



# ENGAGING AND SUPPORTING FAMILIES IN SUICIDE PREVENTION

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# FAMILIES AS CAREGIVERS



- The role of families as caregivers in a loved one's illness has been recognized for centuries
- Groups exist providing education, support, a network for family members living the same experiences (cancer, autism, schizophrenia)
- These groups are lifelines for the caregivers

# IN THE SUICIDE PREVENTION COMMUNITY



- First responders, school personnel, health professionals are recognized as key in prevention; specific trainings have become standard along with their own support systems
- Families and caregivers often are also on the front lines and play an essential role in prevention and recovery

# FAMILIES AND SUICIDE LOSS



- Organizations such as AFSP have brought attention to the impact suicide loss has on families and the needs of the survivors
- Survivors experience despair, anxiety, anger, denial, shock, guilt, shame and isolation
- After a suicide loss relationships, decision making and coping skills can be immobilized

# FAMILIES AND SUICIDE LOSS



- Celebrations and rituals are often canceled, and family conflict and cut-offs might arise
- Suicide loss can exacerbate existing physical and mental illness. It can also increase suicide risk
- Support groups and outreach programs are available across the states

# FAMILIES AND SUICIDE PREVENTION

- However, there has not been a specialized program for families of suicide attempters
- This is a missing link and needs to become part of best practices for suicide prevention
- In addition to depression, grief, burden, shame, isolation and helplessness, families and caregivers can develop distress that meets criteria for Acute Stress Disorder (ASD)

# Eight Problems for Families

**1. Empathic despair:** suffering in loved ones creates suffering in those who care for them

- This can last for months, or even years
- Average number of attempts is 3
- Families may, for years, be in state of recovery from one suicide attempt while anticipating the next

# Eight Problems for Families

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## 2. Confusion about role

- The ongoing threat of suicide can lead to profound changes in roles that disrupt family function
- Parents and other loved ones often become safety monitors and caregivers, to the exclusion of other roles that slowly fall away
- For parents and siblings, this can affect their relationships as well



# Eight Problems for Families

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## 3. Social Isolation

- Without avenues for social support, preoccupied with safety issues, and facing stigma around many corners, families easily can become isolated

# Eight Problems for Families

## 4. Depressed

- Numbers not clear, but significant risk factors
- The combination of fear, sadness, despair, social isolation, guilt, and other factors related to a loved one's suicide attempts can leave parents, partners and others feeling alone and depressed themselves

# Eight Problems for Families

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## 5. Stigmatized

- We need to talk about suicide!
- Social isolation, avoiding discussion, contribute to unjustified but nevertheless painful shame and guilt, further stigmatizing already suffering families

# Eight Problems for Families

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## **6. Burned out, burden**

- Neglecting their own lives, other relationships, recreation, can lead to an overwhelming sense of burden and burnout

## **7. Disempowered**

- Not surprisingly, families report feeling disempowered – their lives are not their own

# Eight Problems for Families

## 8. Terrified, and suffer from Acute Stress Disorder and Post Traumatic Stress Disorder

- In a study just being completed, of 432 people who reported a suicide attempt of a loved one, nearly all ( $n = 417, 96.5\%$ ) reported experiencing intense, fear, helplessness, or horror in response to the event
- More than 95% could be classified with ASD
- 45% had sufficiently terrifying reactions, that endured long enough, to meet the criteria for PTSD

# PTSD

- DSM V change for PTSD , criterion A, now includes:

The person was exposed to death, threatened death, actual or threatened serious injury or threatened sexual violence as follows:

1. Direct exposure
2. Witnessing, in person
3. *Indirectly, by learning that a close relative or friend was exposed to trauma\*\**
4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g. *first responders etc* )

# OVERLAPPING COMMUNITIES

- We see this in the BPD community, where suicide and self-injury are hallmark symptoms
- Up to 75% BPD patients have self-injured, 10% die by suicide
- More than 50% of their family members meet criteria for PTSD as result of their loved one's suicidal behavior
- Not unlike BPD, suicidal behavior requires specialized treatment (not treatment as usual)
- Regardless of treatment if family functioning does not improve, patient's functioning might not

# Trauma Exposure in Families Impacted by BPD

- 100% experienced at least one potentially traumatic event involving their (BPD) relative
- Most experienced multiple types of potentially traumatic events (M=4.9)
- 84% experienced one or traumatic event that met Criterion A involving their (BPD) relative:
  - 1) responded with intense fear, helplessness, or horror,
  - 2) real or threatened physical injury, or perceived threat to life
- Most experienced multiple types of Criterion A events  
(M=2.4)

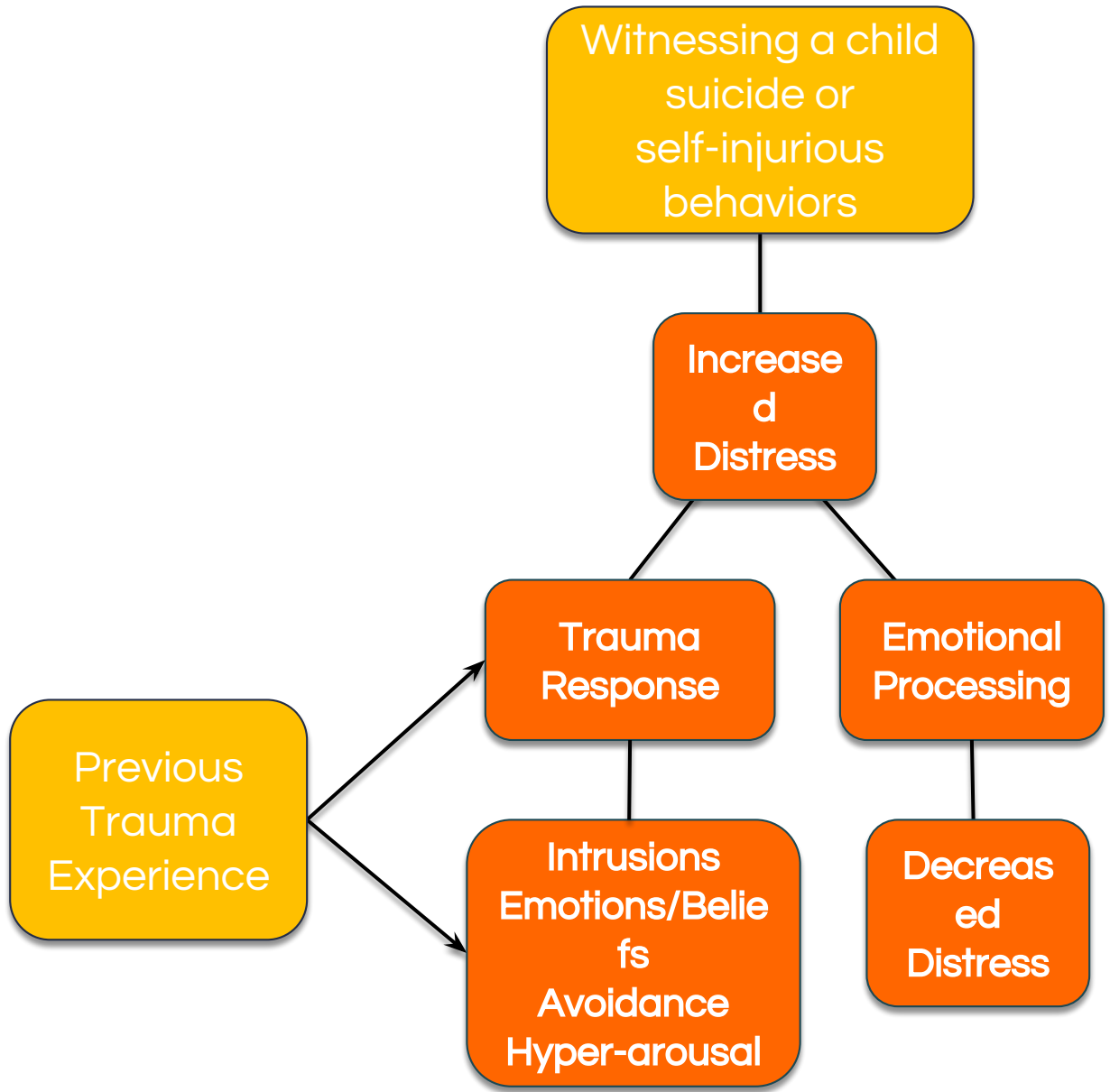


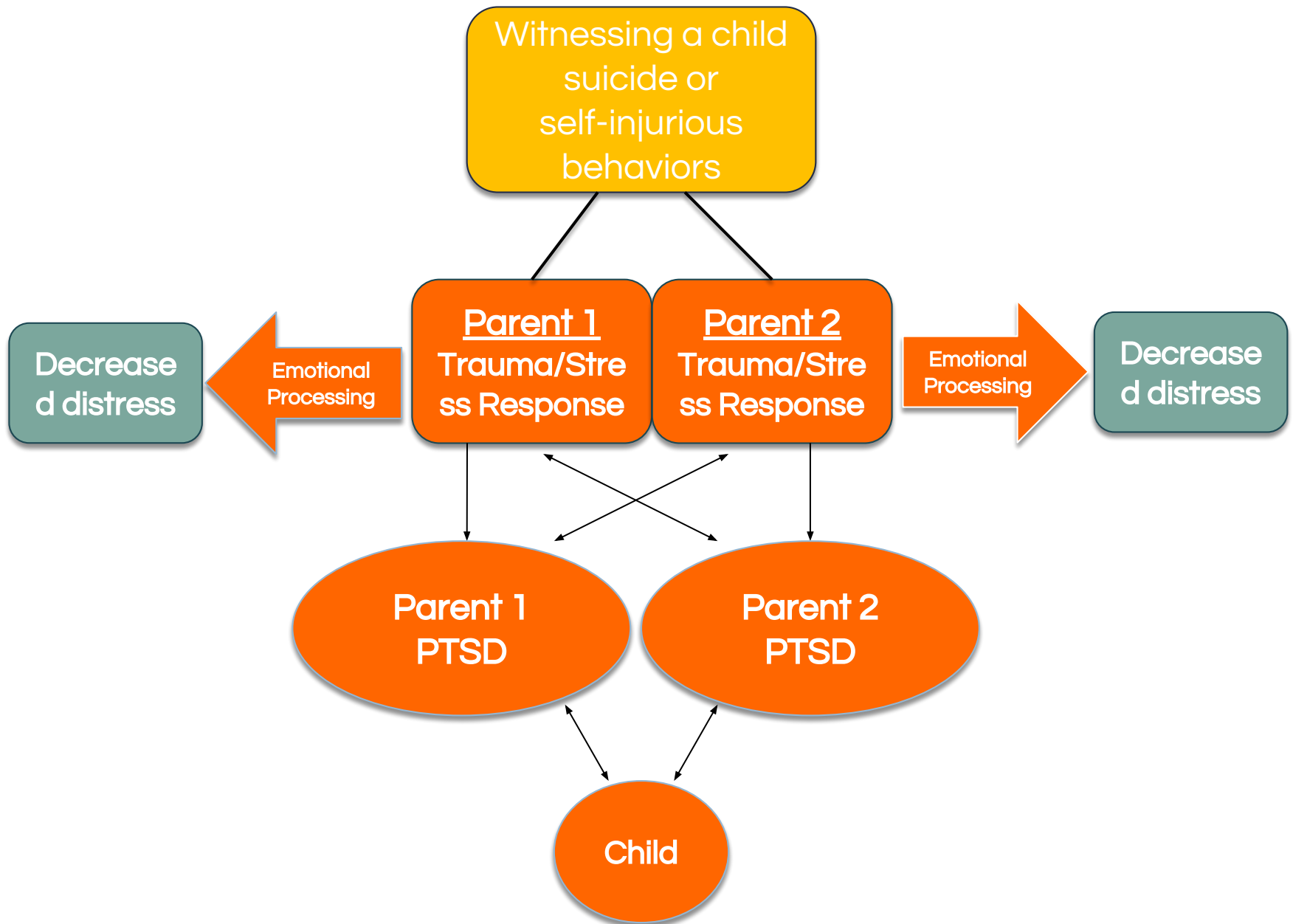
# Trauma Exposure (BPD families)

- Suicide attempts are particularly traumatic for family members
- Suicide attempts are identified by family members as the most distressing event
- Parents, partners, siblings, children, all are equally at risk of PTSD

# Consequences for the families

- Irritability
- Emotional Instability
- Guilt
- Shame
- Depression
- Behavioral Level:
  - Criticism; Blame; Submissive Behaviour; Social Withdrawal; Avoidance; Alcohol;





# FAMILY CONNECTIONS – TRAUMA AND SUICIDE PREVENTION (FC-TSP)\*\*

- FC-TSP was created with the hope to help families whose loved one has attempted suicide, or engaged in other severe life threatening behavior
- FC-TSP provides psychoeducation on suicidality, decreases isolation, and teaches DBT and family skills that help families and caregivers to manage in healthy ways their own internal and external emotional responses in spite of their fear, anger, grief, depression, helplessness and hopelessness

\*\* FC TSP IS NOT FINAL NAME OF THE PROGRAM

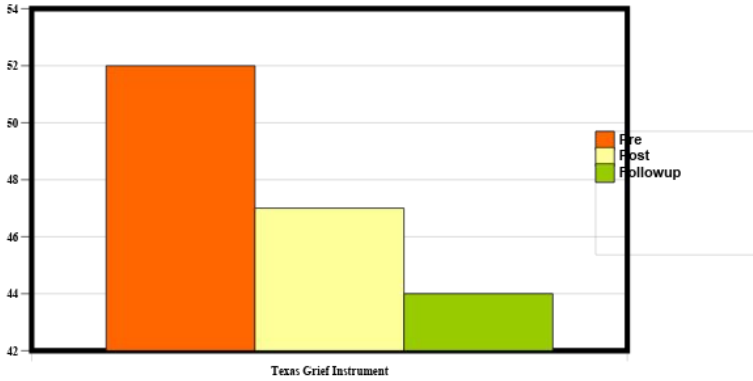
# FAMILY CONNECTIONS – TRAUMA AND SUICIDE PREVENTION (FC-TSP)

- FC-TSP is an adaptation of Family Connections, a 12 week program, developed in 2002 by Perry Hoffman and Alan Fruzzetti for families of individuals with borderline personality and severe emotion dysregulation.
- A strong evidence base has shown that the FC program significantly reduces participants' depression, experience of burden, grief and increases their sense of mastery and empowerment (Hoffman, Fruzzetti, Buteau et al., 2005 and 2007; Rajalin et al, 2009; Ekdahl et al, 2014; Flynn et al, 2018)

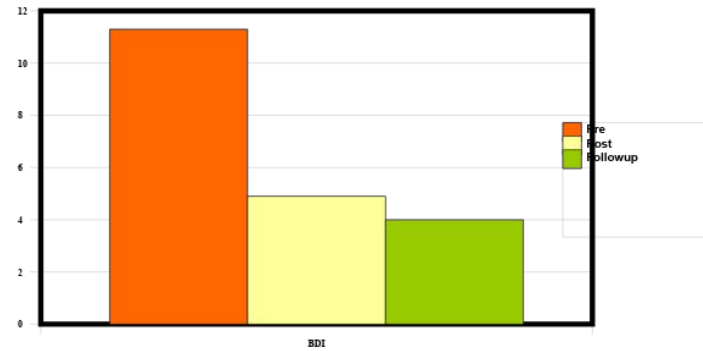
# Family Connections

- Since 2002, for families with BPD/related problems; 12-week and weekend versions
  - Psychoeducation, skills & support
  - No cost to participate
  - Groups led by family members (or professionals) trained (no fees)
  - Quality assurance: training and mentoring
  - Now in most states and 21 countries
  - Around 10,000 families served
  - 6 studies, consistent outcomes, including improvements for participants, and for teens

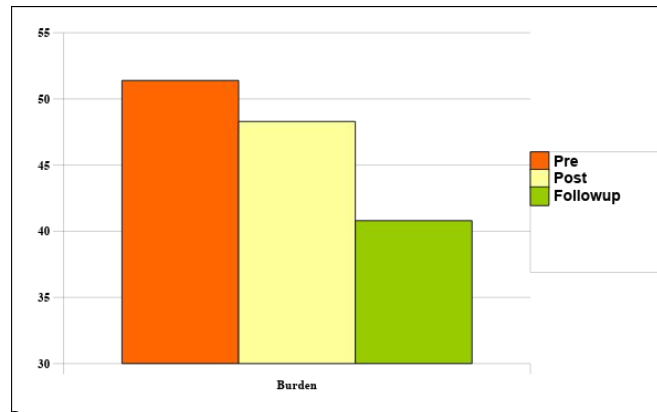
# FC DATA – Reduction in:



Grief



Depression

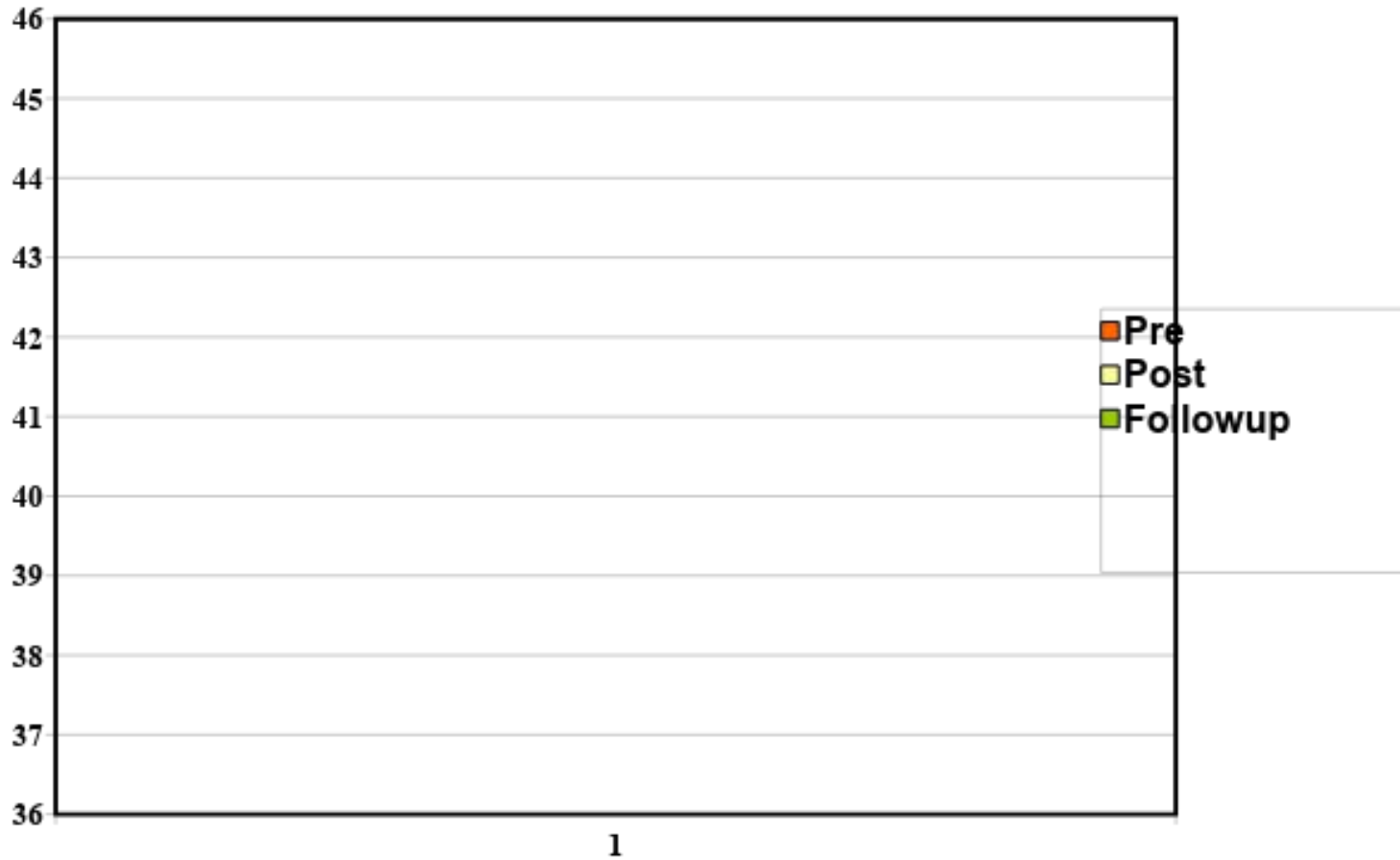


Burden



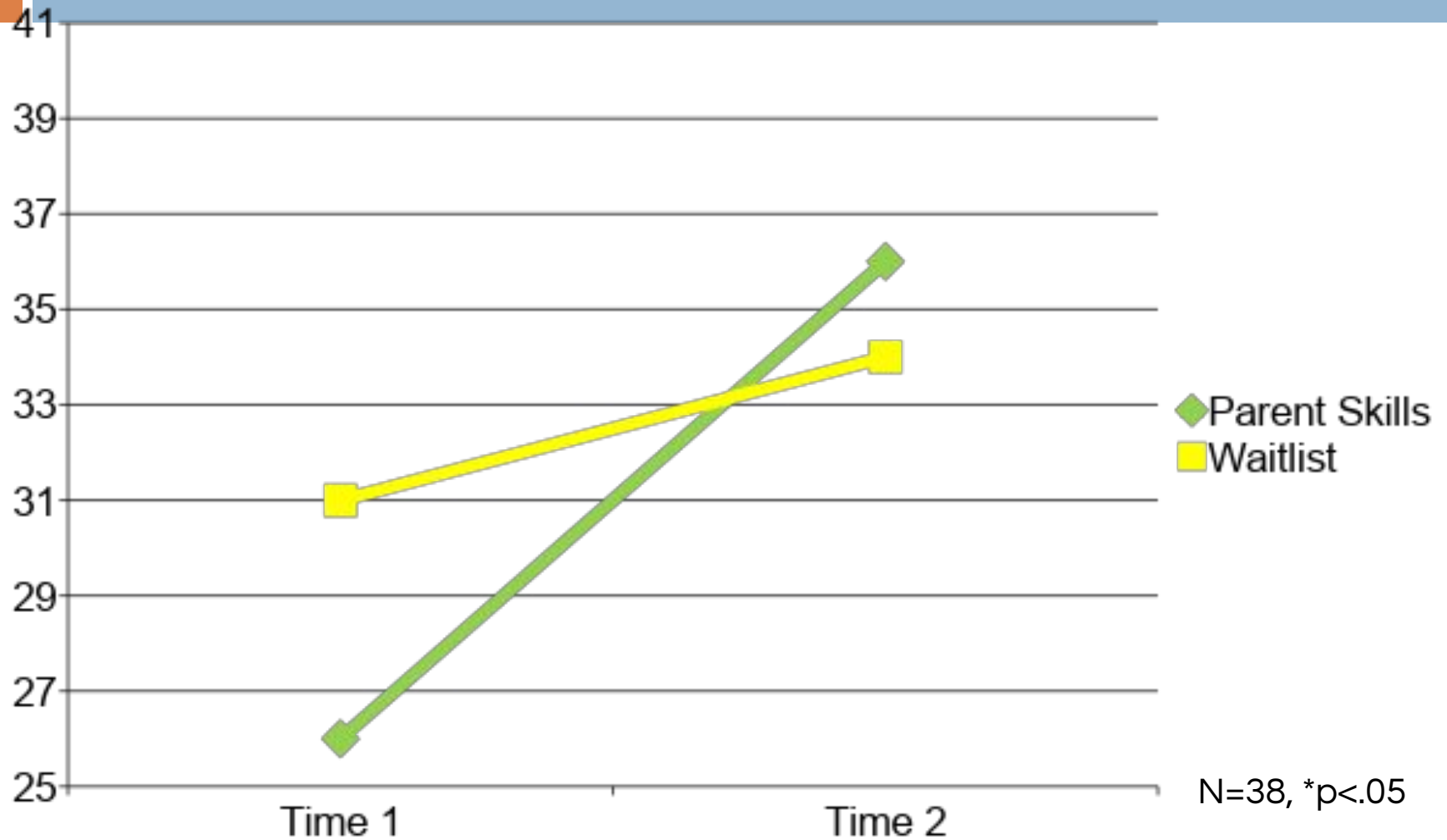
# FC DATA – Increase

in:

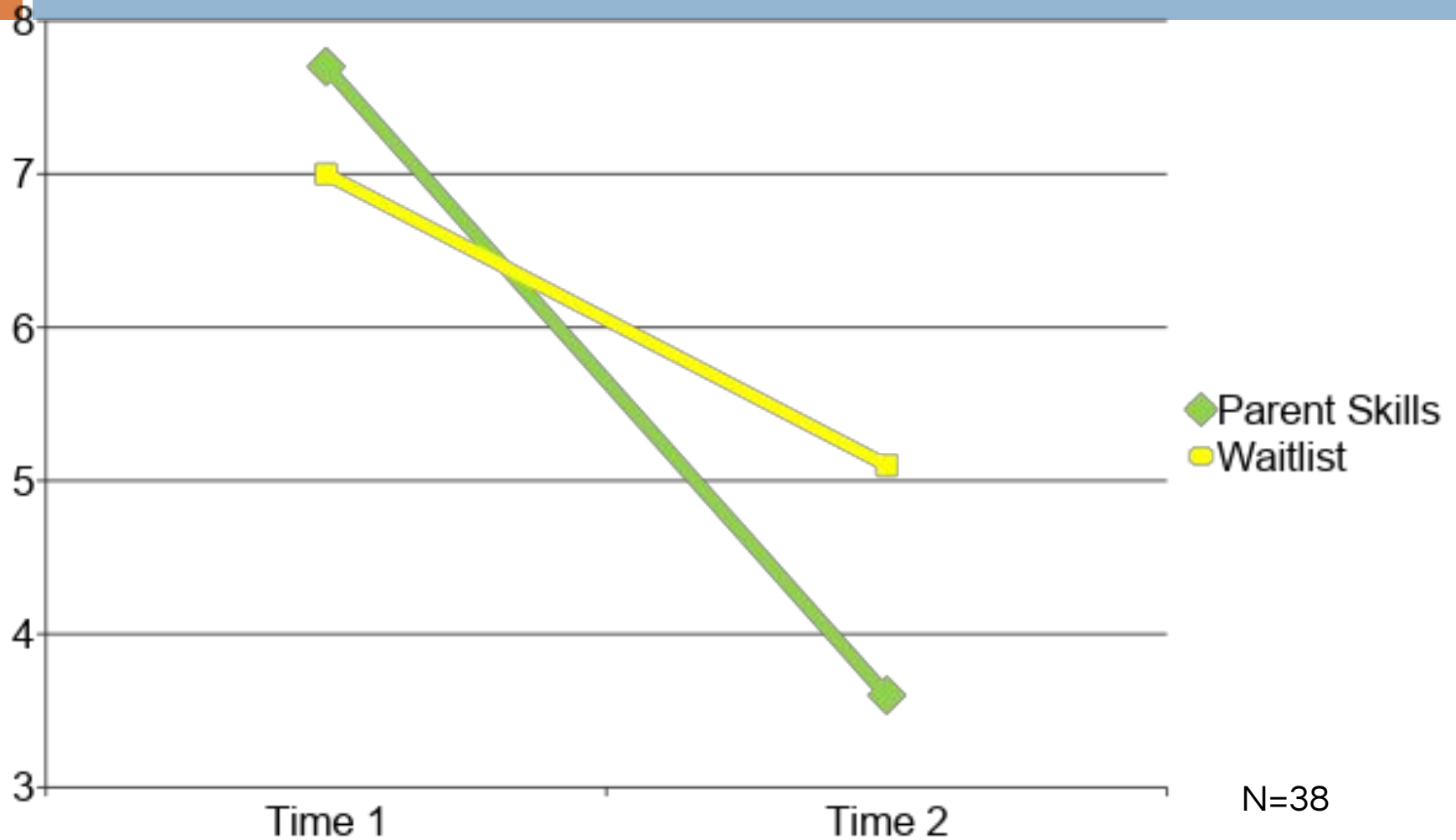


Mastery/Empowerment

# Parent Validating Responses



# Parent Invalidating Responses



# Impact of Increased Parent Validating & Decreased Invalidating

- Improvements in parent validating and invalidating responses led to significantly greater improvements in adolescent:
  - Emotion regulation
  - Depression
- These improvements are above and beyond those achieved by treatment alone.

# Adaptation of FC

## Original: FC - BPD

- Psychoeducation around borderline personality
- BPD-relevant skills
- Individual psychological and social skills
- Family and relationship skills
- Social support/network

## New: FC - TSP

- Psychoeducation about suicidality, trauma, related problems
- Trauma-relevant skills
- Individual psychological and social skills
- Family and relationship skills

# CORE IDEAS: RECIPROCALITY

- What a loved one does has an impact on the family member, and what the family member does has an impact back on the loved one
- FC and FC-TSP are not therapy, nor directly address the loved one's illness
- However, participants report improvement in their loved ones, and in overall family life

# CORE IDEAS: EMOTION DYSREGULATION

- Dysregulation occurs when the person becomes focused on escaping or reducing painful arousal regardless of consequences, or methods.
- It is more than just upset, person is 'out of control'
- It results in:
  - Interpersonal dysregulation (chaotic relationships)
  - Self dysregulation (unstable sense of self)
  - Behavioral dysregulation (self-injury, impulsive behavior, suicide attempt)
  - Cognitive dysregulation (paranoia, dissociation)

# CORE IDEAS: EMOTION DYSREGULATION



The precipitating event may come from many different sources:

- Internal experience
- Interpersonal conflict
- Hopelessness
- Lack of connection
- PTSD



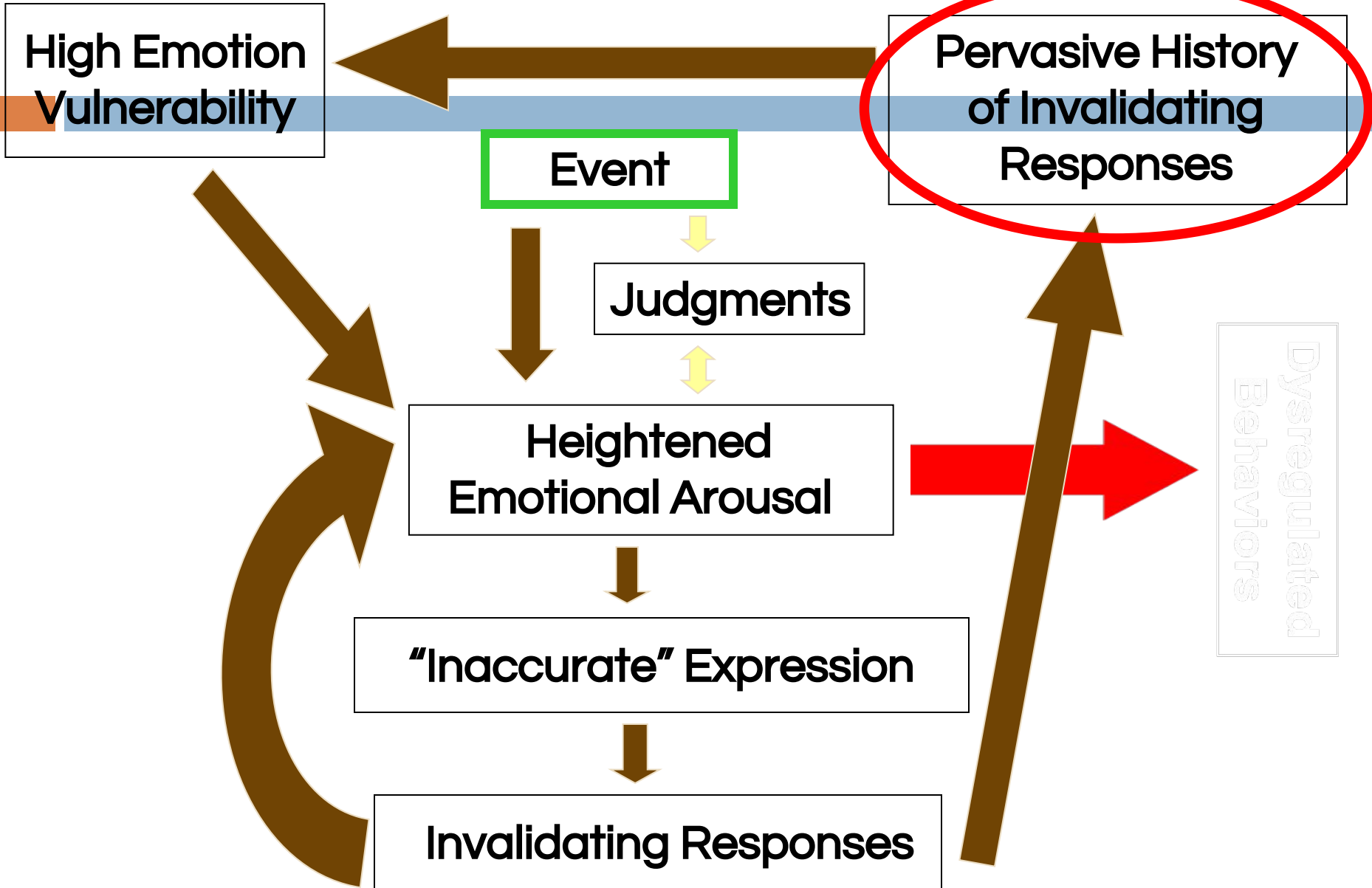
# CORE IDEAS: BIO-SOCIAL THEORY

- The individual is emotionally vulnerable which means:
  - High emotional sensitivity
  - High emotional reactivity
  - Slow return to baseline
- There are factors in the environment that transact with these vulnerabilities that may make dysregulation more intense

# Factors in the Environment

- A key one is relationships and how people respond to the individual
- Understandably, family members become emotionally vulnerable themselves and often lose their own sense of agency
- They can themselves become depressed
- Typically, they are terrified, guilty, angry, and often feel hopeless

# Transactional Model for Emotion Dysregulation



# SKILLS

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- Relationship mindfulness skills
- Family environment skills
- Validation skills
- Self-validation skills
- Limit setting skills
- Problem management skills

# Participant Comments

"I don't feel so alone anymore."

"I know better what to do in a crisis."

"The sharing and problem solving really helps me deal with the grief."

"It's good to finally have found a support network."

"I like practicing the skills and then seeing the difference it makes when I use them."

"The Family Connections course changed my life and enabled me to learn practical skills to help my family communicate better than ever."

"A ray of hope for our family in a deep sea of seemingly endless despair and pain."

# For Information and Registration

<https://www.borderlinepersonalitydisorder.com/family-connections/>

**NEA.BPD**  
Borderline Personality Disorder

## FAMILY CONNECTIONS™

*A skills-based program that offers a lifeline to families facing the challenges of Borderline Personality Disorder*

**WHAT IS BORDERLINE PERSONALITY DISORDER?**  
Borderline Personality Disorder (BPD) is a serious psychological and psychosocial disorder where people have extreme difficulties regulating their emotions.

Problems include intense and volatile emotions (such as shame, anger, sadness, or anxiety), chaotic relationships, impulsivity, unstable sense of self, suicide attempts, self-harm, fears of abandonment, and chronic feelings of emptiness.

With effective treatment and support, data show that most people with BPD can make great progress with important gains even in one year across a variety of problem areas. Many will no longer meet criteria for BPD. Similarly, data show that with help, family members also report big reductions in grief and feelings of burden, as well as an increased sense of mastery and family satisfaction.

**THERE IS HOPE**

**HOW DO I SIGN UP?**

1. Go to the NEA.BPD website: [www.borderlinepersonalitydisorder.com/family-connections/family-connections-preregistration-form](http://www.borderlinepersonalitydisorder.com/family-connections/family-connections-preregistration-form)
2. Complete the registration form and click "Send"

**CHECK THE NEA.BPD WEBSITE FOR FURTHER INFORMATION ON:**

- BPD Diagnosis
- Treating BPD
- Looking for Treatment
- Research
- Family Guidelines
- Links to Other Organizations & Programs
- Books & Publications
- Recovery Resources
- BPD Videos by Topic
- Audio Presentations
- Conference Presentation Videos
- Family Education Workshops Videos
- Call-In Series Archive
- NEA.BPD in the News

Enacted by Congress in 2006, it is designated as Borderline Personality Disorder: BPDIA.

<https://www.govtrack.us/congress/bills/110/765/000/101>

**NEA BPD**  
National Education Alliance for Borderline Personality Disorder

[www.borderlinepersonalitydisorder.com](http://www.borderlinepersonalitydisorder.com)

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