

***“Strike while the iron is cool”:  
Supporting family members and  
friends of someone with Borderline  
Personality Disorder (BPD)***

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**Victorian BPD Network, MHPN**

**6-8 pm, Tuesday 19 September, 2017**

**Bouverie Centre**



# Topics to be covered

- Agencies we work in: our agency's mission, strengths, limitations, etc.
- Mental health professionals: our strengths and vulnerabilities
- Understanding families/friends of a person with BPD and supporting them effectively, incl. supporting children
- Building skills – for staff and families
- Effective treatments - available locally
- Resources available for families/friends



# Agencies we work in

- Main mission of our agency may not be with BPD or trauma, or even families, yet frequent presentation
- Prevalence of BPD/trauma high
- Clarity is important: what can be embarked upon?
- Under-funded, over-run? Do what you can and...



# Agencies we work in

2

- Advocate for this client group and their families within your agency
- National guidelines exist (NHMRC)
- Ask for training in 'Trauma informed care' – Spectrum, Bouverie, Lighthouse Training, etc.
- "Towards a National BPD Training and PD Strategy" policy by MHPN, Spectrum and BPD Foundation



# Agencies we work in

3

- Monitor - policies/guidelines followed or not?
- Look for exclusions, punitiveness, disrespectful asides...
- Facilitate CALD family referrals – they are usually under-represented



# Agencies we work in

4

 Ask for your agency to introduce professional development topics:

What is BPD/effective treatments/how to support family/carers?

Practitioner self-care and mindfulness (suggested topic to MHPN)

Training in 'calm' for all stake-holders: yoga, meditation, mindfulness, self-compassion and CBT



# Mental health and helping professionals, beware

- We are part of the society we live in and are affected by it
- We as a group tend to carry the same prejudices as society at large
- 'Overt' prejudice, if appropriate
- Melbourne staff survey in 1990s:  
Staff vacillated between permissiveness and punitiveness



# Mental health and helping professionals

2

■ Our own developmental experiences and attachment styles predispose us for certain roles, eg.

helping, fixing, rescuing, lecturing, punishing, creating chaos, etc.

Develop awareness of your own 'leanings' and seek out good-quality, BPD-friendly supervision





# Mental health and helping professionals

3

■ Treatment teams often disagree about the best way to proceed: emotions, chaos, splitting, blame

■ Accept that this is inevitable

**BLAME DOES NOT WORK.** Create time and space to meet, talk, invite outside agencies involved, share.

External consultant may be helpful?



# What is Borderline Personality Disorder (BPD)?

 **A diagnosis first defined in DSM III and now in DSM-5**

**In the process of changing...**

- **Complex needs: co-morbid Dx's, eg. Alcohol and drug use, anxiety, depression, eating disorders, OCD, etc.**



# Complex Needs – in DBT terms

■ Emotion dysregulation?

☺ Emotion regulation

■ Relationship difficulties?

☺ Relationship skills

■ Impulsive behaviours?

☺ Distress tolerance skills

■ Shaky sense of self?

☺ Mindfulness skills

DBT Linehan, 2003 a and b; 2014 2<sup>nd</sup> Ed.



# Complex needs - families

- Some comprehensive programs also include skills-learning for families,  
For example,  
Family Connections  
Some carer support groups  
DBT – when the person with BPD is engaged in DBT work, the family can be included, with consent



# What is Borderline Personality Disorder (BPD)?

## 2

- Spectrum runs regular workshops for families and friends on learning more about BPD
- See Spectrum website:  
[www.spectrumbpd.com.au](http://www.spectrumbpd.com.au)
- **Next workshop:** 15 November 2017  
in Fitzroy  
Phone: Rita on 8833 3050



# Diagnosis of personality disorder

■ Relief?

■ Punishment? It depends...

Worth it, if it leads to understanding,  
support and effective treatment ...



# Diagnosis of personality disorder

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- Families often seek help about a member NOT (yet) diagnosed
- We cannot diagnose in absentia
- We CAN support the family



# Diagnosis and recovery

■ In a small Canadian study, women who recovered from BPD reported that the turning point for their recovery was...

■ ...Guess what?





# Diagnosis and recovery 2

- Turning point: When they were referred for BPD-specific therapy!
- Q: For families, could the turning point be when they are referred to BPD-informed support/care/therapy, etc?



# What are the general criteria? DSM-5 Section II

- **A pervasive pattern of instability of**

**Relationships  
Self-image and  
Emotions, and**

- **Marked impulsivity – begins in early adulthood  
and present in a variety of contexts**



# Some causes of BPD: research is ongoing

- **The majority of adults with BPD report layers of traumatic experiences: Approx. 70 % report childhood sexual abuse or neglect or other invalidating experiences inside or outside family.**
- **Inter-generational trauma, loss, disconnections, illness, incl. mental illness in family; war and other conflict.**
- **Neurodevelopmental, genetic and neurobiological factors can be identified**  
**TEMPERAMENTAL VULNERABILITIES**

**+ Transaction of above factors!**



# 'Family'

- Immediate or extended family members, including children and adult offspring, grandparents, in-laws
- Friends, neighbours, school teachers, etc.



# The family experience: what is difficult for the families we see?

- **Family experience: BPD affects families in significant ways**
- **BPD features can also be caused, in part, by early family experience, in part, by many other factors and their transaction, as above in 19**
- **Group exercise**



# Common family presentations

- Stress, tension, exhaustion, trauma
- Disagreements, conflict
- Blame, self-blame, feeling alone
- Roller-coasting between love, compassion, patience and anger, frustration, intolerance
- Managing self-harm, crises
- Hope, hopelessness
- Etc...



# What can we do to respond to family members' needs?

- Be there to listen, support family and friends, offer resources, teach new skills,
- Liaise with others involved, and/or
- Refer to appropriate agencies and support family with keeping the appointment/s



Encourage family to check out website and refer, if appropriate...

 BPD Carer Support Group at MIND  
at [www.mindaustralia.org.au](http://www.mindaustralia.org.au)

 BPD Community, at  
[www.bpdcommunity.com.au](http://www.bpdcommunity.com.au)

 Spectrum, Bouverie Centre, etc.





# What can we do to respond to family members' needs? 2

- Offer support, be there, try to understand

- Refer to peer support and support agencies

Message: you are not alone

- Refer to professional services



# What can we do to respond to family members' needs? 3

- Encourage to learn about BPD, providing resources
- Help understand recovery
- Instil hope: always mention that BPD is a **“good prognosis” diagnosis**



# What can we do to respond to family members' needs? 4

- Help understand self-harm, if present, and manage crises
- Work collaboratively towards a shared crisis plan
- Help understand chronic and acute risk

Completed suicide rate high



# What can we do to respond to family members' needs? 5

- Encourage family members to learn new skills, if appropriate, eg.

Mindfulness, self-care

- Help balance acceptance and change



# Balancing...

- Listening
- Validation
- Support
- Acceptance
- Being there
- 
- 
- 



- Requesting change
- Changing own behaviour, incl. mindfulness, observing own limits
- Problem-solving
- Strategies for self-care
- Strategies for managing crises
- 

Sustainable relationships

# Skills for families

## Examples:

Mindfulness, relaxation

Listening and validation

Appropriate rules, expectations in family, incl. person with BPD

Setting own limits, asking for behaviour change

Understand s/h and manage crises  
(shared crisis management plan)



# Skills for families

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- Group settings for learning skills

Eg. Family Connections program  
by NEA BPD Australia  
and/or

- 1:1 or several family members





# Skills: Listening and validation

- Have a go: explain and role-play with a family member
- Encourage to use





# Skills: STOP, do not react

- Mindfulness

- Family members find mindfulness helpful

- Beware: difficult to teach if you don't practise it!



# 'Strike while the iron is cool'

- The iron is hot: in crises, in extreme distress or anger – offer family to help manage, ring others, offer to help calm. Follow the shared crisis plan.
- The iron is cool: moments of stability, calm – learn new skills, encourage family members to communicate, reach out, take care of self, take a break, prepare for predictable storms.



# 'Strike while the iron is cool' 2

- Encourage family members to delay problem-solving till 'the iron is cool'
- Encourage them to use mindfulness to be present
- Encourage problem-solving together: what will work better? In what situation?



# Children

- Parents with BPD often make supreme efforts to be excellent parents
- Symptoms of moderate and severe BPD can intrude into parenting/home
- Support parents and children



# Children

2

- Help to understand and verbalise – help for parent and child
- Parents and children ALL likely to blame themselves
- Children may be at risk for trauma if parent's behaviour is extreme
- Need support in crises
- See **booklet about BPD for children by Bouverie and ?**



# Children, dependents

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- Duty of care for staff


- Decide whose “duty” when several professionals are involved

Liaise with that professional

‘Young carers’



# Mindfulness Parenting Group for Mothers with BPD

 Free. 12 weeks from late Sept 2017.  
Thursdays 11 am -1 pm

 Contact: Dr Roslyn Galligan,  
Swinburne University, ph. 9214 5345



# Frequent question: WHICH ONES ARE EFFECTIVE TREATMENTS?

- DBT: Dialectical Behaviour Therapy
- ACT: Acceptance and Commitment Therapy
- CAT: Cognitive Analytic Therapy
- Schema-focussed Therapy
- STEPPS: Systems training for emotional predictability and problem solving
- Mentalisation-based treatment
- Self-psychology, psychodynamic therapies
- BPD-friendly therapy or counselling
- Other





# Evidence

de Groot et al (2008) and Livesley (2004)

- Similarities between treatments outweigh differences
- No treatment in particular stands out as more effective than the rest
- “An eclectic and integrated approach is recommended that combines effective and efficacious techniques from different treatment models within a framework that accentuates common elements of treatment (de Groot, 2008).”



# Evidence - continued


 However,

1. Practitioners' approach must be guided by at least one familiar, coherent model
2. Some approaches are better suited to early, chaotic stages eg. DBT, others to later stages...



# Family-friendly practitioners or BPD-Friendly practitioners

 Ring Bouverie Centre on 9385 5100

 Ring Spectrum on 8833 3050  
website: [www.spectrumbpd.com.au](http://www.spectrumbpd.com.au)

 Other resources above



# Resources

- On display
- To find a clinical psychologist with an interest in trauma, family work and/or DBT, click below on The Australian Psychological Society's website

<http://www.psychology.org.au/FindaPsychologist/>

or phone **8662 – 3300**



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