



Borderline Personality Disorder: Family Psychoeducation

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American Psychiatric Association
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**President
National Education Alliance
for
Borderline Personality Disorder**

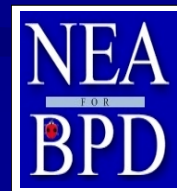
Special thanks to the National Institute of Mental Health (NIMH)

National Education Alliance on Borderline Personality Disorder

Not-for-profit organization started in August 2001

Mission

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.



National Education Alliance on Borderline Personality Disorder

Goals

- Lead family education programs
- Host annual conferences
- Sponsor regional meetings
- Disseminate research findings
- Conduct family research
- Publish educational materials
- Produce informational video-tapes
- Promote young investigators

NIMH Funding

R13MH068456-05 Family Perspectives on Borderline Personality Disorder

R13MH081768-01 Translating Research into Practice

R44MH069050-02 Living With Borderline Personality Disorder

Why Psychoeducation for Family Members

Because:

In most cases, a caring family continues to be the most stable resource for patients throughout lifetime of stressors, shifting resources, and changing clinical services.

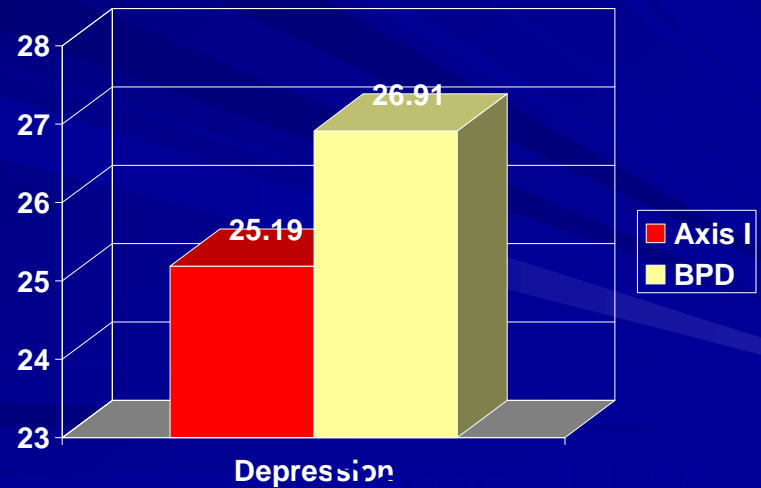
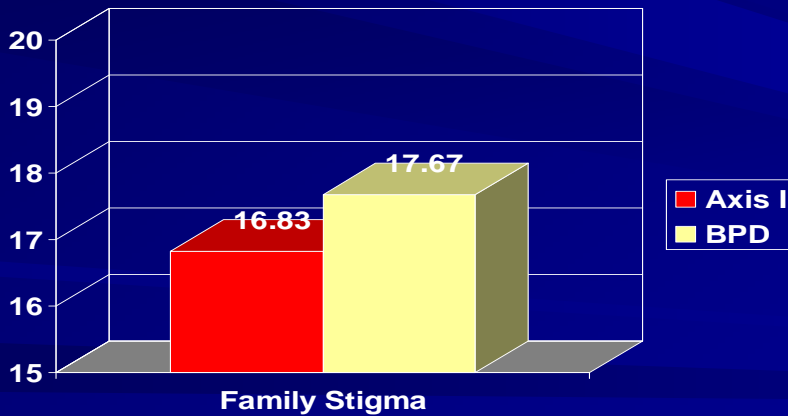
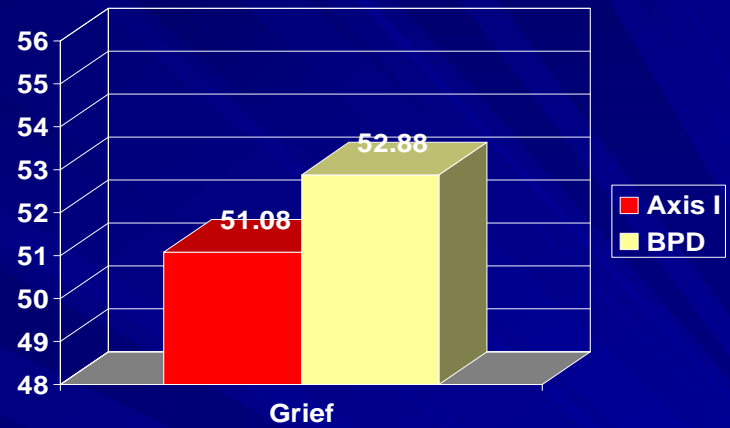
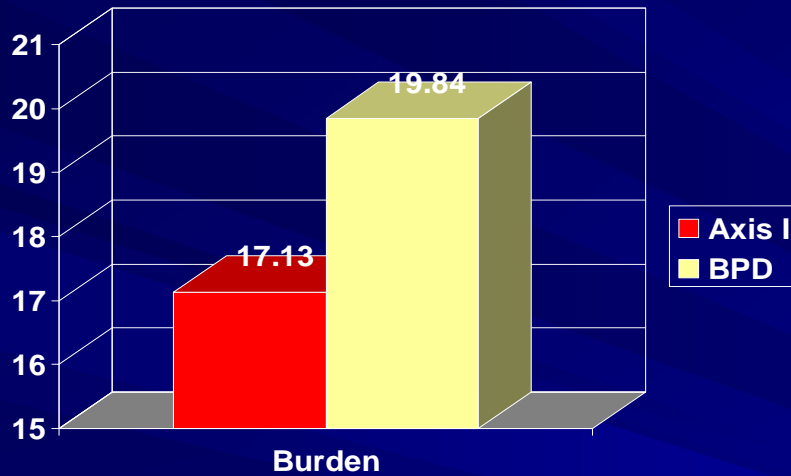
Harriet Lefley, 2009

Concerned family members find the services for their ill relatives, provide social, financial, and emotional support, and serve as a last resort when the system fails.

Brekke and Mathiesen, 1999; Clark and Drake, 1993

Both of those statements focused primarily on
Axis I disorders, namely schizophrenia.

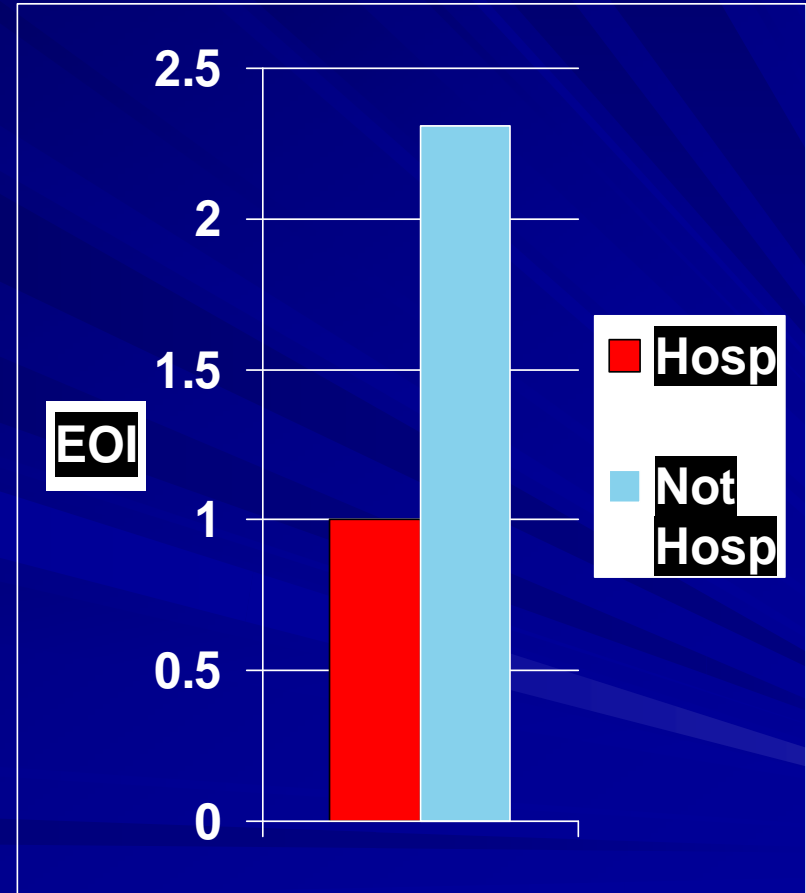
Family Perspectives Survey



Patient Benefit

Expressed Emotion and Clinical Outcome

- EOI predicts clinical outcome (1-5 scale)
 $r(35) = - .40, p < .02$
- EOI predicts rehospitalization
 $r(35) = - .44, p < .02$
- Patients do better the *more* emotionally involved their relatives are



Family Member Benefit

Burden

- Worry about patient's future: 94%
- Intensity of family friction: 87%
- Impact on own ability to concentrate: 87%
- Upset household routine: 84%
- Reduced leisure time: 78%
- Fear own behavior makes patient worse: 77%
- Worry how much patient changed: 74%

Family Member Well Being

- Grief
- Burden
- Depression
- Disempowerment

Family Members Seek Information

Correlates of Relative's Knowledge

- Information-Hostility $r=.40$
- Information-Burden $r=.44$
- Information-Subjective burden $r=.51$
- Information-Depression $r=.52$
- Information-Brief Symptom Invent. $r=.65$

Family Psychoeducation

- Information and current research
- Skill acquisition to increase coping abilities
- Support network

© Family Connections

What is Family Connections?

- 12 week, multi-family, community-based program
- Family members only
- Designed specifically for BPD/BPD features
- Co-led by family members and/or professionals trained by NEA-BPD

Family Connections Goals

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

Structure of Sessions

- “Homework” Review: skill practice
- Didactic component: education content, skills
- Discussion and Support Forum

Six Modules

1. Orientation and Introductions
2. Family Education
3. Relationship Mindfulness Skills
4. Family Environment Skills
5. Validation Skills
6. Problem Management Skills

Information

- Symptoms and constellation of symptoms
- Prevalence
- Etiology: biosocial theory
- Co-morbidities: heterogeneity of the disorder
- Medications
- Treatment and treatment outcomes: latest research
- Controversy around name; surplus stigma

Four Basic Assumptions

- There is no one or any absolute truth about behavior, experience (dialectical world view)
- Patients, family members, professionals all do the best they can
- Patients, family members, professionals all need to do better, try harder
- Benign interpretation is the most effective approach to a situation

Radical Acceptance

- Freedom from suffering requires ACCEPTANCE from deep within of what is. Letting yourself go completely with what is. Let go of fighting reality.
- Pain creates suffering only when you refuse to ACCEPT the pain.
- Deciding to tolerate the moment is ACCEPTANCE
- ACCEPTANCE is acknowledging what is
- To ACCEPT something is not the same as judging it good

Willingness vs Willfulness

- Willingness Cultivate a WILLING response to each situation. Willingness is doing just what is needed in each situation. It is focusing on effectiveness
- Willfulness is Sitting on your hands when action is needed refusing to make changes that are needed
- Willfulness is giving up

Changing Emotions by Acting Opposite to the Current Emotion

Fear: Do what are afraid of over and over. Approach events, places, tasks people you are afraid of

Guilt: Repair the problem. Make things better. Commit to avoiding the mistake in the future

Sadness: Get active, approach don't avoid

Anger: Gently avoid the person you are angry with rather than attacking. Do something nice rather than mean or attacking.

Validation Skills

- What validation is (definition)
- Why it is important (value)
- What to validate (targets)
- When to validate (timing)
- How to validate (types)
- Identifying and repairing invalidation
- Self-invalidation
- Observing one's limits

Is Family Connections Beneficial?

© **Family Connections**

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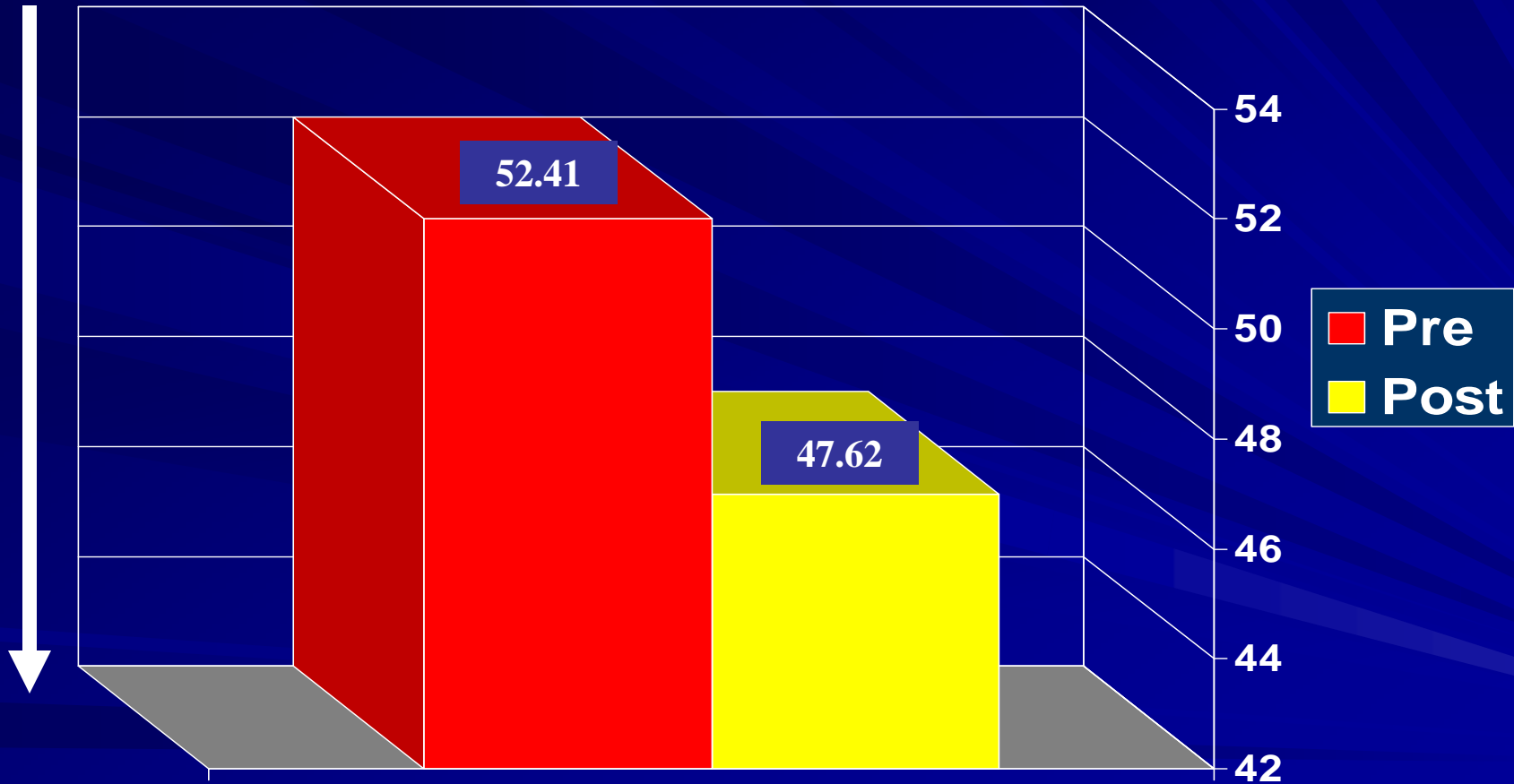
Elmer Struening, Ph.D.

Initial Study

- 44 participants
- Four sites
- 88% retention rate

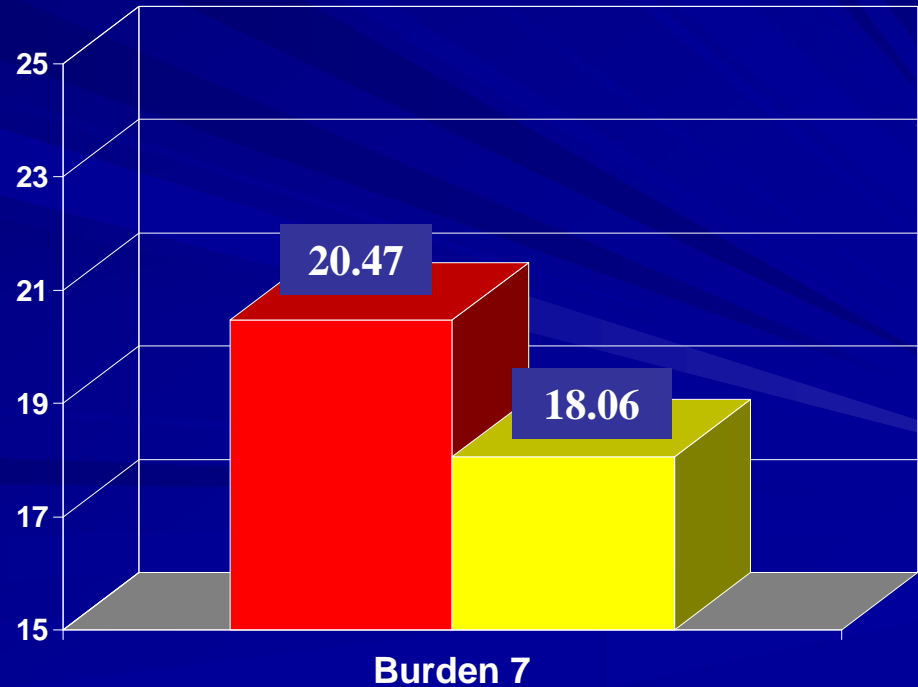
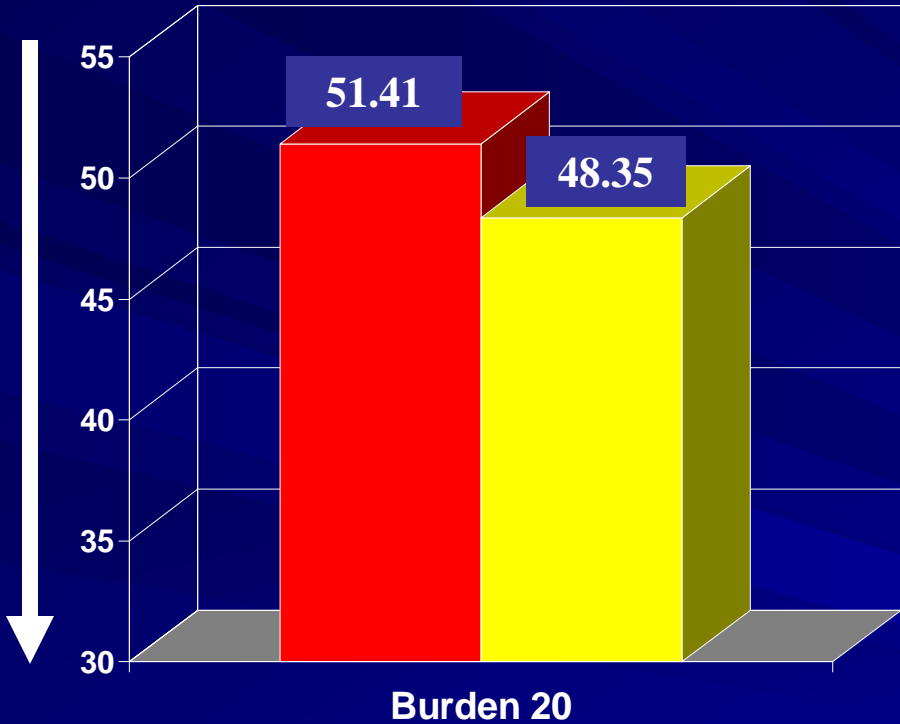
Change in Grief Scores

Initial Study



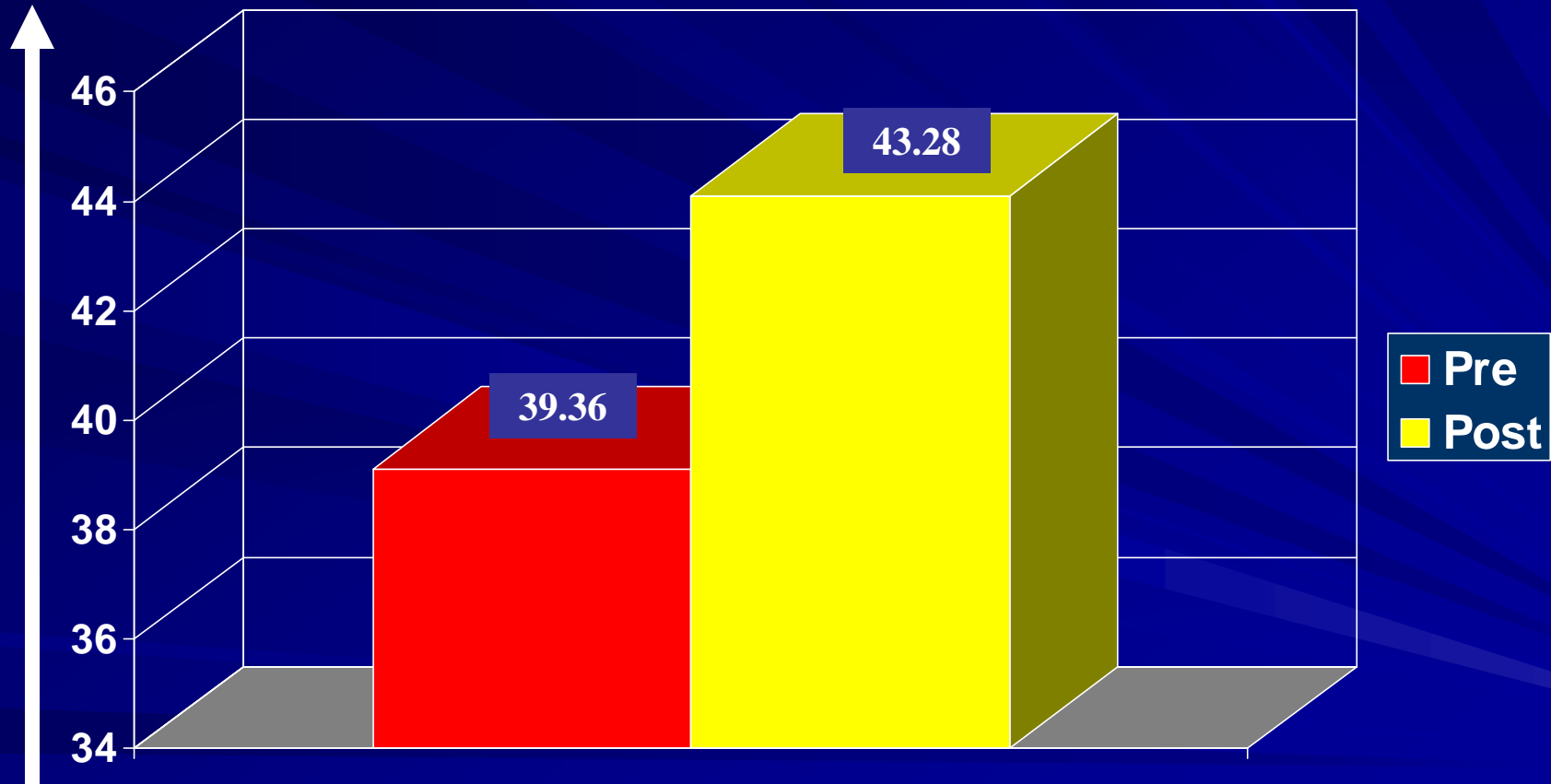
Change in Burden Scores

Initial Study



Change in Mastery Scores

Initial Study



Follow-up Assessments

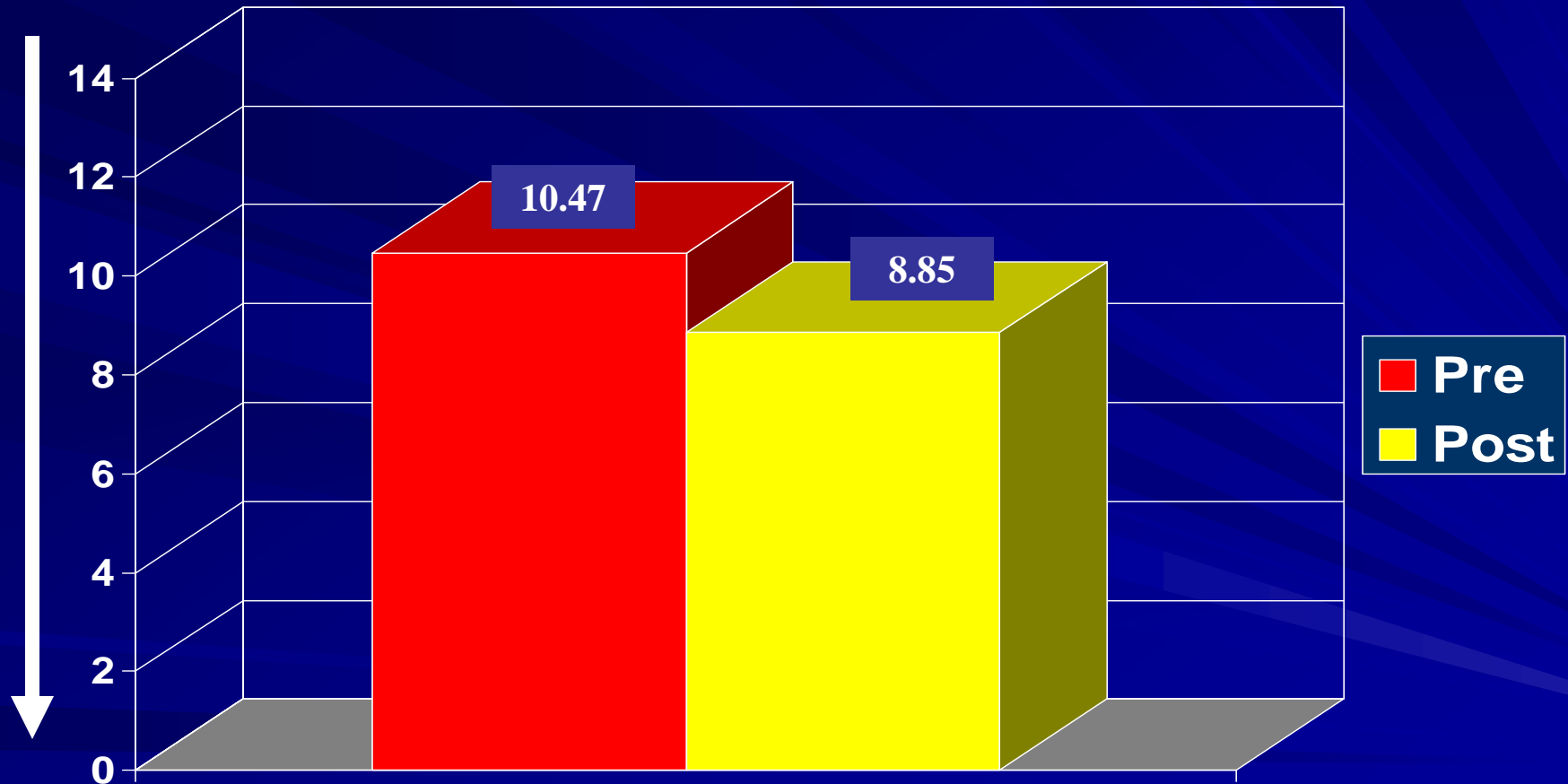
- Six months post-baseline
- 80% return rate
- Gains maintained
- Burden continued to decline

Replication Studies

- Study 2: 52 participants
- Study 3: 58 participants
- Five sites
- Initial study replicated in both studies

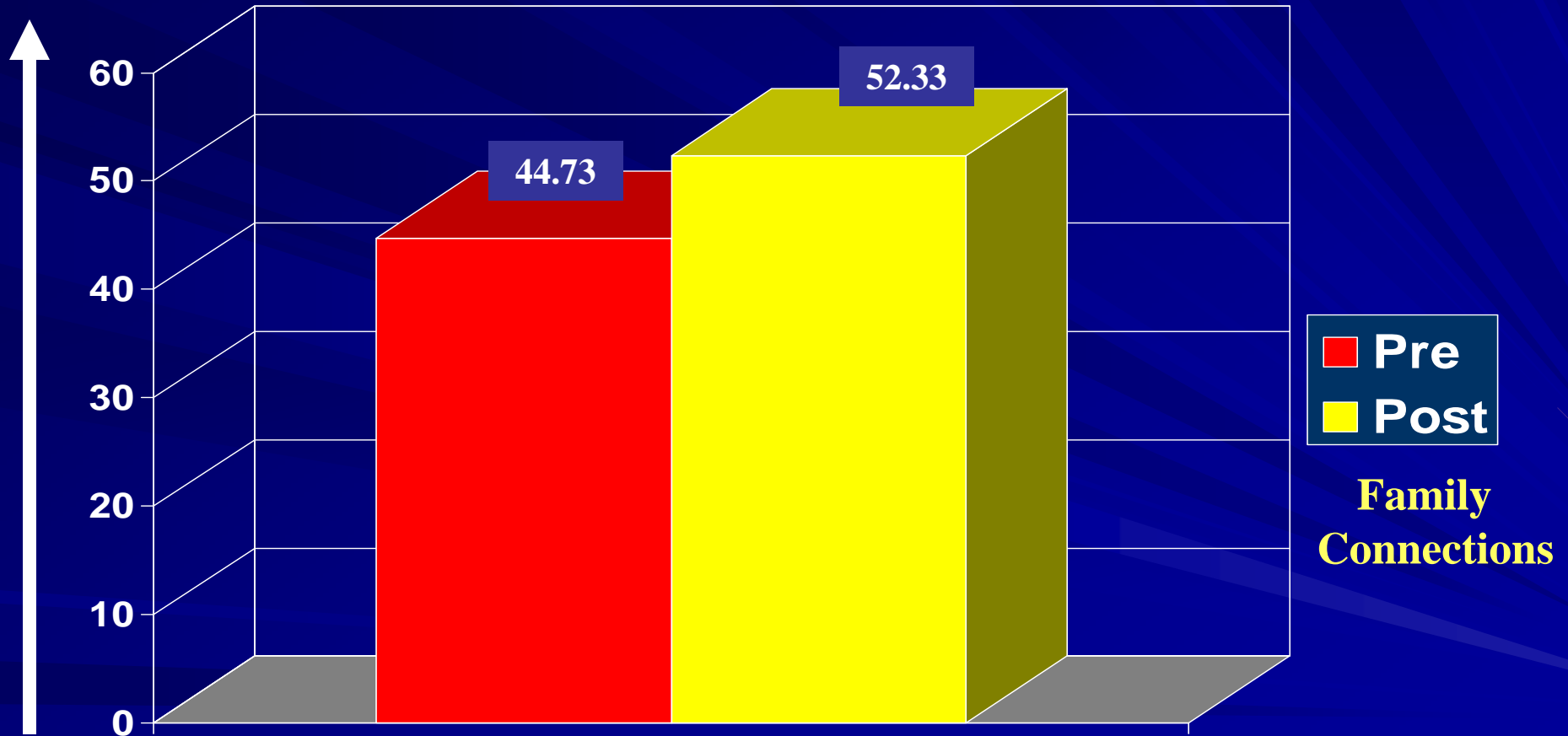
Impact of Family Connections on the Relative

Change in Perceptions of Relative's Symptomatology



On Family Functioning

Change in Family Functioning Scale



Change in FFS

TeleConnections

- Course via telephone one evening for 12 weeks
- Smaller group
- More homogenous
- All materials on the NEA-BPD web site
- Prerequisite for future Family Connections leaders

NEA-BPD Web Sites

➤ www.borderlinepersonalitydisorder.com

Resource Library: free access to 90 audio and 55 video tapes of conferences on BPD and Call-Ins since 2004

➤ www.bpdforum.com

An online research community forum for researchers and clinicians that focuses on borderline personality disorder and its co-occurring disorders. On-line Editorials for open dialogue and discussion in collaboration with the Journal of Personality Disorders and Guildford Press.

Awareness



brings hope

May is BPD Awareness Month