Families are typically involved in treatment starting from the first contact with admissions staff. Unless family members are unavailable or the patient asks not to involve them, they are part of the admissions process, which includes negotiations around entering treatment in our open and voluntary setting.

**Family Involvement in Treatment**

By Samar Habl, MD, Director of Admissions, and Daltrey Turner, LICSW, Clinical Social Worker

**THESE NEGOTIATIONS ARE CRITICAL,** as they establish the nature of our interdependency with our patients and their families, and our reliance on this collaborative process to support our unique approach to treatment.

Most of the time, when patients and their families are invited for an admissions consultation, families meet with a social worker. In this meeting, the social worker provides education about the Riggs treatment approach and invites family members to share their perspective about what led the patient to seek admission to Austen Riggs. This initial meeting provides an opportunity for family members to begin forming a relationship with the social worker who, if their family member is admitted and authorizes such contact, will serve as the family liaison throughout treatment. On the day of admission, there is also a brief opportunity for family members to meet the patient’s individual therapist.

An in-depth family assessment starts early in treatment. The social worker, in collaboration with the patient and his/her family, gathers a multigenerational family history to develop a narrative understanding of the family context. The family assessment helps shape and guide the treatment process. Again, unless the family is unavailable and/or the patient wishes otherwise, families are involved in an ongoing way throughout treatment – both before and after the case conference (which occurs about six weeks into treatment).

Around the time of the case conference, a clinical recommendation is made about whether family therapy may be a helpful part of the patient’s treatment. This recommendation is based on the assessment process and conversations with the patient and his/her family, and made in consultation with the patient’s interdisciplinary treatment team.

We believe that family members are always doing the best they can, and their efforts and the patient’s efforts come together in a way that can create complicated dynamics. These dynamics may be related to the patient’s difficulties. Family members might be challenged, for reasons related to their own family of origin, in ways that affect how they are able to understand and support each other. We engage the family system around their struggles with one another as a way to develop a new narrative that reframes what the family and its individual members are grappling with.

We are consistently impressed by the willingness of many families to participate in treatment and to examine their own
I am pleased to share with you this edition of the ARC News. As we come to the end of 2016, I’d like to reflect for a few moments on the exciting year we have had. Our clinical program remains strong and highly esteemed. We were named a “Best Hospital” in psychiatry by U.S. News & World Report, ranking #9 nationwide. This is a tribute to our excellent staff and to our unique treatment program, which fosters the development, resilience, and self-direction of adults with complex psychiatric problems in an open community setting.

The Board of Trustees and I, along with our staff, have undertaken a comprehensive strategic planning process that has prioritized a number of new initiatives. Whether in clinical excellence, human development, suicide research, psychodynamic psychopharmacology, biopsychosocial advocacy, or the neuroscience of psychotherapeutic change, we are poised to expand our role and positively impact the serious mental health issues we face as a society.

In the following pages, you will find articles about several aspects of our work related to our clinical excellence and suicide research initiatives. Treating the individual, not the diagnosis, is a hallmark of our unique approach – and yet, as you will read, we recognize the importance of illustrating how our treatment can help individuals with specific psychiatric problems, such as borderline personality disorder. You will also read about the important role families can play in treatment at Riggs and the ways we are working to impact the field of suicide research.

I look forward to continuing to share more examples from our strategic initiatives in the months to come.

Best wishes for the holiday season,

Andrew J. Gerber, MD, PhD

From the Medical Director/CEO

Treating Individuals with Borderline Personality Disorder

By Nicholas Holliday, MD
Director of Psychopharmacology and Medical Services

The Austen Riggs Center offers a unique, comprehensive, and integrated program for the treatment of individuals with a diagnosis of borderline personality disorder.

WE RECOGNIZE THAT THE INSTABILITY of emotions and sense of self characteristic of borderline personality disorder is generally the product of early developmental disruption, inconsistent relationships, and trauma, rather than a simple imbalance of neurochemistry. Our treatment approach is built around relationships and engagement in the life of our vibrant therapeutic community.

At the heart of our treatment, psychotherapy four times per week with a doctoral-level clinician allows for the development of a trusting relationship. The patient continues with the same therapist throughout treatment, providing a secure space for self-reflection, discovering meaning, and developing capacities to put feelings into words, contain impulsivity, and self-soothe. This process, at times quite challenging, over time promotes identity consolidation and addresses the developmental disruption, inconsistency, abandonment, neglect, and betrayal so prevalent in the early lives of individuals with borderline personality disorder. Our treatment seeks to forge a life narrative to contextualize and explain the individual’s difficulties; this understanding helps decrease the burden of shame and self-hatred so common in those with borderline personality disorder.

In addition to the individual therapy, engagement in family therapy deepens the work and understanding, and seeks to address entrenched family dynamics, which have often kept the individual (unwittingly) locked in the role of “patient.” A psychopharmacologist, social worker, nurses, and other staff provide additional elements of the treatment (such as medication), as well as regular opportunities for engagement. Concurrently, a diverse provision of groups helps individuals find their way out of isolation and learn about mutuality and their impact upon others.

The Therapeutic Community Program further enhances this learning and provides rich experiences of citizenship and leadership. Patient government positions help an individual with borderline personality disorder find what has so often been silenced or gone unheard – his/her unique voice – and promotes the use of it in the service of self-expression, responsibility, and autonomy. In tandem, the Activities Program offers the opportunity to work in the role of student, fostering the creativity and self-direction necessary for a more fulfilling life.
PROGRESS IS, HOWEVER, BEING MADE in some areas. Risk and protective factors have been identified, public awareness has increased, and research continues to work toward a greater understanding of suicide. In fact, the recent Fall Conference at the Austen Riggs Center – Suicide: Theory, Research, and Clinical Perspectives – this past October brought together several top researchers and clinicians in the field of suicidology to present recent advances across a broad spectrum of approaches. The conference, along with several research studies being conducted by Riggs staff members, is part of a larger institutional strategic initiative supporting suicide research. This initiative stems directly from our clinical work. Nearly half of the patients who seek treatment at the Austen Riggs Center have had at least one suicide attempt prior to admission, and a number of Riggs clinical staff members have studied, researched, and written about suicide. Katie Lewis, PhD, a research psychologist at Riggs, remarks, “It is truly a life or death issue, but the boundaries are murky, the meaning is murky; it’s interpersonal, it’s private, and it cuts across different diagnoses.”

Lewis, who has published several studies based on data from Riggs’ “States of Mind Preceding a Near Lethal Suicide Attempt” study, is now building on that body of work, leading a research project that will focus more on individual, subjective processes over time – using, as she describes, “a psychodynamic understanding of suicide” that recognizes suicide as both an interpersonal event and one with deeply private individual meanings. “There are a lot of new methodologies we can use to look at suicide in a way that hasn’t been possible before,” she says, “and psychodynamic theory has a lot to say about this topic.”

Research has shown that interpersonal disruptions (an argument, rejection, etc.) can lead to more suicidal thoughts. But, as Lewis points out, “we don’t know much about what’s going on internally for the person in those situations.” Looking more closely at the subjective experience of individuals over time – how they experience themselves and perceive other people as acting – could provide important information. “Not all people react to interpersonal situations in the same way,” explains Lewis. “Understanding what is going on internally, I believe, will bring us to the next step in working with and helping suicidal individuals.”

Lewis plans to start the initial collection of data for this new study by the end of 2016, with the main data collection phase to begin by the summer of 2017. “It’s exciting to be able to contribute to this field and to hopefully make a difference,” she says.

To learn more about current research studies at the Austen Riggs Center, visit: www.austenriggs.org/research-riggs

1Data sources: Centers for Disease Control and Prevention and World Health Organization

Responding to the Question of Suicide

The question of suicide – what it means, its possible precipitants, and potential preventive measures – has been explored throughout history in art, philosophy, literature, and science. Yet, suicide rates continue to rise. Suicide is now the 10th leading cause of death in the United States and accounts for more than 800,000 deaths each year worldwide.\(^1\)
Riggs Earns “Best Hospital” Ranking from U.S. News & World Report

In August, the Austen Riggs Center was again recognized as a “Best Hospital” by U.S. News & World Report, ranking #9 in psychiatry nationwide. Noteworthy among the top group of psychiatry honorees for its small size and integrated approach, the Austen Riggs Center emphasizes the importance of relationships, the discovery of meaning, and the role and responsibility of the patient.

Family Involvement in Treatment continued from page 1

struggles alongside the patient’s struggles. Family therapy can provide an opportunity for families to learn, grow, and examine dimensions of their experience that have previously been overlooked. This process promotes meaningful communication, understanding, and the possibility for deeper more mutually satisfying family relationships.

Visit www.austenriggs.org/conferences for more information and a complete listing of upcoming Erikson Institute events and more.

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AUSTEN RIGGS CENTER

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