



National Education Alliance for  
Borderline Personality Disorder



## **Family Connections™ - Borderline Personality Disorder and Chronic Emotion Dysregulation**

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**National Education Alliance for  
Borderline Personality Disorder**

The National Education Alliance for Borderline Personality Disorder (NEABPD) provides education, raises public awareness and understanding, decreases stigma, promotes research, and enhances the quality of life of those affected by Borderline Personality Disorder and related problems, including chronic emotion dysregulation. Since 2001, NEABPD has brought together clinicians, researchers, family members, and those with chronic emotion dysregulation through education classes, conferences, advocacy efforts, and the largest online resource of BPD information globally ([www.neabpd.org](http://www.neabpd.org)). Knowing those supporting people with emotional dysregulation needed information and skills, Dr. Perry Hoffman and Dr. Alan Fruzzetti developed Family Connections™ in 2002. Since then, Family Connections™ has been the signature program of NEABPD. NEABPD is a relatively small non-profit based in the United States, and its success is due to our many volunteers, including your Family Connections™ leaders. Family Connections™ is 100% funded through the generosity of current and past program participants. We thank you for your support.

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# Module 1

## Introduction



Welcome to Family Connections™!

### What is Family Connections?

- Family Connections is a 12-week program for relatives of people who have chronic and severe difficulties managing their emotions, including emotion sensitivity and reactivity, intense emotions (e.g., shame, anger), problems thinking or problem solving, relationship problems, or rejection sensitivity, impulsivity, self-harm, and suicide attempts.
- Often these behaviors are given a diagnosis of Borderline Personality Disorder (BPD), but there can be a variety of diagnoses. Regardless of what the diagnostic “labels” are, you will learn more about BPD, chronic emotion dysregulation and understand more about your relative’s experience and behavior. Most importantly, you will learn skills for yourself to improve your own well-being, in a supportive peer environment.
- BPD and its associated problems are difficult to have and difficult to observe in a loved one. The problems and behaviors of BPD can be very difficult and painful for the person with BPD. BPD can be hell for those with the disorder and can also be an equal hell for those that love them.



#### CONNECTIONS

**C**–Connections   **O**–Offers   **N**–(K)nowledge   **N**–New Research  
**E**–Empowerment   **C**–Community Resources   **T**–Tools for Well-Being  
**I**–Involvement   **O**–Optimism   **N**–Networking   **S**–Skills Training

### The Specific Goals of the Program

1. **Education:** To help understand the problems associated with BPD and related disorders for individuals and for families
2. **Skills:** To develop skills to manage our own emotional responses to difficult situations and to improve our family relationships
3. **Support:** To participate in a support network of family members and others in similar or related situations

# Module 1: Introduction to Family Connections

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## Group Guidelines

- Punctuality
  - Confidentiality
  - Practice assignments
  - Group Participation (both giving and getting consultation about, and support for skills)
  - The creation of a “no-blame” group environment
- .....

## Weekly Format

The structure of our weekly meetings will be:

1. Attention, emotion, or mindfulness practice
  2. Review practice exercises from previous week
  3. Presentation of new materials
  4. Practice, questions and discussion
  5. Between meeting practice assignments  
(for example, practice exercises for this week are on page 1-6)
- .....

## Rights of Relatives (To be effective and balanced)

1. We need to have “healthy selfishness” (balanced with giving).
2. We need to learn how and when to say “no” effectively.
3. We need to accept and validate our own emotional responses while learning to manage our emotions and actions effectively.
4. We need to have our own emotional support network.
5. We need to accept that we cannot solve our relative’s problems.
6. We need to accept that we will lose our cool at times.

### Criteria of Borderline Personality Disorder (DSM-V)

1. Frantic efforts to avoid real or imagined **abandonment**.
2. A pattern of **unstable and intense interpersonal relationships** characterized by alternating between extremes of idealization and devaluation.
3. **Identity disturbance**: markedly and persistently unstable self-image or sense of self.
4. **Impulsivity** in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating).
5. Recurrent **suicidal behavior**, gestures, or threats, or self-mutilating behavior.
6. **Affective instability** due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of **emptiness**.
8. Inappropriate, **intense anger** or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related **paranoid ideation** or severe dissociative symptoms.

(Additional criteria can be found on page 1-7)

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### Five Areas of Dysregulation

(Linehan, 1993)

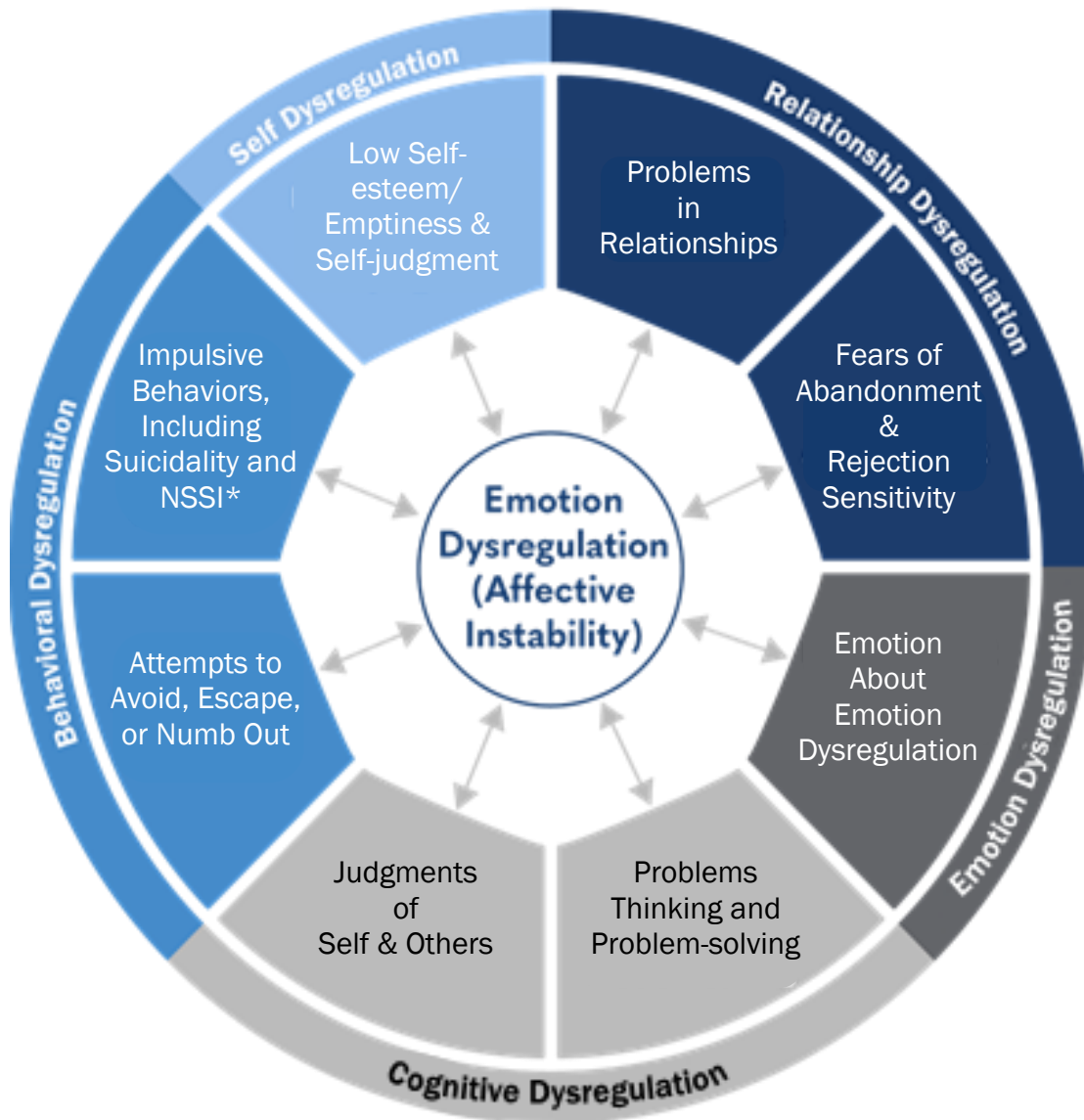
Dysregulation occurs when a person's emotions are out of control (more than just upset) and all focus is on regulating them, regardless of consequences.

1. **Emotion Dysregulation** - i.e., fear, shame, guilt, anger/rage, anxiety, depression, hopelessness, despair, loneliness, feeling trapped, burden, grief
2. **Interpersonal Dysregulation** - chaotic, conflictual, distant relationships, isolation, invalidating responses, rejection sensitivity, chaos, loneliness
3. **Self-Dysregulation** - low self-esteem, disempowerment, self-loathing, self-invalidation, lack of motivation or goals, problems with identity
4. **Behavioral Dysregulation** - suicidality, self-harm, impulsive or escape behaviors, disruption in self-care and social relationships
5. **Cognitive Dysregulation** - paranoia, distortion, negative expectations, irrational fears or beliefs, loss of complex thinking, rumination

**BPD can be considered  
the best example of a disorder of  
chronic and severe emotion dysregulation**

## Dysregulation

Dysregulation occurs when we are oriented to escape, to reduce negative arousal regardless of the long-term consequences of our methods. (Fruzzetti, 2003)



\*NSSI is non-suicidal self-injury

# Module 1: Introduction to Family Connections

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## Basic Assumptions (to Be Effective)

- It is more effective to interpret things in the most benign way possible (or even better – make no interpretations at all).
- There is no one or any absolute truth about the causes of behavior or why things are the way they are.
- Everyone is doing the best they can in this moment.
- Everyone needs to do better next time in order to have a better outcome.

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## Research on Family Connections™

There are many published studies on Family Connections™ (FC), with more on the way. These studies have shown consistently that participants benefit in the following ways:

1. Decreased grief
2. Decreased burden
3. Decreased depression
4. Increased mastery/empowerment

In addition, one recent study showed bigger improvements in treatment for teens when their parents participated in FC.

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## Practice Exercises

1. Look at the Emotion Dysregulation diagram. (*Page 1-5*)
  - Which problems are most central for your person?
  - Which problems are most central for you?
2. Which assumption(s) is the most difficult to accept? (*Page 1-6*)
3. In order to balance your life, find something you can do for yourself that is not typical for you these days, and do it as often as you can this week.

### ICD-10 Criteria

#### **F60.3 Emotionally Unstable Personality Disorder**

- A personality disorder in which there is a marked tendency to act impulsively without consideration of the consequences, together with affective instability. The ability to plan ahead may be minimal, and outbursts of intense anger may often lead to violence or “behavioral explosions;” these are easily precipitated when impulsive acts are criticized or thwarted by others. Two variants of this personality disorder are specified, and both share this general theme of impulsiveness and lack of self-control.

#### **F60.30 Impulsive Type**

- The predominant characteristics are emotional instability and lack of impulse control. Outbursts of violence or threatening behavior are common, particularly in response to criticism by others. Includes: explosive and aggressive personality (disorder) Excludes: dissocial personality disorder (F60.2)

#### **F60.31 Borderline Type**

- Several of the characteristics of emotional instability are present; in addition, the patient’s own self-image, aims, and internal preferences (including sexual) are often unclear or disturbed. There are usually chronic feelings of emptiness. A liability to become involved in intense and unstable relationships may cause repeated emotional crises and may be associated with excessive efforts to avoid abandonment and a series of suicidal threats or acts of self-harm (although these may occur without obvious precipitants). Includes: borderline personality (disorder).

# Module 1: Introduction to Family Connections

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