Borderline Personality Disorder (BPD)

FACTS

‘Families and Carers Training and Support Programme’

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

Overview of FACTS

<table>
<thead>
<tr>
<th>Introduction to FACTS</th>
<th>Module 1: Introduction to BPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-course questionnaire</td>
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Module 1: Introduction to BPD

Module 2: Mindfulness and Emotion Management

Module 3: Mentalizing

Module 4: Validation

Module 5: Problem Solving

Exercise 1: ‘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’.

Exercise 2: Contributory Factors

This is to help families think about what might have contributed to their family member’s problems.

Homework: Diary of Reactions

This is to help them remember situations that have occurred.

‘Over the next week, be conscious of how you interact with your family member. Note down any situations that occur corresponding to the listed key areas, and how you responded’.

Scenarios Scenario suggestion form

Feedback Feedback form
Borderline Personality Disorder (BPD)

FACTS

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

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.


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 outside the AFC.
The 5 session course
- Is led by carers
- Teaches families and friends about BPD
- Helps families and friends to cope with their own feelings
- Helps families support their relative or friend

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 other locations. We are grateful for the support of Harrow Carers.
We hope that other voluntary 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 homework tasks.
Who can take part?

Family members or friends of a person with a diagnosis of BPD. 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 for leaders working under the auspices of Harrow Carers

Carer trainers will:
- Lead ‘FACTS in Harrow’ under the auspices of Harrow Carers.
- 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 either Professor Anthony Bateman, (of the Anna Freud Centre), or the Adult Service Manager at Harrow Carers as appropriate. (Professor Bateman has agreed to be contactable should the carer trainers feel the need for advice or support relating to FACTS at Harrow Carers during 2017).
- Abide by Harrow Carers policies and procedures as provided by the Harrow Carers Adult Services Manager.

Course participants will:
- Follow the ground rules for the course established at the first session.
- Appreciate that the volunteer carer trainers running FACTS have been involved in its development in association with the Anna Freud Centre, and have received some training from the Anna Freud Centre, but have no specific clinical or professional qualifications.

Harrow Carers will:
- Provide access to the Harrow Carers building during times agreed for the sessions.
- Provide the carer trainers with equipment and training to access and lock up the building safely.
- Provide the venue, refreshments and equipment.
- 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) 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?

▶ Rethink Mental Illness website:
  Personality Disorders - Treatments
  http://www.rethink.org/diagnosis-treatment/conditions/personality-disorders/treatments

▶ 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.

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.

**Treatment**

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 **4 therapies** shown to be effective, although availability is limited in the NHS:

- Dialectical Behaviour Therapy (**DBT**)
- Mentalization-Based Treatment (**MBT**)
- Schema-Focused Therapy (**SFT**)
- Transference-Focused Therapy (**TFT**)
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).
Module 1: Introduction to BPD

Exercise 1: For use during Slide 6 by each participant

'Tick for BPD'

Imagine asking your significant other/family member the following questions.

Tick the ones that you think your family member would answer ‘yes’ to.

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? ☐

Total Score ☐

Additional question: (Not one of the 9 criteria for BPD). 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...’? ☐
Module 1 Introduction to BPD: Exercise 2: For use during Slide 12

Contributory Factors
What do you think has contributed to your family member’s problems?

- 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

- Coping Style

- Medical Conditions

- Biology
  e.g. Genetic risk factors
Module 1 Introduction to BPD: Homework

**Diary of Reactions**

Over the next week, be conscious of how you interact with your family member. Note down any situations that occur corresponding to the listed key areas, and how you responded.

<table>
<thead>
<tr>
<th>Emotional Problems</th>
<th>Interpersonal Problems</th>
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<tbody>
<tr>
<td>(Fluctuating and unpredictable moods, anxiety, irritability)</td>
<td>(Difficult relationships, fearful of rejection)</td>
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<tr>
<td></td>
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<tr>
<td>Interpersonal Sensitivity</td>
<td>Impulsivity</td>
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<tr>
<td>(Sensitive to what’s said, inappropriate responses, certainty of negative motives of others)</td>
<td>(Sudden decisions, lack of planning)</td>
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<tr>
<td>Risk</td>
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<tr>
<td>(Self-harm, suicide attempts, reckless behaviour)</td>
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# Overview of FACTS

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<tr>
<td><strong>Module 1: Introduction to BPD</strong> – 2 hours</td>
<td><strong>Module 2: Mindfulness and Emotion Management</strong> – 1 ½ hours</td>
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<td><strong>Module 3: Mentalizing</strong> – 2 hours</td>
<td><strong>Module 4: Validation</strong> – 1 ½ hours</td>
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<td><strong>Module 5: Problem Solving</strong> – 1 ½ hours</td>
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## Background reading

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## Exercise 1:

- **‘Tick for BPD’**: Used during slide 6
  - 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’.

## Exercise 2:

- **Contributory Factors**: Used during slide 12
  - This is to help families think about what might have contributed to their family member’s problems.

## Homework:

- **Diary of Reactions**
  - This is to help them remember situations that have occurred.
  - ‘Over the next week, be conscious of how you interact with your family member. Note down any situations that occur corresponding to the listed key areas, and how you responded’.

## Feedback

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<tr>
<th>Feedback form</th>
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## Background reading

<table>
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<tr>
<th>Module 2: Mindfulness and Emotion Management</th>
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## Exercise 1:

- **Mindfulness Practice Guide**: Used during slide 3
  - This is to help with the mindfulness practice

## Exercise 2:

- **‘Eating one raisin: A first taste of mindfulness’**.
  - May be used during slide 9.
  - The leader needs to bring a pack of raisins and pass them round so each person holds a raisin. (Check for allergies first).

## Homework:

1. **Mindfulness of Emotion**
   - This gives practice in being aware of how you feel in different situations.
   - Helps raise awareness of the effects of the emotion.

2. **Observing and Describing Emotions**
   - This can help you to become more aware of your state of mind and think about how you are feeling and responding.

3. **Wise Mind Worksheet**
   - This explains the different states of mind, and may help you identify what state of mind you were in during a particular situation
## Module 1: Introduction to BPD

### Background reading
- Module 3: Mentalizing

### Exercises
There are no handouts to go with the exercises in this module

### Homework:
- **Mental State Stories.**
  - Exercise sheet
  - Answer sheet
- **Reading the Mind in the Eyes.**
  - Exercise sheet
  - Answer sheet

### Feedback
- Feedback form

## Module 4: Validation

### Background reading
- Module 4: Validation

### Exercises
There are no handouts to go with the exercises in this module

### Homework:
- Homework sheet: ‘Validation Practice.’

### Feedback
- Feedback form

## Module 5: Problem Solving

### Background reading
- Module 5: Problem Solving

### Feedback
- Feedback forms.

### Exercise 1: Problem Solving
- Used during slide 4
- Helps people to think about whether we are criticising, praising or using feedback when we talk to people.

### Exercise 2: Problem Behaviour
- Used during slide 5
- Helps people to think about why people with BPD behave in the way that they do

### Homework:
- Homework sheet: Problem Solving Worksheet

### Feedback
- Feedback form
Suggestions for ‘Scenarios’ for use in FACTS courses

Borderline Personality Disorder (BPD)

FACTS

Families and Carers Training and Support Programme

We are always looking for ideas for discussions or role-play to help explain the different skills in FACTS.
Please give us any examples and suggest which skills might be helpful.
With many thanks for your help.

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<th>Scenario</th>
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<th>Which skill/s might have been useful?</th>
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Please complete this form and leave it on your seat. Alternatively, email it to BPDHarrow2015@yahoo.co.uk.

**Feedback Form Module 1 Introduction to BPD**

**Borderline Personality Disorder (BPD)**  
**FACTS 2017**  
**Families and Carers Training and Support Programme**

Please complete this form and leave it on your seat. Alternatively, email it to BPDHarrow2015@yahoo.co.uk.  
This information will help us to ensure the course is helpful to future participants.

<table>
<thead>
<tr>
<th>Question</th>
<th>Please circle below</th>
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<tbody>
<tr>
<td>Please rate how useful the session was to you</td>
<td>Poor    Average   Good   Excellent</td>
</tr>
<tr>
<td>Please rate the session delivery</td>
<td>Poor    Average   Good   Excellent</td>
</tr>
<tr>
<td>Please rate the Slides/handouts</td>
<td>Poor    Average   Good   Excellent</td>
</tr>
<tr>
<td>Venue &amp; facilities</td>
<td>Poor    Average   Good   Excellent</td>
</tr>
<tr>
<td>How much of the material was familiar to you?</td>
<td>None    Some      Most    All</td>
</tr>
<tr>
<td>Were the contents relevant to your life?</td>
<td>None    Some      Most    All</td>
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**General comments:**  
Was this session what you hoped for / expected?  
How could the session be improved?  
Other comments:

**Optional:** Your name/ Phone number/ Email address