

## Borderline Personality Disorder Help Tip for Clinicians

## Strategies for Clinicians relating to people with BPD

- Believe that people with BPD have a **genuine mental illness**. It is not "just a behaviour" (NHMRC clinical practice guidelines for BPD refers to BPD as a mental illness).
- BPD is a **condition of the brain** and the mind and it is not the person's fault, weakness or a failing on their part.
- People with BPD have a **hyperactive and hyper-responsive emotional system** (Amygdala). The cortical control over Amygdala is inadequate.
- Take a developmental perspective and understand the patient's illness from a theoretical perspective.
- While working with people with BPD, if you make mistakes, apologise. Be transparent and totally honest with people with BPD. They have very sensitive interpersonal radar and see through defensiveness.
- Develop a treatment plan and a crisis management plan along with the patient. Encourage patients to author the development of such plans under clinicians' guidance.
- Have a clear structure and boundaries to your treatment plan.
- Be aware of emotions in the therapeutic relationship (yours and patients) and manage them with care.
- People with BPD are frequently chronically suicidal. **Learn to differentiate chronic risks from acute risks.**
- Teach patients skills to manage their painful emotions, interpersonal relationships and self-harm and suicidal urges.
- Remain calm when patients are in crisis. A crisis may not always mean imminent suicide risk.
- Take a long term perspective. Patient's illness may fluctuate in the short term.
- People with BPD get well. Clinical remission is the norm, not an exception. Many people with BPD achieve recovery and very few people require lifelong treatment.

- It is **not always necessarily to have specialist BPD-specific psychotherapy** (e.g. DBT, MBT) training and skills. Knowledge of common psychotherapeutic factors and principles may be sufficient to treat very many patients.
- Clinicians who are active, enthusiastic, interested, hopeful, validating and willing to treat seem to be able to get good results with People with BPD.
- **Seek supervision** or at least informal discussions with your peers or colleagues.
- Take second opinions.
- Keep medication prescriptions to a minimum. Minimize hospitalisation.

## **Helpful Websites:**

Australian BPD Foundation (AUS) <a href="https://www.projectairstrategy.org/index">www.bpdfoundation.org.au</a>
Spectrum Personality Service (VIC) <a href="https://www.projectairstrategy.org/index">www.spectrumbpd.com.au</a>
Project Air Strategy (NSW) <a href="https://www.projectairstrategy.org/index">http://www.projectairstrategy.org/index</a>