

Module #1

Life, Liberty, and the Pursuit of Happiness

OUR RIGHTS AS PARENTS,
PARTNERS, AND FRIENDS

L | B

Let's chat

01.

INTRODUCTIONS

Introduce yourself and
your loved one to the
group

02.

BPD ONSET DETAILS

Age of onset of BPD or
Sensitivity in your
child

03.

DEMOGRAPHICS

Your current
demographics

04.

CHILD CONCERNS

Your primary concerns
for your child at
present

05.

PARENT CONCERNS

Your primary concerns
for yourself at present

From NEABPD Family Connections™

Rights of Parents + Spouses

We have a right to
“**healthy
selfishness**”
(balance)

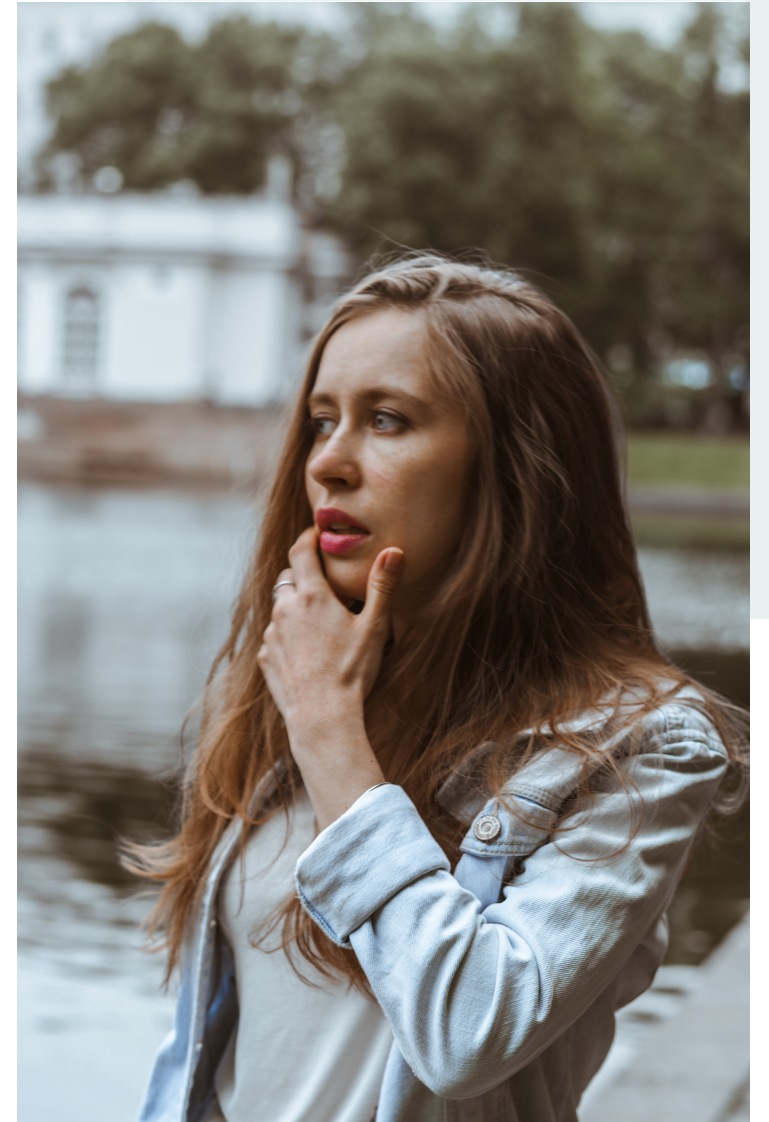
We have the right to
accept that **we
cannot solve our
loved one’s problems**

We have a right
(and may have to
learn) to **say “no”**

We have a right to
accept **that we will
lose our cool
sometimes**

We have a right to
have our own
support network

We have a right to
(and must) **put on
our own oxygen
mask first**



The Facts

one

Children themselves are the biggest factor in how the world treats them

two

Children's perception is their reality

three

Everyone is entitled to emotions, even when it is inconvenient or uncomfortable for others

four

There are no guarantees we'll get it right even when we are well informed and plan ahead

five

Everyone has a best foot and a worst foot to put forward

six

Anything we do will have an effect on the relationship

Public health crisis?

THIS IS A HIGH-RISK POPULATION:

60-70% of people with BPD make at least one **suicide attempt**

10% of people with BPD **die by suicide** (Black 2004, Oldham 2006)

Up to 75% of individuals with BPD have cut, burned, hit, or otherwise **harmed themselves** (Gunderson 2008)

Up to 50% are **alcohol/drug abusers**

Interpersonal relationships are **chaotic**

What I can & cannot control

Use these basic assumptions for
relationship effectiveness

one

We need to
interpret
everything in the
most factual and
benign way
possible

two

There is no one
truth

three

Everyone is doing
the best they can
at this moment

four

Everyone needs to
try harder

five

Simply not
escalating a
situation can at
times be a win

Window of Tolerance

Every human being has a unique space inside within which they can operate at their most optimal level of functioning. This “space” is often referred to as the window of tolerance. When we are in our window of tolerance in a given situation, we are able to function effectively and remain calm and confident. We can connect to others. We can experience curiosity and be creative.



Outside the window

When we leave our window of tolerance, a couple of things can happen...

01.

You might see an explosion of emotion, harsh verbals, more passive-aggressive or aggressive behaviors, or even erupting in rage, screaming or violent behavior.

02.

You might see a complete shut down—a vacant gaze or minimal verbal communication. The person may describe feeling as if they are watching themselves on a screen or that they are outside of their body, looking on from above or from behind.



How to know you're outside the window

No longer able to be effective in the moment and may in fact make things worse. Doesn't feel good.

01.

Physical sensations of increasing heart rate, possibly sweating, increased respirations, a sense of urgency to change the circumstances or a sense that something is wrong and needs to stop or be fixed.

02.

Racing thoughts that are difficult to hold onto, loss of focus, and generalized agitation. Some clients report having no thoughts at all.



Dysregulation

Dysregulation occurs when we are oriented to escape, to reduce negative arousal regardless of the long-term negative consequences.

Dysregulation occurs when a person is OUT OF CONTROL, not just upset.

(FRUZZETTI, 2003)



Example



Exercise

01.

LOVED ONE'S WINDOW

Describe a time when your loved one moved from being inside their window of tolerance to being outside.

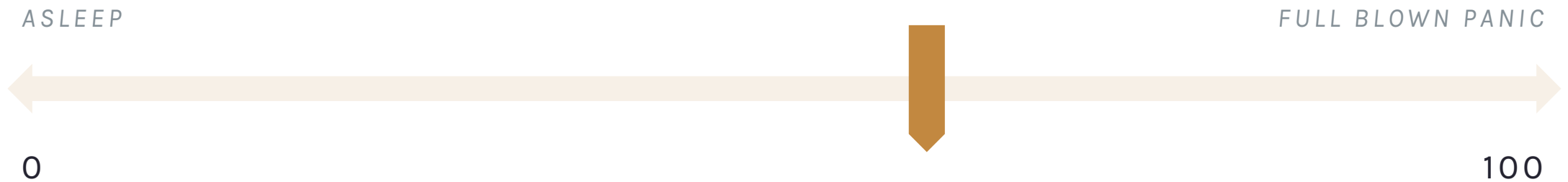
02.

YOUR WINDOW

Describe a time when you moved from being inside your window of tolerance to being outside.

Subjective Units of Distress

One way to measure where you are within your window of tolerance.



Skillful interventions

We can lower mild to moderate emotional arousal through skillful interventions:

PACED BREATHING: Controlling the length of each inhalation and exhalation so that your inhale is at least 2 counts shorter than your exhale. For example one might inhale for 4 counts and release that same breath for at least 6 counts repeating the same for a minimum of 2 minutes.

PROGRESSIVE MUSCLE RELAXATION: Start at your toes and tense each muscle group tightly for a slow count of ten while you observe what that muscle group feels like tensed. When you reach ten release your tension and observe that sensation for a count of ten. Repeat, moving from toes to feet, calves, thighs, fingers, hands, lower arms, upper arms, shoulders, stomach, chest, neck, lips, cheeks, eyes, entire face.