UNDERSTANDING AND SUPPORTING
Those Impacted by Borderline Personality Disorder, Self-Harm and Suicidality

What is Borderline Personality Disorder (BPD) and how is it explained?

BPD is a serious mental illness characterized by difficulty regulating emotions, affecting one's internal stability, behaviors and relationships. It is caused by a combination of genetic, biological, environmental and psychological risk factors, which are different for every person.

Individuals with BPD experience intense feelings of self-hatred, anger, depression and anxiety. These feelings are often scary, overwhelming and difficult to control, creating intense emotional pain and hopelessness.

Individuals with BPD report it feels like
"It’s like my brain is on fire."
"It’s like driving a car that’s accelerating and you can’t hit the brakes."
"It’s like riding a rollercoaster with emotional ups and downs all day long."

WHY IS IT IMPORTANT TO HAVE EMPATHY FOR INDIVIDUALS SUFFERING WITH BPD?

• Individuals do not choose to have BPD. They are suffering from a debilitating mental illness.
• Their emotional distress is experienced as real and frightening. It is difficult to control impulses and think rationally in the midst of intense emotional distress.
• The emotional pain those with BPD experience often feels so intolerable that unhealthy self-harm behaviors are used to relieve their psychic pain.
• Friends, family, clinicians and community members can help by validating their experience of emotional distress, providing a safe environment, and helping them to access the appropriate level of treatment and support needed for recovery.
What is Non-Suicidal Self-Injury and why are BPD sufferers considered high risk?

Non-suicidal self-injury is defined as deliberately injuring oneself without suicidal intent. It is considered to be an unhealthy attempt to regulate emotions. In the midst of intense emotions, impulsive self-injury behaviors can communicate emotional distress.

Such behaviors may include self-cutting, burning of the skin, self-hitting, self-biting, head banging, scratching, skin carving, and needle sticking. They can also include risky behaviors with substance abuse, sex and eating.

Unlike a suicide attempt, non-suicidal self-injury is usually chronic and non-lethal.

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Why is it important to take BPD self-harm seriously?

The severity of self-harm ranges from superficial injuries to those that require medical attention, which cause lasting disfigurement or are life-threatening. Sometimes people suffering accidentally inflict more harm upon themselves than they may have intended. Superficial injuries can become life-threatening.

Additionally, 50-80% of those diagnosed with BPD also have a co-occurring substance abuse disorder. Impulsive drug or alcohol abuse can put those suffering at a high risk for accidental overdose, or misjudging the lethality of substances.

Statistics about BPD, Self-Injury and Suicide

- Up to 75% of individuals with BPD attempt suicide during the course of their illness.
- 80% of those hospitalized for BPD have engaged in self-harm, or non-suicidal self-injury.
- Up to 10% of those diagnosed with BPD lose their lives to suicide.

The vast majority of those diagnosed with BPD recover, however, with adequate treatment and support.

How can I help myself manage feelings of self-harm and suicidality?

Give yourself permission to ASK FOR HELP. When you feel your emotions escalate before or after a crisis occurs. Asking for help is a sign of STRENGTH, and the first step toward recovery. A common obstacle for people with BPD is feeling ashamed and self-critical of their need for help. You did not cause this disorder, and you need help to manage it. There are people who want to help.

Develop a written safety plan with your therapist and keep it with you at all times. Include the name and phone numbers of supportive family, friends, sponsors, hotlines, the nearest ER, your therapist, religious leader, or local crisis center. If you have any concerns about your safety, contact someone on this list. For more specific information about a safety plan www.suicidessafetyplan.com where you can download a free safety plan form.

Know your areas of vulnerability, such as specific situations or relationships that can lead to self-destructive behavior. Work with your therapist to develop a solid “coping ahead” plan to anticipate, manage and avert impulsive behaviors.

Address any environmental issues that might influence self-harm, such as eliminating available substances, utensils, or outdated medications. Eliminate access to balconies, roofs, or other compromised building structures.

Block or delete any personal contacts on your phone that could potentially contribute to self-harm, such as a drug dealer, sex worker, ex-romantic partners, abusive relationships, etc.

Create a self-soothe kit which may include comforting music, movies, books, photographs, inspiring quotes, etc., to calm painful emotions. Utilize distraction and distress tolerance techniques to regulate emotions, such as putting hands in cold water, throwing ice cubes, or taking a warm shower.

Individuals with lived experience of BPD say:

“I use my DBT tool kit and fill it with things that make me feel comfortable—stand-up comedy, music, quotes, books, my tablet with solitaire. Anything that soothes my senses—taste, touch, and smell.”

“I should have asked for help earlier. I struggled. As soon as you have negative feelings about yourself, talk to a professional.”

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Family members should help those with BPD feel comfortable reaching out for help, without blame or criticism. Asking for help is a positive step toward recovery.

It is important to validate their feelings and experiences of emotional distress, while presenting other options for expressing emotions and for positive coping.

Support your loved one in creating a written or digital "safety plan" with his or her therapist. Talk to your loved one about what to do when a crisis occurs.

If you have any concerns about your loved one’s safety, contact a medical professional on this list, or reach out for help from family and friends immediately.

RESOURCES

National Suicide Prevention Lifeline 1-800-273-TALK (8255) www.suicidepreventionlifeline.org

National Alliance for Borderline Personality Disorder (NEA-BPD) www.borderlinepersonalitydisorder.com

New York-Presbyterian Hospital Borderline Personality Disorder Resource Center www.bpdresourcecenter.org

Treatment and Research Advancements, National Association for Personality Disorder (TARA) www.TARA4BPD.org

Crisis Text Line www.crisistextline.org

Safety Plan Worksheet www.suicidesafetyplan.com

REFERENCES

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