

When someone you know has been diagnosed with a borderline personality disorder

A helpful guide for
families, friends and
supporters

This brochure was co-developed by both family
members and people with lived experience of BPD.



The aim of this guide is to provide helpful information when someone you know has been diagnosed with borderline personality disorder (BPD).

When you are told of the diagnosis you may feel mixed emotions – a mixture of relief mixed with the uncertainty about their future, anxiety, guilt, and blame.

This guide aims to give you a starting point for developing an understanding of how you can support them and yourself.

Whilst we refer to BPD throughout this guide the information presented reflects current best practice for supporting people diagnosed with BPD and CPTSD (with or without BPD).

Developing an understanding of BPD

Every individual's experiences of borderline personality disorder (BPD) is unique. People with BPD often describe experiencing:

- intense and very painful emotions that can be suddenly overwhelming. This may result in others having the impression that the person has a fear of abandonment (including a fear of being left alone or isolated)
- difficulty in maintaining stable and meaningful relationships
- fragile sense of self – may feel empty, disconnected and not real at times
- a constant feeling of emptiness, a lack of purpose
- often seemingly impulsive behaviours
- self-harming and/or suicidal behaviours as a way to try to manage otherwise unbearable distress.

The emotional distress experienced by people with BPD affects not only the individual and is also often felt by the person's entire circle of family and friends.

When someone has BPD, life often feels chaotic and as though it has become a series of crises. Those involved will experience a range of feelings, and cope and respond in different ways. Different 'family'¹ members will often have differing opinions about what to do, resulting in an additional increase in family tension.

People with BPD often experience extreme emotional distress. They can find it difficult to moderate their intense feelings and to communicate their resulting distress to others. Some of their coping strategies for managing distress may be confronting to others as well as potentially harmful to themselves.

Those around them may feel like they are on an emotional roller coaster, with feelings of love, compassion and patience alternating with anger, frustration or intolerance.

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 do not develop BPD.

Although knowledge about BPD is rapidly changing, misconceptions about the illness persist within treating services, families, and the community. Extensive research is continuing, and we look forward to the time when BPD is more fully understood.

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

¹ The term family/family member/families in this booklet includes the diverse range of relationships of those who support someone with BPD in a voluntary capacity. It is inclusive of biological/non-biological family members (parents, grandparents, and children), partners, friends, colleagues, neighbours and 'carers'.

How is BPD perceived in relationships?



There is often tension about how responsibility is divided among people in close relationships as they try to make things better and keep the other person safe whilst also supporting each other.

This responsibility is often exhausting and can take time and energy away from other significant family roles and relationships. Alternatively, standing back or stepping away can leave those with BPD feeling alone and vulnerable as if others ‘don’t care’.

This conflict between taking a lot of responsibility and standing back is common. Being able to think and talk about these feelings may be difficult.

Children who have a parent with BPD will have their own thoughts and explanations about what is happening. They often struggle to talk about it or to make sense of what is happening. It is important to explain to children that they have not caused their parent’s mental illness and that they are not to blame.

As a result of the difficulties frequently experienced by the person with BPD, family members, including children, may themselves experience highly stressful and adverse experiences that may impact upon their own welfare and that of the family group’s dynamics.

What can others do to support someone with BPD?

There are many common experiences shared by those who are in a significant ‘relationship’ with someone who has BPD.

However, there are also many 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 ways of relating to people with BPD are listed on the following pages.

Learning more about BPD

This can help us all to better understand the person's experiences and help everyone to maintain some sense of balance. Asking questions, reading and joining family education and support groups may be useful.

Having some understanding about BPD may be helpful when you:

- think about the impact BPD has on you and those close to you, including why you tend to respond in particular ways.
- try to understand the intense distress that the person with BPD is experiencing and the underlying reasons of why the person may be reacting to you or to a situation in ways that seem out of proportion to the situation.
- be prepared to talk about BPD within the family, and
- speak with others particularly health professionals, work colleagues who may be struggling to understand the person's way of responding to situations.

Practice acceptance

A basic step to support a person with BPD is to offer a supportive and a non-judgmental environment for the person. **This can be extremely challenging.**

The capacity to acknowledge and accept their experiences and feelings as true and valid for them (at that moment) and offer support without criticism or blame is important.

This does not mean that you have to agree with or even understand what they are feeling.

It means that you can acknowledge that this is the way they feel at **this** time. (NB this does not mean that you condone or agree with the person's behaviour nor does not mean you are 'giving in to' the person with BPD.)

When a person with BPD feels understood and their distress validated, the intensity of their emotions decreases. Whilst many people trying to support someone with BPD feel they are the target of a particular behaviour or action, it is important to remember that the person is trying to express intense emotional distress at a time when they may be unable to tell you how they are feeling.

In addition to acknowledging the experiences of the person with BPD, it is also important to recognise and acknowledge your own feelings. These may quickly fluctuate between wanting to 'be there' supporting them to feeling burnt out and no longer able to engage. Seek help and support for yourself if the way you are feeling or reacting is out of character or concerns you.

You cannot heal emotional wounds with logic. Everybody, including the person with BPD, is often doing the best they can under difficult circumstances.

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

– Family member of a person with BPD

Avoid blame or judgement

When we feel incredibly stressed it is surprisingly easy to misinterpret someone else's actions (or 'jump to conclusions') and assume that the other is doing something with the intent of hurting or upsetting us in some way.

Interpreting actions in a way that, assumes the best of each other often leads to more effective communication. **Remember to check the facts and avoid blaming or judging the other person.**

We cannot know exactly why another person has behaved in a certain way. We each read situation/events through our own individual lens of understanding.

This can often be hard to do, yet it makes a huge difference and helps to promote effective communication.

Support within boundaries (or limits)

Establishing appropriate boundaries 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 and the person you are supporting.

It is essential to recognise and 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 behaviours.

It is important to adopt a non-blaming attitude when thinking and talking about your boundaries. Boundaries are not rules - they reflect what you will or will not do/tolerate. It is important that they are not rigid or punitive. They are also different to consequences. Setting and holding a boundary often involves considerable fear and anxiety.

"I found that I could be in a better space to be a support person when I started to take care of my own needs such as letting the person know I was unable to answer calls for a while... and sticking to it."

– Family member of a person with BPD



“I found it essential to get my own professional help.”

– Family member of a person with BPD

Initially the person with BPD may find it impossible to understand or maintain a new boundary as they involve new experiences and expectations. Despite this, people with BPD often describe how supportive boundaries are for them.

Experience has shown that when boundaries are presented in a consistent and non-judgmental way, they can help create a caring and safe environment that is mutually nurturing and sustaining of relationships.

Remember, helpful boundaries 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’. They may be open to negotiation at times of joint reflection and calm.

Balance individual health and family within relationships

Tensions within relationships can intensify when the primary focus is only on the needs of the person with BPD.

To balance roles and relationships, it is important to maintain a healthy balance for everyone (including yourself). This may include how much you are able to offer the person with BPD. Maintaining your own health and your relationships with others within the family and with external networks can provide a positive role model to the person with BPD and ultimately improve your relationship.

Balancing health and relationships involves:

- maintaining good health and well-being - both physical and emotional
- staying connected to others and maintaining a healthy balance between family, work, friends, recreation etc.
- finding people who are able to support you. This may include people in unexpected places, e.g., extended family or friends
- seeking professional assistance, as early as possible for yourself, others or the family unit, if needed.



“When everyone is calm it is important to let them know how you feel in a non-blaming way.”

– Family member of a person with BPD

*“We can assist them.
We can’t do it for them.”*

– Family member of a person with BPD

Learn about self-harm² and ways of managing crises

Self-harm, statements about suicide and suicidal actions are frightening, confronting and stressful for everybody.

The urge to protect someone we love and care about and keep them safe is extraordinarily strong. You may try to protect someone and keep them safe, e.g., by hiding sharp implements, medication etc. Generally, in the long term this has been found to be unhelpful for people experiencing BPD.

When things are calm, it can be very helpful to develop a plan together outlining what the family (and others) will do when the person with BPD harms themselves or feels suicidal and/or those around them feel scared or threatened. For an example please visit the Beyond Now app: www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning

Ideally the plan should also include what the person has agreed to do, what has worked before and actions that are unhelpful. The plan is best done together with all concerned members (including the person and others such as family, friends and mental health or helping professionals).

A family plan, where necessary should also include a plan for the support and protection of children and possibly pets. It is important that children and other vulnerable people are assisted in making a plan of their own, for times when they are afraid or the person with BPD requires professional care.

It is important for children and other vulnerable adults to be able to identify people or services they can reach out to and feel safe to talk to about how they are feeling and what is happening at home.

During a crisis it can be hard for everyone involved to remember that self-harm, statements of suicide and suicidal behaviours are frequently used as coping strategies to help the person manage their intense emotional distress.

Having developed an understanding of BPD it is extremely helpful to establish a collaborative safety plan to assist during times of escalating distress. This plan needs to be discussed and agreed on when everyone is calm. If basic principles have been accepted and learnt the outcome for all is more positive.

We know that the time and effort that people spend learning about BPD, accepting the experience of the person with BPD and establishing plans and limits (with the person when they are not in a crisis) shows results.

² Self-harm is often referred to as NSSI (non-suicidal self-injury).

Explore treatment options

Treatment, especially psychotherapy (talking therapy), involves:

- working/doing WITH (rather than 'to') the person
- developing new coping skills to help them respond to stress and intense emotions
- changing the way they think of themselves and others (especially in close relationships)
- gradually developing a stable sense of who they are
- promoting autonomy and reduce dependence
- assisting them to regain or maintain their interests and develop a life worth living. This varies from person to person and may take many forms, e.g., study, employment, volunteering, yoga, sports, the arts.

The types of treatment/s will depend on each person's needs and may involve several clinicians and multiple supports. Treatment is most helpful when it is consistent, coordinated and undertaken in a collaborative manner. Working WITH the person rather than 'to'.

Involvement of families and others from the person's support network has been shown to assist the recovery process. They can request and contribute to the development of a shared treatment plan that outlines everyone's role and how to respond in a supportive way to crises. Sometimes people with BPD can blame others for their distress and it is quite common for them to be unable to acknowledge that they may benefit from treatment OR maybe they are not ready to engage in therapy.

Empowerment is important. They can do things for themselves."

– Family member of a person with BPD

When this occurs, people close to them can be constructive by supporting them to find their own ways to develop strategies and make choices in their lives. Even though others may feel that treatment is needed, it is ultimately the person's decision.



Seek support for yourself

Just like the preflight safety video we see before take-off in planes we need to put on our own oxygen mask first before helping others.

Counseling (including family therapy) can be very valuable to assist each person to learn and reflect on their own coping strategies, on what is helping (and not helping), create a better balance and enrich their relationships.

Counseling and support can also assist people 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 their life.

For more information and support

Spectrum: Personality Disorder and Complex Trauma Service

☎ (03) 8413 8750

🌐 www.spectrumbpd.com.au

Including workshops and a Peer support group for carers of a person with BPD

Australian BPD Foundation

🌐 www.bpdfoundation.org.au

including Sane Carer Forum

Project Air Strategy (NSW)

🌐 www.uow.edu.au/project-air/

Mind Carer Helpline

Phone support and information for carers for carers of a person with BPD.

☎ 1300 554 660

🌐 www.mindaustralia.org.au

The Bouverie Centre

Victoria's Family Institute Family therapy, group for families/carers.

☎ (03) 9385 5100

🌐 www.latrobe.edu.au/research/centres/health/bouverie/families-and-communities/groups/frh

FaPMI

Families where a Parent has a Mental Illness. Referral service for supports for children, young people and families.

☎ (03) 9385 5100

🌐 www.latrobe.edu.au/research/centres/health/bouverie/practitioners/specialist-areas/fapmi

NEA BPD (Aust)

Family Connections Program for carers

🌐 www.bpdaustralia.com

GP

Your local doctor (GP) can offer you advice and referral to an appropriate service or mental health professional (including Crisis Assessment and Treatment Teams as needed).

Victoria's Area/Community Mental Health Services

🌐 www.health.vic.gov.au/mentalhealthservices

SANE Australia

☎ 1800 187 263

🌐 www.sane.org.au

Carer Gateway

🌐 www.carergateway.gov.au

Beyond Now app

🌐 www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning

Helplines (phone, online chat, email):

Lifeline

☎ 13 11 14

🌐 www.lifeline.org.au/Get-Help/Online-Services/crisis-chat

Lifeline text

☎ 0477 13 11 14

Suicide Call Back Service

☎ 1300 659 467

🌐 www.suicidecallbackservice.org.au/online-counselling

SuicideLine

☎ 1300 651 251

🌐 www.suicideline.org.au

Kids Helpline

Kids and teens aged 5-25 years, parents and teachers.

☎ 1800 55 1800

🌐 www.kidshelpline.com.au

eHeadspace

Support to young people aged 12-25 years and their family and friends.

☎ 1800 650 890

🌐 www.eheadspace.org.au

MensLine

☎ 1300 789 978

🌐 mensline.org.au

Mind Carer Helpline

☎ 1300 554 660

SANE Helpline

Information and referral

☎ 1800 187 263

🌐 www.sane.org

Wellways Helpline

☎ 1300 111 400

🌐 www.wellways.org/our-services/helpline

Family Drug Support

☎ 1300 368 186

🌐 www.fds.org.au

Family Drug Helpline

☎ 1300 660 068

🌐 www.sharc.org.au

National Sexual Assault Domestic Violence Counselling Service

☎ 1800 RESPECT (1800 737 732)

🌐 www.1800respect.org.au

QLife

Services are for LGBTI individuals, their friends and families, and health professionals in Australia.

☎ 1800 184 527

🌐 www.qlife.org.au

Butterfly Foundation

Eating disorders

☎ 1800 334 673

🌐 www.butterfly.org.au/get-support/helpline

PANDA

Perinatal anxiety and depression

☎ 1300 726 306



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