her mother preoccupy her. She feels her mother has become less and less understanding ever since she decided to return to school. That, she says, is why she moved into her current apartment. Although she does not appear depressed, she insists that, if she does not receive an antidepressant, she will not be able to function. She notes that sertraline has been helpful in the past. [Decision Point 2 (see p. 5)] You set up a third appointment, this time for ½ hour, with the understanding she will have sent you her medical/medication history.

She returns for her third visit (still without having sent the medical/medication history), stating that her urges to harm herself have increased, and that she is thinking more frequently about cutting herself again. These urges, she says, have become more intense as her most recent prior wounds in her forearms have healed. She then describes increased conflict with one of her roommates, whom she insists has been unfriendly to her since she moved in. [Decision Point 3 (see p. 6)] When you ask about the medical/medication summary, she apologetically says she has made no progress. At the end of this session, she appears angry. When you ask about this,
she says “you’re not being very helpful”. You tell her you fear she’s right and set up another half hour appointment.

April sends you a carefully detailed medical/medication history, but then arrives 15 minutes late for her next visit. She explains that she was late because she had not been able to get out bed, adding that she had not slept more than a few hours each night for several days because of severe fibromyalgia. She believes that the pain has worsened since she began walking 20 minutes per day to try to get in shape. You express appreciation for her exercise, and then ask her about the status of her fights with her mother and her roommate. She doesn’t respond to this, going on to say she finds it almost impossible to concentrate on her schoolwork and then says she needs narcotics for her muscle and joint pain, noting they have been very helpful in the past. You confirm this from her summary sheet, but, trying to end the visit on time, you say that you will need to discuss this further. She immediately looks angry and asserts that “you do not understand my pain”. [Decision Point 4 (see p. 6)]

The patient returns for a follow-up hour-long appointment several days later. She appears irritated and says “I wonder whether you are really interested in treating me?” You reassure her that you are. She then complains that her pain remains severe, that she is not sleeping and that you’ve not prescribed the medications she’s been telling you she needs. She again insists that she needs a narcotic for her pain, adding that she has cut herself superficially on her right forearm. She says that there are times when she thinks she would be better off dead. [Decision Point 5 (see pp. 6-7)]

You tell her that you too are concerned with your failure to have helped her. You talk to her about how her symptoms are rarely responsive to medications, but usually can be relieved by decreasing stress. She doesn’t seem to be placated by this, complaining that, “doctors should try
to make their patients feel better”. Feeling somewhat defeated, you tell her that she might be helped by getting consultation and added support from a pain clinic. She agrees to this. You also decide that maybe a trial of an SSRI would buy time while you work to address her stressors. She seems pleased by this. You further suggest that maybe by your talking with her mother you could help decrease the stress that comes from that part of her life.

This is a particularly difficult patient with whom it will be hard to develop an alliance without enacting some supportive interventions that are not likely to be effective, such as giving her some medications. It will probably be useful, if feasible, to involve her mother. Her mother doesn’t seem likely to be any more psychologically-minded than is April, but that needs to be evaluated. Even if mother is not allied with treatment goals, April will appreciate that you are actively doing things to help her. Meeting with the mother will help you better understand their fights – or the problems they both have with her becoming independent. April is also someone who might get support from involvement in a group; perhaps a pain or other medically-based group.
B. Alternative Responses (Discussion on pp. 1-4)

(1 = will be helpful, 2 = possibly helpful with continuing reservations, 3 = either not helpful -- or even harmful)

1. At the end of this first session you have the impression that:
   a) April’s current help-seeking is probably triggered by the anxieties of leaving home and attending school. __
   b) It will be a gradual process taking months, possibly years, for her somatic preoccupations to recede. __
   c) April’s somatic preoccupations are symptomatic of underlying emptiness and unmet dependency needs. __
   d) It will be a first priority to wean her from pain medications. __
   e) It will be a first priority to sort out goals and roles. __
   f) April’s treatment will require intensive individual psychotherapy. __

2. In response to April’s request for sertraline for her depression, you should:
   a) ask her more about her experience of feeling depressed and inquire about neurovegetative symptoms. __
   b) ask whether her recent difficulties with her mother might be contributing to the way she is feeling. __
   c) to facilitate alliance building, offer to put her on sertraline. __
   d) agree that antidepressants might be helpful, but they are adjunctive and unlikely to have major benefits for her. __
   e) advise the patient that the requested summary of her past medical/medication history is needed before making decisions about medication change. __
3. When April returns with escalating impulses to self-harm, you should respond:
   a) express serious concern about the urges and introduce the possibility of hospitalization. ___
   b) after expressing concern about the patient’s self-destructive urges, move on to other topics lest you reinforce their use as a “cry for help”. ___
   c) explore whether her renewed urges to self-injure are related to the conflict with her roommate or other stressful events. ___
   d) discuss whether the self-destructive urges have an addictive quality and might respond to naltrexone. ___

4. In response to April’s neglected homework, lateness, increased physical pain, and apparent anger you should:
   a) tell the patient that because of her lateness, there is insufficient time to adequately address her pain
   b) schedule a one-hour follow-up appointment for as soon as reasonable. ___
   c) offer the patient a prescription for oxycodone. ___
   d) acknowledge her unhappiness with you and say that this needs to be discussed in her next appointment. ___

5. In response to April’s escalating pain and questions about your value, you should:
   a) take a careful history of her pain and its relationship to stress. ___
   b) tell the patient that you will not prescribe narcotics for her because you are concerned about the possible harm from opioids for someone who drinks alcohol and because you are concerned that she may not use opioids as prescribed. ___
c) after expressing concern for her continued pain, ask whether her pain and self-laceration are the result of her current stressors.

d) point out that you too are troubled about how the treatment has evolved and encourage her to discuss that.

e) note how each of your meetings has been associated with an acute and changing symptom for which she has requested medications, and in each instance you’ve responded by wanting to examine how these symptoms relate to her stressful life situations.

f) provide psychoeducation about her disorder stressing that her symptoms (such as depression, anxiety, or self-harm) are only weakly effected by medications, but often can be relieved by changing the life situations that prompt them -- most especially learning to cope with interpersonal problems in new ways.