

Staying connected: A study of family environment in Borderline Personality Disorder

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PROJECT AIR
A PERSONALITY DISORDERS STRATEGY



Background

Why focus on families and carers?

- Psychotherapy for Borderline Personality Disorder (BPD) is the treatment of choice however working with families and carers is also now recommended (NICE, 2009).
- With the shift from hospital to community-based treatment, the responsibility for the care of BPD patients has fallen on families and carers, who can be enlisted as allies in treatment (Gunderson, Berkowitz & Ruiz-Sancho, 1997).



Background

Why focus on families and carers?

- Working with families and carers of persons with BPD is cost-effective (Gunderson, 2008), and preliminary studies of support interventions report promising outcomes for carer wellbeing (e.g. Hoffman, Fruzzetti & Buteau, 2007).
- Further understanding the family environment will assist psychotherapists to work with families and carers of persons with BPD and intervene appropriately.



Background

The family environment

- Expressed emotion provides an indication of the family environment (including emotional overinvolvement, criticism and hostility).
- Expressed emotion has been associated with worse clinical outcomes in:
 - schizophrenia (e.g. Bebbington & Kuipers, 1994)
 - mood disorders (e.g. Hooley, Orley & Teasdale, 1986)
 - obesity (Fischmann-Havstad & Marston, 1984)
 - diabetes (Koenigsberg, Klausner, Pelino, Rosnick & Campbell, 1993).

Bebbington, P., & Kuipers, L. (1994). The predictive utility of expressed emotion in Schizophrenia: An aggregate analysis. *Psychological Medicine*, 21, 707-718

Fischmann-Havstad, L., & Marston, A. R. (1984). Weight loss maintenance as an aspect of family emotion and process. *British Journal of Clinical Psychology*, 23, 265-271.

Hooley, J. M., Orley, J., & Teasdale, J. D. (1986). Levels of expressed emotion and relapse in depressed patients. *British Journal of Psychiatry*, 148, 642-647

Koenigsberg, H. W., Klausner, E., Pelino, D., Rosnick, P., & Campbell, R. (1993). Expressed emotion and glucose control in insulin-dependent diabetes mellitus. *The American Journal of Psychiatry*, 150(7), 1114-1115.



Background

The family environment

- Previous research has found family environments high in emotional overinvolvement to be beneficial to the clinical outcome of persons with BPD (Hooley & Hoffman, 1999).
- However, no study to date has explored the impact of emotional overinvolvement on carers of persons with BPD experience of burden.



Methods

Recruitment and Inclusion

- Carers were recruited to complete a survey from local and international community forums, including newsletters, carer events and educational presentations, blogs and websites.
- Included if McLean Screening Instrument for Borderline Personality Disorder score was equal to or greater than 7, indicating good specificity and sensitivity for clinical BPD diagnosis (Zanarini, et al., 2003).

Methods Measures

- *McLean Screening Instrument for BPD – Carer Version* (Zanarini, et al., 2003). 10 items. Used in previous research with carers (Goodman, et al., 2011).
- *The Family Questionnaire* (Wiedemann, Rayki, Feinstein, & Hahlweg, 2002). 20 item measure of expressed emotion (10 items for criticism, 10 items for emotional overinvolvement).
- *Burden Assessment Scale* (Reinhard, Gubman, Horwitz, & Minsky, 1994). 19 item measure of objective and subjective burden.

Goodman, M., Patil, U., Triebwasser, J., Hoffman, P., Weinstein, Z. A., & New, A. (2011). Parental burden associated with borderline personality disorder in female offspring. *Journal Of Personality Disorders, 25*(1), 59-74.

Reinhard, S. C., Gubman, G. D., Horwitz, A. V., & Minsky, S. (1994). Burden assessment scale for families of the seriously mentally ill. *Evaluation and Program Planning, 17*(3), 261-269.

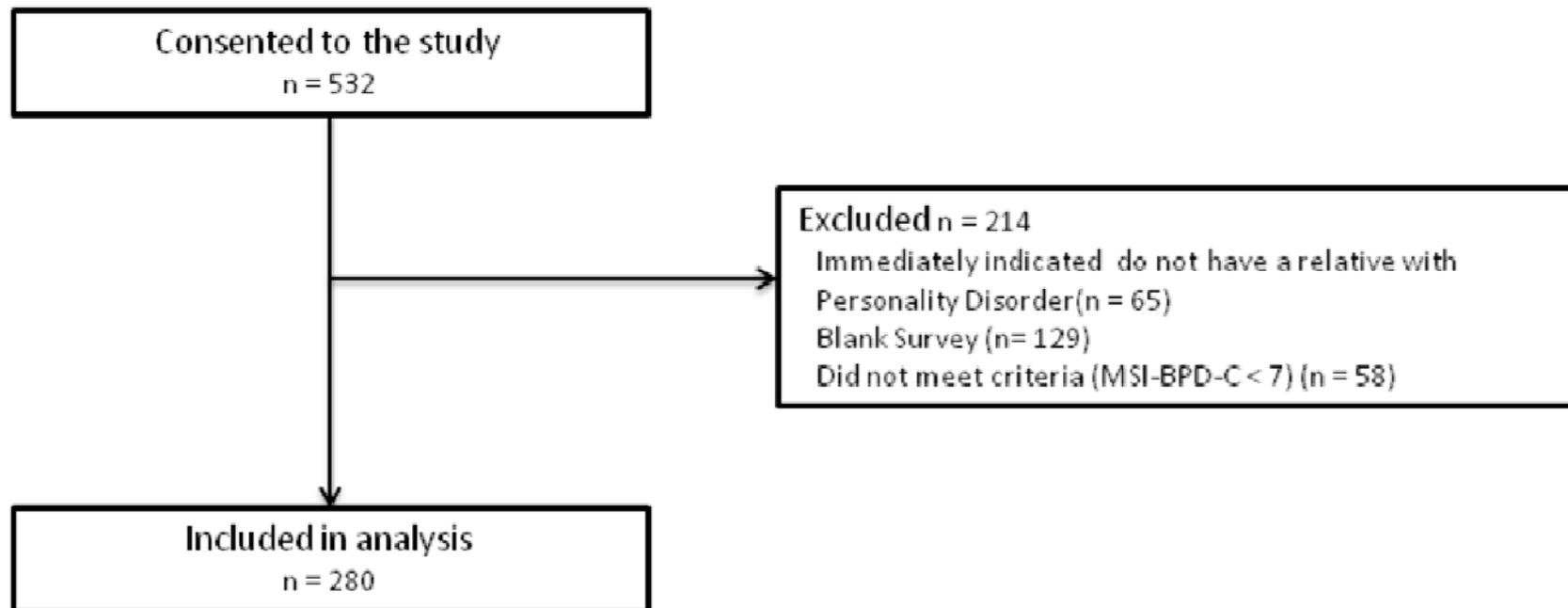
Wiedemann, G., Rayki, O., Feinstein, E., & Hahlweg, K. (2002). The Family Questionnaire: Development and validation of a new self-report scale for assessing expressed emotion. *Psychiatry Research, 109*, 265-279.

Zanarini, M. C., Vujanovic, A. A., Parachini, E. A., Boulanger, J. L., Frankenburg, F. R., & Hennen, J. (2003). A screening measure for BPD: The McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD). *Journal Of Personality Disorders, 17*(6), 568-573.



Methods

Participants



Methods

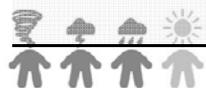
Participants - Missing Data

- Participants who provided full data were not significantly different to those who provided missing data on demographics:
 - carer gender, $\chi^2(1)=0.18, p>0.05$
 - consumer age, $t(157)=-0.68, p>0.05$
 - consumer gender, $\chi^2(1)=1.73, p>0.05$
 - the length of the caregiving relationship, $t(258)=-1.06, p>0.05$
 - whether they were biologically or unbiologically related with the person with BPD, $\chi^2(1)=1.67, p>0.05$.
- Carer age was significantly different for those with full data (M=46.04, SE=0.79) and those with missing data (M=49.49, SE=1.40), $t(277)=-2.24, p<0.05$, however the effect size was small, $r=0.01$.

Participants - Demographics

Carer Demographics

Age (279)	Mean (range)	47.00 years (16 - 75)
Length of caregiving relationship (260)	Mean (range)	12.40 years (0 - 59)
Gender	Male (81)	28.9%
	Female (199)	71.1%
Employment	Full-time (145)	51.8%
	Part-time (63)	22.5%
	Unemployed (68)	24.3%
	Did not state (4)	1.4%
Relationship to the person with personality disorder	Mother (99)	35.4%
	Father (14)	5.0%
	Child (10)	14.6%
	Sibling (10)	3.6%
	Partner/Spouse (92)	32.9%
	Significant Other (24)	8.6%
Has a mental health professional explained the diagnosis to you?	Yes (175)	62.5%
	No (102)	36.4%
	Not stated (3)	1.1%



Participants - Demographics

Person with BPD Demographics		
Age (279)	Mean (range)	40.23 years (12 - 90)
Gender	Male (73)	26.1%
	Female (207)	73.9%
Employment	Full-time (60)	21.4%
	Part-time (41)	14.6%
	Unemployed (175)	62.5%
	Did not state (4)	1.4%
Hospitalisations (to carers knowledge) in past year (274)	Mean (range)	1.03 (0 - 20)
Days of deliberate self harm (to carers knowledge) in past year (268)	Mean (range)	13.07 (0 - 365)
Days involving attempted suicide (to carers knowledge) in past year (272)	Mean (range)	2.69 (0 - 365)

Results

Family Questionnaire

- Criticism, $M=31.12$, $SD=5.34$
 - Emotional overinvolvement, $M=30.32$, $SD=5.13$
- Mean scores greater than 23 have been considered high for criticism, and scores greater than 27 as being high for emotional overinvolvement (Wiedemann, et al., 2002).

Results

Burden Assessment Scale

– M=56.67, SD=10.24

- Previous research with carers of psychiatric inpatients diagnosed with mood, substance, neurotic and psychotic disorders resulted in an average BAS score of 38.54 (SD=13.27; Page, Hooke, O'Brien, & de Felice, 2006).

Results

Kendall's tau-b two-tailed correlations with Criticism

Variable	τ -statistic	p-value	n contributing to result
Consumer age	0.10	p<0.05	256
Carer age	-0.10	p<0.05	256
Number of hospitalisations	-0.10	p<0.05	253
Length of caregiving relationship	0.09	p<0.05	243
Consumer symptom severity (McLean Screening Instrument for BPD)	0.19	p<0.001	257
Burden Assessment Scale	0.29	p<0.001	251



Results

Kendall's tau-b two-tailed correlations with emotional overinvolvement

Variable	τ -statistic	p-value	n contributing to result
Consumer age	-0.14	p<0.05	256
Frequency of deliberate self harm	0.19	p<0.001	246
Consumer symptom severity (McLean Screening Instrument for BPD)	0.12	p<0.05	256
Burden Assessment Scale	0.49	p<0.001	249



Discussion

- Carers of persons with BPD are elevated in expressed emotion including criticism and emotional overinvolvement.
- This is supported by previous qualitative reports on the experience a mothers supporting a daughter with personality disorder (Griffin, 2008).

Discussion

- Criticism increased with consumer age, whereas emotional overinvolvement decreased with consumer age.
- Criticism decreased with carer age, yet criticism increased with the length of the caregiving relationship.



Discussion

- Criticism decreased with frequency of hospitalisations, whereas emotional overinvolvement increased with frequency of deliberate self harm.
- Both criticism and emotional overinvolvement correlated with increased consumer symptom severity, and carer burden.



Discussion

- It is well established that BPD is considered the most challenging psychiatric disorder to treat, and has been associated with clinician anxiety in working with this group of patients.
- Clinicians treating patients with BPD (compared to patients with Major Depressive Disorder) have been reported to express more negative valence when discussing their response to the patient (Bourke & Grenyer, 2010) – suggesting that clinicians also struggle with the relationship.



Conclusion

- Although elevated emotional overinvolvement has been previously reported as beneficial to patient outcome, is associated with severity of consumer symptomatology and adverse burden experiences for the carer.
- Highlights the carer struggle and the complex interpersonal dynamics between the carer and person with BPD, similar to the therapist-person with BPD relationship.

Implications

- Highlights the parallel complexity of client-carer relationship in addition to client-therapist relationship.
- Carers are high in expressed emotion, which is adverse to levels of burden. Carers require family and clinical interventions to reduce burden and expressed emotion within the dynamic.
- Families and carers are the most consistent resource to persons with BPD and support interventions to improve carer wellbeing would ultimately increase their capacity to support the person with BPD most effectively.



Questions Comments

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