FACTS
Families and Carers Training and Support

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

Anna Freud National Centre for Children and Families

Central and North West London NHS
NHS Foundation Trust

Rethink Mental Illness.

Harrow Carers
Support, Training & Advice

Participant's notes Module 1 Introduction to BPD

Families and Carers Training and Support (FACTS)

A short course for family members and friends of people who have BPD

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

Overview of FACTS

Module 1: Introduction to BPD
Module 2: Mindfulness and Emotion Management
Module 3: Mentalizing
Module 4: Validation
Module 5: Problem Solving

Module 1: Introduction to BPD	
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:	**Contributory Factors**: **This is to help families think about what might have contributed to their family member's problems.**
Take away thoughts: Some ideas to think about, practice and review from this session	**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. If you do give them a try it would be lovely to hear how you got on at the start of the next session.

Zoom House Rules

- Confidentiality anything said in the group stays in the group
- Respect
- Difficulties of meeting online
- Use the hand icon if you want to speak
- We are learning and welcome your feedback!

Families and Carers Training and Support (FACTS)

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

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 the Anna Freud Centre 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 the Anna Freud Centre. The Anna Freud Centre does not have any direct responsibility for running FACTS in Harrow.

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

These are a few 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 ……".

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

We are now excited to be able to make the course available to Carers in Harrow. We are grateful for the support of Harrow Carers who have been very supportive of FACTS from the early days and have helped to set it up in Harrow.

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

What is FACTS and how does it work?

FACTS works by bringing families together for 5 sessions:

- Introduction to BPD,
- Mindfulness and Managing Emotions
- Mentalising
- Validation Skills
- Problem Solving Skills

During the sessions families are introduced to various skills and invited to participate in some small group activities, as well as carrying out small practice tasks at home. 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.

Roles and Responsibilities

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. Participants are made aware that they must use their personal judgment regarding the appropriateness of the skills to their situation and that neither the carer trainers nor the mental health professional who is supporting them have any responsibility for their use.

Participants will receive a copy of the wording in this agreement as part of their information pack.

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:
- 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.

Responsibilities of local mental health service/ supporting organisation:

- Provide a supervising mental health professional.

- Provide a venue and equipment during times agreed for the sessions.

Outline of supervision arrangement:

- **Peer supervision at the close of each session:**

Leaders to review the session after it finishes and make brief notes on significant points:

- What happened, what went well, and what didn't go well.
- How it affected the leaders individually
- Anything relating to the material presented.
- Any questions relating to the people in the group.
- How they could have dealt with it differently.

- **Access to the supervising mental health professional in case of concerns during the period that FACTS is running**.

Arrangements should be made for the supervising mental health professional to be accessible to the carer trainers during normal working hours, by email or phone to discuss any matters where advice is needed during the course. Participants will not have direct contact with the supervising mental health professional.

- **A supervision meeting between the carer leaders and the supervising mental health professional** should be held after completion of the course to:
- review the course, using the notes as reminders and discuss any non-urgent questions or points.
- identify any learning points for the leaders in preparation for the next course.

Responsibilities of course participants:

Follow the Zoom house rules for the course.

- **Disclaimer:** Use your personal judgement regarding the appropriateness of the use of the skills in your situation
- **Confidentiality** – anything said in the group stays in the group.
- **Respect** for other's opinions and ideas
- The **particular difficulties** of meeting online
- Use the **hand icon** if you want to speak.

- Appreciate that FACTS gives families information about BPD and teaches skills to help them cope better with their situation. Evaluation of the randomised controlled trial at the Anna Freud Centre showed that families and carers of people with BPD learnt to use skills which led to a reduction in numbers of crises in families, and reduced depression and anxiety in families, as well as a feeling of better well-being and improved family functioning.

- Appreciate that FACTS was developed by Professor Anthony Bateman in association with the Anna Freud Centre with the assistance of carers. The volunteer carer trainers running FACTS have received some training but have no specific clinical or professional qualifications, and do not have any clinical responsibility towards

participants or their families and friends. Should the carer trainers 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.

The local mental health service will:

- Provide a venue during times agreed for the sessions.
- Provide the carer trainers with equipment and training to access and lock up the building safely.
- Provide:
  - seats for 16 people,
  - screen for projection of PowerPoint presentation,
  - tables for projector and laptop
  - refreshments (tea and coffee)
  - flip chart and easel, or white board and pens (if either is available)
- Discuss the needs of the carer trainers for appropriate support and provide for those needs wherever possible.
- Appreciate that carer trainers will aim to attend all sessions of the course as far as their circumstances will allow, but should this be impossible for any reason, appreciate that alternative arrangements, such as a change of date, may be made.

What is Borderline Personality Disorder?

Borderline Personality Disorder (BPD), also sometimes known as 'Emotionally Unstable Personality Disorder' or Emerging Emotionally Unstable Personality Disorder, 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 a particularly difficult condition for families and significant others to manage as the difficulties often present as a problem in the family relationships. As a result, families and significant others of patients with BPD struggle to cope with their own feelings, leaving them traumatized, disempowered and unsure how best to help their relative or loved one, or friend.

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.

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 Borderline Personality Disorder

Borderline personality disorder (BPD), sometimes called emotionally unstable personality disorder, is one of many diagnosable personality disorders. It is characterised by **emotional**, **behavioural** and **thought** dysfunction and instability.

- BPD is also sometimes known as 'Emotionally Unstable Personality Disorder' or
- Emerging Emotionally Unstable Personality Disorder

- **The term 'BPD'** was traditionally used in adults
  - Borderline Personality Disorder

- **EUPD:** Often used in CAMHS (children & adolescents)
  - Emotionally Unstable Personality Disorder or
  - Emerging Emotionally Unstable Personality Disorder

Google 'Rethink BPD/EUPD' to read more.

THE NINE CRITERIA FOR A DIAGNOSIS OF BPD

BPD (Borderline Personality Disorder) is a term often used for adults.
EUPD (Emotionally Unstable Personality Disorder) is often used for children & adolescents as their personality is not yet fully formed.
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 have 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.

In order for a diagnosis to be made, at least **5** of the following must be present over a long time period:

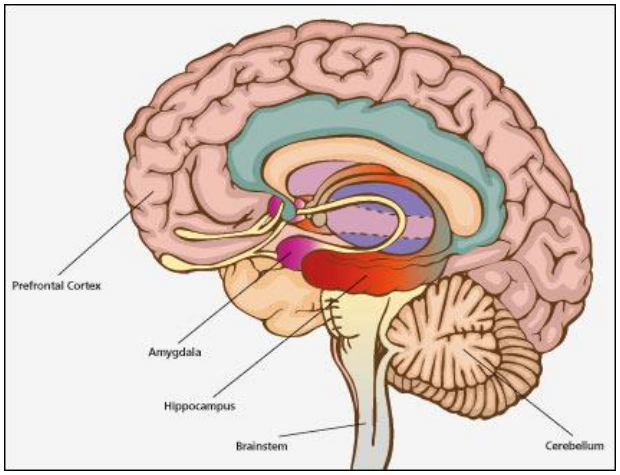
- Difficulties being alone, and distress linked to **abandonment.**
- Intense or unstable **relationships.**
- **Identity** problems, such as self-esteem and image.
- **Impulsive** risk taking.
- Self-**destructive** acts.
- Unstable **mood.**
- Recurrent feelings of inner **emptiness** and **meaninglessness.**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

'Personality disorder' in science means that there is a problem in the way a personality is formed, creating long-term issues. As shown above, there are only **9** areas that this covers for BPD. Of course, there are many other aspects of a person, such as their strengths and positive traits, highlighting that not everything is wrong!

In the West, BPD occurs in 1–3 % of the population and is **3–4 times more likely in females**. The suicide rate in people with BPD is about 8–10 %, with alcohol abuse increasing this risk.

Neurobiology and Genetic Research

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:

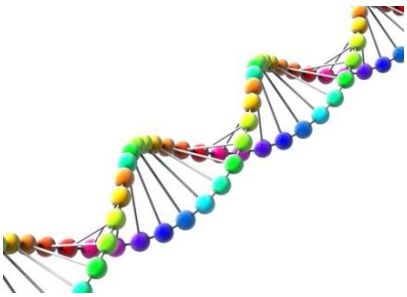


- There is an overall lower **frontal lobe/ prefrontal cortex** volume and less activation (important in behavioural control, planning and mentalizing).
- Higher activation in an area of the frontal lobe called the **dorsolateral prefrontal cortex** (involved in pain control).
- A lower **hippocampal**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

Thomas and Chess (1986) looked at a child's temperament and environment, and suggested that when a child's general character, demands and expectations match with a parent's characteristics (i.e. the child's first environment), this is a '**goodness of fit'**. However, when the parent has no experience or understanding of the child's temperament, it becomes very difficult, i.e. a '**poorness of fit'**.

Fruzzetti and colleagues (2005) take this further and say that poorness of fit is even harder when a child has **high emotional sensitivity**. It is thought that, although the parenting quality may be fine for some children, it may be insufficient with those who have high emotional sensitivity and may develop BPD in later life. Even the most caring parents may be unable to teach a child how to manage such intense emotions, and so a cycle of misunderstanding arises.

Attachment Theory

Attachment Theory describes long-term relationships. The idea is that a child needs a secure relationship with at least one primary caregiver (e.g. a parent) for social and emotional development to happen normally.

As mentioned above, this can be very difficult in temperamentally sensitive and reactive children, and so a disruption in forming a secure bond occurs, leaving both parent and child anxious.

This is **poorness of fit** and can result in the child being extra sensitive in other situations such as school, and in later personal and social relationships, as these are affected by early life.

As children, we learn to label and understand our emotions by how our parents **reflect** those emotions back to us, and so the attachment relationship is vital.

Overall, the attachment relationship is where we learn how to **manage our emotions**. Children tend to seek proximity to their caregiver when they are fearful, and it is the response of the caregiver then that is crucial, reducing the child's anxiety.

Attachment is therefore based on **reciprocity** – i.e. behaviour in a child creates a response in the caregiver, and care-seeking from the child is met with caregiving from the adult.

When a child is separated from a caregiver, there are two stressors: one is fear of exposure, and the other is not having access to protection. During periods of separation and then being reunited with the caregiver (e.g., in the 'Strange Situation' experiment described below), four different **attachment patterns** become apparent.

- **Secure**: Child explores and plays while with a caregiver but is anxious and distressed when the caregiver leaves and in the presence of a stranger. On the caregiver's return, the child rapidly seeks contact and is reassured, continuing to explore.
- **Insecure Avoidant**: Child is less anxious on separation from the caregiver and may not seek proximity to the caregiver on return.
- **Insecure Resistant**: Child shows restricted play and is distressed by the separation; on the caregiver's return, the child does not settle, and caregiver's presence does not reassure the child.
- **Disorganised**: Child shows a desperate wish to escape, even with the caregiver present, may even attack stranger, and is not comforted by the caregiver's presence. The caregiver here is a source of both comfort *and* fear, and so confusion arises for the child.

With BPD, attachment patterns tend to be either **insecure avoidant or resistant**, probably due to poorness of fit as mentioned above.

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.

- **'Well-organised structured clinical management'** (also known as good general psychiatric management) -the person with BPD has a specific professional supporting them who is part of a team providing them with support.

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 included in slide presentation.

- **Rethink Mental Illness website:**
- **Diagnosis** https://www.rethink.org/diagnosis-treatment/conditions/personality-disorders/types-diagnosis
- **Personality Disorders – Treatments** http://www.rethink.org/diagnosis-treatment/conditions/personality-disorders/treatments
- **Mind website:**
- **Mind information sheets: BPD**
- **'Making sense of dialectical behaviour therapy**
- https://www.mind.org.uk/media-a/2887/dialectical-behaviour-therapy-2017.pdf

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 this 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.

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.

- 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 ideas to think about, practice and review from this session.

If you do give them a try it would be lovely to hear how you got on at the start of the next session.

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 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's said, inappropriate responses, certainty of negative motives of others.
- **Impulsivity:** Sudden decisions, lack of planning
- **Risk:** Self-harm, suicide attempts, reckless behaviour