

WHAT CAN HELP THE PERSON EXPERIENCING THE BPD SYMPTOMS

Creating order from chaos; taking responsibility and control
Life with BPD is chaotic causing a sense of internal instability. Creating a structure in life can give a sense of order and control, and prevent the problems becoming worse.

- ▶ Recognising and “owning” your situation, thoughts and feelings will help dealing with the illness.
- ▶ Regular appointment times (e.g. same time each week) with your health care providers, regular activities, and a daily routine help to reduce the chaos. Most people with BPD find that although they would like extra access to their support people, it is more helpful to use scheduled times. “On tap” (non-crisis) support can lead to feeling out of control.
- ▶ Learn to have boundaries or limits and thinking/feeling time away from what is troubling you.
- ▶ Reflect on the times when you have not acted on destructive feelings and thoughts. What helped and how? How long did it take for the intensity to pass?
- ▶ Use helpful rather than harmful actions such as:
 - Shifting attention away from your feelings and thoughts; you can come back to the issues when the feelings are less intense.
 - Put the problem in perspective. Look for smaller components of the larger problem so that to address these step by step.
 - Control your breathing; take slow, normal breaths
 - Remove yourself for a while from the situation which is causing you distress.
 - Reflect on what is OK; remind yourself this will pass.
 - Relaxation and regular sleep, exercise, nutritious diet and avoid conflict.

Remember, taking drugs or hurting yourself may in the short-term seem helpful. In the longer-term, these things lead you to feel worse or more out of control.

WHAT CAN FAMILIES DO TO HELP?

Increasing Public Awareness of Personality Disorders

The community does not always recognise BPD as an illness, often misunderstanding the behaviour of the sufferer as intentionally disruptive and antisocial. Sometimes even the mental health professionals treating patients with BPD may not recognise the disorder or may feel unable to effectively treat these patients.

Community education to raise awareness of research findings on the causes and treatment options for BPD is needed to acknowledge the human, social and financial costs of this severe, chronic and undertreated mental illness. People with BPD can become well with appropriate treatment.

Support

Families of people with BPD receive little help in understanding BPD or in coping with their loved ones with this disorder. Support groups not yet available specifically for family members or for people with BPD can be established.

Supporting your family member with BPD

- ▶ Assist in creating some order out of the chaos in their lives
- ▶ Recognise the signs and symptoms of BPD
- ▶ Acknowledge their symptoms and pain
- ▶ Access mental health services to treat their illness.
- ▶ Treat all suicide threats and attempts seriously by contacting mental health professional support.

FURTHER INFORMATION?

For further information about BPD, other personality disorders or any mental health issue, contact:

- ▶ Your medical practitioner.
- ▶ Your local community mental health centre.
- ▶ ARAFEMI (Association of Relatives and Friends of the Emotionally and Mentally Ill)
Suite 1, 1091 Toorak Road, CAMBERWELL 3124
Tel: 9889 3733 Fax: 9889 2878
- ▶ SPECTRUM - Personality Disorder Service for Victoria
4 Bona Street (PO Box 135), Ringwood East VIC 3135
Tel: 9871 3900 Fax: 9871 3911
Email: spectrum@maroondah.org.au
www.spectrum-bpd.com
- ▶ Mental Health Foundation of Australia (Victoria)
270 Church Street, Richmond VIC 3121
Tel: (03) 9427 0406 Fax: (03) 9427 1294
Email: mhfvic@pacific.net.au
www.mentalhealthvic.org.au

Publications available for purchase (GST included):

- | | |
|--|---------|
| • Understanding Depression | \$22.00 |
| • Your Guide to Understanding and Managing Stress | \$22.00 |
| • Adolescent Health and Wellbeing: A Guide to Effective Coping | \$22.00 |
| • Your Guide to Responsible Gambling | \$22.00 |
| • Healthy Relationships: Healthy Schools | \$22.00 |
| • Postpartum Psychological Disorders | \$22.00 |
| • “Why Me?”
Video – Stress/Anxiety/Depression | \$25.00 |

Information brochure sponsored by the generous donation of Mr. & Mrs. Bob & Penny Mullner and family.

Dealing with Borderline Personality Disorder

Causes and Treatment

“A pervasive inability to regulate emotions... control behaviours linked to emotions. Intense negative emotions commonly include depression, anger, self-hatred, and hopelessness.”



An information brochure produced by
Mental Health Foundation of Australia
270 Church Street Richmond VIC 3121

WHAT IS BORDERLINE PERSONALITY DISORDER

Borderline personality disorder (BPD) is a significant mental illness characterised by pervasive instability in mood, interpersonal relationships, self-image, and behaviour. This instability often disrupts family and work life, and the individual's sense of self-identity. Originally thought to be at the 'borderline' of psychosis, people with BPD suffer from a disorder of emotion regulation. While less well known than schizophrenia or bi-polar disorder BPD is more common, affecting 2% of adults, mostly young women. There is a high rate of self-injury without suicide intent, as well as a significant rate of suicide attempts and completed suicide. With help, many improve over time and lead productive lives.

Symptoms

A person with BPD may experience intense bouts of anger, depression and anxiety lasting only hours, or at most a day. These may be associated with episodes of impulsive aggression, self-injury, and drug or alcohol abuse. Distortions in sense of self can lead to frequent changes in long-term goals, jobs, friendships, gender identity and values. People with BPD may view themselves as bad, unworthy, misunderstood or mistreated, bored or empty. Symptoms are most acute when the person feels isolated and lacking in social support, and may result in frantic efforts to avoid being alone.

People with BPD often have highly unstable patterns of social relationships. While they can develop intense but stormy attachments, their attitudes towards loved ones may suddenly shift from idealisation (great admiration and love) to devaluation (intense anger and dislike). Even with family members, people with BPD are sensitive to rejection, reacting with anger and distress to such mild

separations as a business trip, or a sudden change in plans. Fears of abandonment seem to be related to difficulties feeling emotionally connected to important persons when they are physically absent, leaving the individual with BPD feeling lost and perhaps worthless. Suicide threats and attempts may occur along with anger at perceived abandonment and disappointments.

People with BPD often experience other impulsive behaviours, such as excessive spending, binge eating, risky sex, and other self-harming behaviour. BPD often occurs with other psychiatric problems, particularly bipolar disorder, depression, anxiety disorders, substance abuse, and other personality disorders.

The diagnosis of BPD is made only when it is clear that these behaviours are pervasive and enduring over time and across a broad range of personal and social situations.

As Defined by DSM IV (Diagnostic and Statistical Manual of Mental Disorders Fourth Edition DSM-IV, American Psychiatric Association)

A pervasive pattern of instability and marked impulsiveness which usually begins by early adulthood. BPD is indicated by five or more of the following symptoms:

- ▶ Frantic efforts to avoid real or imagined abandonment.
- ▶ A pattern of unstable and intense interpersonal relationships.
- ▶ Unstable self-image or sense of self.
- ▶ Impulsivity in at least two potentially self-damaging areas - excessive spending, sex, substance abuse, reckless driving, binge eating.
- ▶ Recurrent suicidal behaviour, gestures, or threats, or self mutilation.

- ▶ Marked mood changes - irritability or anxiety lasting from a few hours to a few days
- ▶ Chronic feelings of emptiness.
- ▶ Intense anger or difficulty in controlling anger - frequent displays of temper, constant anger, or recurrent physical fights.
- ▶ Transient, stress-related paranoia or dissociative symptoms.

RELATED PROBLEMS

- ▶ A significant percentage of young adult substance abusers have diagnosable and usually untreated BPD.
- ▶ Males with BPD whose symptoms include impulsive aggression, are often imprisoned rather than diagnosed and treated.
- ▶ Undiagnosed BPD may be a significant factor in people who engage in road rage, domestic violence, stalking, gambling and other addictions.
- ▶ Suicidal behaviours are common among people with BPD. A high percentage of people who attempt or complete suicide meet the criteria for a personality disorder. The disorder most associated with both completed and attempted suicide is BPD.
- ▶ BPD is the only diagnosis for which suicide attempts and/or other intentional, non-fatal, self-injurious behaviours is a criterion.
- ▶ BPD is a chronic debilitating condition lasting at least 2-5 years but often present for a lifetime.
- ▶ Achieving treatment success with BPD has been notoriously difficult. In studies of medication for BPD, drop out rates are commonly very high. Clients and therapists report medication misuse, including use of overdose as a method of attempting suicide.

TREATMENT

Medications are generally seen as helpful in conjunction with other, non-medication or behavioural strategies. Treatments for BPD have improved in recent years. Group and individual psychotherapy are partially effective for many patients. Pharmacological treatments are often prescribed for specific target symptoms of individual patients. Associated symptoms such as depression, mood instability and distortion in thinking can be helped by medications.

RECENT RESEARCH FINDINGS

Although the cause of BPD is unknown, environmental and genetic factors predispose people to BPD symptoms and traits. Researchers believe that BPD results from a combination of individual vulnerability to environmental stress, separation, neglect &/or physical or sexual abuse as young children, and a series of events that trigger the onset of the disorder as young adults. Adults with BPD are also considerably more likely to be the victim of violence, including rape and other crimes. This may result from both harmful environments as well as impulsivity and poor judgement in choosing partners and lifestyles.