

Bringing support to family members with BPD with ACT and Behavioral Skills Program

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Introduction.

The purpose of this pilot study was to assess the effectiveness of an intervention program targeted at families living with a member suffering from Borderline Personality Disorder (BPD) as this condition is understood the biosocial theoretical and diagnostic model proposed by Linehan (2014). The invalidating environments in which sufferers of BPD develop contribute to the establishment and persistence of the disorder. For this reason, a family intervention approach is proposed. This intervention consists of eight 90-minute group sessions held once per week. By aiding families to integrate ACT and DBT skills, these sessions served to increase their emotional regulation and psychological flexibility in order to support better intra-familial relations

Fig. 1. Program Structure



Method.

To gather the sample group, an information campaign was Muñiz National Institute of Psychiatry, inviting families of patients to take part in the study. To be admitted as subjects, families had to have a family member under the care of the clinic and commit to launched among users of the BPD clinic of the Ramón de la Fuente attend group sessions. Subjects were grouped in families and randomly assigned to two groups. Any family unable or unwilling to attend the sessions for the entire course of the intervention was judged ineligible. The intervention was performed with two groups of families comprised of 24 members each, making a total of 48 subjects, breaking down as follows: 37.8% mothers of clinic users; 20.8% clinic users; 14.6% spouses; 12.5% siblings; 10.4% parents, 21% son/daughter and 2.1% niece/nephews. The average scholary of the entire sample was high school graduate and the socio-economic level may be termed 'middle class.' To measure the impact of Acceptance and Action Questionnaire II –AAQ- (Patrón, 2010) was employed; and to assess psychological inflexibility, the Difficulties in Emotion

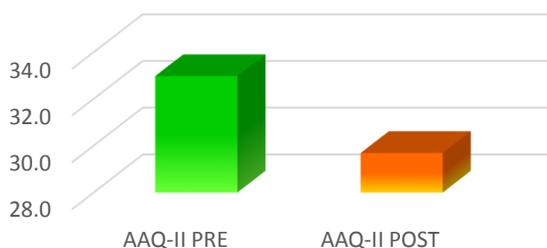
Regulation Scale (Marín, Tejada, Robles, González-Forteza & Andrade Palos, 2012), also Barratt impulsiveness scale

t of the treatment, the was applied which is comprised of cognitive and motor impulsivity and abrupt non planning factors. Finally, the Intra-familial Relationships Assessment Scale (Rivera & Andrade, 2010) was applied, which is comprised of measures of unity, support, emotional expression and frictions. These scales were applied pre- and post-intervention.

Results

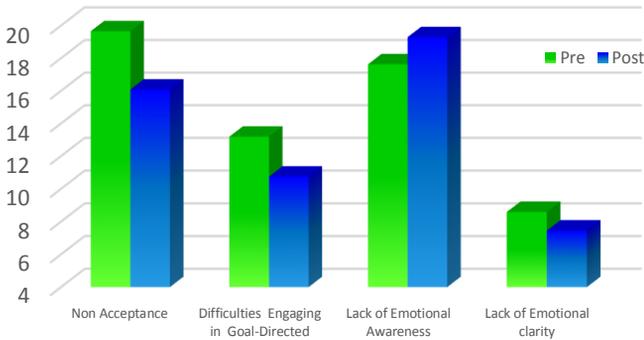
A t- student test was run showing the mean psychological inflexibility of the groups before intervention (obtained from the AAQ-II) was 32.97, while after the intervention it came in at 29.68 with $t = 2.27$ and $sig. = 0.02$. This result demonstrates a decrease in psychological inflexibility.

Fig. 2. Mean AAQ-II pretest- posttest



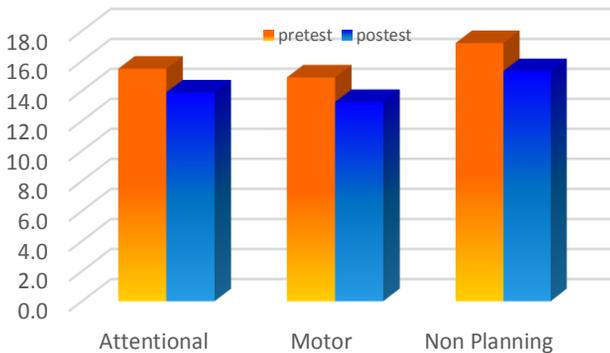
With regard to emotional regulation, the mean non-acceptance of emotional response factor was found to be 19.65, which decreased to an mean of 16.08, with $t = 2.73$ and $sig. = 0.00$. The next factor is goals, which refers to the difficulties subjects have exhibiting goal-oriented behaviors. The mean pre-intervention score in this regard was 13.19. After intervention this value came in at 10.75, with a $t = 2.93$ and $sig. = 0.00$. These values show a decrease in the degree of difficulty in implementing goal-oriented behaviors. The conscience factor described in DERS-E refers to the lack of emotional awareness. The average pre-intervention score in this regard was 17.62. After intervention this score was gauged at 19.29, with $t = -2.67$ and $sig. = 0.01$, suggesting an increase in emotional conscience. Finally, the clarity factor, which describes the lack of emotional clarity, came in at 8.59 before and 7.45 after, with $t = 2.05$ and $sig. = 0.04$.

Fig. 2. Mean pretest- posttest Emotional difficulties Regulation Scale



Further analysis of results reveals that the cognitive and unplanned impulsivity factors on the Barratt impulsivity Scale (BIS-11, Patton, Stanford & Barratt, 1995) also shifted in pre- and post-intervention measures. Pre-intervention scores came in at 15.48 and 14.71, and post-intervention scores came in at 13.86 and 14.71, respectively, with attentional impulsivity of 2.29 and sig. = 0.02, and non planning impulsivity at 2.19 with sig. = 0.03. Motor impulsivity did not change in any statistically significant way.

Fig. 3. Mean pretest- posttest Barratt impulsivity scale

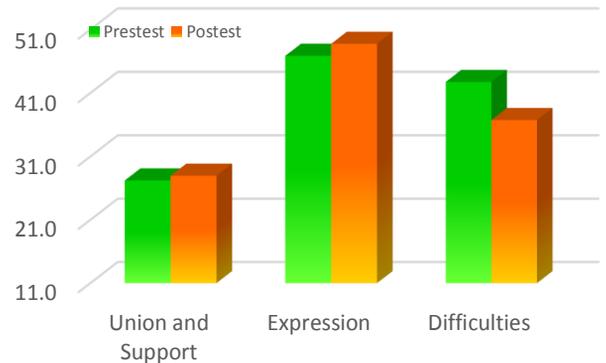


Finally, the inter-familial relations scale was analyzed (Rivera & Andrade, 2010). The first factor analyzed was the factor for union and support, defined by the authors as the tendency of the family to share activities together, to spend time together and provide mutual support. The pre-intervention average for this factor was 27.21, while the post-intervention score was 27.96. This change was not statistically significant. According to Morales and Díaz (2008), these values fall into the middle-lower band and suggest difficulties in establishing shared activities. The expression factor, defined as the possibility of speaking about emotions, ideas and events touching the lives of family members within a context of respect, came in at 46.85 in pre-intervention measures and 48.75 after the intervention, with $t = -1.36$. Despite the slight increase in score, the impact was not significant. Much like the scores for emotional expression, these values may be considered low. The conflict factor serves to score aspects of intra-familial relations,

which either by the individual or society are deemed undesirable, negative, problematic or difficult. This assessment identifies the degree of perceived conflict within the family.

The pre-intervention average score for conflict came in at 42.74, and dropped to 36.74 in post-intervention measures, with $t = 4.47$ and sig. = 0.00. Lastly, a variance analysis was run in order to identify differences between the subject groups. This analysis found no significant differences.

Fig. 4. Mean pretest- posttest Inter familiar relation scale



Discussion

Even while results show a decrease in psychological inflexibility and impulsivity with increased emotional regulation among the test subjects, intra-familial relations were benefitted only by reduced levels of conflict, having the potential of aiding the BPD subjects by altering the family dynamics underlying their undesirable behaviors within the family unit. Greater awareness of detrimental family dynamics and enhanced regulation of emotional expression and affect can serve to support goal-oriented behavior as well. These results suggest that attention should be focused on interpersonal variables, such as union, support and emotional expression.

References.

- Linehan, M.M. (2014) DBT Skills Training Manual. Guilford Press, 2nd Ed. New York
- Marín Tejada, M., Robles García, R., González-Forteza, C. & Andrade Palos, P. (2012). Propiedades psicométricas de la Escala de Dificultades de Regulación Emocional en Español (DERS-E). *Salud Mental*, 35, 521-526
- Patrón, F. (2010). La evitación experiencial y su medición por medio del AAQ-II. *Enseñanza e Investigación Psicológica*, 15(1), 5-19
- Rivera, M. E., & Andrade P. (2010). Escala de evaluación de las Relaciones Intrafamiliares. *Uaricha Revista de Psicología*, 14, 12-2