



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 word family includes immediate family, extended family and friends, neighbours and colleagues.

When someone has BPD, family life often feels chaotic and as if life is a series of crises. Each family member will experience a range of feelings, and cope and act in different ways. Frequently different family members have varying opinions about what to do resulting in an additional increase in family tension.

People with BPD experience extreme emotional distress and often have a poor ability to self-soothe. Some of their ways they coping can may be confronting to others and also be harmful to themselves. Others around them may feel like they are on an emotional roller coaster, often with feelings of love, compassion and patience alternating with anger, frustration and intolerance.

There is often family tension about how much responsibility each family member takes for trying to make things better and protecting each other. Taking a lot of responsibility is exhausting and can take time and energy away from 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 within a family. 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 for what is happening. Sometimes they blame themselves for their parent's illness. They may not have found a way to talk about or a way to make sense of what is happening. Children, and other family members, may be at risk of trauma due to the person's behaviour.

The causes of BPD are not fully understood. They are likely to involve a complex interplay of biological, social and/or environmental factors. For many people with BPD these factors may relate to childhood experiences of trauma, abuse or neglect and for others there does not appear to be a link. In addition many children who experience negative experience during childhood do not develop BPD. Although more is now known and understood about BPD, misconceptions about the illness continue to exist within treating services, the community and families.

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

WHAT CAN FAMILIES DO?

There are many common experiences within families where 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 that have been found helpful in improving family relationships are listed below.

Learn 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 – why you tend to respond in particular ways.
- try to understand the intense distress that your family member with BPD experiences and the reason for some of their behaviours
- talk about BPD within the family
- 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

Practise acknowledgement and acceptance

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

Acknowledging and accepting their experiences and feelings and offering 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 this is the way they feel. When a person with BPD does not feel understood and accepted their distress increases as they attempt to communicate just how overwhelmed they actually feel. Even though family members often feel they are the target, it is important to note that the person’s behavior is frequently a way of expressing their distress.

In addition to acknowledging the experience of your relative, it is also important to recognise and accept your own feelings.

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

Support within limits

Appropriate rules, limits and expectations are important to maintain balance and stability within

the family. These will be tested at times of stress. However, despite the struggles it is important to hold on to what is important to you for family functioning.

It is essential to differentiate between understanding and accepting the feelings of the person you love and care about versus accepting their behavior.

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

It is important to think about and decide upon family limits and to talk about them in a non-blaming way. To set and hold a limit can involve considerable fear and anxiety. The experience of having limits set may be difficult for your relative with BPD. However, if limits are presented in a consistent and non-blaming way they help create a caring and safe family environment. This nurtures and sustains family relationships.

Balance individual health and family relationship needs

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

In order to balance family roles and relationship needs it is important to maintain a healthy balance for everyone (including yourself). There will be a limit to how much you can offer your relative with BPD. It is also important to know that looking after your health and your relationships with others in the family can act as a healthy role-model to the person with BPD and improve your relationship.

Balancing health and relationship needs 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 eg 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 to manage crises

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

In an attempt to protect someone and keep them safe it is very tempting to try to take some control away from them eg hiding sharp implements, medication etc. Unfortunately this is generally unhelpful in the long term. When things are calm, it is very supportive to develop a together a plan about what the family will do when the person with BPD self harms or is suicidal and/or the family feels scared or threatened. This is best done together with your relative, others in the family/friends and mental health or helping professionals.

A family plan should also include a plan for the protection of children. It is important that children are helped to make a plan of their own, for times when they are afraid.

It is hard to remember that self-harm, statements of suicide and suicidal behaviours are usually a coping strategy to help them to manage intense emotional pain. This is when the time and effort that the family has put into learning about the illness, accepting the experience of their family member with BPD and working through limits (with the person when they are not in a crisis) and a family plan 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 (or talking therapy) can help someone with BPD to

- to develop new coping skills to help them manage stress and their emotions
- to change the way they relate to 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 eg study, part-time job, yoga, sports, the arts

Depending on each individual's needs treatment may involve several workers and different services. It is helpful if treatment is consistent, coordinated and undertaken in a collaborative manner. Families can request and contribute to 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 it is most helpful for the family to support them to find their own ways to have 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 counselling and support assists each family member to learn about how their own coping strategies, what is helping and not helping, and how they can better balance and enrich family relationships.

Counselling 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 (inc 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/