

# Module 2

## Family Education



### Information about Borderline Personality Disorder

#### Important Considerations

- The disorder is heterogeneous with many “looks” or presentations (over 200 combinations of symptoms).
- Medication effects are usually modest at best, and they can have negative effects as well (in particular, in negative long-term medical consequences). Medications often target anxiety, depression, mood swings, and impulsivity. However, there is no medication that improves relationships, and none specifically for BPD. No medication has been approved (FDA) to treat BPD per se.
- BPD rarely stands alone. Many other disorders co-occur.
- BPD affects between 1.6% and 3.9% of the population (or more). This % far exceeds the percent diagnosed with schizophrenia or bipolar I disorder.
- Estimates are that 10% of psychiatric outpatients and at least 20% of psychiatric inpatients have BPD.
- BPD affects men and women equally. 75% of patients are women, which reflects that women more often seek treatment, that anger is more acceptable in men, and that men with similar problems often end up in prison and receive a diagnosis of antisocial personality disorder.
- At least 80% have self-injured (cut, burned, or otherwise injured themselves).
- 65–70% of persons with BPD make at least one suicide attempt. 8-10% of BPD patients die by suicide.
- *However, most people with BPD do get better with appropriate treatment!*

#### BPD Research Funding and Resources from NIMH

(National Institute for Mental Health)

Disorder	Funding	% of Population
Schizophrenia	\$300,000,000	0.4%
Bipolar Disorder	\$100,000,000	1.0%
Borderline Personality Disorder	\$6,000,000	1.6% - 3.9%

### Treatment Settings for Borderline Personality Disorder

1. **Inpatient Treatment** - May be voluntary or involuntary; general psychiatry units are the most typical
2. **Residential Treatment** - Typically unlocked, 24-hour staff; some are general psychiatry, while others offer specialty treatment for BPD & related problems
3. **Outpatient Treatment** - General outpatient vs. specialty clinics & programs
4. **Partial Hospitalization/Day Treatment** - General vs. specialty clinics & programs
5. **Emergency psychiatric evaluation services (ED, ER, EW)** – vary widely

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### Types of Treatment

In addition to the treatment setting, there are also different types of treatment. These include:

1. Dialectical Behavior Therapy (DBT) (*Linehan, et al.*) – Broad empirically supported
2. Mentalization (UK) (*Bateman, Fonagy, et al.*) - Empirically supported
3. “Good” Psychiatric Management (*Gunderson, et al.*) – Some empirically supported

#### Important considerations regarding treatment:

- Many treatments do not work well (all treatment approaches are NOT equally effective)
- Specialized treatments always outperform treatment as usual
- “Treatment as usual” typically has the poorest outcomes

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BPD-specific problems are hard to treat, and even more complicated in tandem with co-occurring disorders. BPD rarely stands alone.

### BPD and Co-occurring Problems

Anxiety	90%
Major Depressive Disorder	85%
Eating Disorders (anorexia/bulimia)	~25%
Substance Use Disorders	35%
Bipolar I Disorder	10%
Antisocial PD	~25%
PTSD	25-40%

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### Other Disorders Plus BPD

Major Depressive Disorder	15%
Bulimia	20%
Anorexia	20%
Substance Use Disorders	10%
Other Personality Disorders	50%

### Family Emotional Involvement

Higher emotional involvement predicted better clinical outcomes. This means that the more emotionally involved the key relatives were, the better the patient fared (fewer hospitalizations).  
(Hooley & Hoffman, 1999)



One goal of Family Connections™ is to teach effective & healthy emotional involvement.

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### Family Member Wellbeing

Families who have a relative with BPD report higher levels of burden, depression, and grief than do family members who have a relative with schizophrenia. (Hoffman, et al., 2004)

- How might we understand this?
- What are the sources of stress and burden for you?

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### Other Stressors

1. Stressors for Mental Health Care Providers
  - Patient suicide attempts, threats of suicide, anger (Hellman, 1986)
2. Stressors for Family Members
  - PTSD (mostly around suicide attempts) (Hoffman, Harned, Fruzzetti, 2024)  
depression, and grief than do family members with a relative suffering from schizophrenia. (Hoffman, et al, 2004)

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### Development of BPD

1. People with BPD likely have temperamental vulnerabilities to the social, cultural and family environments they are born into, making dysregulation more likely.
2. There are factors in the environment that transact with these vulnerabilities that may make chronic emotion dysregulation more or less likely.  
(Fruzzetti, et al, 2005; Fruzzetti & Worrall, 2010)

### High Emotional Sensitivity

1. Pick up on things that have an emotional quality that others miss (something like having sensitive hearing, but with emotion cues), and then people with less emotional sensitivity can be invalidating
2. Low threshold for emotional reaction - react sooner, regardless of the other person's reaction
3. Big emotional events hurt more, and less sensitive others often do not understand this and can be invalidating
4. Because others don't notice the emotional events, it is easy for others to invalidate sensitive people

**It's like an open wound on your hand or a sunburn.  
The person feels the intensity of heat more than others do.**

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### High Emotional Reactivity

1. After becoming activated, emotional reactions tend to be big, more intense.
  2. High emotional arousal dysregulates thinking, memory, and other cognitive processing, so thinking and problem-solving can be impaired.
  3. The magnitude of the response to the emotional event or stimuli can be higher than other people experience, and therefore can be difficult for others to understand, who then are more likely to invalidate.
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### Slow Return to Baseline

1. Emotional reactions are longer lasting; it takes a longer time for negative emotions to go down on their own.
2. Slow return means these people spend more time with high, negative emotions. This makes them more vulnerable to getting dysregulated again when the next emotional event happens, and makes becoming dysregulated more likely over time. It would be like trying to walk on a broken leg before it heals; it's more vulnerable to break again.

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### Environmental Factors

- 20-40% of people with BPD in treatment report having been sexually abused, usually by a non-caregiver
- Experienced a loss or abandonment as a child (perceived or actual)
- Poorness of fit—difficulty—between the child and one or more of the key people in their social and family environments; the child frequently experiences one or more of these people as invalidating

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### Stigma

- In general, there is stigma about families of persons with mental health problems.
- However, there also seems to be “surplus stigma” around BPD in part because of the frequency of abuse and blame and discomfort around these issues.



What is the stigma with BPD and/or with CED?  
What stigma have you or your family members encountered?

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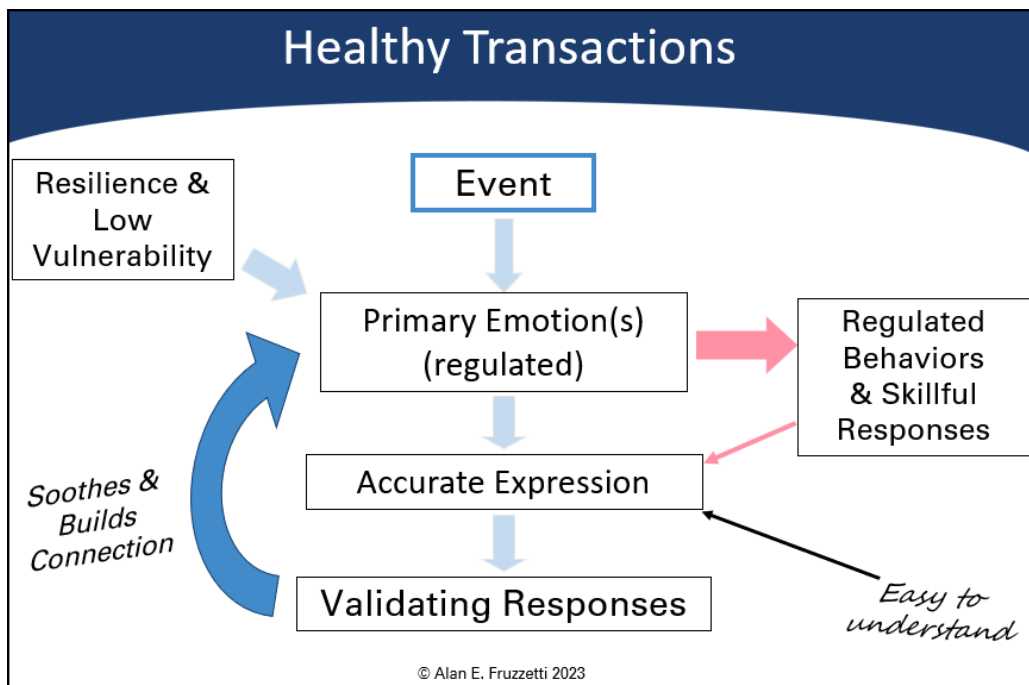
### How Can a Social or Family Environment Be Invalidating?

- De-legitimizes one’s experiences, especially private experiences (e.g., emotions, wants and desires, preferences, values, opinions, thoughts, beliefs, memories, sensations)
  - This can occur frequently when the other person’s experiences are not only private, but when the other person does not identify or describe those experiences.
- Invalidates those experiences, ESPECIALLY when they are quite different from other people’s experiences
- Does not accept or appreciate differences
- Values conformity or values the status quo: Tries to change or control across a variety of situations when the other person is just different
- Ignores or does not pay attention
- Is critical or judgmental
- Does not communicate acceptance and caring (even if true inside)
- Hinders problem solving, problem management, and coping
- Tries to impose solutions rather than problem solve collaboratively
- Insists on using their solutions to problems, even if there may be other ways to solve the problems

### Transactional Model in Healthy Transactions

A transactional model means there is ongoing or constant movement with each person affecting the other. In an interpersonal interaction there are 2 parties who affect each other by what they say and do: what I do has an impact on you, and what you do has an impact on me. There is no avoiding a transaction. Every transaction can be healthy or unhealthy. Even if you get what you want out of the transaction, if the other person loses as a result the relationship loses.

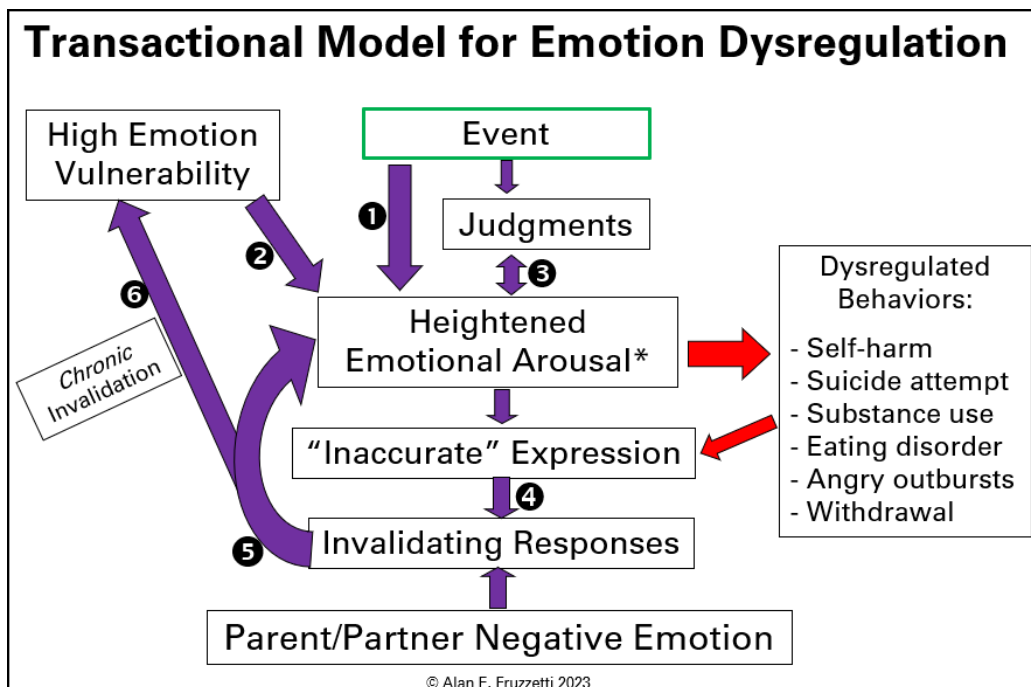
- This first diagram shows what happens in HEALTHY social Transactions. Of course, it takes two people to use effective skills to result in this Healthy Transaction Model.
- Both individuals are naturally resilient and don't have a lot of vulnerabilities. They are probably well rested, have no illnesses or current biological problems, they have eaten recently and are overall at a low baseline. There's been no recent or past history of unsettling events or trauma.
- When an event happens in their life, such as someone cancelling an outing, or even a challenge at their job, they will probably react with an appropriate primary emotion.
- They will probably talk to someone they care about and accurately describe what happened and how they are feeling.
- Because they accurately express in a skillful way, the also "healthy, emotionally balanced" other person validates how they feel.



### Transactional Model in Chronic Emotion Dysregulation

This slide introduces us to the complexity of the Transaction Model when one or more people are chronically emotionally dysregulated. Clearly you can see the difference. We are going to take you step by step through this so that you can really understand each step and appreciate how each step impacts the transaction.

- Events (sometimes called prompting events, or just things that happen) - these can be public or social events, or thoughts, memories, pain, etc.
- Vulnerability to becoming dysregulated – biological, temperamental and previous learning or conditioning
- Judgments
- Both inaccurate expression and invalidating responses
- The other person (parent or partner) feeds responds with negative emotion elevating the inaccurate expression and invalidating responses
- When this occurs over and over in a person’s life, it is called Chronic Invalidation



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### Practice Exercises

1. Identify examples of your own emotional vulnerabilities:  
(Page 2-5)
  - High sensitivity
  - High reactivity
  - Slow return to baseline
2. Identify examples of your person's emotional vulnerabilities  
(Page 2-5)
  - High sensitivity
  - High reactivity
  - Slow return to baseline
3. What family, cultural, social or other environmental factors do you think were present for your relative when they were growing up that might not have been a good "fit" for their temperament? (Page 2-6)
4. Use the Transactional Model Worksheet to walk through a recent painful episode in your relationship.
  - From your standpoint
  - From your person's standpoint

