
Family Connections™ in New Zealand and Australia: an Evidence-Based Intervention for Family Members of People With Borderline Personality Disorder

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Abstract

This article provides an overview of the history, content, and current Australasian status of Family Connections™, an intervention for families of people with borderline personality disorder (BPD). The intervention has a substantial published evidence base and has been running for almost 15 years under the auspices of the National Education Alliance for Borderline Personality Disorder (NEA-BPD), the major international BPD advocacy organisation. Family Connections™ is a 12 x 2 hour grassroots manualised programme run by family and/or professionals. The programme combines psychoeducation about BPD, skills training drawn largely from dialectical behaviour therapy, and peer support. Three pre-post studies have demonstrated statistically significant decreases in participants' subjective experience of burden, distress/depression, and grief, and statistically significant increases in participants' subjective experience of mastery/empowerment. These changes were either sustained or further improved at 3-month follow-up. Family Connections™ programmes have been running in more than 10 New Zealand cities since 2010 and in Australia since 2015. The programme has substantial waiting lists (e.g., 650 in Australia).

When you understand, you cannot help but love. You cannot get angry. To develop understanding, you have to practice looking...with the eyes of compassion. When you understand, you love. And when you love, you naturally act in a way that can relieve the suffering of people.
(Thich Nhat Hanh, 2005)

Introduction

Definitions

The term “family members” includes family members and significant others for ease of reading.

“People with BPD” is intended to be a factual description of people who would meet DSM V diagnostic criteria for borderline personality disorder (BPD) if they were formally assessed. For simplicity, we used people with BPD.

Background

Family Connections™ is an intervention for family of people with BPD. To date, there are three published studies demonstrating the programmes' effectiveness. The intervention has been running for nearly 15 years under the auspices of the National Educational Alliance for Borderline Personality Disorder (NEA-BPD), the largest international BPD advocacy organisation. Typically, Family Connections™ is a 12 x 2 hour manualised programme run by family and/or professionals. The programme combines psychoeducation about BPD, skills training drawn largely from dialectical behaviour therapy (DBT), related family skills, and peer support. Attendance is free. In New Zealand there may be a small fee to contribute to venue hire and photocopying of manuals, but Australia has an absolute “for free” policy. Family Connections™ programmes are led by two leaders; either two family members, two professionals, or a family member/professional combination. The programme was developed as a grassroots programme intended to be run by family members. The NEA-BPD provides family members and professionals with free training and support. Research (see below) supports the idea that either family or professionals may successfully lead Family Connections™, with studies showing similar results when family or professionals (or a combination) were leaders. The standard pathway to becoming a Family

Connections™ leader (both family and professionals) is to attend the programme as a full equal participant, and receive a recommendation from the programme leaders to attend a 2-day Family Connections™ leader training, and then be authorised by the NEA-BPD as a Family Connections™ leader. Detailed descriptions of the history, development, rationale, and content of the programme are available elsewhere (Hoffman et al., 2005; Hoffman Fruzzetti, & Buteau, 2007).

The Family Connections™ history started with the US National Alliance for Mental Illness (NAMI) programme “Family to Family,” for family of people with a range of mental health conditions. Those who attended the NAMI programme found it excellent, but as it was not specifically for family of people with BPD and did not include skill building per se, some family members felt the programme did not address the specific needs of family of people with BPD. In the US, family members (Dixianne Penney and Patricia Woodward) and professionals (Perry Hoffman and Alan Fruzzetti, two of the present authors) collaborated in developing the Family Connections™ programme.

The remaining two (Australasian) authors became involved in Family Connections™ from different perspectives. Roy Krawitz brought Family Connections™ to New Zealand after providing a 1 hour psychoeducation session for family members where family members, despite having more information, were more distressed at the end of the presentation than when they arrived. This experience of the effect of education delivered without skills training and support is consistent with research findings (Hoffman et al., 2003). Anne Reeve’s involvement resulted from unsuccessful attempts to find any professional assistance or support. Anne turned to the Internet and found Family Connections™. Her first-hand experience of the benefits of the programme resulted in

her bringing it to Australia to share with others in similar circumstances.

In 2014, the NEA-BPD reported (personal communication) that Family Connections™ was running in 16 countries and had 1200 people on the waitlist in the US. The first New Zealand programme ran in 2010; with a leaders training conducted in 2012. By 2015, there were six New Zealand Family Connections™ centres running programmes, with a further six centres moving toward offering the programme. The first Australian programme was run in 2015, after leader training in Melbourne and Adelaide. Over the last year, 18 Family Connections™ programmes have been run in Australia, and further leader training will take place in Sydney in 2016. Australia has over 650 people on the waiting list. People living in places where the programme is not available can apply to NEA-BPD to join a teleconference Family Connections™ programme that is technologically anchored in the US.

Rationale and Content of the Programme

Individuals with BPD experience high levels of suffering. Their families are also suffering (Bailey & Grenyer, 2014; Lawn & McMahon, 2015). Bailey and Grenyer (2014) found that families of people with BPD showed higher levels of distress than families of people with schizophrenia. Research has also shown that, in general, having a family with higher levels of emotional involvement predicted improved outcomes for the person with BPD, as measured by hospitalisation rates (Hooley & Hoffman, 1999). Although further study is required, that study provides some scientific support for family who wonder about whether their level of involvement is helping or hindering the person with BPD. Family Connections™ believes that substantial stigma exists for families—surplus stigma; or perhaps, even quadruple stigma: Stigma of having a mental health condition; stigma of having BPD; stigma of being a family

member of someone with a mental health condition; stigma of being a family member of someone with BPD (Lawn & McMahon, 2015). By its welcoming stance, Family Connections™ hopefully provides an initial structure to contribute to reducing this stigma. Within this structure, peer families who attend the programme can provide a validating sense of “me too,” with family members often stating something like, “I know you people get it [and don’t judge me] because you have been where I have been.”

Family members are taught the simple conceptualisation of effective communication being about the transactional nature (i.e., reciprocal nature) of accurate expression of internal experience plus validation. This conceptualisation provides family with both a plausible causal understanding and an achievable solution to work toward.

Family Connections™ is anchored in three core principles:

1. Psychoeducation about BPD.
2. Skills training with individual skills drawn largely from DBT, and family and relationship skills developed within a DBT framework for compatibility.
3. Peer support.

The present authors conceptualise a rough breakdown of the skills as: validation 40%, mindful attention to self/others 15%, acceptance (of what can’t be changed) 15%, emotion self-management (e.g., self-soothing, self-validation, opposite action) 15%, interpersonal skills 10%, and observing limits 5%. The validation (also taught throughout programme), mindfulness, acceptance, and emotion self-management skills comprise the bulk of the skills, and are taught first to maximise capacity to regulate emotions. The reason for this is that research and experience has shown that when emotions are regulated, people can better use their thinking skills and are therefore better placed to make wise decisions. Once these skills have been

taught, the programme moves on to interpersonal effectiveness skills (including further validation, relationship mindfulness and problem management skills—the latter drawn from behavioural couple and family therapy), and observing limits. Observing limits describes how a family member may choose to limit their involvement with the person with BPD, or stretch their limits to wisely accommodate their values.

Research

Shenk and Fruzzetti (2014) demonstrated statistically significantly more invalidation and less validation in parents of clinic versus non-clinic adolescents, with correlations with statistically significant predictive ability in the expected directions for adolescent emotional dysregulation and relationship satisfaction. Another study (Fruzzetti & Payne, 2015) showed that teens with rather severe problems, including suicidality and self-harm, reported statistically significant reductions in parent invalidation and increases in parent validation after parents had attended a Family Connections™ programme.

Three pre-post studies of Family Connections™ have been published to date (Hoffman et al., 2005; Hoffman et al., 2007; Rajalin et al., 2009). One study (Rajalin et al., 2009) involved a slight adaptation (9 weeks; additional focus on suicide prevention education). The first two studies (Hoffman et al., 2005; Hoffman et al., 2007) were conducted in the US where programme leaders were family members, and the third study was conducted in Sweden, where the programme leaders were professionals. The results were consistent across the three studies. The first two studies included follow-up data collected at 3 months post-programme, but the third study did not collect follow-up data. Across the three studies, about 88% of participants were parents, 9% were spouses/partners, and 3% were siblings; the mean age of participants was 55 years, and the mean age of the person with BPD was 25 years. Two studies

(Hoffman et al., 2005; Hoffman et al., 2007) reported a mean attendance of 10 of 12 sessions (83%) with a 12% drop-out rate. The main measures were subjective ratings on scales measuring burden, grief, depression, and mastery. Hoffman et al. (2005) reported statistically significant positive changes for burden, grief, and mastery but no change for depression. The second study (Hoffman et al., 2007), which had a slightly larger sample size, demonstrated statistically significant improvements for depression, as well as replicating the first study's findings of improvements in burden, grief, and empowerment. Both of these studies found that the changes were either sustained or improved at the 3-month follow-up, with no rating showing deterioration at follow-up. Rajalin et al. (2009) demonstrated statistically significant improvements in distress and burden, and a non-significant improvement in depression. Given the small scale of that study (n=13), the results were indicative of substantial effect sizes in keeping with the other two studies.

Future Research

A replication pre-post study is underway in New Zealand, with data collected but not yet analysed. Related studies are near completion in Ireland and the US. The explicit goal of Family Connections™ is to assist family member mental health and well-being; at the same time, it is hoped that improved family member well-being will play a role in increasing the likelihood of improved well-being for the person with BPD. Randomised controlled studies are the next research step in confirming and extending the validity of Family Connections™ as an evidence-based programme. Such research is currently underway.

Conclusions

People with BPD and family of people with BPD have high levels of documented distress and morbidity. A number of evidence-based interventions have been

developed to address this distress and morbidity, with Family Connections™ being one such intervention for family members. Family Connections™ can be a stand-alone intervention or can be provided alongside other evidence-based BPD interventions and/or interventions where the person with BPD and family attend together. Three published pre-post (and follow-up) studies have demonstrated the effectiveness of Family Connections™ as an intervention for families of people with BPD in decreasing participant suffering and promoting participant mental health. These programmes have been delivered in the US for nearly 15 years, in New Zealand for 7 years, and in Australia for 1 year (where 650 people are on the waitlist).

Conflicts of Interest

The authors are not aware of any conflicts of or competing interests.

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Krawitz, R., Reeve, A., Hoffman, P., and Fruzzetti, A. (2016) Family Connections™ in New Zealand and Australia: an Evidence-Based Intervention for Family Members of People With Borderline Personality Disorder. *Journal of the NZ College of Clinical Psychologists*, (25)2, 20-25

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