



WHEN A FAMILY MEMBER OR FRIEND HAS BORDERLINE PERSONALITY DISORDER

Borderline personality disorder (BPD) affects not only the individual; it also has an impact on the person's entire circle of family and friends. Everyone shares the experiences and challenges of BPD. In this flyer, the term 'family' is inclusive of partners, significant others, friends, neighbours and colleagues.

When someone has BPD, life often feels chaotic as though it has become a series of crises. Each family member will experience a range of feelings, and cope and act in different ways. Different family members may vary in their opinions about what to do, resulting in an additional increase in family tension.

People with BPD frequently experience extreme emotional distress and find it difficult to moderate their intense feelings and to communicate this distress to others. Some of their coping strategies for managing distressing emotions may be confronting to others as well as potentially harmful to themselves. Others around them may feel like they are on an emotional roller coaster, with feelings of love, compassion and patience alternating with anger, frustration and intolerance.

There is often tension about how responsibility is divided among family members as they try to make things better and keep the other person safe and support each other. This responsibility is exhausting and can take time and energy away from other family roles and relationships. Alternatively, standing back can leave some family members feeling alone and without support. This conflict between taking a lot of responsibility and standing back is common; being able to think and talk about it may be difficult.

Children who have a parent with BPD will have their own thoughts and explanations about what is happening. Sometimes they blame themselves for their parent's illness. Frequently they struggle to talk about it or to make sense of what is happening. Family members including children may themselves be at risk of trauma due to the ways that BPD can impact upon their family life.

The causes of BPD are not fully understood. They are likely to involve a complex interplay of who we are and our life's experiences. For many people with BPD, childhood experiences of trauma, abuse or neglect may be involved; however for others this does not appear to be a factor. In addition, many children who have difficult and traumatic childhoods don't develop BPD. Although knowledge about BPD is rapidly changing, misconceptions about the illness persist within treating services, families and the community.

It is important to note that people with BPD can and do get better. BPD is now regarded as the "good prognosis diagnosis".

WHAT CAN FAMILIES DO?

There are many common experiences within families when a family member has BPD. However there are also differences. Every family unit and each individual will have their own experience of BPD and tend to have their own words and language to describe this.

Some general ideas you may find helpful in improving family relationships are listed below.

Learn more about Borderline Personality Disorder

Learning about BPD can help families, including children, to better understand what is happening and help them to maintain some sense of normality. Asking questions, reading, and joining family support groups may be useful.

Having some understanding about the illness may be helpful when you:

- think about the impact BPD has on you and your family, including why you tend to respond in particular ways;
- try to understand the intense distress that your family member with BPD experiences and the reasons for some of their behaviours;
- talk about BPD within the family, and
- speak with others outside of the family, including mental health professionals.

“Without knowledge and without time to think, you lose the pattern of logic and get into the same spiral that they do.” Family member

Practice acknowledgement and acceptance

Families can offer a helpful, supportive environment for their family member with BPD.

The capacity to acknowledge and accept their experiences and feelings and offer support without criticism or blame is helpful. This does not mean that you have to agree with or completely understand what they are feeling. It means that you can accept that this is the way they feel at this time. When a person with BPD does not feel understood and accepted, their distress usually increases as they attempt to communicate just how overwhelmed they really feel. Even though other family members often feel they are the target, it is important to remember that the person's behaviour is frequently a way of expressing their distress.

In addition to acknowledging the experience of your family member, it is also important to recognise and accept your own feelings and seek help and support if the way you are feeling or reacting is out of character or concerns you.

Everybody, including the person with BPD, is often doing the best they can under difficult circumstances.

Support within limits

Establishing appropriate limits and realistic expectations are important for maintaining balance and stability within the family. These will be tested during times of stress. However, despite the struggles, it is important to hold on to what is important to you for your own wellbeing and the wellbeing of your family.

It is essential to differentiate between understanding and accepting the feelings of the person you love and care about versus accepting all the ways that these feelings are expressed through their behaviour.

“It’s important to let them know how you feel.” Family member

It is important to adopt a non-blaming attitude when thinking and talking about family limits. Setting and holding a limit often involves considerable fear and anxiety. The experience of these limits may at first be difficult for your family member with BPD. However, limits presented in a consistent and non-judgmental way can help create a caring and safe family environment. This nurtures and sustains family relationships. Helpful limits reflect your own values and capabilities – what you can or cannot do. They do not reflect what we expect others to do or not do. They are not ‘rules’.

Balance individual health and family relationships

Family tension can intensify when the family focus is only on the needs of the person with BPD.

In order to balance family roles and relationships, it is important to maintain a healthy balance for everyone (including yourself). There will be a limit to how much you can offer your family member with BPD. Looking after your own health and your relationships with others in the family can provide a positive example to the person with BPD and improve your relationship.

Balancing health and relationships involves:

- maintaining good health - physical and emotional
- staying connected to others and maintaining as “normal” a life as possible – family, work, friends, recreation
- finding people who will support you e.g. extended family or friends
- seeking professional assistance for yourself and/or the family unit if needed.

“Professional help for yourself is essential, it’s too much to deal with alone.”

“Get help for yourself early; that is the most difficult time.” Family members

Learn about self-harm and ways of managing crises

Self-harming, statements about suicide and suicidal behaviours are frightening, confronting and stressful for family and friends.

The urge to protect someone and keep them safe is very strong. You may try to protect someone and keep them safe e.g. by hiding sharp implements, medication etc. Generally this is unhelpful in the long term. When things are calm, it is very helpful and usually supportive to develop together a plan outlining what the family will do (and ideally what the person agreed to do) when the person with BPD harms themselves or becomes suicidal and/or the family feel scared or threatened. This is best done together with all concerned members (including the person family, , friends and mental health or helping professionals).

A family plan should also include a plan for the support and protection of children. It is important that children are assisted in making a plan of their own, for times when they are afraid or their parent requires professional care. It is important for them to be able to identify people who they can reach out to and feel safe to talk to about how they are feeling and what is happening at home.

In the midst of a crisis it is hard to remember that self-harm, statements of suicide and suicidal behaviours are frequently coping strategies to help the person manage their intense emotional pain. This is when the time and effort that the family has spent learning about BPD, accepting the experience of their family member with BPD and establishing a family plan and limits (with the person when they are not in a crisis) shows results.

*“We can assist them. We can’t do it for them.
Empowerment is important. They can do things for themselves.”
Family member*

Explore treatment

Treatment, especially psychotherapy (talking therapy), can help someone with BPD:

- to develop new coping skills to help them manage stress and their emotions
- to change the way they think of themselves and others (especially in close relationships)
- gradually develop a stable sense of who they are
- promote autonomy and reduce dependence
- assist them to regain or maintain their interests. This varies from person to person and may take many forms e.g. study, employment, volunteering, yoga, sports, the arts.

The types of treatment will depend on each person’s needs and may involve several workers and different services. Treatment is most helpful when it is consistent, coordinated and undertaken in a collaborative manner. Families can request and contribute to the development of a shared treatment plan that outlines everyone’s role and how to respond to crises.

Sometimes people with BPD find it hard to acknowledge that they may benefit from treatment. In these situations, the family can help by supporting them to find their own ways to develop control and make choices in their lives. Even though you may feel that treatment is needed, it is ultimately the other person’s decision.

Seek help for the family

Family counseling and support assists each family member to learn about their own coping strategies, reflect on what is helping (and not helping), create a better balance and enrich family relationships.

Counseling and support also assists families to step back from the demands of everyday life and hear different perspectives. It creates a time to think about each other and what is happening in the family.

FOR MORE INFORMATION & SUPPORT

- *Spectrum website* – www.spectrumbpd.com.au
- *Australian BPD Foundation* www.bpdfoundation.org.au including Sane Carer Forum
- *Mind Carer Helpline* 1300554 660. Phone support and information. Peer support group for carers of a person with BPD. www.mindaustralia.org.au
- *The Bouverie Centre* – Victoria's Family Institute Family therapy, group for families/carers Ph: (03) 9385 5100 www.bouverie.org.au/help-for-families
- *FaPMI* (Families where a Parent has a Mental Illness) Referral service for supports for children, young people and families Ph: (03) 9385 5100
- *NEA BPD* (Aust) www.bpdaustralia.com (Family Connections Program for carers)
- *Your local doctor (GP)* can offer you advice and referral to an appropriate service or mental health professional
- *Carer support groups* www.tandemcarers.org.au/information-for-carers.php
- *Victoria's Mental Health Services*
www.health.vic.gov.au/mentalhealthservices
- *SANE* Ph: 1800 187 263 www.sane.org.au
- *Carers Victoria* Ph: 1800 242 636 www.carersvictoria.org.au/

HELPLINES:

- *Lifeline* 13 11 14 www.lifeline.org.au/Get-Help/Online-Services/crisis-chat
- *Suicide Call Back Service* Ph: 1300 659 467
www.suicidecallbackservice.org.au/online-counselling
- *SuicideLine* Ph: 1300 651 251 www.suiceline.org.au/
- *Kids Helpline* (kids and teens aged 5-25 years, parents and teachers) Ph: 1800 55 1800
www.kidshelpline.com.au
- *MensLine* Ph: 1300 789 978
- *Mind Carer Helpline* 1300554 660.
- *SANE Helpline* (information and referral) Ph: 1800 187 263
- *Mental Illness Fellowship Helpline* Ph: (03) 8486 4222
www.mifellowship.org/content/help-line
- *Family Drug Support* Ph: 1300 368 186 www.fds.org.au/
- *Family Drug Helpline* Ph: 1300 660 068 www.sharc.org.au/