

People with

BPD

living meaningful lives

HEALTH PROFESSIONALS & CARERS BE THE DIFFERENCE: Principles of Care

Stigma and discrimination surrounding borderline personality disorder (BPD) continues to remain a significant barrier to accessing appropriate care.

Research shows that a lack of understanding and treatment options for BPD (+/- complex trauma) contributes to the continuation of stigma.

We all have a responsibility to make a difference. As a health professional (or carer) you can discover more about the 'Principles of Care' for BPD. These are designed to support you in every interaction you have with a person experiencing BPD, whatever the situation, and can make a great therapeutic difference.

Knowing what to look for

People with BPD often describe:

- fears of being left alone (abandoned) and having to cope with unbearable pain.
- their relationships as challenging. They may struggle to maintain friendships due to interpersonal conflicts, or idealise or devalue another person.
- a deep sense of shame and self-hatred (feelings of unworthiness).
- an unsure or fluctuating sense of self and 'who they are', or feel 'empty' or detached from their emotions, body or surroundings.
- emotions as 'all over the place': a roller coaster of sadness, guilt, anxiety and despair.
- ongoing suicidal thoughts (this can be a coping mechanism).

- strong urges to engage in impulsive/risky behaviours and/or self-harm especially after conflict or loss, e.g. cutting, substance use, dangerous driving, sex, spending sprees.
- experiencing everything so intensely and finding it challenging to regulate their emotions.
- the feeling of having no emotional skin (akin to third degree burns over all of their body).

Living meaningful lives!

With access to appropriate treatments and supports people living with BPD live meaningful lives and maintain long term relationships. Many are emotionally intelligent, showing high levels of empathy and are often very creative with a passion for the arts, music and performing arts.

Please refer to our website for diagnostic criteria as outlined in the DSM-5 and the ICD-11.

<https://bpdfoundation.org.au/diagnostic-criteria.php>

Assessment and Treatment

If you feel concerned about the pervasiveness and severity of symptoms it may be necessary to refer the person for an assessment with a psychiatrist or psychologist skilled in recognising BPD.

It's crucial that the diagnosis is given in a compassionate manner allowing an opportunity to have any concerns and questions responded to.

"The diagnosis can feel intimidating. It can also be the key the appropriate treatment." *Person with lived experience of BPD.*

Ongoing support and treatment can be provided by mental health professionals using the core principles of care with ongoing referral to one of the specialist therapies as needed.

Peer workers and creative therapies can play a valuable role.

BPD Principles of Care that make a difference

Everyone's experience of BPD is unique. The causes of BPD are not fully understood. They are likely to involve a complex interplay of genetic, environmental, and social factors. For some people these factors may relate to childhood experiences of trauma or neglect.

Effective treatment and support for BPD requires a collaborative approach between mental health professionals, primary care providers, the person with BPD and their support network (unless inappropriate).

There's plenty we can all do to make a difference to the wellbeing of people living with BPD. Start with the Principles of Care as outlined here. These are a summary and you can find more details at bpdawareness.com.au

WHAT TO DO IN A CRISIS?

During a crisis, the involvement of police or ambulance services may increase the person's distress and should preferably be avoided.

First try using de-escalation techniques, such as:

- **RESPECT:** personal space, ask permission before approaching/touching.
- **LISTEN:** give your full attention and be curious as to what is happening for them, avoid changing the subject or interrupting.
- **VALIDATE:** the person's emotions (not behaviours), noting their verbal and non-verbal cues.
- **EMPATHISE:** offer genuine concern and a willingness to understand without judging.
- **TONE:** speak calmly and slowly to demonstrate empathy.

PRINCIPLES OF CARE FOR PEOPLE EXPERIENCING BPD



1. CREATE A COLLABORATIVE THERAPEUTIC RELATIONSHIP

- build a trusting relationship, be consistent and reliable
- treat the person as an individual, 'doing with' rather than 'doing to'
- seek to be educated and informed by those living with BPD/Lived Experience - what works for them



2. USE TRAUMA-SENSITIVE CARE

- remember aspects of challenging behaviours have allowed individuals with BPD to survive
- maintain a curious and non-judgemental approach
- take the person's experience seriously, noting verbal and non-verbal communications



3. WORK WITH FAMILY & FRIENDS

- family, friends and supporters can become allies in the person's care and support team (unless inappropriate)
- use language that conveys hope and optimism sharing clear, reliable information about BPD and ongoing supports
- acknowledge, respect and validate their contribution, and their emotional distress



4. ADOPT A RECOVERY FOCUS

- utilise a person's strengths and embed skills into daily life
- encourage choice, empowerment and support to maintain motivation
- focus on life situations - relationships and vocation



5. BALANCE VALIDATION & CHANGE

- validate the person's current emotional state
- convey hope about the person's capacity for change whilst acknowledging the challenges
- maintain hope even when the person may be feeling none



6. USE A TREATMENT FRAMEWORK

- be clear, consistent, and reliable
- teach skills and strategies to recognise, understand and regulate emotions in less harmful ways
- clear limits of what the therapist can and can't provide

Learn more about BPD. Check out our resources at bpdawareness.com.au

