Family Struggles and Strategies to Address Common Challenges

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Common Family Struggles

- Level of chaos in family system – “walking on eggshells”
- Difficult communication – high conflict
- Refusal of treatment or lack of coordination with treatment and family system
- Safety concerns related to risky behavior, substance abuse, self-harming behaviors, suicidality
- Misinformation, lack of resources
When Treatment is Possible, What can it do?

- Get a clear diagnosis as many people with BPD are misdiagnosed
- What are reasonable treatment goals considering the complexity of personality disorders
- What is the best treatment for BPD? CBT, DBT, MBT, TFP, STEPPS
- Treatment for family members including psychoeducation and skill building can help person with BPD
What Can Families Do? Become Interpersonally Skillful

- **Validate emotions/feelings** – this is not about what is factual
- **Practice Mindfulness** – don’t go with the drama
- **Manage reactivity** – SLOW things down
- **Be authentic** – people with BPD tend to be very aware of insincerity
- **Model Behavior** – treat others as you want to be treated
What is not possible:

Make a person change, for example
- be in treatment
- get a job
- clean their room
- stop using substances
- do what you say

What is possible:

Create a collaborative environment that involves contingencies and incentives for example:
- find available treatment/resources to offer for consideration
- create reasonable contingencies: “If you live at home you need to be in therapy”
- create incentives: “If you get a job we will match your salary”
GOALS: GO SLOWLY

1. Remember that change is difficult to achieve and fraught with fears. Be cautious about suggesting that “great” progress has been made or giving “you can do it” reassurances. “Progress” evokes fears of abandonment.

2. Lower your expectations. Set realistic goals that are attainable. Solve big problems in small steps. Work on one thing at a time. “Big” goals or long-term goals lead to discouragement and failure.
FAMILY ENVIRONMENT: KEEP THINGS COOL

3. Keep things cool and calm. Appreciation is normal. Tone it down. Disagreement is normal. Tone it down, too.

4. Maintain family routines as much as possible. Stay in touch with family and friends. There’s more to life than problems, so don’t give up the good times.

5. Find time to talk. Chats about light or neutral matters are helpful. Schedule times for this if you need to.
MANAGING CRISIS: PAY ATTENTION BUT STAY CALM

6. Don’t get defensive in the face of accusations and criticisms. However unfair, say little and don’t fight. Allow yourself to be hurt. Admit to whatever is true in the criticisms.

7. Self-destructive acts or threats require attention. Don’t ignore. Don’t panic. It’s good to know. Do not keep secrets about this. Talk about it openly with your family member and make sure professionals know.

8. Listen. People need to have their negative feelings heard. Don’t say “it isn’t so.” Don’t try to make the feelings go away. Using words to express fear, loneliness, inadequacy, anger or needs is good. It’s better to use words than to act out feelings.
ADDRESSING PROBLEMS: COLLABORATE AND BE CONSISTENT

9. When solving a family member’s problems, ALWAYS:
   a) involve the family member in identifying what needs to be done
   b) ask whether the person can “do” what’s needed to be done
   c) ask whether they want you to help them “do” what’s needed

10. Family members need to act in concern with one another. Parental inconsistencies fuel severe family conflicts. Develop strategies that everyone can stick to.

11. If you have concerns about medications or therapist interventions, make sure that both your family member and his or her therapist/doctor know. If you have financial responsibility, you have the right to address your concerns to the therapist or doctor.
LIMIT SETTING: BE DIRECT BUT CAREFUL

12. Set limits by stating the limits of your tolerance. Let your expectations be known in clear, simple language. Everyone needs to know what is expected of them.

13. Do not protect family members from the natural consequences of their actions. Allow them to learn about reality. Bumping into a few walls is usually necessary.

14. Do not tolerate abusive treatment such as tantrums, threats, hitting, and spitting. Walk away and return to discuss the issue later.

15. Be cautious about using threats and ultimatums. They are a last resort. Do not use threats and ultimatums as a means of convincing others to change. Only give them when you can and will carry through. Let others – including professionals – help you decide when to give them.
Resources for Families

Booklets:

The BPD Brief – by John Gunderson, MD (can be downloaded from NEABPD website or requested from Borderline Resource Center)

The Family Guidelines – by John Gunderson, MD and Cynthia Berkowitz, MD (can be downloaded from NEABPD website)
Resources for Families

Website/Services:

NEABPD – The National Education Alliance for Borderline Personality Disorder – info, videos, family connections program (12 week class, peer-run, free empirically-validated DBT-based psychoed and support program for loved ones of persons with BPD, web-based and live)  
www.borderlinepersonalitydisorder.com

BPD Resource Center – info, referral base:  
www.bpdresourcecenter.org

NEPDA – New England Personality Disorder Association - info, local monthly dinners:  
www.nepda.org

NAMI Family to Family