INTRODUCTION
The lives of persons with borderline personality disorder (BPD) often include crises that result in medical consultations, treatment, medication, and hospitalizations. These persons may require long term treatment and more medication than individuals with other personality disorders. Such crises and treatment can be detrimental to the interpersonal relationships of those affected by the disorder, primarily family members and loved ones. It is assumed that interpersonal relationships are initially affected by lack of information and/or absence of knowledge about the disorder and its diagnostic criteria, and consequently by the lack of skills to assertively relate to persons with BPD. Research studies reveal that families of individuals with BPD show greater levels of chronic and traumatic stress, depressive disorders, and a sense of overwhelming burden. The lack of effective standardized programs for relatives and friends of persons with BPD has been highlighted in scientific literature. Family interventions have been reported for schizophrenia and bipolar disorder, however, there are few empirical studies based on group interventions for families of patients with BPD. The present study intended to be a contribution to this line of needed research. It is a pre-experimental analysis of the impact that a Dialectical Behavioral Therapy (DBT) based skills program had on its participants.

OBJECTIVES
The study evaluated a standardized group program, based on DBT, for individuals with a family relative diagnosed with BPD or suffering from severe emotional disorganization, impulsive behavior, and interpersonal conflict. The aim was to analyze if several psychological factors and symptoms, such as caretaker burden and psychological distress, decreased after participation in the group. The study was designed to be a preliminary step toward an efficacy study of the DBT skills program (described in the following section).

MATERIALS AND METHOD
Forty-two family members of persons with BPD were evaluated before and after the DBT skills group program with the Zarit Caregiver Burden Inventory, the Symptom Checklist (SCL-90R) and an ad hoc questionnaire to assess clinical history. The psychological factors evaluated included: caretaker burden, psychological distress, somatization, obsessive-compulsiveness, interpersonal – sensitivity, depression, anxiety, phobic anxiety, paranoid ideation and psychotism.

Group Program
The program is based on DBT and introduces participants to psychoeducation, therapeutic strategies and training skills. It is composed by 12 structured weekly sessions of 2 hour duration. Sessions are coordinated by two psychotherapists with intensive training in DBT. The program modules include: interpersonal relations, validation, basic behavioral psychology concepts, commitment strategies, problem resolution, personal limits, distress tolerance, confronting high-risk behavior, radical acceptance, and dialectics.

RESULTS
Descriptive analysis showed that family members indicated that the problems generating the most worry over their loved-one were: emotional instability (76.7%), impulsive behavior (60%), unstable relationships (33.8%), behavior perceived as manipulative (33%), eating disorders (30%), self-cutting (30%), violence (23%), substance abuse and suicide (20%). Also, participants indicated that he level of conflict between the family member and the person with BPD was perceived from ‘regular’ to ‘high’.

- **Differences between groups**
  An initial analysis of variance revealed significant statistical differences in several psychological aspects. First, the level of burden was significantly higher for subjects whose family relatives with BPD had been hospitalized, as compared to those who had never been hospitalized (z = -0.9, p<0.05, r=3). Subjects whose relatives with BPD had attempted suicide, one or more times, presented a higher severity of symptoms such as lack of appetite, disturbed sleep, feelings of guilt, thoughts of death, and difficulty falling asleep, as compared to the subjects whose relative with BPD never attempted suicide (z=2.05, p<0.05, r=3). Finally, bivariate correlations demonstrated that the level of burden (rho=5, p<0.001), anxious symptoms (rho=56, p<0.008), hostility (rho=49, p<0.02) and overall psychological distress (rho=48, p<0.03) correlate positively with the level of conflict in the family relationship. Details of the analyses are presented in the following table:

Finally, the degree of somatization symptoms and global psychological distress were significantly reduced (z=-2.27, p<0.02; p<0.04, and z=-1.2, p<0.03, p<0.04 respectively).

In summary, the test showed reduction in level of caretaker burden, overall psychological distress and somatization symptoms after participation in the DBT group program. Despite that the decrease in anxiety symptoms did not reach statistical significance, a reduction tendency can be seen.

- **Evaluation of the intervention**
  Pre-post measures, obtained with Wilcoxon Signed Rank Test, were used to calculate differences between the intensity of the symptoms in relation to the time of the evaluation: at the beginning and at the end of the group program. Analysis results revealed an important reduction in the level of burden after participation in the program (z=-2.7, p<0.001) with a medium effect size (r=-.5), meaning that the level of burden decreased after participation in the DBT skills program. Caretaker burden was significantly higher before (Md=40), as compared to after having completed the program (Md=30).

CONCLUSION
The study evaluated a group of family members of persons with borderline personality disorder (BPD) at two points of time, before and after a group program. The program is a standardized intervention based on Dialectical Behavioral Therapy (DBT) concepts, strategies, skills and psychoeducation in BPD. The initial analysis detected that factors of BPD were related to symptom severity in relatives. Subjects whose own relatives with BPD had attempted suicide presented greater clinical symptoms, such as lack of appetite, disturbed sleep, feelings of guilt, thoughts of death, and difficulty falling asleep. Also, when persons with BPD had suffered hospitalizations, family relatives had greater burden. Finally, pre-post analysis showed that family members participation in the DBT skills program reduced their degree of caretaker burden, somatic symptoms and overall psychological distress.

It is important to develop treatment programs for BPD that intervene in the family/interpersonal relationship. This pre-experimental phase consisted of the first step toward a future efficacy study to analyze if the program reduces family members and patients psychological distress, as well as the level of conflict between them.

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**References**