



Managing Suicidality & Trauma Recovery

A Course for Parents in Distress

Self-Paced Pre-Course Videos




Psychoeducation on Parental Trauma Related to Suicidality in Teens and Young Adults

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan


1

MANAGING SUICIDALITY & TRAUMA RECOVERY

Course Format



Self-Paced Videos

Live Sessions

2

MANAGING SUICIDALITY & TRAUMA RECOVERY

What is MSTR?

- For parents of teens/young adults with suicide attempts, self-harm, or dangerous behaviors
- Common challenges of our teens & adult children:
 - Intense emotions, impulsivity, relationship struggles, rejection sensitivity, difficulty coping
 - Many diagnoses, and core issue often emotion dysregulation
- Parents, you will learn skills to:
 - Support your own well-being
 - Improve relationships
 - Connect in a supportive peer environment

3

MANAGING SUICIDALITY & TRAUMA RECOVERY

Goals of this Course

EDUCATION

Understand Problems
Associated with:

- Suicidality & Emotion Dysregulation
- Stress & Trauma Reactions
- Transactional Model emphasizing fear conditioning

SKILLS

Develop Skills to:

- Manage our Own Emotional Responses in Difficult Situations
- Improve our Relationship with our Teen & Adult Children

SUPPORT

Increase Social Support
that helps us:

- Be more skillful in our Actions
- Decrease Stigma
- Decrease Isolation

4

Weekly Meeting Format



REVIEW CONTENT FROM PREVIOUS LESSON



PRESENTATION OF NEW MATERIALS



PRACTICE, QUESTIONS, AND DISCUSSION

5

Group Guidelines



PUNCTUALITY



CONFIDENTIALITY



PRACTICE EXERCISES (TO DO AT HOME)



GROUP CONSULTATION



CREATION OF A 'NO-BLAME' GROUP ENVIRONMENT



SHARE WITH CARE

6

Small Group Discussion: Introductions



Let's get to know each other...

- Your name & location
- "What about your child's struggles (maybe including dangerous behaviors like self-harm/suicide attempts) is most difficult or painful for you?"

Please note, you can always pass.

7

Basic Assumptions

What can we do to start making things better?

- Assume a dialectical world view: *there is no absolute truth about anyone's behavior or experience.*
- Assume everyone (our child, other family members, professionals, etc) is doing the best they can in this moment.
- Assume that when everyone knows better & tries harder, we can all do better.
- Staying curious about my child's behavior or experience is more effective than not.
- Assuming benign intentions or making benign interpretations help me stay effective.
- Assume everyone is safe right now (unless real danger is present).

8

*Interrupt fear patterns by
gently saying to yourself
“I don’t know”*

9

Practice Exercise: What is the most difficult to accept?

Select the Basic Assumptions that is the most difficult for you to accept.

- Assume a dialectical world view: *there is no absolute truth about anyone’s behavior or experience.*
- Assume everyone (our child, other family members, professionals, etc) is doing the best they can in this moment.
- Assume that when everyone knows better & try harder, we can all do better.
- Staying curious about my child’s behavior or experience is more effective than not.
- Assuming benign intentions or making benign interpretations help me stay effective.
- Assume everyone is safe right now (unless real danger is present).

10

MANAGING SUICIDALITY & TRAUMA RECOVERY

“Rights” (Goals) of Parents

- We have needs that might not be met by the mental health system or our existing family and social support network
- We need to have “healthy selfishness” (in balance with giving)
- We need to learn how and when to say “no” effectively
- We need to accept and validate our own emotional responses while learning to manage our emotions and actions effectively
- We need to build and use our own emotional support network
- We need to accept that we cannot solve all our child’s problems



11

MANAGING SUICIDALITY & TRAUMA RECOVERY

Let’s Move Away from Emphasizing a Diagnosis

- Most mental health diagnoses do NOT tell us anything about the causes or development of the problems or “disorder”.
- Suicidality (thoughts, urges, plans, attempts) is transdiagnostic.
- NSSI means *non-suicidal* self-injury, and is transdiagnostic.
- Stressful and traumatic events, and problems related to them, are transdiagnostic.
- Emotion dysregulation is transdiagnostic.
- Our kids likely have experienced stress- and trauma-related problems. We have, too.



12

Eight Common Problems for Parents

Of teens or adult children who struggle with suicidality

1. Empathic Despair: Suffering in loved ones creates suffering in those who care for them.
 - We may, for years, be in a state of recovery from one crisis event while anticipating the next



Eight Common Problems for Parents

Of teens or adult children who struggle with suicidality

1. Empathic Despair.
2. Confusion about role.
 - Suicide risk can disrupt family roles and functioning
 - Parents may become safety monitors/caregivers, losing other roles
 - Joy and balance in life may diminish
 - Role shifts often strain relationships



Eight Common Problems for Parents

Of teens or adult children who struggle with suicidality

1. Empathic Despair.
2. Confusion about role.
3. Grief & loss.
 - Loss of...
 - Plans
 - Lifestyle
 - Expectations
 - Resources
 - Sometimes temporary, and deeply felt



Eight Common Problems for Parents

Of teens or adult children who struggle with suicidality

1. Empathic Despair.
2. Confusion about role.
3. Grief & loss.
4. Distress & Depression
 - The combination of fear, sadness, despair, social isolation, guilt, and other factors can leave family members feeling:
 - Alone and depressed
 - Overwhelmed
 - Uncertain
 - Little experience of joy



MANAGING SUICIDALITY & TRAUMA RECOVERY

Eight Common Problems for Parents

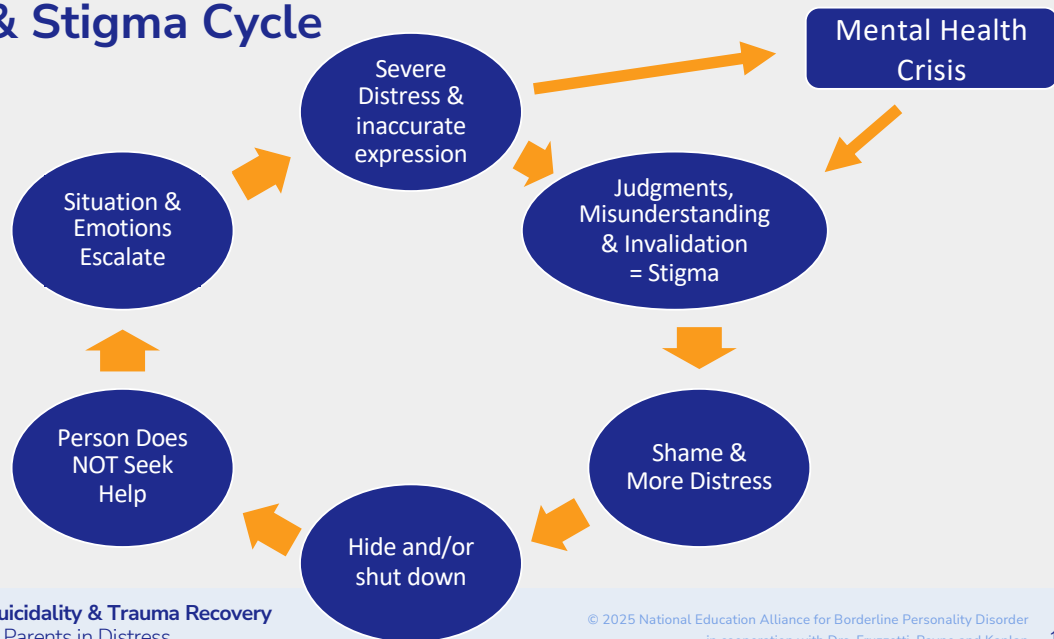
Of teens or adult children who struggle with suicidality

1. Empathic Despair.
2. Confusion about role.
3. Grief & loss.
4. Distress & Depression
5. Stigma
 - We rarely talk openly about suicide, and this silence fuels isolation, shame, and stigma for families already in pain.

17

MANAGING SUICIDALITY & TRAUMA RECOVERY

Shame & Stigma Cycle



18

MANAGING SUICIDALITY & TRAUMA RECOVERY

We get no darn casseroles!



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan

19

19

MANAGING SUICIDALITY & TRAUMA RECOVERY

Something You Can Do

Let's reduce shame and break down stigma.

"Let's share ideas for how we can tap into our personal and broader social networks to help reduce stigma. Now, to move past shame, can you think of one person you feel you could reach out to and share what's been happening?"



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan

20

20

Eight Common Problems for Parents

Of teens or adult children who struggle with suicidality

1. Empathic Despair
2. Confusion about role
3. Grief & loss
4. Distress & depression
5. Stigma
6. Burn out and high burden
 - Neglecting relationships, activities, and self-care can cause burnout and a heavy sense of burden, often with significant financial strain.



Eight Common Problems for Parents

Of teens or adult children who struggle with suicidality

1. Empathic Despair
2. Confusion about role
3. Grief & loss
4. Distress & depression
5. Stigma
6. Burn out and high burden
7. Disempowered
 - Not surprisingly, families report feeling disempowered – their lives often feel like they are not their own.



MANAGING SUICIDALITY & TRAUMA RECOVERY

Eight Common Problems for Parents

Of teens or adult children who struggle with suicidality

1. Empathic Despair
2. Confusion about role
3. Grief & loss
4. Distress & depression
5. Stigma
6. Burn out and high burden
7. Disempowered
8. Parents are terrified, with Acute Stress Disorder or Post Traumatic Stress Disorder or other significant stress/trauma related problems.



23

MANAGING SUICIDALITY & TRAUMA RECOVERY

Practice Exercise: What have you experienced?

Eight common problems for parents of a teen or adult child who struggles with suicidality

- Empathic Despair
- Confusion about role
- Grief & loss
- Distress & depression
- Stigma
- Burn out and high burden
- Disempowered
- Parents are terrified, with Acute Stress Disorder or Post Traumatic Stress Disorder or other significant stress/trauma related problems.



24

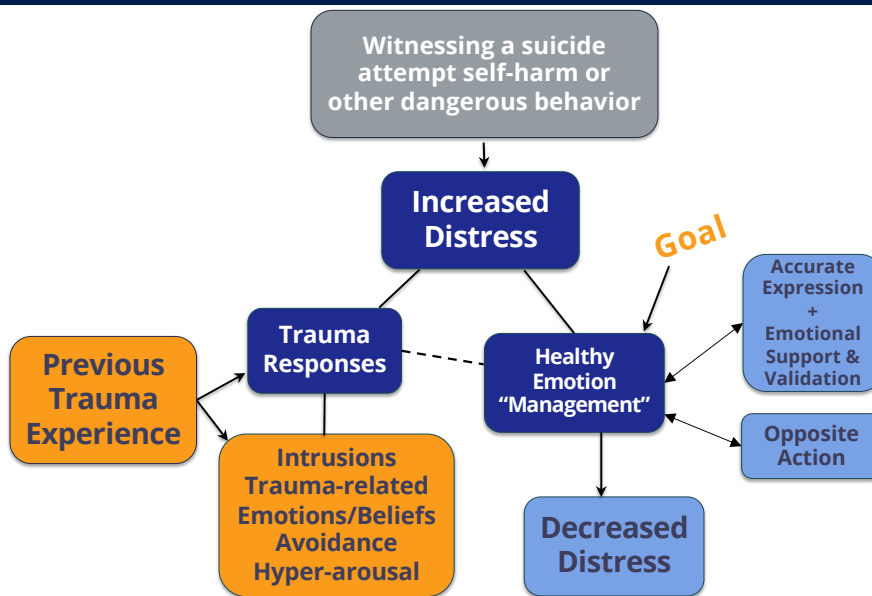
What is Trauma?



→ The same “event” can be experienced very differently for different people.



25



26

Understanding Stress & Trauma

- Negative stressful events: events (personal, societal) or experiences that cause distress and/or increase perceived threat to physical or psychological well-being (note: stress can be positive, beneficial)
- Traumatic events: actual dangerous events for the individual or threats to physical integrity or psychological well-being; also, important losses (activities, relationships, etc.); or chronic invalidation (personal or group)
- Secondary trauma or secondary stress: observing or witnessing dangerous or harmful events happening to others, including images or descriptions of trauma or cruelty toward others



Practice Exercise:

What are some examples of each of these that you have experienced?

- Negative stressful events:
- Traumatic events:
- Secondary trauma or secondary stress:



Psychological Aftermath of Trauma

Acute Stress Disorder (ASD)

Acute Stress Disorder (ASD): follows a significant traumatic event, with clinical levels of distress during the first month following the event

- Includes intrusion of traumatic memories
- Includes avoidance of situations and other trauma-related cues
- Duration is a few days up to 1 month



Psychological Aftermath of Trauma

Post-Traumatic Stress Disorder (PTSD)

PTSD: follows a significant traumatic event, with clinical levels of distress

- Distress endures more than one month
- Includes intrusion of traumatic memories
- Includes avoidance of situations and other trauma-related cues
- Hyperarousal/heightened vigilance
- Trauma-related emotions and beliefs



MANAGING SUICIDALITY & TRAUMA RECOVERY

Practice Exercise: What has the Impact Been on You?

Have you experienced any of the following?

- Intrusive thoughts or memories
- Avoidance of things connected to the traumatic event
- Extreme emotional turmoil
- Very negative and/or irrational beliefs (e.g. "I must be a bad parent")



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan

31

31

MANAGING SUICIDALITY & TRAUMA RECOVERY

Meet Jessica, Pat & Maureen...



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan

32

32

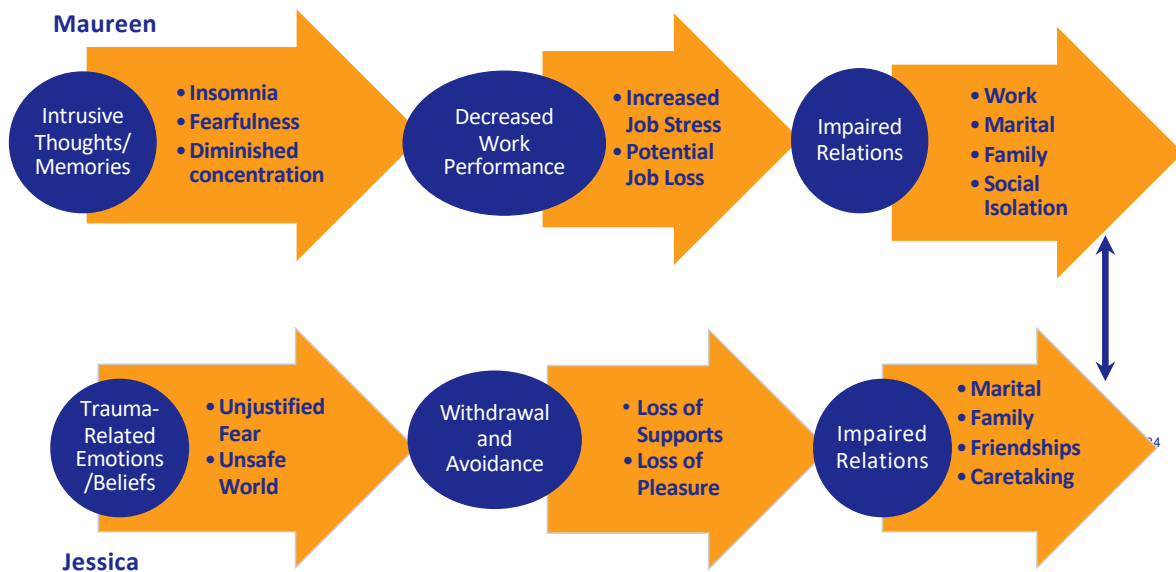
MANAGING SUICIDALITY & TRAUMA RECOVERY

Pat overdosed a year ago while his parents, Jessica and Maureen, were running errands. When they returned home, they found Pat unconscious on the bathroom floor. Jessica called 911 while Maureen performed CPR. Pat was stabilized in the ER and later admitted to a behavioral inpatient unit for ten days. Since his discharge, Pat has attended appointments with his psychiatrist and psychotherapist and resumed school, making good progress. However, a year later, Jessica and Maureen continue to struggle with the lingering effects of that traumatic event.

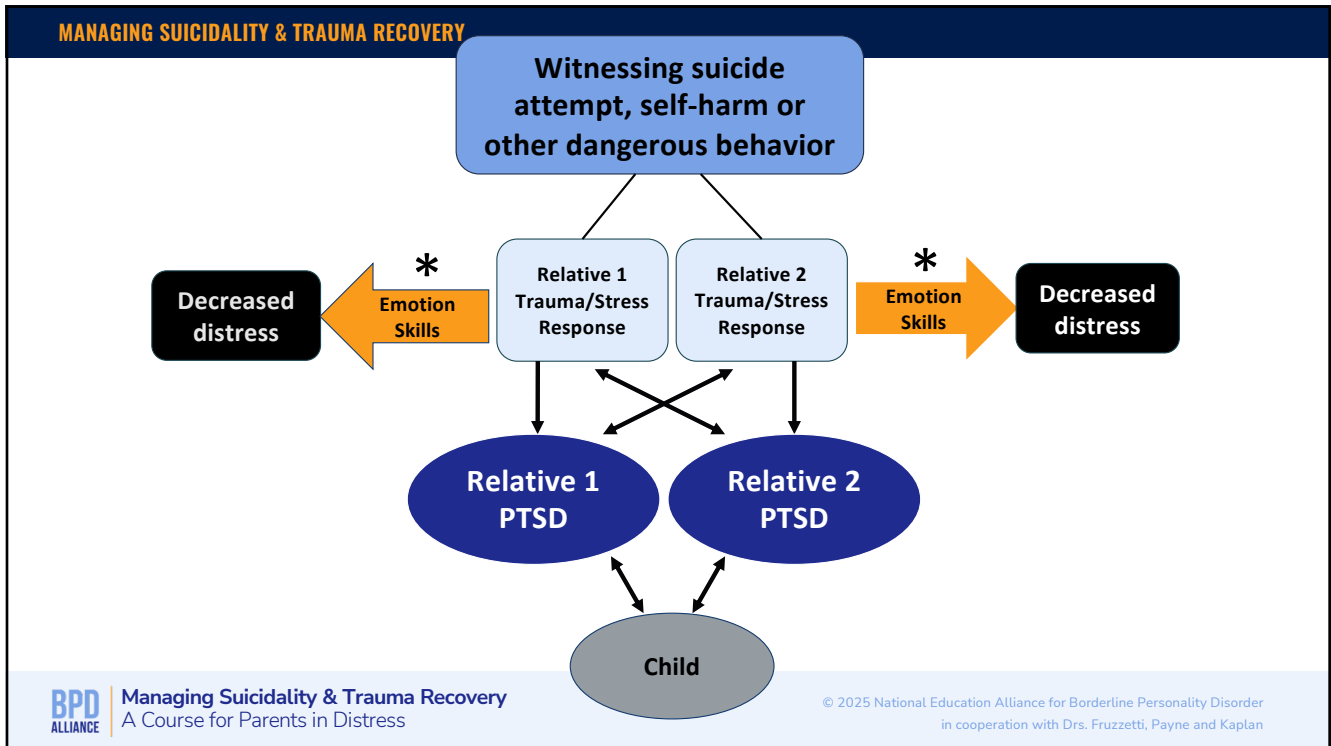


33

MANAGING SUICIDALITY & TRAUMA RECOVERY



34



35

MANAGING SUICIDALITY & TRAUMA RECOVERY

Natural Recovery

The Core Healing Process

Natural recovery (vs. the Development of PTSD) means managing, allowing reactions to trauma-related cues in your daily life (reconditioning)

- Natural recovery includes:
 - Repeated activation of trauma memories by engaging, not avoiding, trauma-related thoughts, memories, and emotions
 - Sharing these reactions with others
 - Confronting/experiencing (and not avoiding) trauma-related cues in the world, in daily life
 - This “exposure” (vs. avoidance or escape) helps disconfirm the common ideas that “the world is dangerous” and “I am incompetent” or “I am to blame”

BPD ALLIANCE | Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan 36

36

MANAGING SUICIDALITY & TRAUMA RECOVERY

Healthy Emotion Processing

Skill Preview

- Awareness of emotion (fear, guilt, shame, sadness, etc.)
- Ability to tolerate and allow the emotion, at least for a while, without “escaping” the experience, jumping to other emotions, blaming, judging, etc. (we call this “opposite action” or exposure; more later)
- Emotions are like waves, they “fire” (initiate), go up, peak, and then go back down – as long as we don’t re-fire them
- Soothing, self-validation can help tolerate and allow this cycle
- Accurate disclosure to others is a key ingredient in resolution, especially if they can validate your experience
- Reactivating, getting back into the next thing in your life, is essential



37

MANAGING SUICIDALITY & TRAUMA RECOVERY

Activity: Group Discussion



Can you describe the traumatic event in one sentence, and then talk about how it impacted each family member?



38

Emotion Dysregulation ≠ High Arousal or Being Upset



39

Five Areas of Dysregulation



Cognitive Dysregulation

Transient paranoia, memory problems, loss of complex thinking



Emotion Dysregulation

Fear, shame, guilt, anger, anxiety, etc.



Interpersonal Dysregulation

Chaotic relationships, isolation, reactivity, rejection sensitivity, loneliness



Behavioral Dysregulation

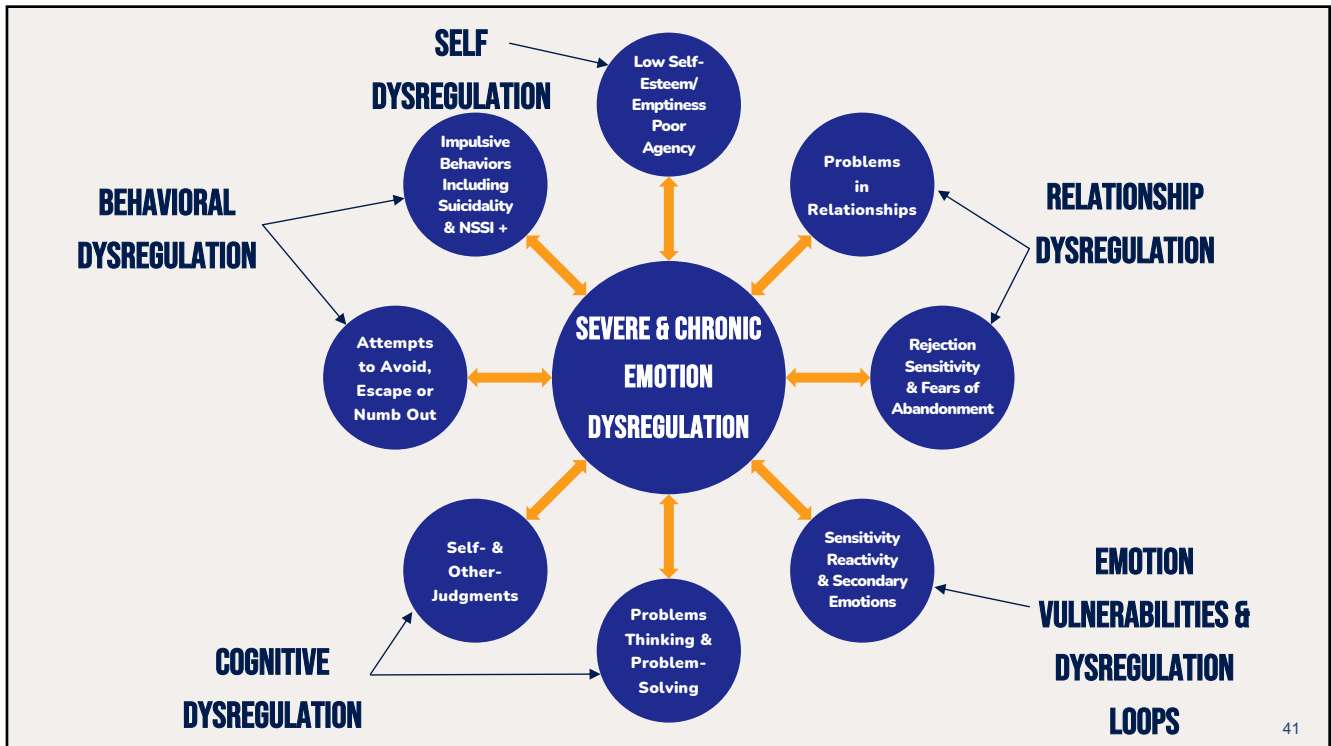
Suicidality, self-harm, impulsive or escape behaviors, disruption in self-care

Self-Dysregulation

Low self-esteem, emptiness, self-loathing, lack of motivation, problems with identity



40



41

MANAGING SUICIDALITY & TRAUMA RECOVERY

Activity: Group Discussion



Looking at the Emotion Dysregulation diagram on the previous slide and the areas of dysregulation:

- Which problems are most central for your child?
- Which problems are most central for you?

BPD ALLIANCE | Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan 42

42

Understanding Suicidality & Self-Harm

Suicide attempts and self-harm often serves a purpose

- Problem solving
- Communicates distress
- Escape from distress and pain
- Temporary reduction of distress and demands



Understanding Suicidality & Self-Harm

Self-harm:

- Can be an automatic or a learned reaction
- Can be reinforced by how others respond
- Is almost always related to emotion dysregulation (shame, fear, sadness/despair)
- Is often related to a disruption to an important relationship, loneliness, or loss



MANAGING SUICIDALITY & TRAUMA RECOVERY

How can a Social or Family Environment be Invalidating?

- Someone de-legitimizes another's experiences, especially private ones (emotions, wants, desires, thoughts, beliefs, and sensations)
- Someone can invalidate those experiences, ESPECIALLY when they are quite discrepant from other people's experiences and may be difficult to know at times (e.g., around suicidality and trauma)
- Others may not accept or appreciate differences with the family or group. Someone may try to change or control another person across a variety of situations (e.g., push or demand conformity)
- Others may ignore or fail to pay attention



45

MANAGING SUICIDALITY & TRAUMA RECOVERY

How can a Social or Family Environment be Invalidating?

(Continued from previous slide)

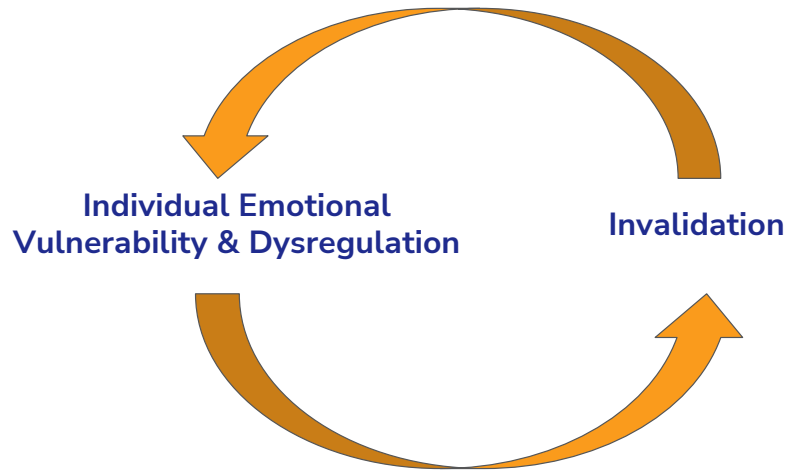
- Others can be critical or judgmental
- Others can tell a person that their experience is wrong; this is more likely to happen when we don't know why they feel a certain way or don't know what might have happened (e.g., traumatic experiences)
- Someone may not communicate acceptance and caring (even if true inside)
- Invalidating hinders problem-solving, problem management, and coping: Others may try to solve problems unilaterally rather than collaboratively – which can feel overbearing, controlling, and/or overwhelming



46

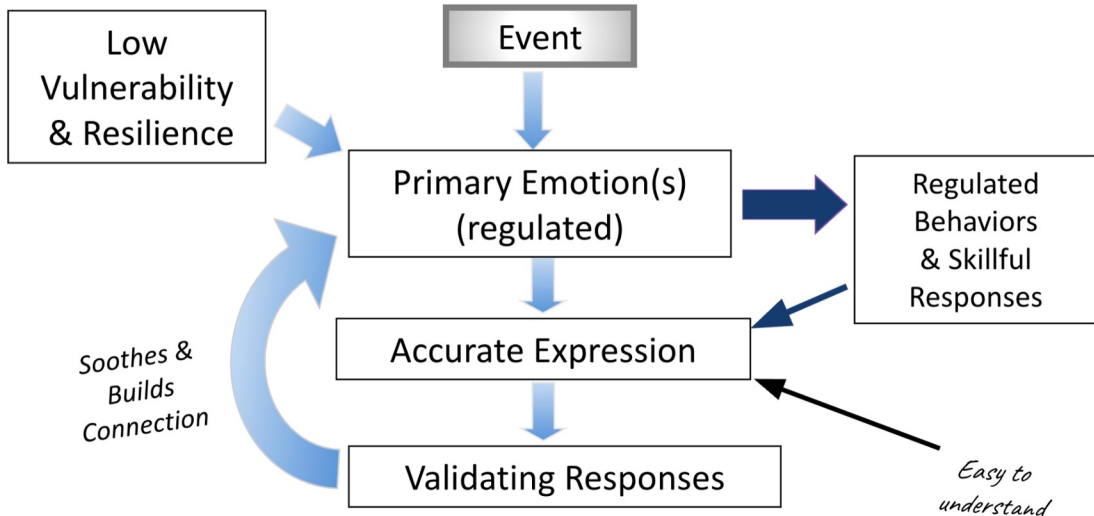
Transactional Model

Reciprocal Interactions: every factor affects — and is affected by — the other

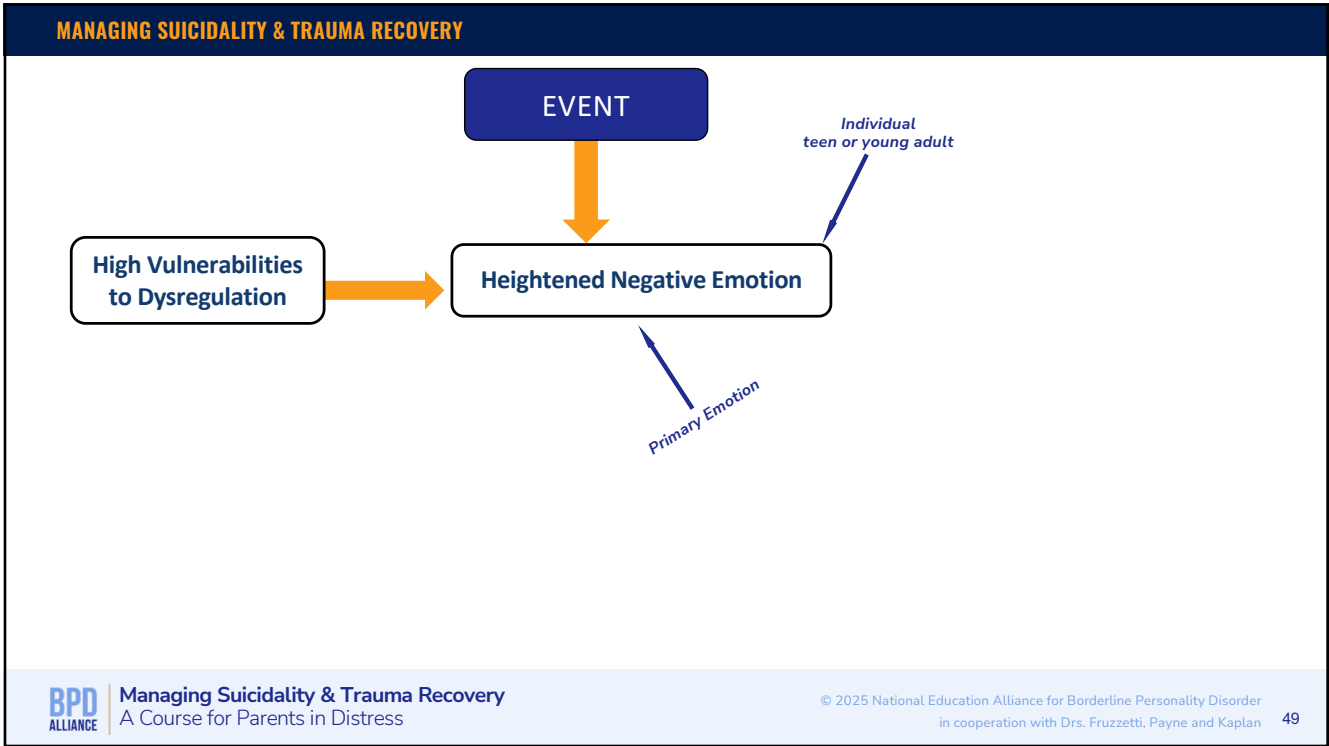


47

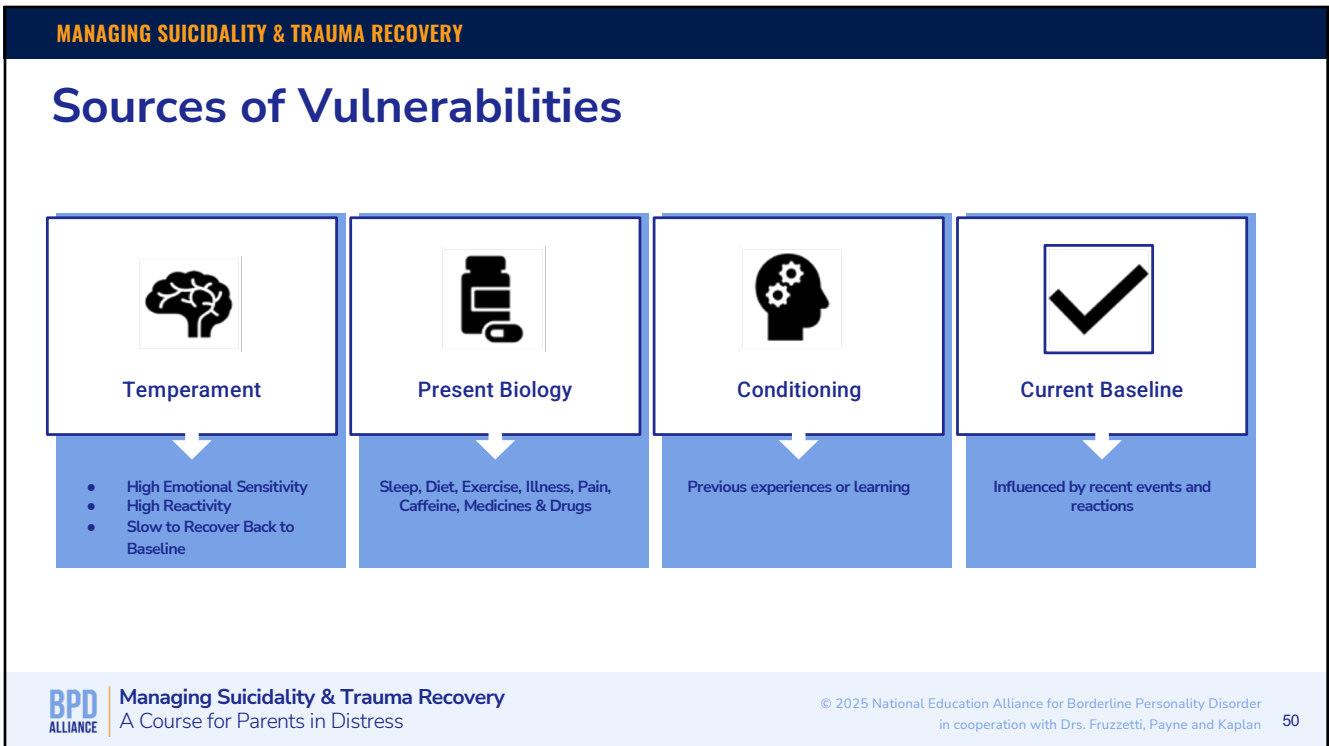
Healthy Transactions



48

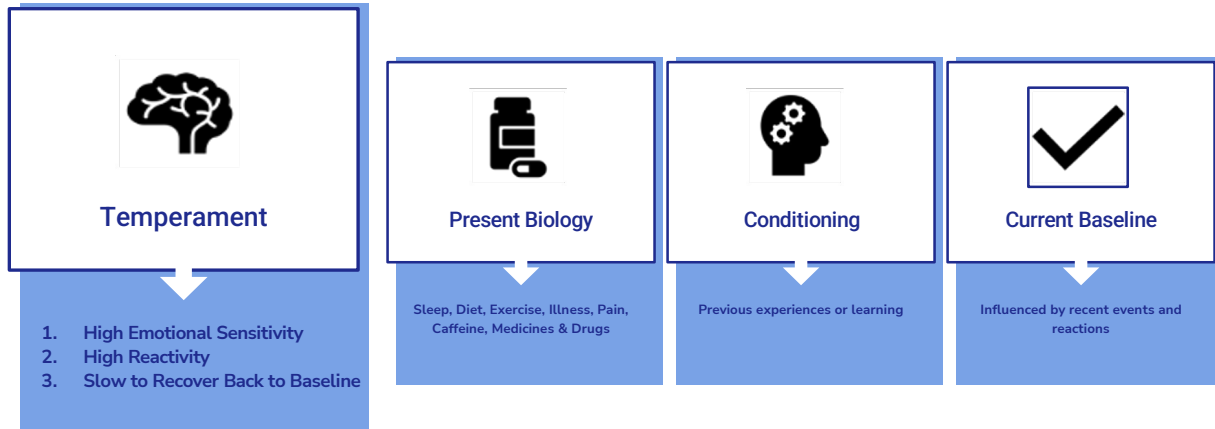


49



50

Sources of Vulnerabilities



51

Temperament Vulnerabilities

1. High Emotional Sensitivity

- **Pick up on things** with an emotional quality that others miss (parallel to having sensitive hearing), which **others might not notice** (and can lead to being invalidated)
- Low threshold for emotional reaction - **react sooner**, regardless of how big the person's reaction might be
- Big emotional events **hurt more, and others often do not understand** this and can lead to being invalidated
- Because others don't notice the same emotional events it is **easy for others to invalidate** sensitive people

52

Temperament Vulnerabilities

2. High Reactivity

- After becoming activated, **emotional reactions tend to be big**, more intense
- **High emotional arousal** dysregulates thinking, memory and other cognitive processing so that thinking and problem-solving can be impaired
- 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

Temperament Vulnerabilities

3. Slow Return to Baseline

- Emotional reactions are **long-lasting**; it takes a longer time for negative emotions to go down on their own
- Slow return means the person **experiences more high, negative emotions**. This contributes to high sensitivity (or vulnerability) to the next emotional event, and makes dysregulation more likely over time.

MANAGING SUICIDALITY & TRAUMA RECOVERY

Activity: Group Discussion



Can you identify emotion sensitivities, reactivity, or a slow return to baseline in your child?

How about in yourself and/or in other family members?



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan

55

55

MANAGING SUICIDALITY & TRAUMA RECOVERY

Practice Exercises:

1. What was your child like when he/she was a child?
 - a. What adjectives best describe his/her temperament? (one word)
 - b. What was he/she like to "soothe"? (one sentence)
2. What is he or she like now?
 - a. What adjectives best describe his/her temperament? (one word)
 - b. What is he/she like to "soothe"? (one sentence)
3. Identify examples of your own emotional reactivity patterns tracking each of the following:
 - a. High reactivity:
 - b. High intensity:
 - c. Slow return to baseline:
4. Think about your child in terms of emotional reactivity patterns:
 - a. High reactivity
 - b. High intensity
 - c. Slow return to baseline
5. What family, cultural, social or other environmental factors do you think were present for your child when he/she was growing up that might not have been a good "fit" for his or her temperament?

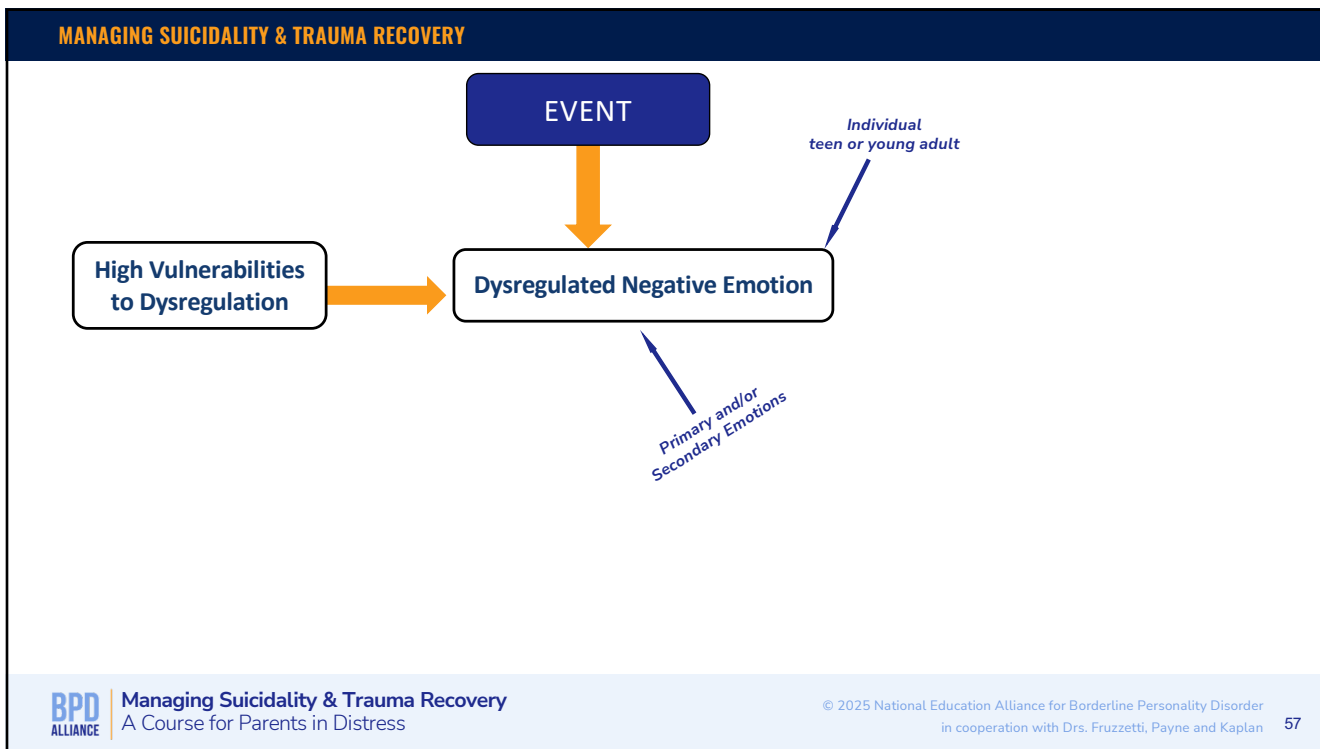


Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

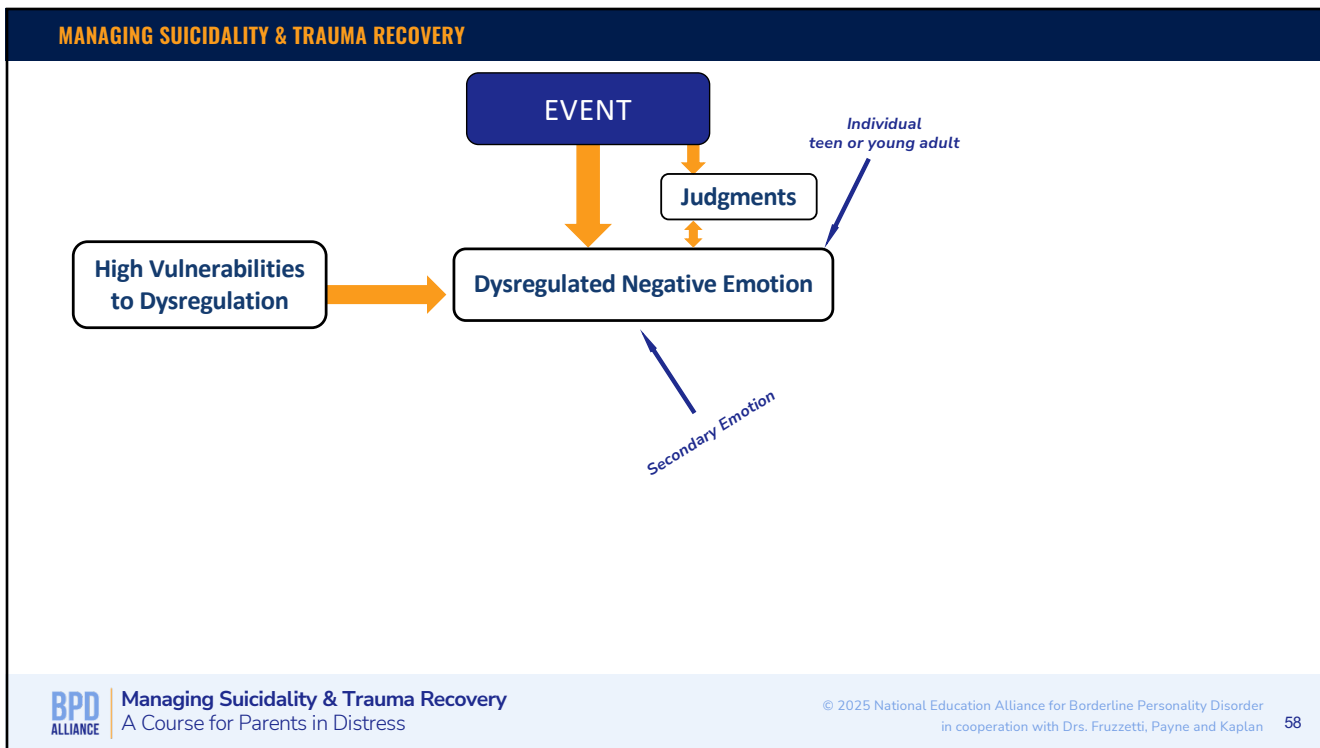
© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan

56

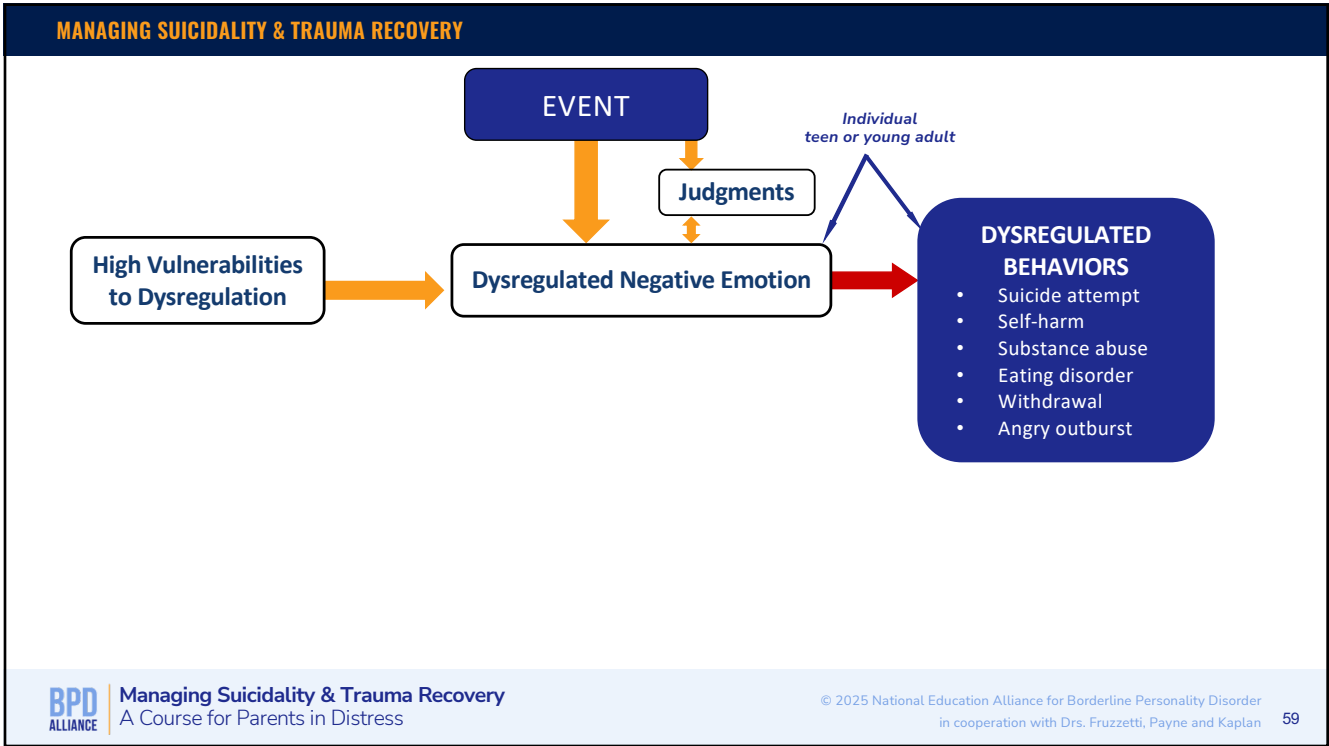
56



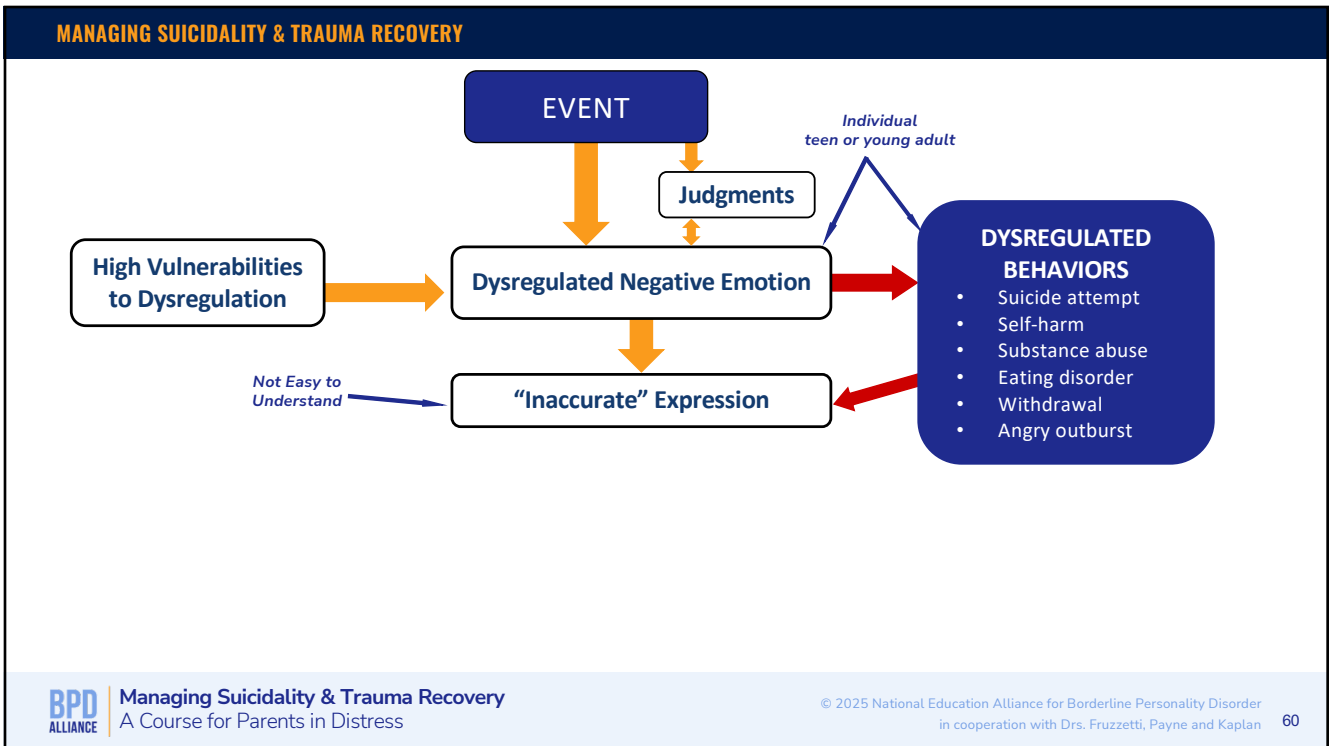
57



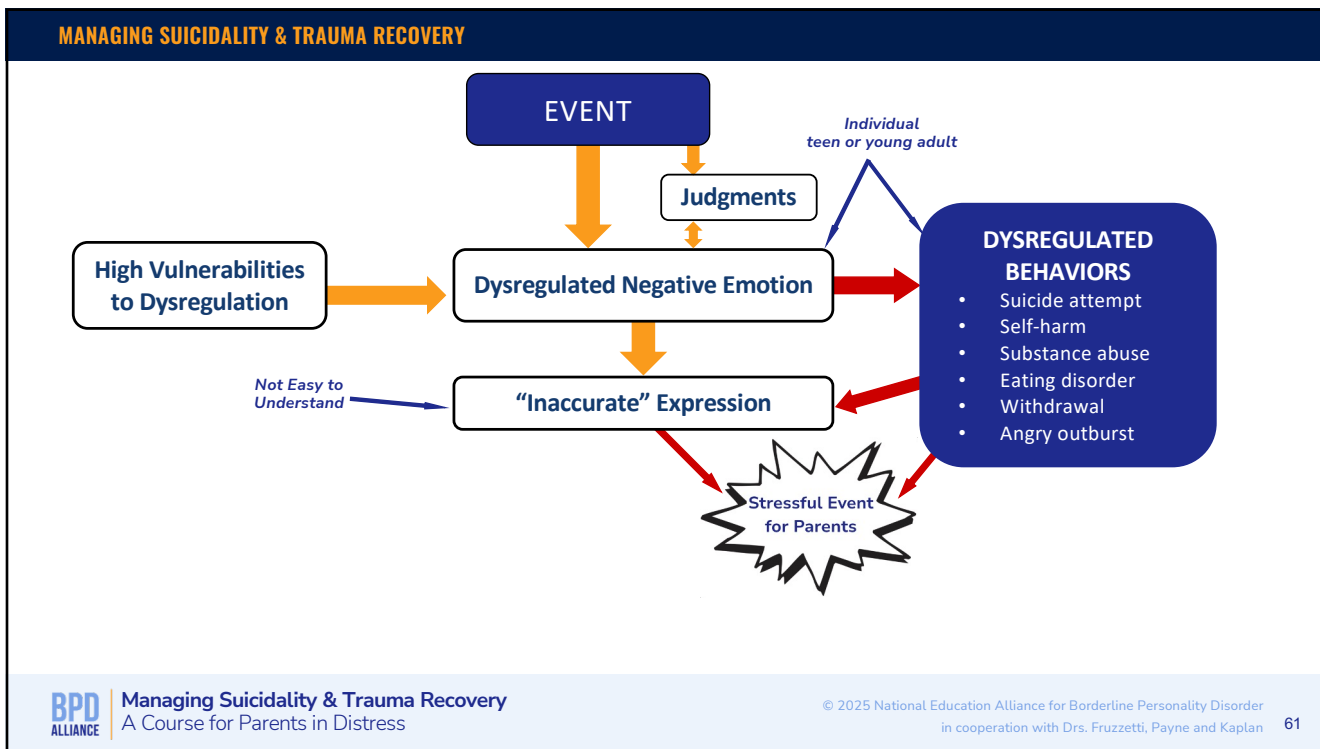
58



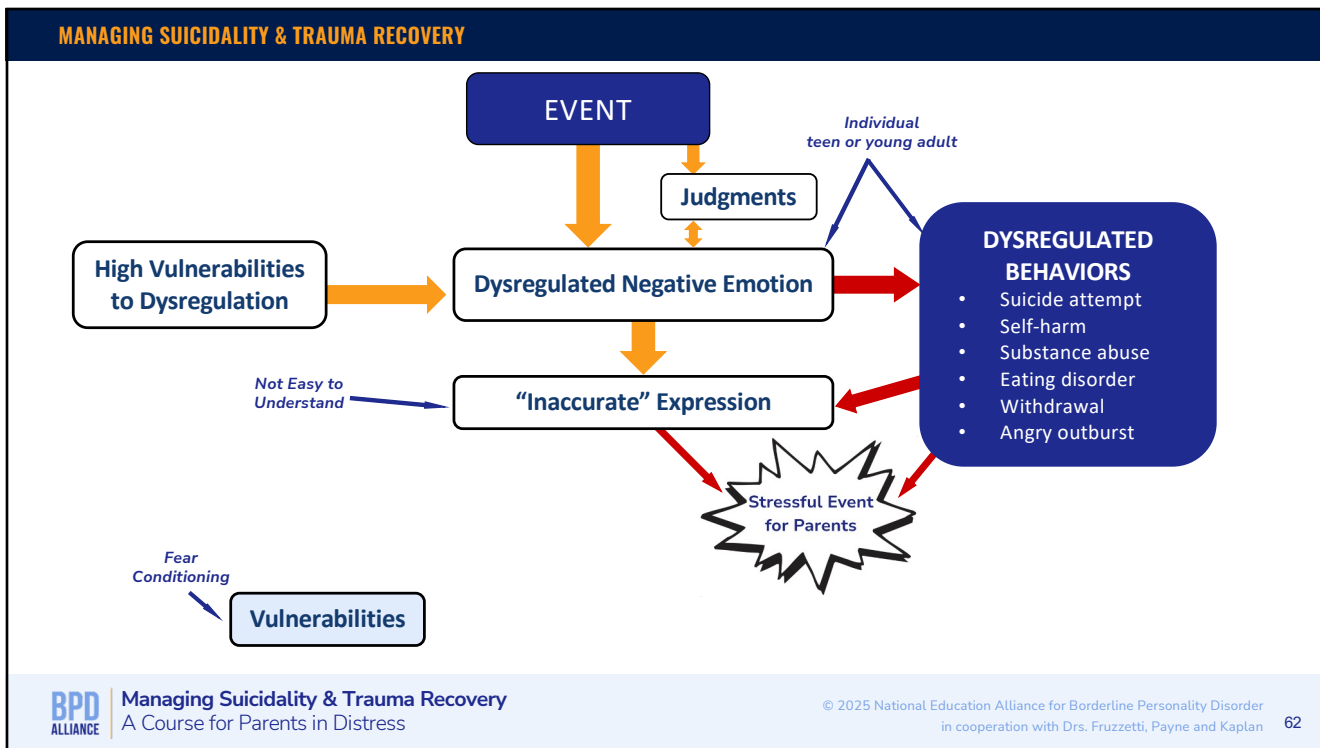
59



60



61



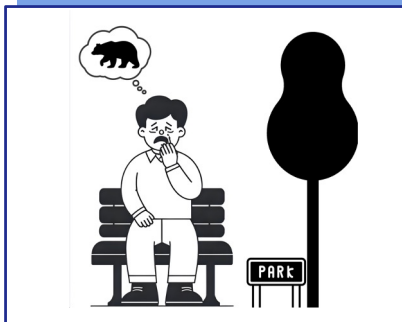
62

MANAGING SUICIDALITY & TRAUMA RECOVERY

Fear Conditioning



Fear tells us to run away or use force (to create safety...fight or flight).
 → This is perfect...exactly what we need when something is truly dangerous right now.



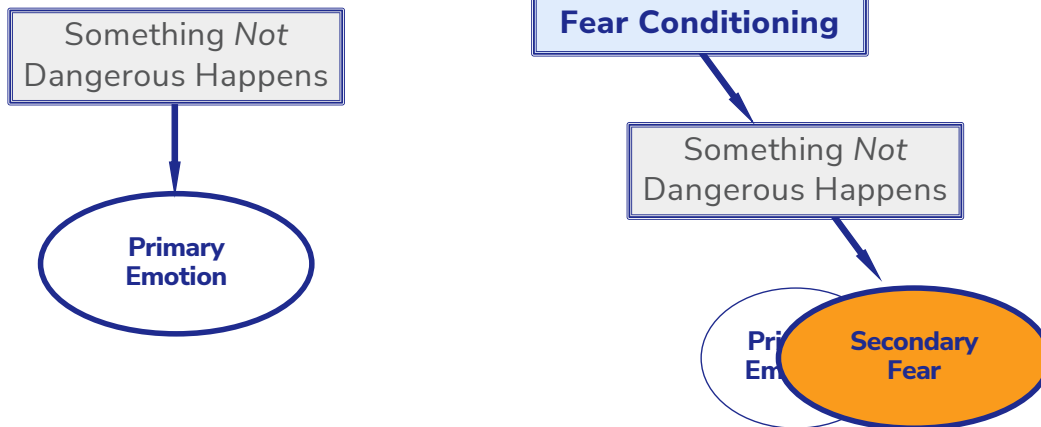
However, fear creates unnecessary suffering and leads either to avoidance (overwhelm) or attempts to control situations (or other people) when it is actually not dangerous right now (even though a similar situation may have been dangerous in the past).



The key is to help our emotion system recondition back to its original form...and not be afraid of situations that aren't dangerous.

MANAGING SUICIDALITY & TRAUMA RECOVERY

Fear Can Hijack Our Emotions



Primary & Secondary Emotions

PRIMARY EMOTIONS

Our original response to any event is normative, typically adaptive, effective.

Fear is normative in dangerous situations.

*Primary emotions are completely
VALID!*

SECONDARY EMOTIONS

Emotional response to a primary emotion (or “jumping over” it). Brought on by habitual learning or judgement.

This is usually problematic. Primary emotions are easier for others to understand; dysregulated emotions are secondary.



GOAL:

Recognize and address (or validate) the primary emotion, then shift attention away from secondary emotions and manage them, if necessary.

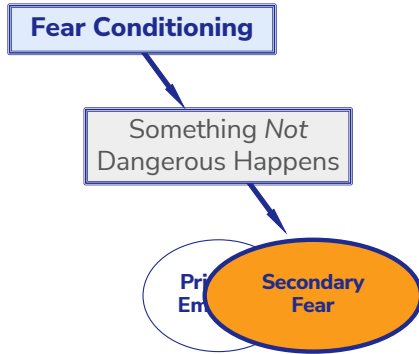


Secondary emotions often mask what's really going on.

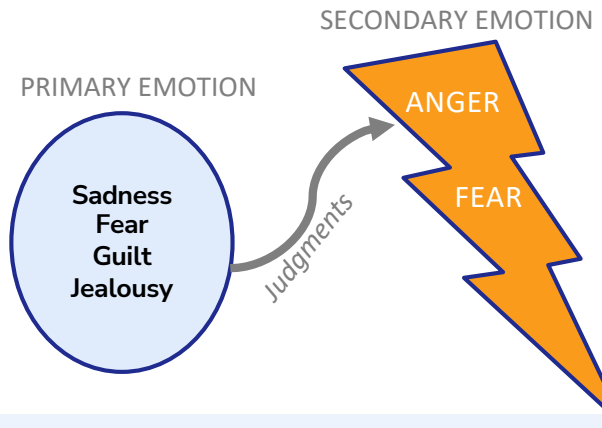


Secondary emotions happen in two ways...

1. Repeated conditioning creates **automatic** secondary emotional reaction.

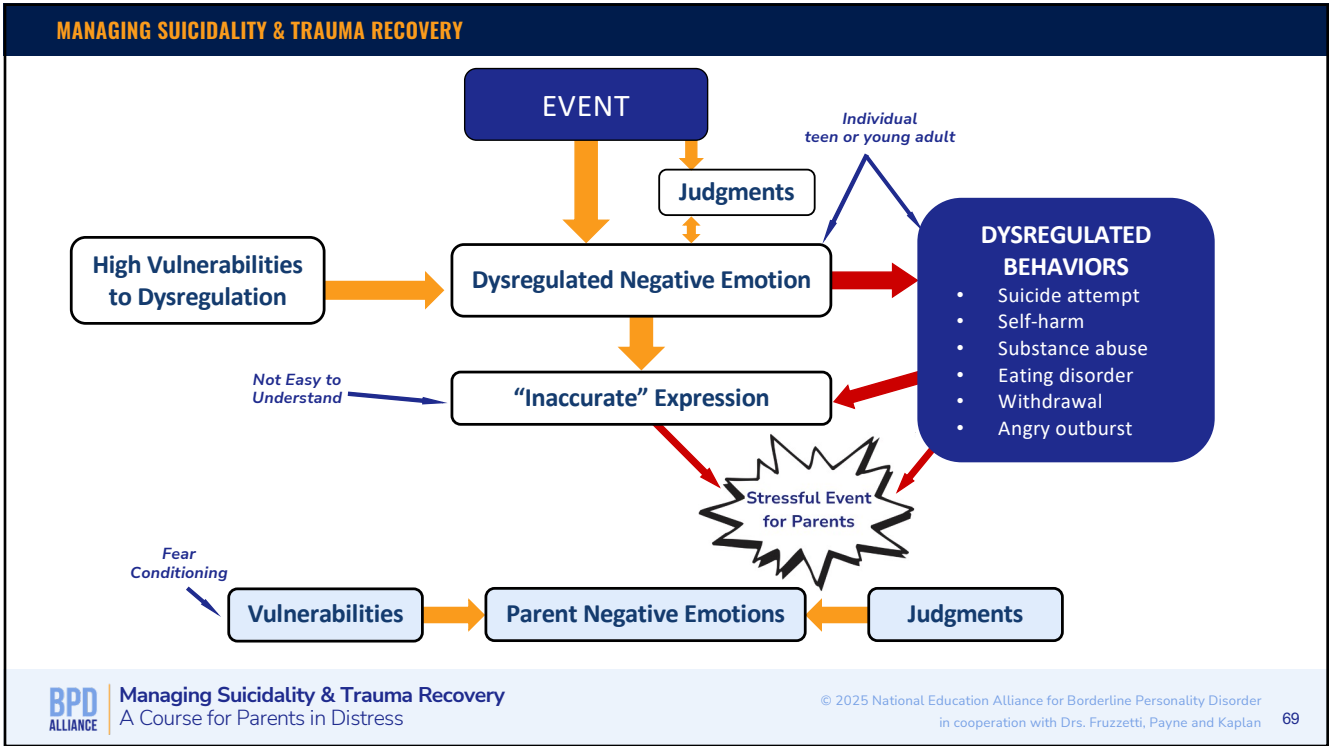


2. Judgments create secondary emotions.

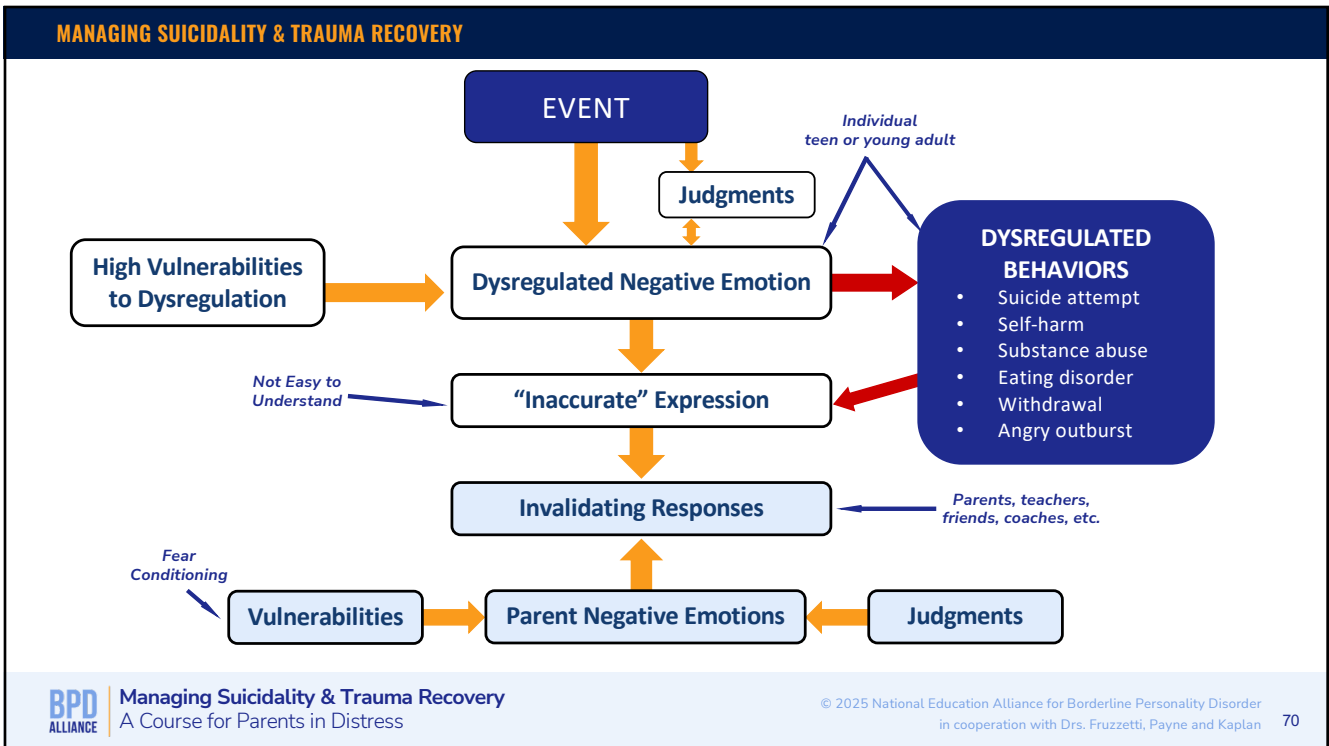


Practice Exercises:

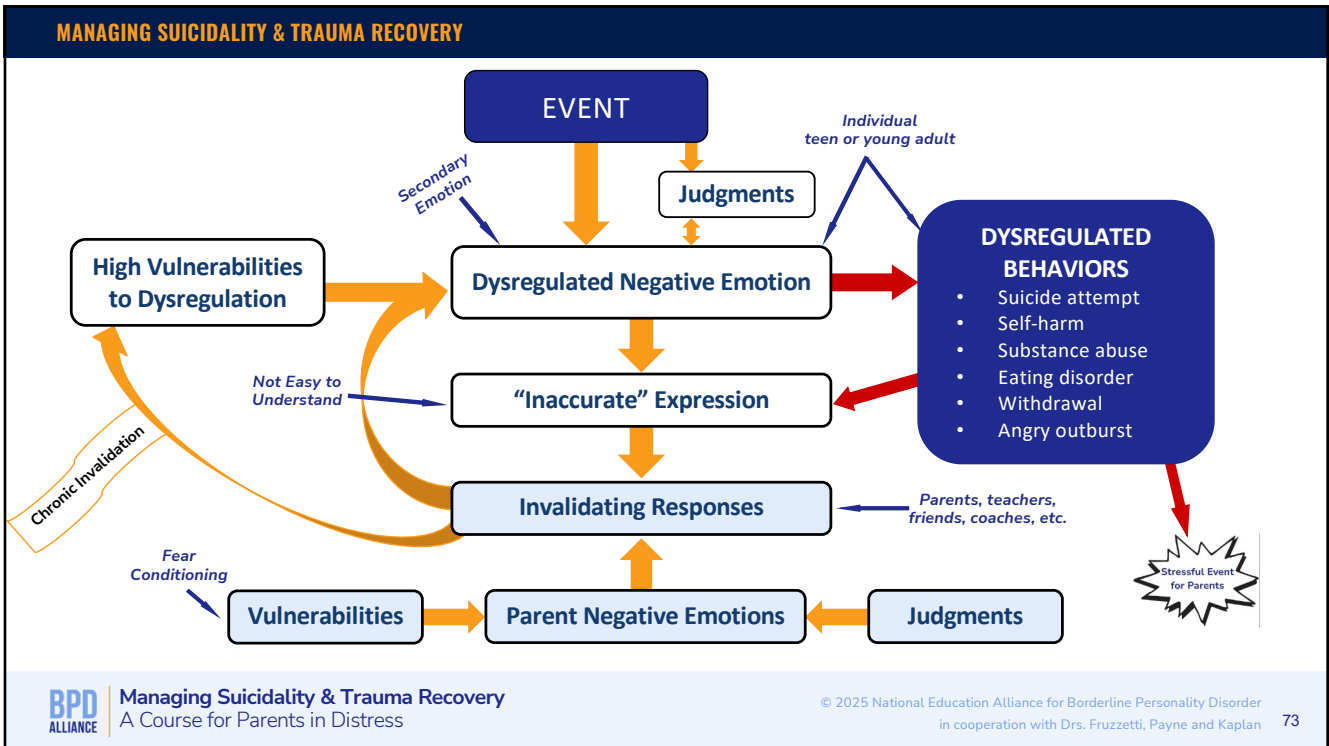
1. Practice observing when your anger is increasing and interrupt it.
 - a. What emotion you were missing when focusing on anger?



69



70



73

MANAGING SUICIDALITY & TRAUMA RECOVERY

Activity: Group Discussion

Transactional Model walkthrough:

Share an example of a transaction with your child where their vulnerabilities were high, and they were not expressing their experience accurately? (This might include emotions, fatigue, pain, etc.)

BPD ALLIANCE | **Managing Suicidality & Trauma Recovery**
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder in cooperation with Drs. Fruzzetti, Payne and Kaplan 74

74

Build a More Validating Environment

What makes a family more validating?

Legitimizes family members' experiences, especially private ones (emotions, wants and desires, thoughts, beliefs, sensations)

Validates those experiences EVEN when they are quite discrepant from other's experiences (that is, validates something valid!)

Accepts: tolerates/appreciates differences; does not try to change or control for arbitrary reasons, or for conformity, or for its own sake



Build a More Validating Environment

What makes a family more validating?

Uses collaboration for change & problem-solving when needed (rather than punishment or criticism)

Communicates acceptance and caring. It is not enough to care. You need to communicate that caring

Facilitates problem-solving, problem management, and coping

De-escalates invalidating behavior



Activity: Group Discussion



Can you identify now in retrospect, experiences of validation and invalidation you have had in your life, share how that felt with the group?

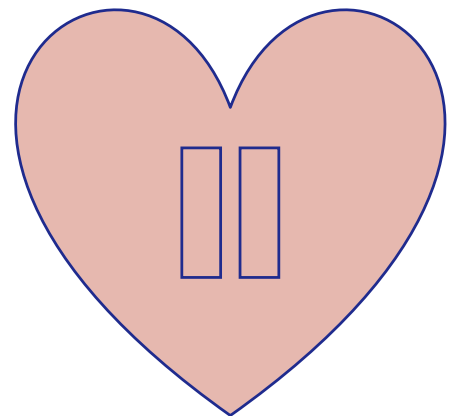
Relationship Mindfulness

The Basics

Remember this is someone you love rather than the problem you are trying to solve.

Align your responses with your long-term relationship goals.

Focus on what is happening now instead of past hurts or future worries.



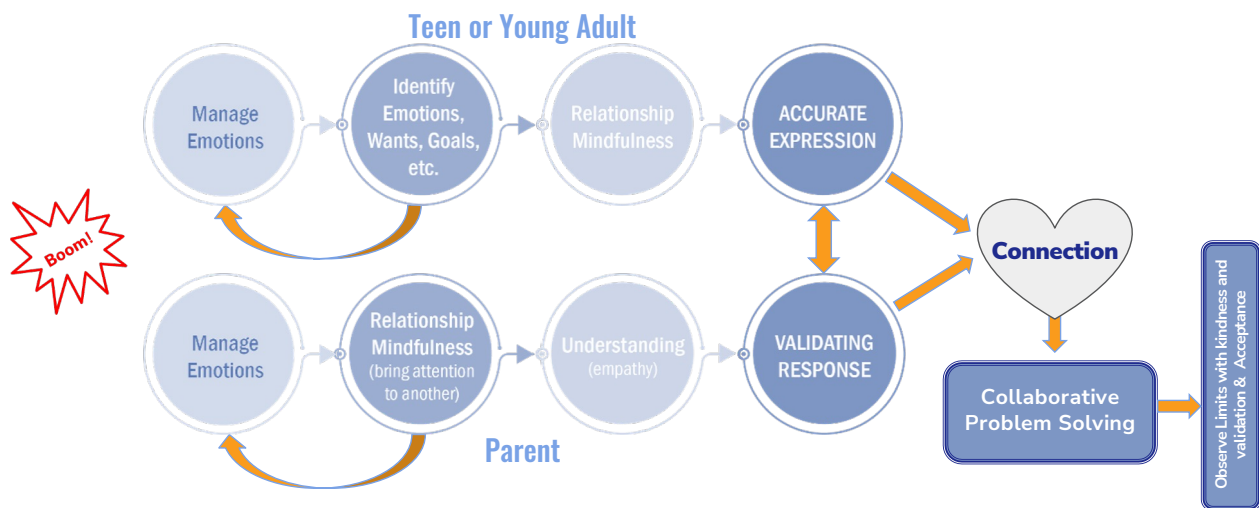
Activity: Relationship Mindfulness Activity



Pull up a photo of your child on your phone

- Observe
- Reflect
- Set Intention

The Big Picture



Being Non-Judgemental

The key to Relationship Mindfulness is to be **nonjudgmental**.

This means to see things just as they are, descriptively and without inference, interpretation, or judgment.

No blame. No adjectives.

Judgments toward others, or ourselves, are toxic to our own well-being and toxic to our relationships.

They get us more escalated.

Try not to judge the situation, event, and/or person, or assess things as good or bad.

No judgments, no blame, "Just the facts."



Healthy Ways to Reduce Anger & Judgements

Use Relationship Mindfulness: Stay connected and pay attention with curiosity & love.

WHAT	HOW
<p>Observe: Pay attention, just notice the other person.</p>	<p>Non-judgmentally: Let go of the "shoulds," right/wrong, good/bad</p>
<p>Describe: Attach words to the experience</p>	<p>One-mindfully: Pay attention to the other person or to the relationship in the here and now</p>
<p>Participate: Involve yourself in the moment, in your experience</p>	<p>Effectively: Remember that you love this person even if you don't like what he or she is doing</p>

MANAGING SUICIDALITY & TRAUMA RECOVERY

Activity: Relationship Mindfulness Activity & Group Discussion



Close your eyes and bring to mind a recent frustrating or difficult interaction you had with your child....

Discussion: How would remembering your "long-term relationship goal" change how you might handle that same frustration tomorrow?



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan

83

83

MANAGING SUICIDALITY & TRAUMA RECOVERY

Practice Exercise:

1. Practice Relationship Mindfulness with a **non-family member**, and then with a **family member**, notice your own reactions and describe them.
2. Practice noticing when you disagree with another person.
3. Note what happens when you let go of judgments... and notice your new reactions: What did you miss when judgmental and/or angry?
4. Using Relationship Mindfulness Skills: pick one interaction to monitor how Relationship Mindfulness helps you to reduce judgments, and how reducing judgments helps you use Relationship Mindfulness.
5. Notice if there is any change when you maintain a nonjudgmental attitude during the interaction.



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan

84

84

MANAGING SUICIDALITY & TRAUMA RECOVERY

Emotion Management

1. Be aware of rising emotional arousal (using mindfulness)
2. Recognize and label the PRIMARY emotion accurately (Anger is often not the primary emotion. More typically sadness and fear are the primary ones.)
3. "Treat" the primary emotion:
 - a. By acceptance of the situation or other person, or...
 - b. Change the situation, or your reaction to it
4. *Open your mind before you open your mouth:* Either avoid saying anything, go on with other activities, or engage the other person constructively on a different topic



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan

85

85

MANAGING SUICIDALITY & TRAUMA RECOVERY

STOP Skill



S STOP.
Stop responding automatically. Interrupt your automatic response by doing nothing.

T TAKE A STEP BACK.
You can physically take a step or two back or away from the stressful situation. Let go of reactivity and, if needed, soothe yourself.

O OBSERVE.
Pay attention to yourself and your reactions, using relationship mindfulness.

P PROCEED MINDFULLY.
Move forward with purpose, effectiveness, and a non-judgmental attitude.



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan

86

86

MANAGING SUICIDALITY & TRAUMA RECOVERY

Parents Need Balance

And sometime help.

What are your roles?

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Spouse or partner <input type="checkbox"/> Child, sibling <input type="checkbox"/> Friend <input type="checkbox"/> Career/job | <ul style="list-style-type: none"> <input type="checkbox"/> Chores/managing household <input type="checkbox"/> Recreation/leisure <input type="checkbox"/> Roles in your community (PTA, religious organization, other organizations) <input type="checkbox"/> Role model <input type="checkbox"/> Receiver of love and help |
|--|---|



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan

87

87

MANAGING SUICIDALITY & TRAUMA RECOVERY

Activity & Group Discussion



Role questions for thought and discussion (no "shoulds"):

- How do you balance these roles?
- Are you in balance?
- Have you neglected important things?
- Are these roles truly necessary obligations or choices?
- Are you honoring your limits, without being judgmental?

How do you replenish your energy?

Find joy?

Are you neglecting yourself?



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan

88

88

MANAGING SUICIDALITY & TRAUMA RECOVERY

Practice Exercise:

1. Make a list of everything you do in a given week, including things that you feel like you have to do or need to do (“obligations”) and the things that you want to do.
2. Now make another list, of the things you are not likely to do that you actually want to do.
3. Now, take another piece of paper (or open a new file), and create columns: “Shoulds” and “Wants” and a 3rd column: “Maybe Not.” Take all the items from both your lists and transfer them carefully...putting as many of your perceived obligations into the “Maybe Not” column as you can.



MANAGING SUICIDALITY & TRAUMA RECOVERY

Steps in Identifying Emotions



MANAGING SUICIDALITY & TRAUMA RECOVERY

Practice Exercise:

1. During the week go through the steps of **Identifying Emotions** when you are experiencing something that is emotional.
2. Bring in an example to discuss in class.



MANAGING SUICIDALITY & TRAUMA RECOVERY

Opposite Action

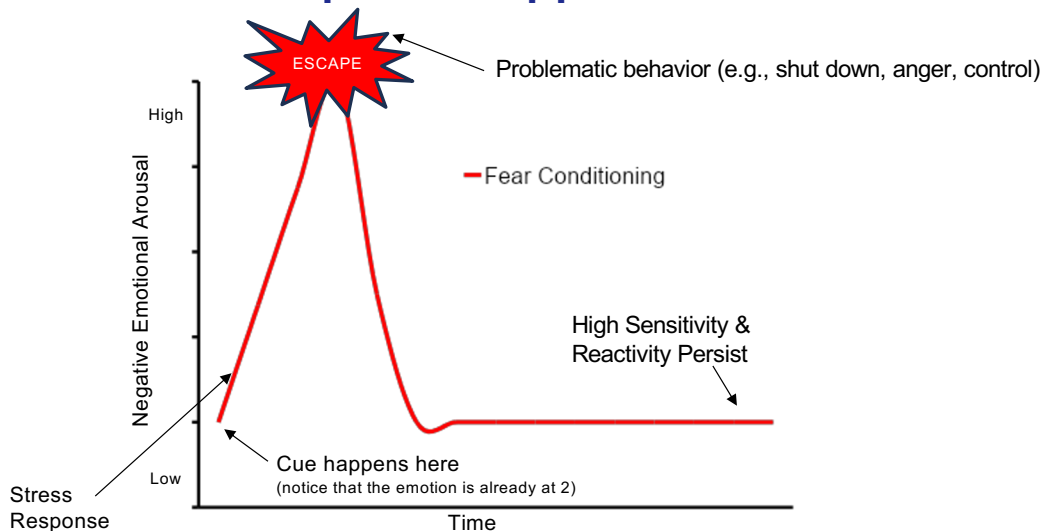
Also known as “Exposure”

1. When we feel angry, we can act opposite to our action urge (attacking) by being genuinely kind or gently avoiding the other.
2. When we feel afraid of something, and we can approach what we fear (rather than running away), the fear typically decreases.
3. When we feel ashamed about something, and we are open about what we did in a matter-of-fact way (rather than hiding), the shame lessens.
4. When we feel sad (shut down), we can get active, engage.



MANAGING SUICIDALITY & TRAUMA RECOVERY

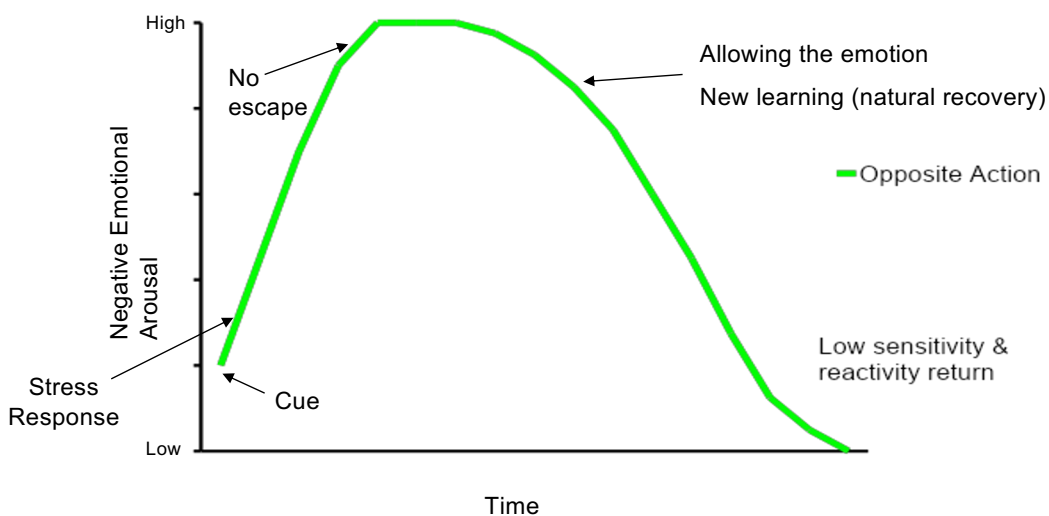
Escape/Avoid vs. Exposure/Opposite Action



93

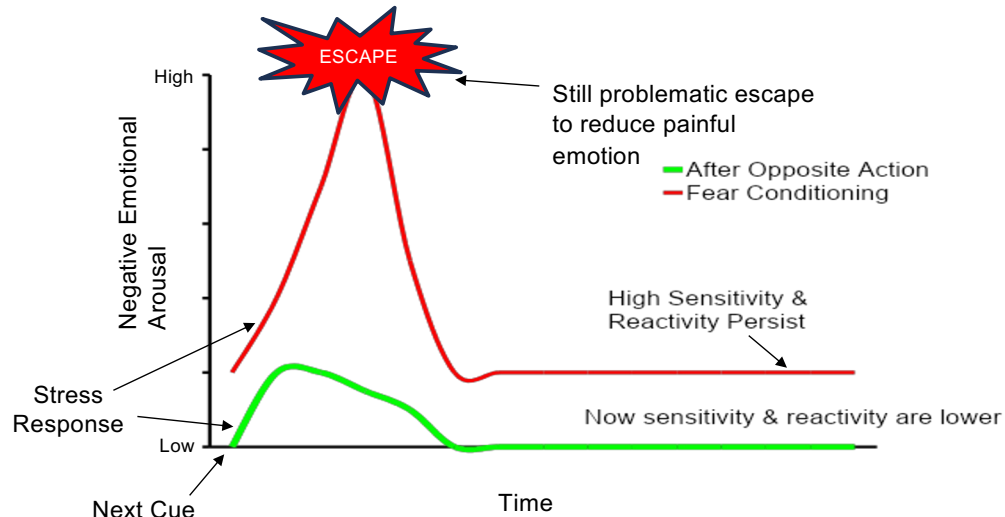
MANAGING SUICIDALITY & TRAUMA RECOVERY

Escape/Avoid vs. Exposure/Opposite Action



94

Escape/Avoid vs. Exposure/Opposite Action



95

Opposite Action

Also known as “Exposure”

1. A suicide attempt, self-harm or other dangerous behavior of a child while the parent is out → conditioned fear to leaving the home (or the child alone)
2. Being away from home becomes a cue for fear, so you avoid going out and then...fear goes down (brain “thinks” avoidance = safety)
3. Every time you refuse to go out, you reinforce fear and escape or avoidance
4. You develop a stronger and stronger urge: avoid, run away from the cue
5. **Opposite Action:** plan a small trip out, and bring your mind/ attention with you (repeat often)
6. Fear initially goes up, then peaks, then comes down without avoiding or escaping (see the habituation graph earlier)
7. Brain relearns and returns to its natural state of balance: leaving home is no longer a cue for fear (or, at least not nearly as much)

96

MANAGING SUICIDALITY & TRAUMA RECOVERY

Example: Dog Bite

- Dog bite conditioned fear, to *all* dogs
- Dogs (& parks, etc.) become cues for fear so you avoid dogs, and fear goes down
- Every time, you reinforce fear and escape
- Urge: *avoid, run away*
- Opposite Action: *approach* dogs mindfully, stay present (repeat often)
- Fear goes up, then peaks, then down *without* avoiding or escaping
- Brain relearns: dogs no longer a cue for fear

97

MANAGING SUICIDALITY & TRAUMA RECOVERY

Example: Suicidal Behavior

- Suicide attempt by teen while parent is out: conditioned fear, to *all* excursions out of home
- Being away from home becomes a cue for fear so you avoid going out and fear goes down
- Every time you don't go out, you reinforce the fear & escape
- Urge: *avoid*
- Opposite Action: plan a small excursion, stay present & mindful (repeat often)
- Fear initially goes up, then peaks, then down *without* avoiding or escaping
- Brain relearns: leaving home is no longer a cue for fear

98

Activity: Group Discussion



What escape or avoidance behaviors do you notice yourself doing in order to avoid fear?

Practice Exercise:

1. Make a list of things you avoid and rank them from most fear-inducing to least fear-inducing.

1. Make a list of things you do to escape fear and rank them from most fear-inducing to least fear-inducing.

1. Practice opposite action: Get out! Do things that you enjoy. Bring your mind with you.

MANAGING SUICIDALITY & TRAUMA RECOVERY

Decrease Emotional Vulnerabilities

1. Take care of physical illnesses and pain
2. Eat well/balanced
3. Get enough sleep
4. Exercise
5. Build a sense of competency, coping, mastery
6. Soothe your senses

If you are healthier (physically and emotionally), you will react better, stay within your *primary emotions*. Give yourself the “oxygen” first.

101

MANAGING SUICIDALITY & TRAUMA RECOVERY

Decrease Reactivity

- Notice and let go of strong anger (& judgments) in important relationships...remember this is someone you love/care about.
- Use relationship mindfulness to sort out emotions, needs, wants and to interrupt your (often automatic) angry or judgmental responses.
- Be mindful of your relationship and your goals, what's in your heart.
- Be mindful of appropriate and effective timing of discussions.
- When tired, sick, hungry or upset, remember that emotional vulnerabilities are high (could be for you or your BPD loved one).
- Increase mindfulness of pleasant things that your family member has done for you, you have done for your family member, or you do together.

102

Activity: Group Discussion



What strategies do you have to reduce your emotional vulnerabilities and to decrease your reactivity?

Finding Balance in Relationships

Me

- My needs/desires
- Logic/Emotion
- My goals
- My values
- My problems
- My happiness

You

- Your needs/desires
- Emotion/Logic
- Your goals
- Your values
- Your problems
- Your happiness



Two Key Components of Relationship Mindfulness

1. Be aware (gently, deeply) of your connection, love, goals & motivation:

- A. Remember that this is someone you love & care about, this is your child (or your partner, friend, sibling, etc.)
- B. Remember what kind of relationship you want to have. Will whatever you are doing, or have an urge to do, help you have that kind of relationship?
- C. Don't forget the transactional model: we are in the "same boat, same nest" in our relationship, so how we respond to the other person also affects us (reciprocity)



105

Two Key Components of Relationship Mindfulness

2. Bring your attention to what it might be like to be your child right now, in these circumstances. Use curiosity: what might get him/her (or anyone) to do what they are doing right now?

- A. We don't always know the full story, how she or he got there.
- B. No judgments. There are causes and conditions for everything. Judgments and anger are corrosive to relationships.
- C. Whatever happened in the past has already happened. It's not the same behavior right now even if it is similar in form.



106

MANAGING SUICIDALITY & TRAUMA RECOVERY

States of Mind

- **Emotion Mind:** our emotions determine our behaviors; we react, often trying to escape emotional pain, regardless of logical long-term implications or consequences.
 - **Rational Mind:** logic prevails, regardless of our emotions/wants, and we may appear cool or dispassionate; we employ logic even to our detriment; “shoulds” (and even judgments) dominate.
 - **Wise Mind:** This is the goal, a synthesis of reason and emotion, a balance of Emotion Mind with Rational Mind, excluding neither. This balanced state can provide you with a feeling of peace and a place of relative control. You CAN be rational and emotional at the same time. These do not have to be opposites.
- ⇒ What is the right mix: think of bath water...you know what you like, a combination of logic and emotion.
- ⇒ You can get to “Wise Mind” by following the steps of mindfulness: observe, describe, and participate; do so non-judgmentally, do one thing at a time, while focusing on being effective.



107

MANAGING SUICIDALITY & TRAUMA RECOVERY

Practice Exercise:

1. What State of Mind do you function in primarily?

1. What situations bring you there?

1. Be aware of when you are in Wise Mind.
2. What helps you get there?



108

MANAGING SUICIDALITY & TRAUMA RECOVERY

Individual & Family Wellbeing are Intertwined & Reciprocal

What is the relationship between individual functioning and family functioning?

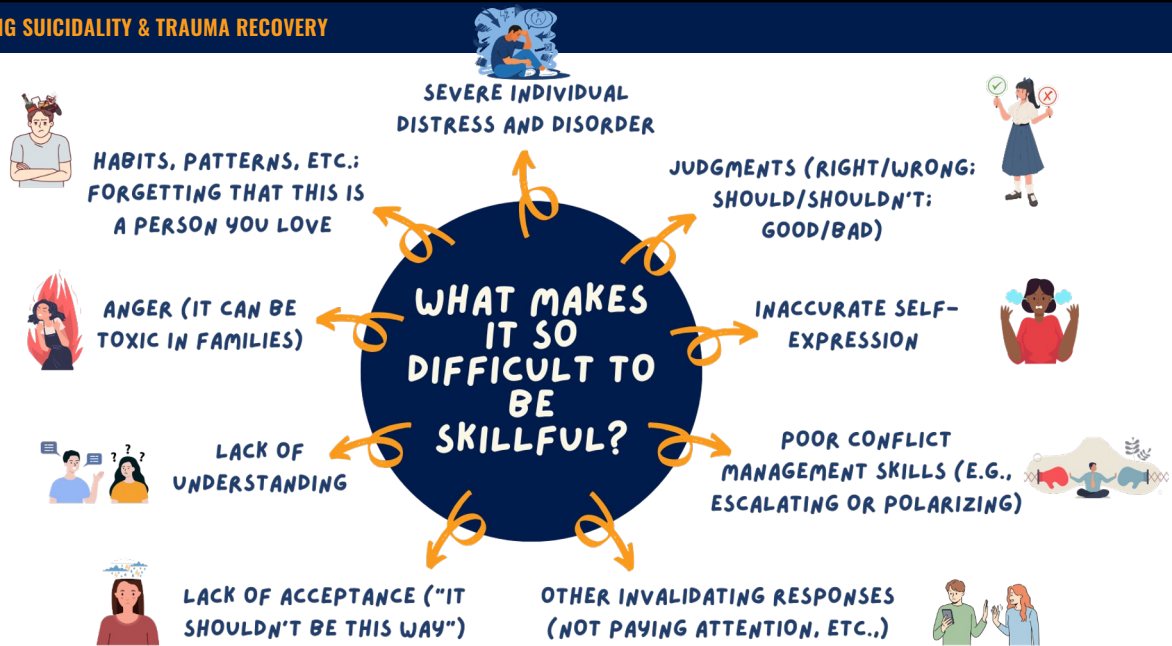
- Psychological disorders (for example, depression, substance abuse, eating disorders, anxiety disorders, etc.) negatively affect relationships
- Distressed families or relationship distress affect the individuals involved
- Distress in families ↔ individual distress

They can both feed each other reciprocally. Review the Transactional Model



109





MANAGING SUICIDALITY & TRAUMA RECOVERY



110

Blame

The “Blame” Game: Who’s to Blame?

FAMILY SAYS		
	Your Fault	Our Fault
CHILD SAYS	<p>Your Fault</p> <p>Contempt, conflict, bitterness; Blame each other</p> 	<p>Suffering, guilt blame family</p> 
	<p>My Fault</p> <p>Suffering, guilt, blame child</p> 	<p>Suffering together...can be soothing</p> 

Blame

The “No Blame” Alternative

- No blame
- Focus on describing the situation, your goals, emotions, wants, thoughts
- Understanding the other person’s goals, emotions, wants, thoughts
- Be sad together when things are different from what you want

Activity: Group Discussion



Share some of how blame shows up in your family.

Reciprocity

Making the Transition to a More Validating Environment

- A more validating family environment may be a relief for everyone
- It may also be a useful prevention/early intervention strategy for a variety of both individual and relationship problems
- There is reciprocity in relationships: Transactions that occur create a cycle and pattern of either positive reactions or a pattern of negative reactions; reducing invalidating responses is a huge start
- Even ONE reverse step slows a negative reaction and its cycle down. A few more can begin to change a pattern of negativity and reactivity and slow down polarizing, misunderstanding and invalidation
- Changing our own reactions and responses: When we reduce our own judgments and invalidation (even unintended or passive invalidating responses), these act as invitations to others to respond in kind
- And, all we can do is focus on presenting the “best” version of ourselves; we can’t do anything that will make others respond to us better...only invite them to do so and make it easier for them

MANAGING SUICIDALITY & TRAUMA RECOVERY

Finding the Balance

Primary Polarities or Dialectical Tensions

- Acceptance vs. Change
- Fostering independence vs. Fostering closeness
- My child's goals vs. My goals for my child
- Nurturance vs. Limits (insisting or saying "no")



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan 115

115

MANAGING SUICIDALITY & TRAUMA RECOVERY

Activity: Group Discussion



As a group, come up with one sentence on each two-sided statements from the previous that might describe someone's relationship with their child.

- Acceptance vs. Change
- Fostering independence vs. Fostering closeness
- My child's goals vs. My goals for my child
- Nurturance vs. Limits (insisting or saying "no")



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan 116

116

Acceptance & Change

Changes occur in the context of acceptance of life as it is. This is a dialectical concept; acceptance creates the possibility of change – and change requires, and leads to, acceptance.



117

Remembering the Basic Assumptions

- Assume a dialectical world view: *there is no absolute truth about anyone's behavior or experience.*
- Assume everyone (our child, other family members, professionals, etc) is doing the best they can in this moment.
- Assume that when everyone knows better & try harder, we can all do better.
- Staying curious about my child's behavior or experience is more effective than not.
- Assuming benign intentions or making benign interpretations help me stay effective.
- Assume everyone is safe right now (unless real danger is present).



118

MANAGING SUICIDALITY & TRAUMA RECOVERY

Practice Exercise:

1. Reflect on times from your life of each of the Basic Assumptions.
2. Notice times where the Basic Assumption of there being no absolute truth, could have made a difference in an interaction you had with your child recently.
3. Use Benign Interpretation once per day. Note your reaction(s) when you perceive things that way.



MANAGING SUICIDALITY & TRAUMA RECOVERY

Grief & Loss

Elements of my life are not all what I planned or hoped for, and elements of my child's life are not all what I planned or hoped for them.

We sometimes self-invalidate and/or minimize our disappointments and losses. However, it is important to notice the losses and grieve them fully, without getting stuck in grief.



MANAGING SUICIDALITY & TRAUMA RECOVERY

Steps in Grieving

1. Start with a cue about a loss, maybe a small one
2. Describe what you wanted and didn't get, without any judgments, "shoulds," or "what ifs" – just what you wanted and what you got
3. Allow your sadness to come and go; notice the sadness as you breathe in, let it go as you breathe out – try this for a few breaths or even a few minutes – yet do not get stuck in only sadness...there is more!
 - a. Gently breathe in slowly and deeply, and then breathe out. Allow your sadness to come and go like a wave. Allow your sadness to come up as you inhale, then allow it to go down as you exhale. Repeat for 2 or 3 breaths.
4. Notice that your sadness and disappointment make sense; self-validate
5. Soothe yourself as needed
6. Consider seeking validation from someone else (tell your story!)
7. Re-engage, re-activate your life right now...do what you need to do in the present; engage it fully, bring your attention fully to it
8. Repeat this whole process as needed, over time



121

MANAGING SUICIDALITY & TRAUMA RECOVERY

Activity: Group Activity & Discussion



Take turns sharing one piece of your grief experience from this exercise.



122

MANAGING SUICIDALITY & TRAUMA RECOVERY

Practice Exercise:

1. Start your practice by choosing something that is modestly disappointing and can't be fixed, (like canceled plans due to an illness or your favorite restaurant closed). Allow it to come and go, in a way this is "grieving" your loss. Repeat until comfortable.
2. Then, begin the process of grieving. Choose one (small) element of your life that is related to your child's struggles that affect you and your family and go through the grieving steps outlined above.



MANAGING SUICIDALITY & TRAUMA RECOVERY

Reality Acceptance

Let's think about what it means to accept reality. Really.

Everything has causes and conditions, even if we don't know what they are.



Acceptance vs. Non-Acceptance of Reality

Stop fighting reality: tolerate reality (without “white knuckles”), allow what is real (without fighting it), notice, describe or participate (in your experience)

- Acceptance may be the only way out of hell. Acceptance is YES to reality and recognizes that every event has real causes & conditions
- It is the only way we can take suffering that feels as if it can't be tolerated and turn it into (temporary) pain that can be tolerated
- Tolerating distress can be the first step; then, noticing reality AND that we don't like it. What about it is undesirable?
- Describe and notice emotion; self-validate



Group Discussion:



What came up for you during this video?

Activation & Re-Activation

Essential Transition from Opposite Action Back to Daily Life

Rationale: It is easy to get stuck in a negative emotion, and then our attention focuses on cues for that same emotion, and it continues. Initiating an alternative activity (physical, attentional) provides NEW cues for NEW emotions. We don't have to get rid of the old emotion, just create new ones that fit the present moment and provide relief from the "stuck" emotion. The old, negative emotions recede over time.



Activation & Re-Activation

Activation has four core components or steps:

1. Orient to "switching gears" (notice, and know, that you need a change of context, activities and/or attention).
2. Choose an activity – this can be physical, involve any sensation(s).
3. Engage in the activity with all relevant senses ("expose" to the activity).
4. Bring your mind and attention with you, on purpose... go "all-in".

Practice activation, all four steps.



MANAGING SUICIDALITY & TRAUMA RECOVERY

Validation

What is Validation?

Identifying and communicating your understanding of what the other person is saying, feeling or wanting in a CLEAR way...legitimizing their experience. Validating responses communicate acceptance and understanding of the other's experience.

Communicate what you understand about the situation

Legitimize the "facts" and the other's reactions or responses (thoughts, emotions, what they want, sensations, etc.)

Explain *how* it makes sense, how it's legitimate

Acknowledge the situation, the other's opinions, feelings, wants, etc.

Respect his/her and your emotions, desires, reactions, and goals



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress



© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan 129

129

MANAGING SUICIDALITY & TRAUMA RECOVERY

Validation

Why is Validation Important?

Validating is at the core of communication (along with accurate disclosure)

- Slows negative reactivity, or even reduces negative emotion
- Decreases anger
- Enhances self-respect
- Builds trust
- Invites more and more accurate expression, leads to understanding
- Is the key to getting through "rough" spots in the relationship
- Makes both the sender and recipient feel better about the relationship
- Makes problem solving, closeness, and other kinds of support possible



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan 130

130

Home Practice Exercise:

Begin to notice the things you do that communicate acceptance and understanding toward others (validate) and the things others do that validate your experience.



131

Validation

Types of Validation

Verbal validation is validating through words. For example, saying “I agree,” or “You are right,” or “Of course you would do that (or feel that way)” – or even by asking genuinely curious questions (“What happened?”)

Behavioral validation involves confirming or validating through your actions and behavior. For example, if the person is cold, you turn up the heat. Or, if the person is sad, you might touch them gently on the hand or shoulder, bring them tea, or otherwise do something soothing.



132

Validation

What Should I Validate?

- Feelings or emotions (e.g., “I can see you are really upset with me.”)
- Legitimacy in wanting something (“I know you want money to decorate your apartment because you want it to look nice. Right now I don’t have money to give you.”)
- Beliefs, opinions, or thoughts about something
- True values about something
- How difficult a task is (“I understand how difficult things are for you.”)
- How hard a person is trying to accomplish something (“I know you are trying to do the best you can right now.”)
- Things a person does that are effective for herself or himself (“I know how hard you are working on things and it looks like it is paying off. You are really trying and it is helping the situation.”)
- Things a person does for another (“You were so helpful to your grandmother.”)
- Efforts made (reinforce)



Validation





Only Validate what is Valid... *and there are always valid parts!*


One tricky part is that we often notice only the invalid parts or notice them first. It’s helpful to practice that earlier skill, relationship mindfulness, here.

Remember:

1. This is someone I love.
2. And ask the question, “what’s it like to be them in this situation?”



MANAGING SUICIDALITY & TRAUMA RECOVERY		
	VALIDATE	INVALIDATE
VALID	 Validate valid things early and often...a lot!	 Try not to invalidate valid things
INVALID	 Try not to validate invalid things	 Yes, it's OK to occasionally invalidate something invalid.... Only after validating the valid parts that surround it many times. Validating is not placating...it is not pretending that something is valid that isn't.


Managing Suicidality & Trauma Recovery
 A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
 in cooperation with Drs. Fruzzetti, Payne and Kaplan 135

135

MANAGING SUICIDALITY & TRAUMA RECOVERY

Validation


How Do I Validate Another Person?..... Any Way You Can!

Pay attention, listen actively, use good eye contact and gentle body posture to communicate that you are listening non-judgmentally. Listen mindfully- be an active versus a passive listener.

Acknowledge and/or reflect the other person's experience or perspective descriptively and non-judgmentally; let yourself feel a little bit of what he/she is feeling, and let yourself show it (voice tone, facial expression, posture). Show that or say back what you notice.

Ask questions to help you understand the other person's experiences better. And/or **summarize** her/his or your perspective descriptively. (Ask questions in a way to understand, not to disagree, criticize, challenge or judge, not to change his/her mind or goals, nor to get him/her to do something differently.) Be aware that some questions may be interpreted as opinions or judgment, so maintain your **curiosity**.

Show tolerance; give the person the "benefit of the doubt" and put the thing you are trying to validate into a broader context; see how the behavior is valid in the other person's life, given their history and experiences. Be non-judgmental. Remember, we are not defined by any one behavior, even problematic behavior.


Managing Suicidality & Trauma Recovery
 A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
 in cooperation with Drs. Fruzzetti, Payne and Kaplan 136

136

MANAGING SUICIDALITY & TRAUMA RECOVERY

Validation

How Do I Validate Another Person?..... *Any Way You Can!*

Normalize the other person’s thoughts, feelings, and wants in present circumstances...notice how their experience makes perfect sense (when it does) and is normative (when it is). Be mindful of the other person and the relationship; stay non-judgmental. Find the parts that are normative.

Practice **willingness, be genuine (sincere) and still kind**. Regardless of how you may feel or if you think that you have the right answer, try to do what is effective for the moment. Treat the other as an equal human being, worthy of respect. If the other person has strong emotions, help them manage these emotions; if the person is acting ineffectively, be direct (and kind) and tell them in a supportive and clear way. Don’t treat them as fragile or as a monster.

Self-disclose your own vulnerability (this is a form of validation). If the other person is vulnerable with you, it is very validating to be vulnerable in return (especially concerning your relationship). Be genuine. This often sounds like, **“Me, too!”**



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan 137

137

MANAGING SUICIDALITY & TRAUMA RECOVERY

Different Ways to Validate

WHAT

I GET IT

TELL ME MORE

OF COURSE

ME TOO

I’M HERE

WHY

Communicates understanding, acknowledgment and acceptance of the person’s experience.

Communicates acceptance, interest and curiosity. Checks for understanding by asking gentle and curious questions.

Normalizes the experience. Communicates that emotions are okay and make sense in the context of life and past experiences.

Shared vulnerability and connection. Listening openly and then expressing your shared experience to match vulnerability.

Communicates acceptance and understanding through meaningful action or behavior. Doing something vs. saying something to demonstrate understanding.

HOW

- "I understand that you..."
- "You are/must be feeling..."
- "I imagine that you feel..."

- "Help me understand..."
- "What happened?"
- "Tell me more about..."
- Ask gentle questions to clarify

- " It makes complete sense that you feel..."
- "Anyone would feel that way..."
- "It’s normal to feel..."
- "I would feel that way too..."

- "I feel...too"
- "When you feel... I feel...with you"
- **NOT** "I know exactly how you feel because I’ve had the same experience..."

- Showing physical affection; hug or gentle touch
- Sitting quietly and being present
- Allowing space when needed
- Feeling WITH your child



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan 138

138

MANAGING SUICIDALITY & TRAUMA RECOVERY

Validation

Getting Yourself to be More Validating

Validation Tips:

- ✓ Manage your emotions first
- ✓ Self-validation is important (more on this later)
- ✓ Take the other person's perspective
- ✓ Remember the foundation: this is someone you care about
- ✓ Empathy = understanding and validating the other person
- ✓ Reality acceptance (what "is" versus what "should be") helps
- ✓ Effective assumptions promote effective behavior
- ✓ Typically, in everyday situations, if you can make three validating statements in a row, the conversation will change for the better, or at least the situation will stop escalating.



139

MANAGING SUICIDALITY & TRAUMA RECOVERY

Activity: Group Discussion



Let's practice this briefly. You are not fixing, advising, or reassuring. Your only goal is to validate.

1. Pair up.
2. Person A shares a **low-stakes frustration** for about 30–45 seconds.
3. Person B responds with **one validating statement only**.

Then switch roles.



140

MANAGING SUICIDALITY & TRAUMA RECOVERY

Invalidation

Because we're human and not always skillful, let's watch out for these...

- ▲ Doing things to diminish safety (make threats, be coercive or aggressive)
- ▲ Ignoring or not paying attention (or pretending not to pay attention)
- ▲ Minimizing feelings or their legitimacy
- ▲ Being critical or judgmental; putting the worst possible "spin" on the behavior
- ▲ Letting miscommunication stand unrepaired
- ▲ Being willful (focusing on being right instead of effective or decent)
- ▲ Insisting on your solution to the problem instead of solving the problem
- ▲ Making assumptions about another person that are not mindful, are judgmental, not consistent with the facts
- ▲ Upping the ante: escalating conflict
- ▲ Trying to win an argument by being more hostile or attacking
- ▲ Not paying attention to another's pain or suffering
- ▲ Engaging in "controlling" behavior
- ▲ Engaging in crazy-making behavior (e.g., be dishonest, or patronizing, insist she or he feels or thinks something even though they say they don't-even if you are "well-intended")
- ▲ Not validating enough



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan 141

141

MANAGING SUICIDALITY & TRAUMA RECOVERY

Self Invalidation

What is Self-Invalidation?

- ∅ Judging ourselves, criticizing (non-descriptively) ourselves
- ∅ Ignoring (or not knowing) what we are feeling
- ∅ Discounting what we are feeling after we have acknowledged it, (e.g., saying that it does not really matter)
- ∅ Allowing someone to treat us in ways that distress us, or harm us
- ∅ Not observing our "limits" regularly can be self-invalidating



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan 142

142

MANAGING SUICIDALITY & TRAUMA RECOVERY

Self Invalidation

Consequences of Self-Invalidation

- ∅ It is "de-skilling," reducing our ability to cope with a given situation
- ∅ It reduces our sense of coping mastery vis-à-vis another person
- ∅ It promotes depression, guilt, shame, and burden...and increases our negative emotional arousal
- ∅ It decreases our general sense of well-being, including physical health
- ∅ It increases our emotional vulnerability



143

MANAGING SUICIDALITY & TRAUMA RECOVERY

Self Validation

Self-Validation Skills

- ◆ Use Core Mindfulness Skills to be aware of your thoughts and feelings.
- ◆ Acknowledge the emotion by labeling it. Is it sadness, anger, guilt?
- ◆ Validate yourself as you would if someone else expressed the feeling.
- ◆ Use Radical Acceptance of your feelings, your thoughts, your actions. You might not like the feelings yet you accept that they are there.
- ◆ Identify the areas where you most often self-invalidate.
- ◆ Reconsider the particular feeling from another perspective, i.e., justified guilt vs. unjustified guilt. Should you feel guilty or are you taking on guilt when it isn't justified? Example –You did not cause your relative to attempt suicide/engage in self-harm.
- ◆ Support your own primary emotions. They are your feelings. Let go of secondary emotions.
 - ∅ Do not do "shoulds": I should feel this way or that. Your feelings are your feelings!
 - ∅ Do not second guess your feelings when someone else's behavior or actions contradict what you are feeling.
- ◆ Encourage and accept validation from other people.



144

Accurate Expression as Self-Validation

- Acknowledging and accurately expressing your own distress is self-validation
- Communicating your own distress allows others to be validating.
- Non-disclosure OR inaccurate disclosures/ expression can lead easily to invalidating responses and is self-invalidating
- Non-disclosure (inaccurate expression) contributes to stigma

Activity: Group Discussion



- In what areas of your life do you tend to invalidate yourself?
- What was it like when you shared your experience as a practice of accurate express/self-validation?

MANAGING SUICIDALITY & TRAUMA RECOVERY

R.E.S.T.A.R.T.

Reduce the impact of cumulative stress & trauma.

Reduce self-invalidation

Engage in self-care

Seek social support

Talk about your stressful and traumatic experiences as parents, especially those that bring up grief and fear (see below graph)...find willing people!

Avoid avoiding!

Re-engage in your life, broad activities both big and small

Tell the difference between safety and danger...notice it is safe right now



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan 147

147

MANAGING SUICIDALITY & TRAUMA RECOVERY

Observing Our Personal Limits

Observing Your Limits May Be Self-Validating

Having a child who engages in self-harm can push you sometimes to do or accept things that you might not normally do. You might allow yourself to be treated in a way that you never thought you would accept.

Situations like that are not good for you personally and can cause you to “burn out.” Example: You give more money than you are able to give. People need to observe their limits. This is different from setting limits. “Setting limits” is not allowing someone to do something based on a rule that may or may not apply in this situation. Observing limits is more flexible, more powerful.



Managing Suicidality & Trauma Recovery
A Course for Parents in Distress

© 2025 National Education Alliance for Borderline Personality Disorder
in cooperation with Drs. Fruzzetti, Payne and Kaplan 148

148

MANAGING SUICIDALITY & TRAUMA RECOVERY

Observing Our Personal Limits

Why?

- Helps to reduce burnout
- Helps to preserve the relationship
- Helps to preserve your sense of self

How?

- Identify what you are willing to accept
- Identify what goes beyond your limit and your sense of self-respect
- Accept that it is valid to say no


MANAGING SUICIDALITY & TRAUMA RECOVERY

Activity: Group Discussion



Where do your limits get stretched the most?



MANAGING SUICIDALITY & TRAUMA RECOVERY

Big Picture

When All is Said and Done...

Relationship mindfulness and validation come together when we remember the importance of the other person and our relationship in our life.

Paradoxically, sometimes we must manage our own emotions and needs first before we can take care of someone else.

Observing (sticking with) your limits after you have identified them



MANAGING SUICIDALITY & TRAUMA RECOVERY

Relationship Priorities

DBT Identifies Three Major Priorities That Help Observe Limits (*Linehan*)

1. **Objective Effectiveness:** obtaining your objectives or goals in a given situation. Getting something concrete to happen, i.e., money to be returned, a salesperson to take back an item.
2. **Relationship Effectiveness:** getting or keeping a good relationship; acting in a way that is positive for the overall good of the relationship.
3. **Self-respect Effectiveness:** preserving or improving your sense of self-respect, maintaining your values and liking for yourself in the context of the relationship.



MANAGING SUICIDALITY & TRAUMA RECOVERY

Practice Exercise:

1. Describe an easy problem situation
 - a. Observe and describe your wants and desires: list them in the order of priority: objective, relationship, self-respect.
 - b. Describe them each in two sentences.

MANAGING SUICIDALITY & TRAUMA RECOVERY

DEAR MAN

DEAR guides the initial discussion, and **MAN** guides you in the responses to their responses.

D = Describe the situation. Be concise and clear, not too wordy. Aim for only two or three sentences. Only the facts. This is part of accurate expression. Example: "Yesterday you asked for \$50 and said you needed it right away."

E = Express. Express your feelings and opinions about the situation. This is also part of accurate expression. Example: "It upsets me when you ask for money at the last minute. It puts me in a very pressured position."

A = Ask for what you want. Hmm...accurate expression again. Example: "Please ask me several days before so that I am prepared."

R = Reinforce the other person for giving you what you are requesting. What would make it worthwhile to do what you want? Example: "That way the money is more likely to be available for you or we can think of alternative solutions."

M = Be Mindful about what you are doing, keeping focused on the objective. Be a "broken record" if necessary by keeping strong in the point you are making and when it is appropriate.

A = Appear confident with a strong voice, good body posture, good eye contact.

N = Negotiate, if necessary. Example: "That time frame might work for you?"

MANAGING SUICIDALITY & TRAUMA RECOVERY

Collaborate

Collaborating is negotiating effectively, sincerely...the “N” in DEAR MAN

In addition to the “two-step” (above), collaborating requires us to:

- Be dialectical (both/and & win/win) in our thinking
- Stay flexible around the solution (don't insist on a solution...focus on finding a solution)
- Keep the relationship as a priority
- Do not get stuck in self-righteous insistence on solutions, or what the other person “should” do or want

The DEARMAN skill takes practice and can be one of the most effective skills. Aim for short statements rather than long explanations. Be brief: just a couple of minutes for the entire DEAR MAN is the goal.

MANAGING SUICIDALITY & TRAUMA RECOVERY

GIVE & FAST

How the DEAR MAN is accomplished.

G = Gentle; be moderate in your approach.

I = Interested; listen and be interested in the other person. Don't interrupt.

V = Validate or acknowledge the other person's feelings, wants, and opinions about the situation.

E = Easy manner; use a little humor, if possible; don't be intense.

F = Be Fair to yourself and to the other person.

A = (no Apologies) no apologies for making a request, saying no, for disagreeing.

S = Stick to your own values. Don't sell out when you disagree or if it goes against your beliefs.

T = Truthful; don't lie or exaggerate.

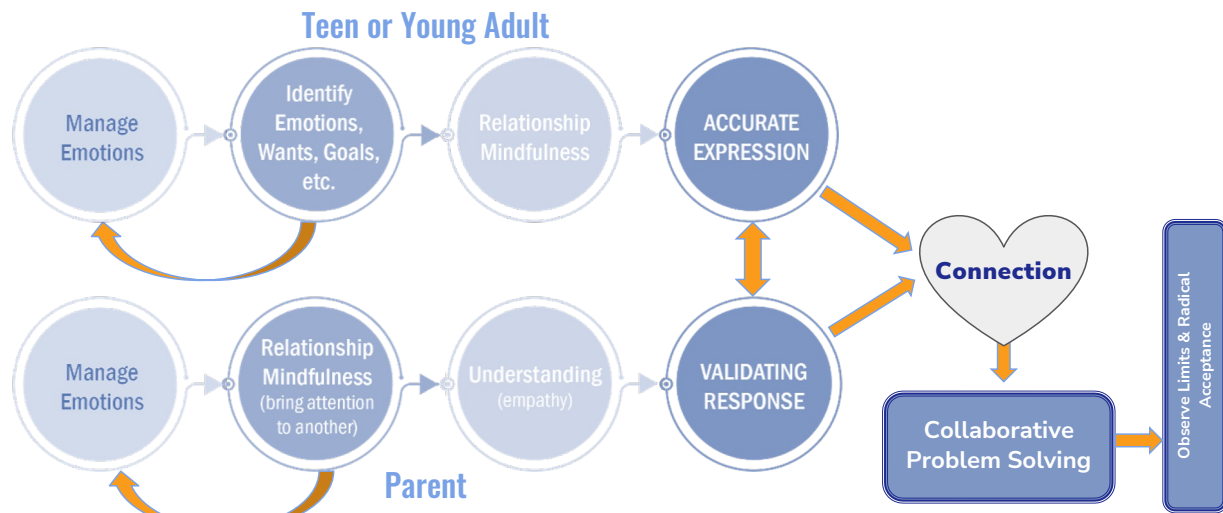
Don't Forget to Self-Validate

Essence of Self-Validation

- Let go of judgments of yourself (which typically lead to shame).
- Notice shame, and (if you haven't truly transgressed against your values), let it go and find the alternative, primary emotion.
- Describe situations, acknowledge wants and preferences.
- Stay with, allow, appreciate, validate your primary emotions.
- Practice just being who you are, just notice and describe.
- When in doubt, imagine that someone you care about and respect is in your situation ... How would you respond to her or him? Respond this way to yourself.



The Big Picture



MANAGING SUICIDALITY & TRAUMA RECOVERY

Intentional Practice

Or Deliberate Practice

- Prepare
- Develop unwavering attention
- Be aware where you are weak
- Be structured and methodical
- Don't expect perfection
- Expect challenge and discomfort
- Identify "rote" vs. "deliberate" practice
- Make it harder each time
- Engage in "sprints" of intense focus



159

MANAGING SUICIDALITY & TRAUMA RECOVERY

Activity: Group Discussion



Which specific skill will you focus on practicing first, and what is your plan for doing so?



160

Thank You!
And what's next?



DONATE TODAY!



Make a Donation

Support Family Connections™ today! Our evidence-based program has transformed lives by decreasing feelings of depression and burden while increasing empowerment and hope for families.

As the demand for Family Connections™ grows, thousands of families are waiting for support. Your contribution, whether \$20 or \$100,000, makes a meaningful impact. From educating underserved communities to sponsoring leader training and courses, every gift matters.

A gift of:

- \$60 - Provides education outreach to people in underserved communities
- \$150 - Sponsors a leader to attend Leader Training
- \$250 - Covers the cost of your attendance in Family Connections™
- \$500 - Sponsors a webinar to reinforce and learn new skills
- \$1,000 - Sponsors a 12-week course for 14 participants
- \$10,000 - Sponsors a complete Leader Training for up to 100 participants

Over 85% of our donors are past or present participants

