

Breaking the Code

BPD, Families & Relational Mindfulness

Peter McKenzie PhD, MA Clin FamTher
Clinical Family Therapist
Carer Academic/Family Practice Consultant
(mental health)



Exploring & sharing your working knowledge and experiences associated with BPD clients



**Our hopes–aspirations & needs
for supporting individuals and
families when BPD is around**



Borderline Personality Disorder DSM

- Frantic efforts to avoid real or perceived **abandonment**
- A pattern of **unstable and intense relationships** with others
- Marked by **instability of self image** or sense of self
- **Impulsiveness** in at least 2 areas that are potentially self damaging (substance abuse, sex, spending)
- Recurrent **suicidal behaviour, gestures, self-harm**
- **Unstable emotional states** easily triggered & last from a few hours to a few days
- Chronic feelings of **emptiness**
- Intense anger, or **difficulty controlling anger**
- Brief stress related **paranoid ideas, auditory hallucination or trance like feelings**


***Bio-Social* model of personality function**

(I have taken this model from Marsha Linehan, a psychologist who is renowned for her work in this area)

The model proposes that both –

- ▶ **Biological-*disposition* &**
- ▶ ***Social-relational* Environment**

- ▶ ***The interaction between environmental and biological stresses suggest a resulting hyper-sensitivity in the face of situations and circumstances that other people not exposed to such stresses may better cope with.***
- ▶ **This can lead to damage of person's sense of Self which in turn proliferates difficulties in coping i.e. *in particular, controlling or regulating one's emotions and responses to particular relational situations***

- ▶ There is a consensus that BPD most likely arises out of an inter-play between genetic factors such as temperament or neurobiology and the early childhood family environment (Bateman and Fonagy, 2006; Gunderson, 2001; Lefley, 2005; Linehan, 1993; Paris, 1999; Scodol, 2005).
- 

The Role of Complex Trauma

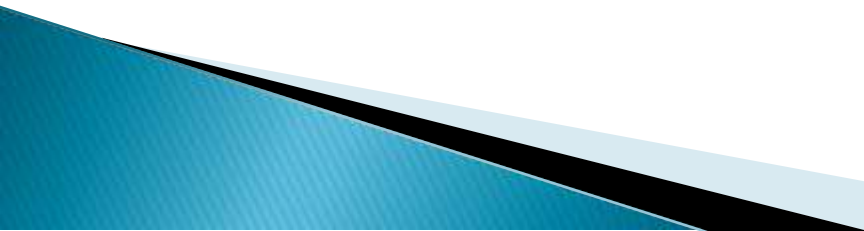
It has often been noted by researchers that the experience of trauma can be linked to and be a way of understanding the experiences and symptoms associated with BPD.

Deeply embedded unconscious emotional experiences can be triggers for trauma responses of *flight, fight, freeze* (dissociation) severely affecting the ability to cope and regulate emotions and responses.


Vicarious trauma is also a way to understand some of the responses and challenges to coping abilities of families, supporters & workers.

- ▶ **‘Although a person may have certain predisposition and/or are exposed to particular stress factors or traumas does not mean they will necessarily develop a mental illness like BPD.’** (Milton 1986a Dialectical and Biosocial Underpinnings of Treatment, pg40)
- ▶ ***‘Millon has made much the same point in discussing the aetiology [how it developed] of BPD and the futility of attempting to locate the “cause” of the disorder in any single event or time period’*** (Milton 1986a Dialectical and Biosocial Underpinnings of Treatment, pg 40).

Cyclical Systemic Relational interactions

- ▶ This means the social environment/significant others and the individual are influencing each other continuously and as a result...
 - ▶ In the case of families, members may act or respond in a certain way because of the actions/behaviour by the individual, who in turn reacts or acts in a certain way due to the way that family members act or respond to them – often creating a conflictual cyclical/systemic interactional process.
 - ▶ This process can also have implications for practitioners/workers
- 

Attachment relationships

- ▶ It is usually within significant attachments relationship that BPD core symptoms (e.g. sense of *abandonment*) are most likely triggered/played out
 - ▶ This can often can lead to conflict ridden/disorganised attachment relationships and patterns that become ingrained; and everyone becomes stuck
 - ▶ Bateman & Fonagy (note)
- 

However....

- ▶ Contrary to what has been found for schizophrenia, family/carer emotional over-involvement was associated with better clinical outcome and criticism did not predict poor clinical outcome in BPD patients.
- ▶ High emotional over-involvement may be protective for the family member with BPD as it is experienced as evidence of emotional concern and support
- ▶ (Hooley and Hoffman, 1999; Hooley and Gotlib, 2000).

‘Families have been missing from the [treatment] plan [for BPD].’

There has been a real reluctance to discuss ‘the sources of the painful ambiguity and difficulty of their position ... and negotiate the dangerous shoals of blaming the family and blaming the patient.’

(Gunderson & Hoffman 2005: xii)



- ▶ Gunderson, J. & Hoffman, P. 2005. *Understanding and Treating Borderline Personality Disorder: a guide for professionals and families*. American Psychiatric Publishing .Inc. Washington DC
- ▶ Porr, V. 2010 *Overcoming Borderline Personality Disorder: a family guide*. Oxford Uni Press.
- ▶ Bateman, A. & Fonagy, P. 2006. *Metallization-Based Treatment for Borderline Personality Disorder: a practice guide*. Oxford Uni Press.
- ▶ *Caring for people with Borderline Personality Disorder: a reference guide for health professionals*. Australian Gov, National Health & Medical Research Council 2013.


The 4 Rs Resisting, Resting, Reflection & Responding

- ✓ **Resisting** from being drawn into the vortex (chaos) of emotional storms and relying on rational explanations to change things.
- ✓ **Resting** from intervening or trying to fix it – knowing when to simply step back, with *mindfulness* and start noticing – creates a space for...
- ✓ **Reflection** and consideration of when and what *relationally mindful* action to take on your own behalf or on behalf of the person you support
- ✓ **Responding**: *with informed understanding, relational mindfulness, acknowledgement & validation, restor(y)ing conversation & relational limit setting*

Working with Networks

- ▶ Think about direct supports and networks
- ▶ Think about service *involvement* and what roles they play for sufferers and family
- ▶ Think about relationships between these different services (*service co-ordination?*)

Working with Relationships

- ▶ The goal of relational mindfulness is to support those involved to 'see' and 'be seen' more accurately.
 - ▶ Consideration/factoring in the role of relational attachment figures such a *family, partners, supporters etc.*
 - ▶ Accessing–Scrutinising interpretations of people's actions, the labelling of others and assignment of roles.
 - ▶ Occupy the 'here and now'–differentiate between past and present.
- 


Relational Mindfulness

Thinking about Mindfulness as a relational skill'
(Dan Siegel 2007)



- ▶ The purpose of a *relationally mindful* stance is to gain some space and actuate relational information in order to thoughtfully reflect on and consider when and what action to take on your own behalf or on behalf of the person. ‘stepping back’ and noticing what is happening (both the person we support and our own responses). Taking this stance help us recognise and begin to work with the often hidden and unhelpful habitual patterns of responding that we all become stuck in.

The 5 key aspects of Relational Mindfulness

- 1) Triggers
 - 2) Doing the same/doing it differently
 - 3) Not focusing on change right now – is not giving in or giving up
 - 4) Timing
 - 5) Considerations
- 

1) *Noticing the Triggers*

Taking the emotional temperature

- ▶ Recall previous interactions with the person, what did you notice that triggered or lead to their emotions getting out of hand?
- ▶ Can you name and describe some of these triggers?

E.g.,


When ... feels I am being judgmental. When we tell her what to do or offer solution when not ask for.

3) Not responding to the chaos / or
not focusing on change *right now* –
is not giving in or giving up


In conversations with sufferers and family members, one of the things that they identified trying to do differently was 'taking a step back' and 'not retaliating / or not demanding change right now'. But this was hard and they had some doubts about this strategy in terms of 'not to stand up for yourself' or not focusing on change means that you are surrendering or giving up.

2) Doing the same/doing it differently

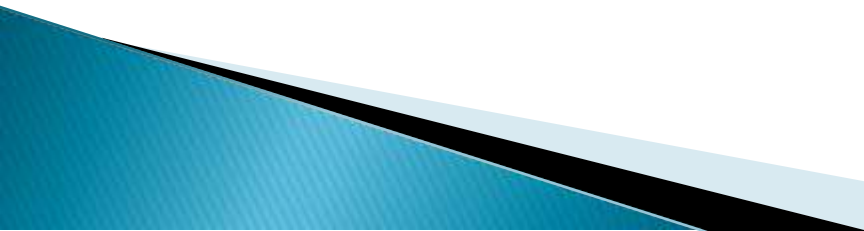
What might this mean for practitioners/workers?

- ▶ How have you usually responded?
 - ▶ Can you recall or imagine a situation where you responded differently and things didn't seem to get so out of hand?
 - ▶ What did you notice that motivated your different response?
 - ▶ What values, intentions might you have been drawing on to do this?
- 

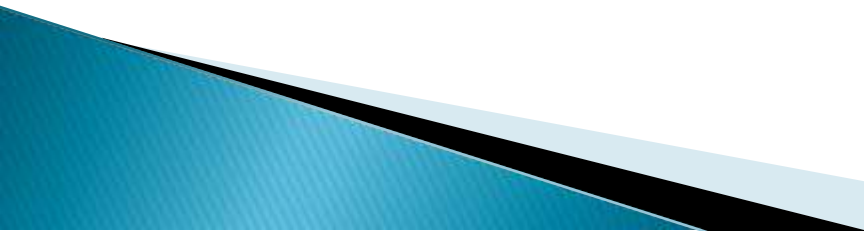
Can you think of times when you have been able to resist being caught by the 'chaos' and fixed only on change?

- ▶ *What did you say to yourself?*
 - ▶ *What did you focus on?*
 - ▶ *What supported you in maintaining your awareness of this stance?*
 - ▶ *What other things might have helped?*
- 


4) Timing

- ▶ Suffers and family members often speak about ‘picking the right time’ to have a discussion, make a plan, make decisions etc.
 - ▶ What might be important to notice and consider when choosing this ‘right time’?
- 

Cont/ Timing

- ▶ *Is this going to make things worst/support the problem?*
 - ▶ *What conditions might need to be present to indicate this might be the right time?*
- 

Examples:

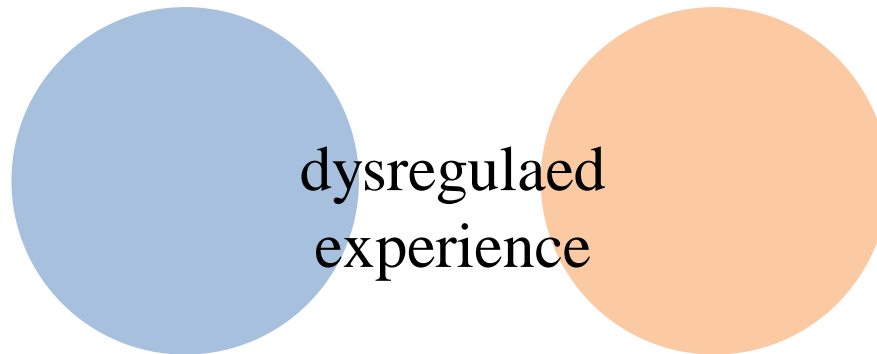
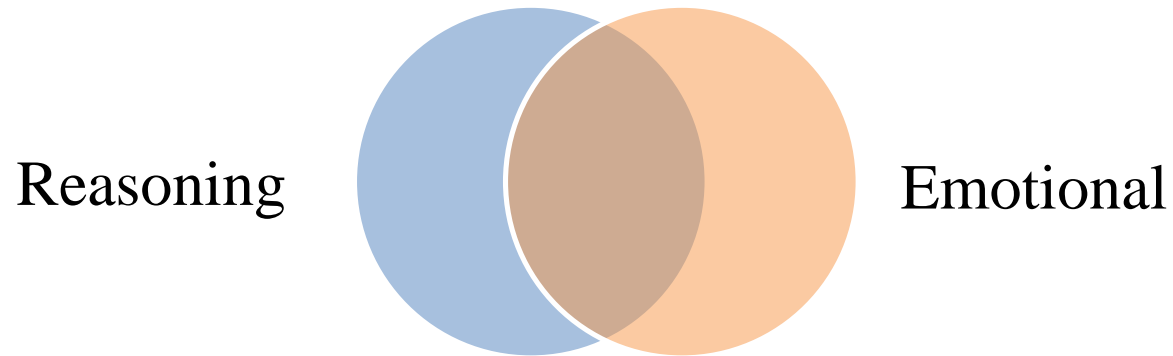
- ▶ *Is the person able to pay attention? What gets in the road and what allows them to pay attention*
 - ▶ *What helps them calm down*
 - ▶ *Are you able to sustain your own attention and keep focused? What gets in the road and what allows you to keep focused?*
- 

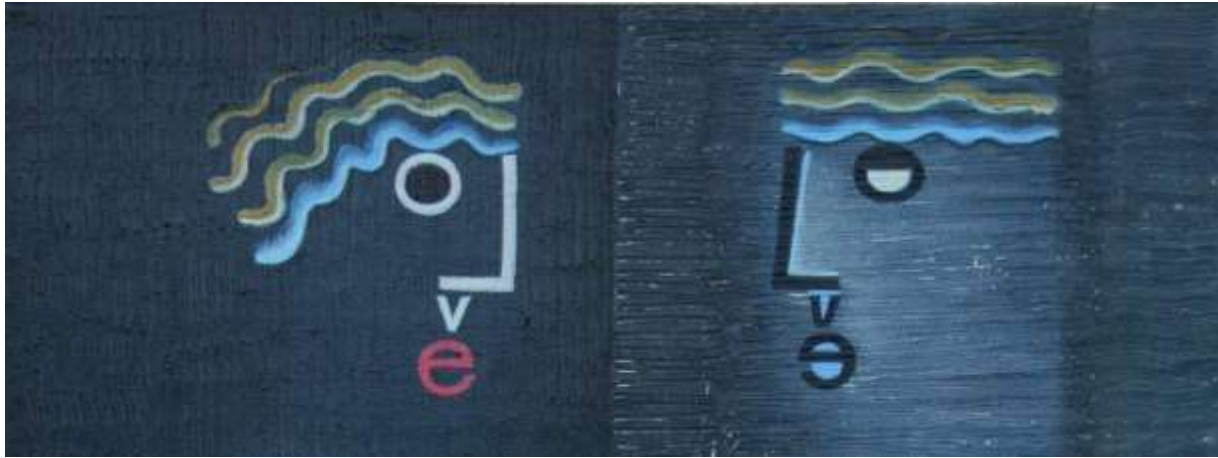
Stress - bell curve

Most distressed




Basic elements of mind/brain



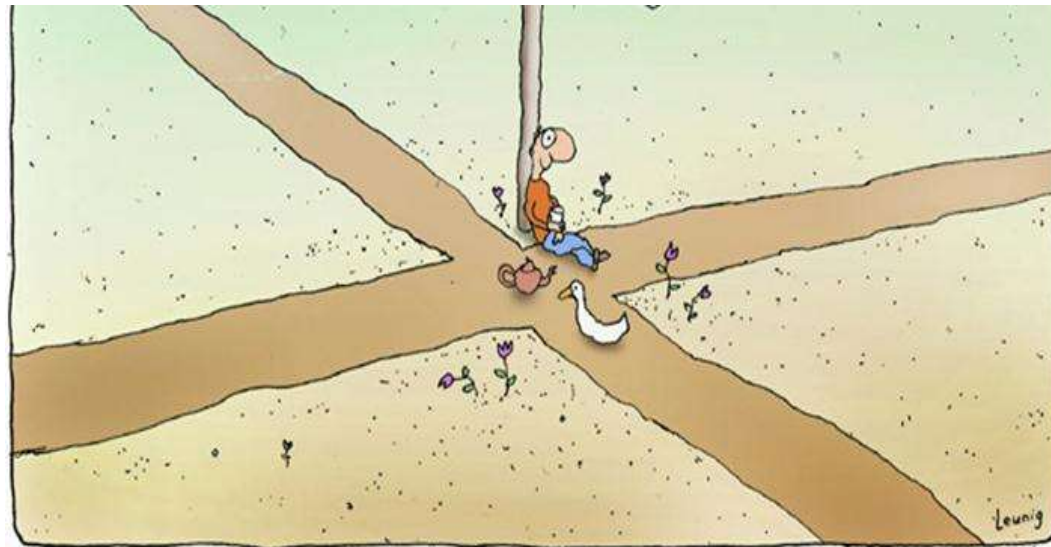


Acknowledgment & Validation

The Art of Affirming Another

- ▶ *Trying to support and respond to someone who is experiencing mental/emotional distress can be extremely challenging. Acknowledgement and validation of a person is premised on beginning to see the person's actions and relational interactions as attempts to cope with painful and distressing emotions and thoughts.*
 - ▶ *Acknowledging and validating is an attempt to give the message to the person that we appreciate that at this time they are experiencing emotional distress by identifying and suggesting to them the 'feeling' that underlies their distress.*
- 

▶ the message of feelings

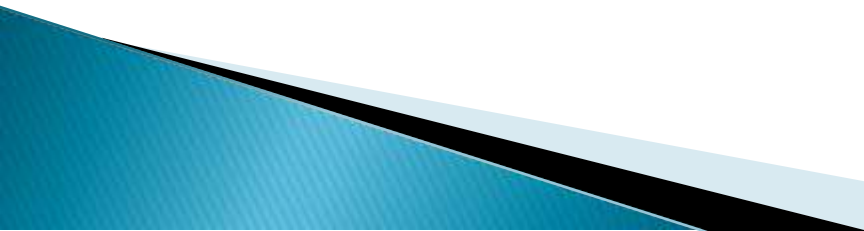



Acknowledgement & Validation


The Art of Affirming Another Person

- ▶ Accepting and verbally recognise another person's *distressed emotional feelings*, the impact this is having on them and their experience of the world at that time.
- ▶ Expressing our recognition '*we get it*', by actively listening and calmly reflecting back to them the feelings we recognised. (eg.s)
 - *'I can sense how difficult this is for you right now'*
 - *'I can see you are upset/angry at the moment'*

Acknowledgement & Validation is not:

- ▶ **Praising, consoling, agreeing or fixing**
 - ▶ **Disagreeing, blaming, rationalising with, changing their mind or convincing**
- 


- ▶ We do not need to necessarily ‘understand’ *what* or *why* someone is feeling the way they do to acknowledge and validate them
 - ▶ We do not have to *approve* or *disapprove*, *agree* or *disagree* with someone’s understanding of the situation or their feelings about it to acknowledge and validate them
- 

- ▶ **We do not have to react to a situation in the same way as the another person to acknowledge and validate them**
 - ▶ **We don't have to feel comfortable with the situation to acknowledge and validate the other person**
- 

Re-Store(y)ing the Conversation Restarting Reflection



Drawing from therapeutic approaches of: **Mentalization & Narrative Therapy**

- ▶ To promote a type of inquiry and response that helps people regain the reflecting aspect of one's mind when things have become upsetting, emotional charged, literally 'lose our mind' (stop being able to think/reflect).
- 


Some talk about the brain (Siegel 2007)

Through often associated with logic, language, literal processing, the left hemisphere also appears to be dominate for the narrative drive to tell a story...

Research findings suggest that this left prefrontal cortex also seems to be activated with mindful attention [enacted with] describing and labelling with words – [or telling ourselves/constructing a story] facilitating conceptual processing – is fundamentally initiated/a part of mindful awareness [also suggested in the notion of ‘mentalizing’].

Starting to pay attention to ‘thinly known’, ‘not usually appreciated’ descriptions of experience, allows exploration beyond automatic assumptions, conclusions – moving away from top-down cortical processing as ‘invariant representations’

- ▶ Acknowledge that implicit in people's actions are *hyper-sensitivity* to the responses of significant other; *feelings of being out of control; impulsiveness, being threatened, rejected, ashamed, hopeless, helpless* etc
- ▶ We can take the stance of 'the detective', (human interest) 'newspaper reporter', 'the researcher', for us to engage in a conversation – that restart reflecting and supports – 're-gaining' a thoughtful stance' through **re-store(y)ing** the conversation

- Beginning with validating responses
 - Followed up by ‘exploring’ type questions: getting the details of the story, not just a series of ‘facts’ supports a *re-store(y) the conversation*.
 - This type of ‘exploring’ questions also demonstrates our desire to know and understand the other person’s experience.
- 

- ▶ **Exploring the details**


Tell me what happened? (where, when, who was there etc)

- ▶ **Exploring the effects**

What was that like? (eg 'upsetting') It sounds that it would have been really difficult (validation).

- ▶ **Exploring coping**

How did you cope, with all this going on and being so upset? What got you through?

- **Reflecting on others' intentions**
I wonder what the reasons might have been why they acted like that towards you?
Why would they have been like this?
Could there have been something else that might explain their actions?
 - **Checking-out your understanding/clarifying questions**
I'm not sure whether I've got this right?
Are you saying ...?
I might have misunderstood what you said?
Have I got it wrong?
- 

Exploring relationship conflicts

- Not getting side tracked by arguing who was 'right' and who was 'wrong'
- Helps in repairing rifts and reconnecting the relationship

Can you talk to me about why you/re angry with me?

Is there something I could have done differently?

▶ Stop, rewind, explore


Hang on a second, I really what to understand what happen ...?

Can we go back a bit and you can tell what you think happen/what I did ... to up set up so?

Relational Limit Setting



There is a difference between understanding and accepting feelings versus accepting challenging or unreasonable behaviour. So setting the relational limits around what you 'can' and 'can't do', provides and models containment; both for the client, workers, supporters; and preventative in terms of the possibility of 'burn out'.




The 4 steps


- 1) Describe
- 2) Express
- 3) State
- 4) Reinforce

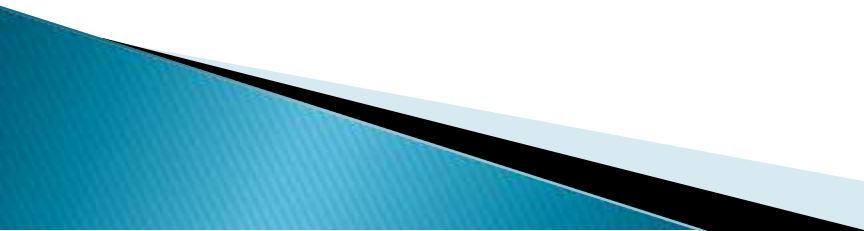
- ▶ **Describe:** ‘specifically’ the situation that you want to set your limits around – *without exaggeration, making judgements and being clear and descriptive*
- ▶ *E.g. ‘This is the third time this week you have rung me and ask for support.’*

▶ **Express:** why you need to set a limit – *calmly and clearly*

▶ *E.g. 'It is difficult for me to respond to so many calls'.*



- **State:** exactly what your limit will be – *clearly, simply and firmly*
 - *E.g. ‘I want to let you know that I am unable to respond to this many calls in a week*
 - ***Be prepared to negotiate in order that you can come to an agreement***
 - *E.g., ‘How about I phone you once a week on a day and time that we can agree on?’*
- 

- ▶ **Reinforce:** why it is necessary for you to set this limit; and what their co-operation would mean to you
 - ▶ *E.g. ‘This is very important for me and I would really appreciate if you can give this a try’*
 - ▶ *‘What might help you in coping with this?’*
- 

Limit Setting Tips

- ▶ **Be very specific** in selecting the limit you want to set
- ▶ **Pick something no too difficult to start with;** and has a good chance of success and for you being able to stick to keeping the limit
- ▶ **Think of the benefits** for you and the person you support of sticking to the limit
- ▶ **One limit at a time**
- ▶ ***Be willing to negotiate*** around the limit.
- ▶ **Seek support**
- ▶ **Practice with someone you trust and understands**

*Encouraging a more
mindful & relational stance towards problems*



- ▶ **observing–noticing**
- ▶ **empathic attunement**
- ▶ **sitting with**
- ▶ **working with**
- ▶ **acknowledging messages that problems may contain for us**

- ▶ 'staying with the feeling'
- ▶ feelings into words

These are some of my preferred stances



Resources

- ▶ *Clinical practice guideline for the management of BPD; Caring for people with BPD: reference guide for health professionals www.nhmrc.gov.au*

Groups

- ▶ **BPD Support Group for families and carers** – Mind ARAFEMI Carer Helpline on phone 1300 550 26
- ▶ **Bouverie Centre–Fostering Realistic Hope 2 Day Workshop: for Carer Families Supporting a Family Member with Borderline Personality Disorder**
<http://www.bouverie.org.au>
- ▶ **Spectrum–Learning about Borderline Personality Disorder: *A workshop series for friends and families***
- ▶ **Spectrum–Getting Support for Borderline Personality Disorder (suffers)**

Web sites

- ▶ BPD Foundation of Australia <http://bpdfoundation.org.au/>
- ▶ Spectrum, The Personality Disorder Service for Victoria (AUS)
<http://www.spectrumbpd.com.au/>
- ▶ NEA BPD Australia <https://bpdaust.squarespace.com/>
- ▶ National Education Alliance for Borderline Personality Disorder (USA)
<http://www.borderlinepersonalitydisorder.com/>
- ▶ Borderline Personality Disorder Resource Center, New York–Presbyterian Hospital (USA) <http://bpdresourcecenter.org/>
- ▶ TARA Nat'l Association for Personality Disorder (USA)
<http://www.tara4bpd.org/dyn/>
- ▶ BPD Central (USA) <http://www.bpdcentral.com/>