FACTS
Families and Carers Training and Support

For carers of people with Borderline Personality Disorder (BPD) Emerging/ Emotionally Unstable Personality Disorder (EUPD)

Anna Freud
building the mental wellbeing of the next generation

Module 1: Introduction to BPD – Participants' notes

Borderline Personality Disorder (BPD)
Emerging Unstable Personality Disorder (EUPD)

FACTS Modules

- **Module 1: Introduction to BPD**
- Module 2: Mindfulness and Emotion Management
- Module 3: Mentalizing
- Module 4: Validation
- Module 5: Problem-solving between us and the person with BPD

Harrow Carers
Support, Training & Advice

Rethink Mental Illness.

NHS
Central and North West London
NHS Foundation Trust

Resources	Module 1: Introduction to BPD
Activities	**Activity: 'Tick for BPD'** This is to help families think about how their family member reacts in different situations. 'Imagine asking your significant other/family member the listed questions. Tick the ones that you think your family member would answer 'yes' to'. **Activity: Possible Contributory Factors** This is to help families think about what might have contributed to their family member's problems.
Takeaway thoughts	How do you interact with your loved one? What happens? How do you respond? This is to help raise awareness of situations that have occurred since the last session. Some things to think about before the next session. We can discuss what you noticed next time.

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Welcome and House rules

- Use your personal judgement regarding the appropriateness of the skills in your situation
- Confidentiality
- Anything said in the group stays in the group
- Do not mention BPD if you meet other group members by chance in a public place
- Respect for others' opinions and ideas. Be polite. Do not use strong language
- Mobile phones – keep phones on silent. Step outside if you need to respond to a message or a call
- Use the hand icon if you want to speak online
- We welcome your feedback

What is Borderline Personality Disorder?

Borderline Personality Disorder (BPD), also sometimes known as 'Emotionally Unstable Personality Disorder' or Emerging Emotionally Unstable Personality Disorder (EUPD), is a serious mental illness characterized by pervasive instability in moods, volatile interpersonal relationships including sudden paranoid reactions, poor self-image, and self-destructive behaviours, which include suicide attempts and self-harm.

BPD is also sometimes known as 'Emotionally Unstable Personality Disorder'.

- BPD, Borderline Personality Disorder, was traditionally used in adults.
- EUPD: Often used in CAMHS (children & adolescents services)
    - Emotionally Unstable Personality Disorder or
    - Emerging Emotionally Unstable Personality Disorder
- CEN: Complex Emotional Needs is also used to refer to the needs experienced by people who may have been diagnosed with a 'personality disorder' and can be used instead of the terms BPD/EUPD.

In CAMHS, the terms, 'Emotional Dysregulation with Impulsivity', or 'BPD traits' may be used.

Google 'Rethink BPD/EUPD' to read more.

Introduction to FACTS for Participants

We know how difficult it is to live with, or care for, someone who has Borderline Personality Disorder (BPD). Families and friends of people who have BPD can struggle to cope with their own feelings, leaving them traumatised, disempowered and unsure how best to help their relative. Support and advice is rarely available and when it is, is often confusing and unhelpful.

FACTS was developed at Anna Freud in response to a request from a carer, who, inspired by a book she had read, was looking for support for carers of people with BPD.

The book was '**Overcoming Borderline Personality Disorder, A Family Guide to Healing and Change**, by Valerie Porr, founder of the New York-based organisation, TARA4BPD (Treatment and Research Advancements National Association for Personality Disorder) http://www.tara4bpd.org/

Professor Anthony Bateman, a leading expert in BPD, worked with two carers from Harrow to create FACTS.

The aim was to develop an evidence-based course, led by trained carers of people with BPD, to help families and friends to cope with their own feelings, teach them about BPD and help them support their relative or friend.

After a successful pilot, a randomised controlled trial of FACTS was run at Anna Freud. Anna Freud does not have any direct responsibility for running FACTS in Harrow.

Aims of FACTS

During the 5-session course you will learn:

- What BPD is, and how to manage this difficult condition
- How you can rebuild relationships and reduce conflict
- How best to support your relative or friend with BPD
- How to cope with your feelings of anger, grief, conflict and stress

What are the possible benefits of taking part?

Examples of the difference FACTS has made to participants:

"I go away feeling that I can deal better with my daughter's condition and understand how to help her move on."

"It was the first opportunity to meet people who totally understood what we had been experiencing. The modules have been really helpful and we have been using them in real life situations."

"I valued that the course was user led! Great course - a good balance of teaching method and interaction."

"The course …. has provided me with support, and a deeper understanding of BPD, and I feel that I able to cope more effectively."

"I wish I had done this course years ago",

"This has to continue; this must go on…"

What is FACTS and how does it work?

FACTS works by bringing families together for 5 sessions:

- Introduction to BPD
- Mindfulness and Emotion management
- Mentalizing
- Validation S
- Problem Solving between us and the person with BPD

During the sessions families are introduced to various skills and invited to participate in some small group activities.

Previous participants may be offered the chance to be trained to run FACTS as a carer-leader. Please let us know during, or after the course, if you might be interested. This will support the long-term aim to make FACTS available to carers throughout the UK.

Who can take part?

Family members or friends of a person with a diagnosis of BPD/EUPD.

The individual with BPD does not need to be receiving specialist support from BPD services for people to be able to participate.

What are the possible benefits of taking part?

Participants learn more about BPD and develop some skills to help them interact with their family member or friend. This increases their confidence, reduces adverse incidents and improves family relationships and well-being.

Roles and responsibilities of leaders

FACTS is an information and training course, and is not a clinical intervention.

Participants are introduced to new skills to help them cope with their family situation.

Responsibilities of leaders:

- The volunteer carer leaders have no specific clinical or professional qualifications, and do not have any clinical responsibility towards participants or their families and friends, nor for how carers use the skills, or for any subsequent events

Leaders will:

- Lead FACTS under the auspices of a local mental health service and with the support of a local mental health professional who will provide supervision for the carer trainers as outlined below
- Should FACTS Leaders have any serious concerns about the well-being of participants or their families, they will discuss these directly with the participants, and encourage them to access appropriate help, for example from their GP or mental health service.
- Not disclose any confidential information to any unauthorised persons.
- Not have any responsibility to support course participants outside the FACTS sessions.
- Discuss any concerns about the course with the supervising mental health professional or supporting mental health service as appropriate.

The future of FACTS

One of the aims of this project is to make FACTS available to as many families in the UK as possible.

We hope that other voluntary organisations and NHS Trusts will want to run the course locally.

More information on the FACTS course can be found on Anna Freud's website.

Where can I find more information about BPD/EUPD?

- Rethink Mental Illness website: Personality Disorders – Treatments https://www.rethink.org/advice-and-information/about-mental-illness/learn-more-about-conditions/personality-disorders/
- Mind website: What is a personality disorder?

Module 1 – Introduction to BPD

The Nine Criteria for a Diagnosis of BPD:

A personality disorder can affect how you cope with life, manage relationships, how you behave, and how you feel.

There are nine criteria used for the basis of diagnosis, although you only need five of them to be given a diagnosis of BPD:

1. **AVOIDING REAL OR IMAGINED ABANDONMENT**
   People with BPD are often terrified of being left alone, and even a parent or carer coming home late from work may trigger an intense fear of being abandoned. This can prompt frantic efforts to keep close to the other person at all times.

2. **UNSTABLE & INTENSE INTER-PERSONAL RELATIONSHIPS**
   People with BPD tend to have relationships that are intense and short-lived. Relationships can either seem perfect of horrible, without any middle ground. The intensity often drives others away.

3. **IDENTITY DISTURBANCE – such as poor self-esteem, self image**
   The person with BPD's sense of self is typically unstable and they may not have a clear idea of who they are or what they want from life. This may result in frequently changing jobs, friends, values, goals.

4. **IMPULSIVITY/RISK-TAKING**
   The person with BPD may engage in harmful behaviour especially when upset. Risky behaviours (drive recklessly, binge eating, risky sex, stealing) may help them to feel better in the moment but often hurt those around them.

5. **SUICIDAL OR SELF-MUTILATING BEHAVIOUR**
   Suicidal behaviour may include thinking about suicide, threatening or attempting it. Self-harm, such as cutting, is about hurting themselves without the suicidal intent.

6. **EMOTIONAL INSTABILITY**
   Extreme mood swings where the person's emotions can change very quickly from feeling happy one moment to feeling despondent the next.

7. **FEELINGS OF EMPTINESS/MEANINGLESS**
   People with BPD often talk about feeling empty, like there is a hole inside them and nothing feels truly satisfying.

8. **INAPPROPRIATE & INTENSE ANGER (Difficulty controlling the anger)**
   The person with BPD may struggle to control their temper once a fuse is lit and become consumed with rage. This anger may not always be directed outwards, but it can be that they are feeling angry with themselves.

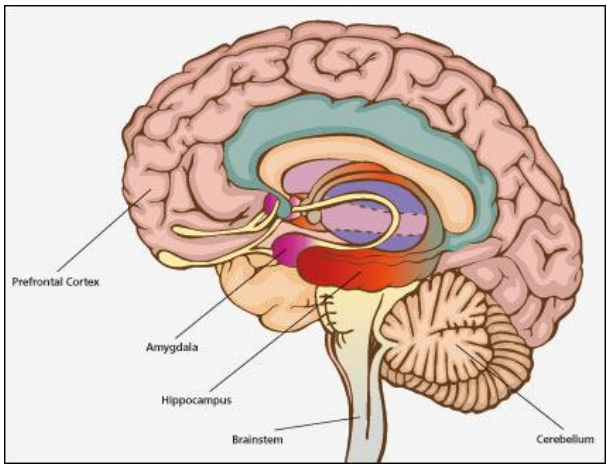
9. **STRESS RELATED PARANOID IDEATION OR SEVERE DISSOCIATIVE SYMPTOMS**
   People with BPD often struggle with paranoia or suspicious thoughts about other people's motives, and often lose touch with reality. This is known as dissociation.

To summarise, in order for a diagnosis to be made, at least **5** of the listed criteria must be present over a long time period:

- Difficulties being alone, and distress linked to **abandonment.**
- Intense or unstable **relationships.**
- **Identity** problems, such as self-esteem and image.
- **Impulsive** risk taking.
- Self-**destructive** acts.
- Unstable **mood.**
- Recurrent feelings of inner **emptiness** and **meaninglessness.**
- Intense **anger** (and difficulty controlling the anger).
- Suspiciousness, paranoia and **dissociation.**

Neurobiology and Genetic Research

The brain



In the brain, the 'limbic' system (an area containing structures such as the amygdala and hippocampus), and the 'prefrontal' area have been shown to be involved in emotional regulation. Recent neuroscientific studies have revealed that people with BPD show differences in these brain areas, which may account for some of the emotional symptoms observed:

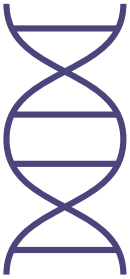
- There is an overall lower frontal lobe/ prefrontal cortex volume and less activation (important in behavioural control, planning and mentalizing).
- Higher activation in an area of the frontal lobe called the dorsolateral prefrontal cortex (involved in pain control).
- A lower hippocampal volume (important in memory and emotional response).

- A lower volume of the amygdala and more activity during emotional situations (key in processing emotions, especially fear).

Chemical messengers called 'neurotransmitters' also play a major role in the brain, communicating information to and from nerve cells, called 'neurons', so that everything works optimally, allowing different structures in the brain, like the ones mentioned above, to 'talk' to each other.

Two neurotransmitters that are involved in emotions and the brain structures above, are 'serotonin' and 'dopamine'. Low levels of serotonin are found in people with BPD, and it is thought that this may be involved in impulsive aggression. Low levels of dopamine have also been found, with the suggestion that this affects emotional regulation, impulsivity, reward and perception.

Genetics



Genes are inherited from parents and may determine many aspects of our development, including our temperament. In order to assess whether genes are responsible for certain traits (characteristics), studies can be done comparing identical twins (who share 100% of their genes) with non-identical twins (who share 50% of their genes).

Looking at BPD, it is thought that problems with controlling emotions can be determined by inherited genes. Twin studies suggest that there is some involvement of genetics in BPD; however, it is still suggested that BPD is an interaction of genes and environment.

Those with BPD tend to have a low reaction threshold to emotional events (i.e. it doesn't take much to provoke a reaction), and very intense, long-lasting emotional responses.

Temperament and Environment

- In some families, a child may have a very different type of temperament from the parent.
- It can be difficult to parent a child who has a temperament very different from your own (This is sometimes called a '**poorness of fit**' between the parent and the child. This can contribute to problems with attachment between the parent and child).
- It is even more difficult when the child's temperament is of 'high emotional sensitivity'.

- Even the most caring of parents may have difficulty teaching their child how to manage their intense emotions.
- The child may feel misunderstood.
- This can result in insecure relationships in early childhood, which can result in unstable and intense relationships (Criteria 2 in the DSM)
- Some people with BPD have a history of traumatic or stressful life events, such as bullying, abuse, financial problems, or the death of someone close to them.
- There are a lot of similarities between people who have been diagnosed with BPD, but also a lot of differences between individuals.

Therapies and medication for BPD

There are no quick cures or medication that will 'fix' BPD; all therapies will take time. The main role of treatment is to get personality 'back on track', by replacing self-destructive coping strategies with effective ones that will encourage relationships and not interfere with personal growth.

There are several therapies that have been shown to be helpful and effective for some people although availability is limited in the NHS.

Relatively widely offered, though actual availability is limited:

- Dialectical Behaviour Therapy (DBT) - helps to understand and accept your feelings, learn skills to manage them, become able to make positive life changes.

- Mentalization-Based Treatment (MBT) - helps to make sense of our thoughts, beliefs, feelings and to understand our own actions as well as those of others.

Other therapies (varied availability in different geographical areas):

- Mindfulness - being in the present moment, improving awareness of what is happening, non-judgemental attitude

- Cognitive Analytical Therapy (CAT) - looking at how a person thinks, feels and acts, and the events that underlie these experiences.

- Schema-Focused Therapy (SFT) - uncovering and understanding unhelpful behaviours developed if emotional needs are not met in childhood.

- Compassion-focused therapy (CFT) - helps to promote emotional healing by encouraging people in treatment to be compassionate towards themselves and other people.

- **Structured Clinical Management (SCM)** is an evidenced based approach that enables generalist mental health practitioners to work effectively with people with borderline personality disorder. Training is offered to professionals by Anna Freud, and several NHS Trusts now offer this treatment.
- **Cognitive Analytical Therapy (CAT)** - looking at how a person thinks, feels and acts, and the events that underlie these experiences.

No single medication treats BPD due to the complex interaction of biological, psychological and social factors in BPD. However, some medication can treat associated problems. For example, antidepressants have been found to be helpful in about 50% of people with BPD.

For all people, personality grows and changes over time, so, providing harm is minimised and the person with BPD receives support, their basic personality functions will develop. The majority of people eventually recover to the point that they no longer meet diagnostic criteria for BPD.

Treatment provides new experiences, helping the person to learn self-worth and awareness, trust, how to regulate their emotions, and to develop the ability to mentalize. (See Module 3 for information about mentalizing).

Resources

What other support is available for carers of people with BPD?

Open to carers regardless of where they live:

- The 'Harrow' Rethink BPD Carers Support Group, in person and online.
- 'Harrow' Friends WhatsApp BPD Carers Support Group

To join these support groups, please email: bpdbooking@yahoo.co.uk

To find local support for BPD carers, contact national mental health or carer organisations e.g. Rethink.

Would you like to find out more about helping to deliver the FACTS programme?

Please email the FACTS steering group on: bpdbooking@yahoo.co.uk to find out more about the process.

Resources included in Module 1 slide presentation

Rethink Mental Illness website:

- Diagnosis https://www.rethink.org/diagnosis-treatment/conditions/personality-disorders/types-diagnosis

Mind website:

- What is borderline personality disorder (BPD)? https://www.mind.org.uk/information-support/types-of-mental-health-problems/borderline-personality-disorder-bpd/about-bpd/
- Dialectical Behaviour Therapy DBT: https://www.mind.org.uk/information-support/drugs-and-treatments/talking-therapy-and-counselling/dialectical-behaviour-therapy-dbt/

TARA4BPD

- (Treatment and Research Advancements National Association for Personality Disorder, based in New York) http://www.tara4bpd.org/
- *Overcoming Borderline Personality Disorder, A Family Guide to Healing and Change*, book by Valerie Porr, founder of TARA4BPD

NEABPD

- Family Connections https://www.borderlinepersonalitydisorder.org/family-connections/

The Sashbear Foundation

- https://sashbear.org/

Additional resources

- NHS Choices: Borderline Personality Disorder http://www.nhs.uk/Conditions/Borderline-personality-disorder/Pages/Diagnosis.aspx
- Royal College of Psychiatrists: Borderline Personality Disorder http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/personalitydisorder.aspx
- NICE Guidance: Personality disorders: borderline and antisocial https://www.nice.org.uk/guidance/qs88
- BPD Family: http://bpdfamily.com/
- Clearview Women's Center, Specializing in Borderline Personality and Emotional Disorders: https://www.borderlinepersonalitytreatment.com/
- Medication: www.choiceandmedication.org

Books

We strongly recommend the book *Overcoming Borderline Personality Disorder, A Family Guide to Healing and Change,* by Valerie Porr, founder of the New York-based organisation, TARA4BPD (Treatment and Research Advancements National Association for Personality Disorder). http://www.tara4bpd.org/

Borderline Personality Disorder: A Guide for the Newly Diagnosed (The New Harbinger Guides for the Newly Diagnosed Series) by Alexander L. Chapman

> This book is a part of New Harbinger Publication's Guides for the Newly Diagnosed series. The series was created to help people who have recently been diagnosed with a mental health condition. Our goal is to offer user-friendly resources that provide answers to common questions readers may have after receiving a diagnosis, as well as evidence-based strategies to help them cope with and manage their condition, so that they can get back to living a more balanced life.
>
> Visit www.newharbinger.com for more books in this series.

Borderline Personality Disorder: The Ultimate Practical Approach To Understanding, Coping, and Living With Borderline Personality Disorder (Borderline ... Disorder, BPD, Borderline Personality. By Emily Laven

Borderline Personality Disorder is a commonly misunderstood phenomenon that many people battle with on a daily basis. The condition itself is now classified as one in which patients have a range of different levels of mental illness.

Activities

Activity: Tick for BPD

How many questions they think your loved one would say yes to? The aim is to identify the person's difficulties and understand how they feel.

- Are you scared of rejection and abandonment, and being left all alone?
- Are your relationships with your friends and us unstable?
- Do you have trouble knowing who you are and what is important to you?
- Do you impulsively do things which might damage yourself in some way?
- Do you self-harm (cause intentional harm to your body, including taking overdoses) or behave in a suicidal manner?
- Do you have mood swings that can change quickly?
- Do you feel empty and feel you need others to fill you up and make you whole?
- Do you get excessively angry in a manner that is to your own detriment?
- Do you 'numb out' (dissociate) or sometimes feel overly suspicious or paranoid when stressed?
- Do you see things as either all 'good' or all 'bad'; 100% right or 100% wrong or in absolute terms – for example, do you tend to say things like; 'Everybody is…' or 'All men are...'?

Activity: Possible Contributory Factors

Discussion to help people consider what may have contributed to their loved one's problems. Discuss:

- Medical Conditions
- Biology, e.g. genetic risk factors
- Early-life experiences e.g. bullying
- Life events e.g. death of someone close
- Personality e.g. shy
- Social factors e.g. financial problems, drug taking.

It is not always possible to identify any obvious causes of BPD.

Takeaway thoughts

Some things to think about before the next session. We can discuss what you noticed next time.

How do you interact with your loved one? What happens? How do you respond?

We are encouraging you to think about this is to help raise awareness of situations that have occurred during the week.

Think about:

- Emotional problems: fluctuating and unpredictable moods, anxiety, irritability.
- Interpersonal problems: difficult relationships, fearful of rejection.
- Interpersonal sensitivity: sensitivity to what is said, inappropriate responses, certainty of negative motives of others.
- Impulsivity: sudden decisions, lack of planning
- Risk: self-harm, suicide attempts, reckless behaviour.

Thank you

End of Module One: Introduction to BPD

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