



*Canadian Psychiatric
Research Foundation*

When Something's Wrong O

Ideas for Families



Borderline
Personality
Disorder (BPD)

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Borderline Personality Disorder is characterized by an overall pattern of instability in interpersonal relationships and self-image, accompanied by very impulsive behaviour. This disorder usually begins by the time a young person reaches early adulthood and shows itself in a number of different situations (e.g., relationships, school, work). It is often found along with other disorders, including mood disorders, substance related disorders, eating disorders, posttraumatic stress disorder, attention-deficit/hyperactivity disorder and other personality disorders. This disorder is most often diagnosed in females (about 75%) and has been seen in many countries around the world. There is also a genetic component to borderline personality disorder, with the disorder being more common in first-degree biological relatives of those who have the disorder.

With BPD, individuals make frantic efforts to avoid real or imagined abandonment. They are very sensitive to environmental circumstances, experience intense fears of being abandoned, and may show inappropriate anger, even in normal situations (e.g., panic or fury when someone important to them is just a few minutes late or must cancel an appointment for legitimate reasons).

They may believe that this “abandonment” means they are “bad.” These abandonment fears are related to an intolerance of being alone and feeling a need to have other people with them. Efforts to avoid abandonment may include impulsive actions like self-mutilating (e.g., cutting oneself with a knife, burning oneself) or suicidal behaviours.

Physical and sexual abuse, neglect, hostile conflict, and early parental loss or separations are more common in the childhood histories of those with BPD. The disability resulting from the disorder and the risk of suicide are greatest in the young adult years, but gradually diminish with advancing age. During their 30’s and 40’s, the majority of individuals with this disorder become more stable in their relationships and in their work.

Borderline personality disorder is not a common problem in young people, and behaviours associated with it may often be due to other factors, such as an undiagnosed mood disorder (especially bipolar affective disorder) or substance abuse (see *Mood Disorders in this handbook*). If a health or mental health professional suggests a diagnosis of BPD, a second opinion is a good strategy prior to treatment.

Behaviour Characteristics

- Frantic efforts to avoid real or imagined abandonment
- Pattern of unstable and intense interpersonal relationships, usually alternating between extremes of idealizing a person, and then devaluing that person when needs and demands are not met
- Strong identity disturbance: consistently unstable self-image or sense of self characterized by sudden shifts in goals, values, opinions, career plans, sexual identity; sometimes feel they do not exist at all
- Often show poorer performance in unstructured work or school situations
- Impulsive in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating)
- Recurrent suicidal behaviour, gestures, threats, or self-mutilating behaviour
- Instability due to severe changes in mood (e.g., irritability, depression, anxiety) usually lasting a few hours, and rarely more than a few days
- Prolonged feelings of emptiness

Coping Strategies

- **Early intervention** is key to managing the disorder and preventing further disability.
- **Get help** from a qualified health practitioner, including a professional diagnosis. An accurate diagnosis will help to prevent any incorrect “labeling” of your child by others.
- **Obtain** a second opinion, always.
- **Find** a support group for both you and your child, and exchange strategies.
- **Learn** all you can about the disorder and educate your family and your child about the disorder.
- **Don't compare** your child to siblings or other children. Treat your child as a unique individual.
- **Re-evaluate** and modify strategies as necessary. Work closely with your child's teacher, doctor, and school team.
- **See *Managing Problem Behaviour in Children, Working with Your Health Practitioner, and Resources*** in this handbook for more information.
- A young person with BPD is unlikely to improve or be able to manage without intervention. Obtain a professional diagnosis and a support group as soon as you can.

Behaviour Characteristics

- Inappropriate, intense anger or difficulty controlling anger (e.g., frequent outbursts, constant anger, regular physical fights), often followed by feelings of shame, guilt and being “evil”
- During times of extreme stress: brief periods of paranoid thoughts or loss of the sense of personal identity and reality, with feelings that one's actions and speech can't be controlled (e.g., depersonalization)

Coping Strategies

- Please see the coping strategies listed in the *Suicide* section of this handbook, which include safety-proofing your residence to reduce the chances of self-mutilating and suicidal behaviour.
- When you seek a diagnosis from a health practitioner (e.g., psychiatrist), other conditions such as an identity problem related to a developmental phase (e.g., adolescence) or a personality change due to the effects of a general medical condition should be ruled out.
- Similarly, because other disorders are likely to occur along with BPD, you may gain some additional information and coping strategies by reading through the relevant sections in this handbook (e.g., eating disorders, mood disorders, etc.). Again, a professional diagnosis is necessary to determine whether other conditions or disorders co-occur in your child's case.
- Wherever possible, look for ways to build your child's self-esteem. Discuss with your child things he/she is good at, and provide as many opportunities as possible to pursue these activities.

Coping Strategies

- Show acceptance of your child and that you are on his/her side. Provide your child with realistic information on the condition he/she is dealing with and support your doctor's recommendations.
- Encourage your child to express him/herself through talking, writing in a journal, music, or sports.
- Work together on a contract for change to help your child take ownership of his/her actions and the healing process. Write these thoughts down on paper and review them each week.
- Gently, but firmly, challenge your child's misconceptions and incorrect global cognitions (e.g., "I am totally a failure," "She is completely against me.")
- Avoid long-term hospitalization if possible (greater than 72 hours), hospitalizing only to prevent self-injury, and interventions that enhance the sense of abandonment and/or rejection.
- During self-injury or self-mutilating behaviour:
 - Try to remain calm while assessing the need for medical attention.

Coping Strategies

- Respond by actively listening and by validating what your child is going through, without demeaning him/her.
- Support your child, but try to place the control and responsibility for the situation in his/her hands. Draw attention to any commitments your child has already made to “get better.”
- Following self-injury:
 - Provide the necessary first aid.
 - Offer an opportunity for your child to “hand in” objects used to injure.
 - Ask your child to write down what he/she was feeling at the time injury occurred.
 - A day or two later, review and discuss your child’s feelings and how he/she might cope better next time, focusing on helping to regulate intensity of feeling and impulsivity of response.
- As much as possible, do not let your child manipulate you by threats of suicide or actions of self-harm.

Borderline Personality Disorder (BPD): Treatment and Resources

TREATMENT

There are usually two aspects to treating young people with BPD. Acute crisis situations need to be managed (e.g., self-mutilating behaviour) and a therapeutic approach towards long-term change is also important. Bringing the crisis situations under control is key, since long-term change strategies are only effective when these situations have been regulated. Medication may also be helpful but will vary depending on each case and any other co-occurring disorders present.

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RESOURCES

BPDWORLD – Supporting You 24/7

(An international organization and Web site dedicated to raising awareness and reducing the stigma of mental illness, with a focus on borderline personality disorder)

Location: United Kingdom

E-mail: mail@bpdworld.org

Web: www.bpdworld.org

Borderline Personality Disorder – From the Inside Out

Canadian Web site: www.borderlinepersonality.ca or
www.borderlinepersonality.org

Borderline Personality Disorder Resource Center

NewYork-Presbyterian Hospital – Westchester Division
Macy Villa – Room 103

21 Bloomingdale Rd.,

White Plains, NY 10605

Phone: 1-888-694-2273

Web: www.bpdresourcecenter.org

BPD Central

Phone: 1-888-357-4355 or 1-800-431-1579

Web: www.bpdcentral.com

National Education Alliance for Borderline Personality Disorder (NEA-BPD)

P.O. Box 974

Rye, NY 10580

Phone: (914) 835-9011

Web: www.borderlinepersonalitydisorder.com

Please also see *Resources* at the back of this handbook.



*Canadian Psychiatric
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or to donate, contact:

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