

Borderline Personality Disorder

STRATEGIES TO MAKE DAILY LIFE EASIER FOR FRIENDS AND RELATIVES
OF A PERSON WITH BORDERLINE PERSONALITY DISORDER

TRUE RESPITE
ACCESSIBLE SUPPORT



About this guide

This guide is primarily intended for people who share a meaningful relationship with a person suffering from borderline personality disorder (BPD). The following is a brief description of BPD from the Gouvernement du Québec's website:

People with borderline personality disorder have an extreme and excessive fear of losing their loved ones. They feel easily rejected and abandoned by others, which creates conflicts in their social relationships. Therefore, they have a strong need for the people in their lives to reassure them of their presence and of the importance they place on their relationship.¹

This guide will give you a general idea of the symptoms of the disorder. Feel free to look for additional information in other reliable sources to learn more about this disorder. Also, it is important to remember that only a physician can make a diagnosis and that symptoms may differ from one person to the next. For this reason, **the strategies we recommend are solely for information purposes.**

Learning about borderline personality disorder is the first step. With a good understanding of BPD, it is easier to empathize more with the person affected and not take things personally, remain more rational and objective when faced with the manifestations of the disorder and provide that person with the help they need.

¹ Translated from the French version: www.quebec.ca/sante/conseils-et-prevention/sante-mentale/informer-sur-troubles-mentaux/troubles-mentaux/trouble-de-la-personnalite-limite

Among the strategies presented, use the ones that specifically address the problematic symptom and that seem feasible to you. In the short term, a change in behaviour may cause feelings of discomfort or guilt. It may affect the stability of a friend or relative and require a lot of their energy. These changes may cause an amplification of the affected person's unhealthy behaviours and their emotions, such as frustration, guilt and anger.

This is why we encourage you to focus on the long-term benefits, as there are many: increased sense of well-being, lower risk of burnout, distress and sense of powerlessness, and you will be able to provide the person living with a mental illness with support that is both helpful and constructive.

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The benefits for the person with the disorder are just as plentiful: increased sense of security, greater self-esteem, accountability and autonomy and the development and maintenance of healthy behaviours.

In summary, putting in place appropriate strategies is not only good for friends and relatives, but also for the person with the disorder.

Above all, remember that to provide suitable support and maintain a balanced life, it is crucial that you take care of yourself.

For more information on our services or to ask for support:

Tel.: **450-438-4291** or **1-800-663-0659**

Email: **info@lahalte.ca**; **www.lahalte.ca**



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Recommended approaches and those to be avoided

FEAR OF BEING ABANDONED

A person with BPD may be afraid of being abandoned to the point that it affects the way they interpret certain words and actions, which they perceive as evidence that their circle will abandon them. The fear of being abandoned may be based on actual facts or something they imagined. This fear may even lead the person to consciously or unconsciously abandon those they love, which hurts less than being rejected. The fear of being abandoned causes actual distress for the person with BPD and may bring on a crisis.



Recommended approaches

PLAN WAYS TO SPEND QUALITY TIME WITH THE PERSON WITH THE DISORDER (e.g.: take a walk, go for coffee, etc.). Relationships are founded on trust. When you build on positive contacts, you increase the chances that the strategies we are presenting to you in this document will work and help you and the person with the disorder experience success. Furthermore, a sound bond of trust will assuage their fear of being abandoned.

IF NECESSARY, PLAN SHORT BUT POSITIVE MOMENTS with the person with this disorder. It is better to have short pleasant contacts than drawn-out contacts that drain your energy and end in conflict.

CONTACT EACH OTHER AT THE RIGHT TIME. As much as possible, contact each other when you are both available and willing. Contacts are more likely to be positive when each party has eaten and is rested and calm.

IN CASE OF CONFLICT OR TENSION, TELL THEM YOU WILL GET BACK IN TOUCH WITH THEM AND WHEN.

This will reassure them, because when there is conflict, a person with this disorder may feel as though the relationship has been destroyed. It would therefore be good to reassure them that the conflict does not affect the relationship or the love you share. You could say: “I understand that you don’t feel good right now, but this conflict between us is temporary.” Or, “I know that our conversation didn’t end well, but I’ll call you tomorrow morning and we’ll talk about it then. Talk to you tomorrow.”

HELP THEM PERCEIVE THEIR FEAR RATIONALLY. For example: “Don’t forget that on Tuesdays, I have my yoga class from 6:00 p.m. to 7:30 p.m., so I’m not available to answer your messages or calls at that time.”

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MAKE SURE THEY UNDERSTAND YOU to avoid ambiguity and misinterpretation.

POINT OUT THE THINGS YOU LIKE ABOUT THEM.

REMIND THEM OF YOUR LOVE AND AFFECTION FOR THEM.

Approaches you should avoid

LEAVE THE PERSON WITH THIS DISORDER OR CUT TIES WITH THEM TO “TEACH THEM A LESSON” or to show them “you’ve had enough,” even though you know you want to pursue the relationship. This would make them anxious, hinder their trust in you and probably exacerbate their fear of being abandoned as well as give rise to more crises and manifestations of the illness’s symptoms.

BE UNRELIABLE AND UNPREDICATBLE IN YOUR AVAILABILITY FOR THEM. The person with this disorder may react negatively to your in-and-out availability and perceive your behaviour as a form of abandonment.



Recommended approaches and those to be avoided

— INSTABILITY AND INTENSITY —

A person with this disorder may tend to be unstable and intense in their relationships. Their thinking may be dichotomous, in other words, black and white, meaning that they oscillate between two extreme and opposing positions, blind to anything in between. They are incapable of seeing both the good and the bad in a person, event or thing. They may see things in “black and white,” “all good or all bad.”



Recommended approaches

HELP THEM SEE THEMSELVES AND OTHERS WITH PERSPECTIVE AND IN A DIFFERENT LIGHT. This will help them have a more global and accurate view.

USE THEIR WORDS TO HELP THEM GAIN PERSPECTIVE. For example: “I understand that you’re angry right now and that you don’t ever want to see her again, but I recall that yesterday, you told me she had done you a big favour and you considered her a good friend.”

HELP THEM SEE THINGS RATIONALLY. Remind them of the facts.

TELL THEM WHAT YOU THINK AND THE INTENTION BEHIND YOUR BEHAVIOUR. For example: “I understand that you feel betrayed, but I didn’t want to make you feel that way. My goal was to...”

REMIND THEM THAT WHAT THEY THINK OF YOU DOES NOT DEFINE YOU. Sometimes it can be unsettling to get contradicting comments about yourself. Remember who you are, your values and strengths, and do not believe everything they say about you. Do not forget that their opinion of you can change from one moment to the next and that they may have difficulty moderating their views.

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Approaches you should avoid

CRITICIZE THE PERSON’S LACK OF JUDGMENT and their inability to see things “as they are.” Do not forget that they are incapable of doing any differently. To blame them will prevent them from developing their ability to see things in a new light.

ENCOURAGE THEIR BLACK-AND-WHITE THINKING BY AGREEING WITH THEIR EXTREME AND OPPOSING VIEWS.



Recommended approaches and those to be avoided

DISTURBED PERSONAL IDENTITY

A person with this disorder may have difficulty knowing who they are, and their self-comprehension may be unstable. This difficulty may lead them to often make drastic life changes affecting their career, style of dress, circle of friends, program of study, etc.



Recommended approaches

HELP THE PERSON DISCOVER FOR THEMSELF WHO THEY ARE AND WHAT THEY WANT TO DO.

USE THEIR WORDS AND ACTIONS TO HELP THEM UNDERSTAND WHAT ABOUT THEM IS STABLE AND RECURRENT. For example: “You know, for the past two years you have been telling me about your desire to sign up for the technical training, whereas this is the first I’ve heard you talk about this program.”

Approaches you should avoid

FIND THE ANSWERS TO THEIR QUESTIONS AND MAKE THEIR DECISIONS FOR THEM.

RIDICULE THEIR AMBIVALENCE AND INSTABILITY. This will prevent them from developing good self-esteem, which they would need to be able to gain greater self-comprehension, achieve stability and make choices.



Recommended approaches and those to be avoided

EMOTIONAL INSTABILITY

A person with this disorder may be very emotionally reactive. Certain situations may trigger an extreme emotional reaction, irritability and anxiety. It may be difficult for them to get over a conflict, and their reaction may last several hours or even a few days.



Recommended approaches

ENCOURAGE THE PERSON TO ALLOW THEMSELF TO FEEL THEIR EMOTIONS AND PUT WORDS TO THEM. This will help them understand and express their emotions better.

BECOME AWARE OF YOUR OWN EMOTIONS AS SOMEONE WHO CARES FOR A PERSON WITH BPD. With better insight into what you are experiencing, you will be better equipped to express your emotions and thereby lessen the impact your emotions may have on either party.

VALIDATE THE EMOTIONS THEY FEEL AND EXPRESS. You do not have to agree with their emotions or reactions. However, recognizing their emotional state and empathizing with them will help them feel understood and not judged. Simply validating what they feel could moderate the intensity of their emotions, because “their message has been heard.” Furthermore, they may have difficulty understanding what they are feeling, so putting it into words may be helpful.

BE CONSISTENT WITH YOUR GESTURES, WORDS, ACTIONS AND APPROACHES.

This will help you become more credible and gain the trust of the person with this disorder. Remember that they may be hypersensitive and quickly detect inconsistencies.

SPEAK IN THE FIRST PERSON. This helps prevent confusion, leaving little room for interpretation and for the other person to feel accused (e.g.: When I notice that... I feel...).

DETACH EMOTIONALLY. This could help you avoid confrontations and be more inclined to maintain the relationship. So, when you feel overwhelmed by your emotions and the situation, take time to breathe and take a step back. For example, tell them you will call them back in 5 minutes or, if you are together, leave their side and take a short walk or go to the bathroom.

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Approaches you should avoid

MINIMIZE WHAT THEY ARE EXPERIENCING. Certain situations that you consider trivial may cause a person with this disorder to experience intense emotions. Because of this, you might feel like treating the issue as unimportant. For example: “Really? You’re getting angry over this? It’s not even important! Get over it!” It is paramount that you recognize that people experience situations differently and that their suffering is real.

REACT STRONGLY TO CONFLICT AND REPROACH. A person with this disorder may have difficulty managing their emotions. If you yourself react strongly, this will only add fuel to the fire.

ALLOW YOURSELF TO BE INFLUENCED BY THE EMOTIONAL UPS AND DOWNS OF THE PERSON WITH THE DISORDER. They may be emotionally unstable. If you let yourself get caught up in their mood swings, you could become vulnerable and put yourself through an emotional roller coaster.



Recommended approaches and those to be avoided

ANGER

A person with this disorder may often experience anger. Their anger may be difficult to control and seem disproportionate to the actual situation. Such anger could cause them to be in a bad mood, have repeated conflicts, get into fights, etc.



Recommended approaches

COMMUNICATING IN WRITING TO THEM BEFORE DISCUSSING A SUBJECT could allow them to assimilate the information before they speak with you about it.

TRY TO DISCUSS MORE SENSITIVE SUBJECTS AT OPPORTUNE TIMES AND, IF POSSIBLE, IN A NEUTRAL ENVIRONMENT (e.g.: a café, park, etc.), especially if you know they are subject to outbursts of anger.

STOP TAKING PART IN A DISCUSSION IN WHICH EVERYONE INVOLVED IS GETTING ANGRY.

TRY TO DIFFUSE THE ANGER. For example, you could use humour and helpful key phrases, make constructive and positive statements and encourage the person to use their resources and strengths.

REMAIN EMOTIONALLY DETACHED AND KEEP A PHYSICAL DISTANCE.

REMIND THEM THAT THEIR BEHAVIOUR MAY HAVE CONSEQUENCES, and that they will have to assume them. You could possibly remind them gently of the consequences of previous fits of anger. For example: “Do you remember the last time you acted this way at someone’s house? You ended the evening at the police station and had to do 100 hours of community work.”

ENCOURAGE THEM TO ADOPT STRATEGIES TO MANAGE THEIR ANGER, such as expressing themselves calmly, or through a creative outlet (art, music, dance, etc.), doing activities that will make them feel better and calm them down, postpone the discussion, etc. For example, you could say: “I know that right now you’re extremely angry. What do you think about using the strategies we established together that helped you calm down last time?”

IN THE EVENT THAT THEY GET VERBALLY ABUSIVE, BE FIRM, MAKE SURE THEY TREAT YOU WITH RESPECT AND DO NOT TOLLERATE THIS FORM OF VIOLENCE.

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IN THE EVENT THEY BECOME PHYSICALLY AGGRESSIVE, IT IS IMPERATIVE THAT YOU PROTECT YOURSELF BY GETTING AWAY FROM THEM.

Ideally, they are the one who should leave, as they are the one who lost control and acted out. However, if you are in danger and may become the victim of physical aggression, you should ensure your safety by putting physical distance between you and the other person (e.g.: leave the place, leave the house, etc.).

PROGRESSIVELY REESTABLISH CONTACT WITH THEM FOLLOWING THE TEMPER OUTBURST. It may be better to only talk on the phone at first.

IF NECESSARY, CALL THE POLICE.

See also the approaches that are recommended and those to be avoided during a crisis, presented in the section that begins on page 39.

Approaches you should avoid

GET INTO A CONFRONTATION WITH THE PERSON WITH THIS DISORDER.

MINIMIZE THEIR REASONS FOR GETTING ANGRY.

INSIST ON DISCUSSING THE ISSUE THAT ANGERS THEM IMMEDIATELY WHEN IT IS POSSIBLY NOT THE BEST TIME TO DO SO.

ASSUME THE CONSEQUENCES OF THEIR ACTIONS FOR THEM.

For example: paying a fine, apologizing on their behalf, etc. It is important that they take responsibility for their actions, otherwise, why would they change?

See also, in the section that begins on page 49, the approaches that are recommended and those to be avoided to help a person with this disorder become responsible.



Recommended approaches and those to be avoided

SELF-MUTILATION

Although this strategy may seem unacceptable to you, a person with this disorder may use it to punish themselves after having behaved badly, feel euphoric from the hormones secreted during the act, take back control of their body, replace their psychological pain with less unbearable physical pain, etc.



Recommended approaches

REMAIN CALM.

EVALUATE WHETHER THE PERSON NEEDS MEDICAL CARE. (e.g.: clean, disinfect or bandage a wound, etc.). You can progressively give them the responsibility of taking care of their wounds, assist them or refer them to professional services according to the severity of their injuries.

VALIDATE THEIR SUFFERING WITHOUT JUDGING THEM. The person needs to be heard and understood. Note that when you validate their suffering, you are not validating the means they used.

HELP THEM TAKE RESPONSIBILITY. For example, suggest they do it in private, so as to avoid upsetting others, and to clean up after themselves, take care of their wounds, etc.

ENCOURAGE THEM TO USE HEALTHIER STRATEGIES. For example: exercise, express themselves through art, etc.

ENCOURAGE THEM TO SEEK PROFESSIONAL HELP and contact emergency services when necessary.

Approaches you should avoid

DRAMATIZE WHAT THEY DID, which would only amplify the emotions the person with this disorder is feeling.

JUDGE, LECTURE, ACCUSE OR THREATEN them, which would make them take longer to calm down, suffer more and feel misunderstood.

IGNORE THE BEHAVIOUR, WHICH COULD MAKE THEM FEEL ABANDONED, MISUNDERSTOOD AND UNLOVED.

FOCUS A LOT OF ATTENTION ON WHAT THEY DID AND REACT STRONGLY. It is preferable to remain calm and refer them to people who are neutral, such as professionals, because your emotional reactions may inadvertently cause them to turn to self-mutilation.



Recommended approaches and those to be avoided

SUICIDAL THOUGHTS AND BEHAVIOURS

A person with this disorder may also have recurring suicidal thoughts and behaviours and threaten to commit suicide. Most of the time, people have suicidal thoughts and behaviours because they want their suffering to end, not because they want to end their lives.



Recommended approaches

REMAIN CALM. Ask them clearly if they are thinking about committing suicide and listen to them without judging them.

SPEAK WITH THEM ABOUT THEIR DESIRE TO DIE. Ask them when and how they are thinking of doing it (how, where, when). This will help you determine if the danger is imminent and if you should contact emergency services. Show them empathy for what they are going through and ask about recent events.

ASK THEM WHAT YOU CAN DO TO HELP THEM and, if possible, establish an action plan to get help.

KEEP ANY MEANS THAT THEY MIGHT USE OUT OF THEIR REACH (e.g.: pharmaceutical drugs, weapons, etc.).

TELL THEM HOW MUCH YOU LOVE THEM and remind them that you are there for them.

RECOGNIZE YOUR LIMITS. You cannot take on all the roles (parent, mental health professional, nurse, etc.).

DETERMINE WHO YOU CAN TURN TO FOR SUPPORT and contact emergency services when necessary.

INFORM THEM OF THE RESOURCES AVAILABLE AND, IF NECESSARY, CONTACT THESE RESOURCES TOGETHER, explaining to the person with the disorder the limits of the help you can provide. In Quebec, mental health professionals are available 24 hours a day, 7 days a week, via phone, text messaging and chat (example: <https://suicide.ca/>).

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Approaches you should avoid

PROMISE TO KEEP IT A SECRET. In the event that you break this promise, they will lose trust in you. And if you keep the secret and they go through with it, you might feel guilty.

FULFILL THEIR EVERY WISH. This could drain you without actually alleviating their suffering.

OVERPROTECT THEM. This will prevent them from developing strategies for facing life's challenges.

TRIVIALIZE THEIR EMOTIONS OR THE SITUATION.

REMAIN ALONE. This will prevent you from looking at the situation objectively or use the resources available to you and the person with the disorder. Furthermore, it is a heavy burden to bear alone.



Recommended approaches and those to be avoided

IMPULSIVITY

A person with this disorder may exhibit impulsive behaviours that are destructive and harmful to themselves. Their impulsivity may lead them to use drugs, drive dangerously, make impulse purchases beyond their budget and engage in risky sexual behaviours, etc.



Recommended approaches

TALK WITH THE PERSON ABOUT THE REASONS THEY ADOPT IMPULSIVE AND DANGEROUS BEHAVIOURS.

INFORM THE PERSON ABOUT THE CONSEQUENCES THEIR ACTIONS COULD HAVE ON THEM AND OTHERS.

IF POSSIBLE, PLACE DANGEROUS OBJECTS THAT THEY MIGHT USE OUT OF REACH and limit their access to certain things they could use to engage in destructive behaviour (e.g.: car keys, credit card, weapons, etc.), especially when the person is experiencing a particularly stressful moment or a crisis.

MAKE AVAILABLE TO THEM RESOURCES THAT COULD HELP THEM AND ENCOURAGE THEM TO CONTROL THEIR IMPULSIVITY (e.g.: condoms, a photo of a loved one near the speedometer in their vehicle, etc.) and ask them clearly if they are thinking about committing suicide. Listen to them without judging them.

Approaches you should avoid

TAKE PART IN THEIR IMPULSIVE BEHAVIOURS.

MINIMIZE THE IMPACT OF THE POSSIBLE REPERCUSSIONS OF THEIR BEHAVIOURS with the aim to avoid fuelling the crisis. The repercussions and consequences are real, so you should not let them think that you approve of these behaviours.

ACCEPT THAT THE PERSON PLACE OTHERS, INCLUDING YOURSELF, IN DANGER.

So, if you know that the person has sped away in their vehicle and that they tend to exceed the speed limit significantly, you should contact the police.



Recommended approaches and those to be avoided

FEELING OF EMPTINESS

A person with this disorder may feel empty inside. This profound feeling may cause apathy in the person with this disorder, make it difficult for them to find meaning in their life and prevent them from feeling their emotions at times, etc.



Recommended approaches

ENCOURAGE THE PERSON TO GET ACTIVE, by, for example, engaging in activities that make them feel good.

HELP THEM KEEP THINGS IN PERSPECTIVE. For example: “I understand that you’re feeling lost right now, but don’t forget that you have an activity scheduled next week that you told me you were really looking forward to.”

TRY TO TAKE THEIR MIND OF THINGS.

FOCUS ON THE POSITIVE, without minimizing what they are going through.

Approaches you should avoid

MINIMIZE WHAT THEY ARE GOING THROUGH.

POINT OUT THAT THEY ARE UNSTABLE, which would exacerbate their feeling of emptiness.

EXPRESS PESSIMISM ABOUT THEIR SITUATION. For example, tell them that you also think their life is void of meaning.

TRY TO COMPENSATE FOR THEIR FEELING OF EMPTINESS. This may prevent them from developing their ability to personally meet their needs.



Recommended approaches and those to be avoided

DISSOCIATION AND IDEAS OF PERSECUTION

A person with this disorder may lose touch with reality, particularly in very stressful situations. They may also have ideas of persecution when under a lot of stress, in other words, think that others wish them harm or want to deceive them, rob them or take advantage of them, etc.



Recommended approaches

SPEAK CLEARLY AND USE PLAIN LANGUAGE.

TRY TO BRING THEM BACK TO THE PRESENT MOMENT. For example, try calling on their senses: “Do you want to try an exercise with me? Let’s name what we see, touch, smell, taste, etc.” or “Let’s take deep breaths together.”

HELP THEM THINK RATIONALLY. For example, help them focus on tangible facts in the present moment.

VALIDATE THE EMOTIONS AND NEEDS THAT ARE AT THE BASIS OF THIS TYPE OF BEHAVIOUR.

For example: “I understand that you are really angry right now and that, because of that, you think that...”

RESPECT THEIR NEED FOR SPACE, IF NECESSARY. Sometimes, the person needs to calm down on their own.

PLACE DANGEROUS OBJECTS OUT OF REACH.

INVOLVE OTHER PEOPLE, IF NECESSARY. For example, if the person with the disorder is having ideas of persecution involving you, it may be preferable for someone else to replace you at their side until their symptoms subside.

REMIND THEM THAT YOU ARE THERE FOR THEM.

REMIND THEM OF THEIR RESOURCES.

CONTACT EMERGENCY SERVICES, IF NECESSARY.

Approaches you should avoid

REACT VERY EMOTIONALLY, which could heighten their dissociation and even confirm their ideas of persecution.

CONTRADICT THE PERSON WITH THIS DISORDER. When they are dissociative or delirious, this may cause their condition to worsen and affect their trust in you, and consequently render the situation even more difficult, as they may become less cooperative.



Challenges friends and relatives often face and strategies

What to do about drug and alcohol use

Drug and alcohol use is not uncommon in people with mental illness. A person with BPD may turn to substance use for several reasons. For example: to alleviate certain symptoms, seek thrills, temporarily numb their suffering, etc. It is entirely normal for a friend or relative to feel powerless over the decisions that the person with this disorder may make.



Recommended approaches

SHARE YOUR CONCERNS WITH THEM.

TALK WITH THEM ABOUT THE REASONS THEY USE SUBSTANCES and try to create a climate of trust in which the person can feel safe exposing their feelings and thoughts.

SHOW THAT YOU ARE OPEN-MINDED and allow them to share their views, without protest. You can also tell them you see things differently while remaining respectful.

REMIND THEM OF HOW MUCH YOU LOVE THEM and that you are there for them.

SHARE BASIC INFORMATION with them about drugs and their side effects, staying within the confines of your knowledge.

DISCUSS HOW THE DRUG NEGATIVELY AFFECTS THEM. For example: “When you use, you tend to yell, and that scares the children.”

SET AND RESPECT YOUR BOUNDARIES.

REMIND THEM OF THE CONSEQUENCES THEY THEMSELF HAVE IDENTIFIED. For example: “Remember, last time you told me that every time you use, you’re knocked out for an entire week and you hate that” or “You lost a job that you loved because of drugs. Don’t forget, you’ve told me several times that you want to quit.”

HELP THE PERSON WITH THIS DISORDER FIND OTHER STRATEGIES TO MANAGE THEIR DIFFICULTIES (e.g.: exercise, participate in activities, make new friends, etc.)

HELP THE PERSON FIND WAYS TO SAY “NO” when they are offered drugs or alcohol. For example: “I can’t mix drugs with the medication I’m taking” or “No thanks, I don’t need any.”

REMIND THEM OF THE POSITIVE THINGS IN THEIR LIFE, because sometimes, the person can forget the good things they have (e.g.: their family, strengths, ambitions, friends, etc.).

TALK ABOUT WHAT YOU ARE GOING THROUGH WITH PEOPLE WHO ARE TRUSTWORTHY and encourage the person with this disorder to do the same so they do not remain alone in this situation.

ENCOURAGE THEM TO SEEK PROFESSIONAL HELP AND USE THE RESOURCES AVAILABLE TO THEM (e.g.: crisis lines, such as Drugs: Help and Referral at 1-800-265-2626, Alcoholics Anonymous, <https://www.aidedroque.ca/en/>, detoxification centres, CISSS addiction rehabilitation services, etc.).

CONSULT COMPETENT SUBSTANCE ABUSE ORGANIZATIONS AND PROFESSIONALS. (e.g.: Al-Anon for people concerned about the alcohol use of a friend or relative, crisis lines, such as Drugs: Help and Referral at 1-800-265-2626, <https://www.aidedroque.ca/en/>, detoxification centres, CISSS dependency and addiction rehabilitation services, etc.).

Approaches you should avoid

CRITICIZE, JUDGE OR STIGMATIZE THE PERSON WITH THIS DISORDER, WHICH COULD INCREASE THEIR NEED TO USE AND MAKE THE SITUATION WORSE. This could make them feel shame, hide the fact that they are using and refuse to speak to you again about their substance use. Furthermore, they may decide to use in dangerous places, with people who are a dangerous influence, and use contaminated syringes, placing their health at risk.

ENCOURAGE SUBSTANCE USE.

TRY TO TALK ABOUT SENSITIVE SUBJECTS AND FORCE THEM TO COMMUNICATE WHEN THEY ARE UNDER THE INFLUENCE.

ASSUME THE CONSEQUENCES OF THEIR SUBSTANCE USE.

DENY THAT THEY HAVE A SUBSTANCE USE PROBLEM.

MINIMIZE THE IMPACTS OF THEIR SUBSTANCE USE.

AVOID SOCIAL OUTINGS TO PREVENT THE PERSON FROM BEING OFFERED SUBSTANCES. This would contribute to your isolation and prevent them from taking responsibility of their substance use (e.g.: saying no, deciding on their own to avoid places where people use substances, etc.).

JOIN THEM IN THEIR SUBSTANCE USE.



Challenges friends and family often face and strategies

Access to information and professional secrecy

The Act respecting health services and social services also regulates confidentiality and access to the records of those who use the health and social services (sections 17 - 22). The Act also provides that the information contained in the record of a user 14 years or older cannot be disclosed to a third person (including their parents) without their consent. Consequently, the friends and relatives of some people with this disorder may not be informed of their health or state of mind; they do not know the diagnosis or treatment and are unable to collaborate with the healthcare team as they might wish to.



Recommended approaches

TALK WITH THEM ABOUT AUTHORIZING THE RELEASE OF THEIR CONFIDENTIAL HEALTH INFORMATION TO YOU. If they accept, ask them to inform the healthcare staff of their decision so they may get the consent form for the release of personal information. Once completed, give a copy of the form to the healthcare team and keep a copy, which you could submit to other healthcare professionals, if necessary (health and social services).

EXPLAIN THE BENEFITS OF SHARING THEIR INFORMATION WITH YOU. For example: “You know, if I knew your diagnosis, I would be able to understand what you’re going through and support you better.”

PROPOSE THAT THEY DETERMINE THE TYPE OF INFORMATION THEY WOULD LIKE TO SHARE. It would be helpful to tell them that they can determine which information they would like to share or not (e.g.: diagnosis, medication and recommendations, or sexual relations, misdemeanours, the date when they will return home, etc.) They may refuse that certain information be shared with you, and it is their right.

SHARE INFORMATION WITH THE HEALTHCARE TEAM. If you think that you have important and significant information that could influence clinical or legal decisions, you have the right to disclose it, either orally or in writing. Sometimes, it may be preferable to transmit the information in writing, as it will be added to their record for a certain amount of time and staff will have access to it.

REQUEST THAT THE INFORMATION REMAIN CONFIDENTIAL AND YOUR IDENTITY ANONYMOUS. Moreover, section 18 of the AHSSS states that no user is entitled to be informed of the existence or be given communication of information concerning them furnished by a third person that would make it possible to identify the third person, unless they have given their consent.

MAINTAIN A STRONG BOND OF TRUST WITH THE PERSON WITH THIS DISORDER AND THE HEALTHCARE TEAM. Act respectfully and remember that the professionals may sometimes want to share information with you, but are unable to.

MAKE YOUR POINT OF VIEW KNOWN TO THE HEALTHCARE TEAM. The role of a supporting friend or relative is essential. Unfortunately, it is not always recognized as such by the health and social services. Have confidence in yourself; tell the healthcare team your needs and your point of view.

INFORM THE HEALTHCARE STAFF OF YOUR LIMITS, NEEDS AND EXPECTATIONS so they may adjust their interventions as much as possible to your reality and consider you as a partner.

Approaches you should avoid

COERCE, MANIPULATE OR THREATEN the person with this disorder into giving their consent to the healthcare team to share information from their medical record with you.

TRY TO GET THEIR CONFIDENTIAL INFORMATION WITHOUT THEIR KNOWLEDGE or that of the healthcare team. This could affect their trust in you.



Challenges friends and family often face and strategies

Encouraging the use of medication

There is no specific medication for borderline personality disorder, but medication may be prescribed to treat comorbid conditions that accompany borderline personality disorder (e.g.: anxiety, depression, etc.)



Recommended approaches

LEARN ABOUT THE MEDICATION, its onset of action, side effects and benefits from reliable sources (pharmacists, physicians, nurses, government websites, etc.).

SHARE THE BASIC INFORMATION ABOUT THE MEDICATION WITH THE PERSON WITH THIS DISORDER, SUCH AS ITS SIDE EFFECTS AND BENEFITS, staying within the confines of your knowledge. You can also encourage the person to do their own research using reliable sources.

TELL THEM OF THE BENEFITS YOU HAVE NOTICED SINCE THEY STARTED TAKING THE MEDICATION. For example: “I find you calmer and more focused when you take your medication.”

HELP THEM FOCUS ON THE LONG-TERM BENEFITS OF TAKING THEIR MEDICATION. Finding the right medication and the proper dose for maximum benefits and minimum side effects can take a long time. Furthermore, side effects are often more prominent at the start of the treatment. It could take between a few weeks and a few months for their metabolism to respond. One has to be persistent to notice and benefit from the desired effects of the medication.

ENCOURAGE THEM TO DISCUSS THE SIDE EFFECTS THEY ARE HAVING WITH THEIR PHYSICIAN OR PSYCHIATRIST. They could adjust the dose or change the medication, if necessary.

IF THEY TEND TO FORGET TO TAKE THEIR MEDICATION, you could remind them and help them take responsibility by using reminder tools (e.g.: a cross out calendar, an alarm on a cell phone, establishing a routine, etc.).

IF THE PERSON WITH THIS DISORDER WISHES TO STOP TAKING THEIR MEDICATION, encourage them to consult their physician for guidance. Their physician could ask them about their reasons and could readjust their medication or help them gradually discontinue it to avoid the effects of withdrawal.

Approaches you should avoid

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DISCOURAGE THEM FROM TAKING THEIR MEDICATION OR SUGGEST THAT THEY CHANGE THEIR DOSE WITHOUT CONSULTING THEIR PHYSICIAN OR PSYCHIATRIST. Friends and relatives may sometimes have reservations about pharmacotherapy. Sharing your concerns and values on this matter could affect their motivation to take their medication as prescribed and therefore interfere with the desired effects.

SUGGEST THAT THEY TAKE NATURAL PRODUCTS, vitamins and other medication that could interfere with the prescribed medication without talking about it with the pharmacist beforehand.

BLAME ALL THE PROBLEMS ON THE FACT THAT THEY DO NOT TAKE THEIR MEDICATION. Remember that the problems are often multifactorial.

INSIST THAT THEY TAKE THEIR MEDICATION without taking an interest in what they are going through or in the reasons behind their decisions.

HARASS AND THREATEN THEM, which could affect their trust in you.

GIVE THEM THEIR MEDICATION WITHOUT THEIR KNOWLEDGE (e.g.: putting it in their juice). They will most probably feel the difference and the side effects. Also, if they were to decide to take their medication or consume incompatible substances, you could endanger their health.



Challenges friends and family often face and strategies

What to do in a crisis

The crises that people with BPD experience can be intense and even violent. Because friends and relatives are often very emotionally involved in their relationship with the person affected, the crises may cause them many and intense repercussions. For example, a friend or relative may feel shaken, hurt or frustrated, feel that they are entirely to blame, question themselves and the relationship, fear for the safety of the person with this disorder, for the safety of others or for their own safety, and be concerned about self-destructive behaviours (Impulsive behaviours, suicide attempts, self-mutilation), etc. It is therefore particularly helpful to adopt behaviours that could diffuse the crises and to know how to react during and after the crisis.



Recommended approaches

TO PREVENT THE CRISIS:

REINFORCE THEIR HEALTHY BEHAVIOURS AND THEIR EFFORTS. For example: “Thanks for letting me back in. It means a lot to me” or “Thanks for speaking calmly with me. I know it’s a sensitive subject for you.”

DEFINE WHAT CONSTITUTES AN “EMERGENCY”. A person with this disorder quickly finds themselves in an “emergency” and may drag you in. Is it actually an emergency?

TAKE YOUR TIME BEFORE RESPONDING TO A REQUEST. This will give you time to think and will allow them to solve the problem on their own. For example: “I understand your request. Give me until this evening to think about it.”

LEARN TO DETECT THE INDICATORS OF THE ONSET OF A CRISIS. This will help you avoid, diffuse and protect yourself from the consequences of a possible outburst.

REDUCE STIMULI. For example, it could be helpful to turn off the radio, dim the lights, prevent too many people from speaking at the same time, etc.

SCHEDULE TIMES FOR DISCUSSION, IF NECESSARY. It could help to determine together a date and time to meet, the duration of the discussion, a suitable location, the subjects that should be discussed and those to avoid, etc. The goal is to set and respect your boundaries and create a positive climate for discussion.

TAKE A BREAK FROM THE DISCUSSION AND FROM THE PERSON WITH THE DISORDER. If you sense that they are tense or not in the mood to talk, or if you are in a similar state, it would be better to postpone the discussion to a more suitable time.

DRAW THEIR ATTENTION TO ANOTHER SUBJECT.

ESTABLISH AN ACTION PLAN THAT INCLUDES HELPFUL STRATEGIES, available resources and the actions that both you and the person with this disorder should take in the event of a crisis. It is recommended that you involve them in formulating this plan. This way, they may share their opinion and ideas and better understand the spirit of the decisions made and the boundaries they have to respect. Furthermore, their participation will give them the incentive to use this tool and prevent them from being taken off guard by your actions (an example of an action plan is presented at the end).

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DURING THE CRISIS:

APPLY THE ACTION PLAN AND SUGGEST THAT THEY APPLY IT AS WELL.

SPEAK CLEARLY AND USE PLAIN LANGUAGE.

FIND AND USE HELPFUL KEY PHRASES. You could determine these phrases together in advance, thereby ensuring that they will be effective and reassure the person with this disorder. For example: “You know, you’ve already been in a situation like this and you got through it.” You can also ask them which phrases or approaches help them feel better and draw on them for inspiration.

ASK THEM WHAT YOU CAN DO TO HELP WHILE RESPECTING YOUR BOUNDARIES.

RESPECT THEIR BOUNDARIES AND LEAVE, IF NECESSARY.

IF NECESSARY, CALL THE POLICE.

AFTER THE CRISIS:

LOOK BACK ON THE SITUATION AND SHARE HOW YOU EXPERIENCED IT. This moment can be useful to help you understand what each of you experienced (emotions, concerns, interpretations, etc.). It can also help you understand the dynamic and the recurring scenarios that may be present in your relationship and, eventually, how to avoid them.

DISTINGUISH BETWEEN WHAT EACH OF YOU IS RESPONSIBLE FOR. A conflict in a relationship always involves more than one person. It is important to avoid both taking all the blame and placing all the blame on the other person.

REITERATE THE BOUNDARIES THAT BOTH PARTIES SHOULD RESPECT.

HIGHLIGHT THEIR EFFORTS AND HEALTHY BEHAVIOURS. It is important to reinforce their positive behaviours, as this will help stabilize the situation, provide a sense of accomplishment and motivate them to repeat the new and improved behaviours in future conflicts and crisis situations.

REVIEW THE ACTION PLAN AND MAKE ADDITIONS OR CHANGES TO IT.

Approaches you should avoid

BEFORE THE CRISIS:

BE CONSTANTLY IN ANTICIPATION OF THE NEXT CRISIS. Sometimes, expecting the worst may cause it to happen.

38 **MINIMIZE WHAT THEY ARE GOING THROUGH.** For example: “You always overreact.” The person with this disorder may feel misunderstood, and their emotions will likely become more intense. Remember that the reason we express our emotions is that we need to be heard.

RIDICULE OR SCOFF AT THEIR REACTIONS. For example: “Your reaction is ridiculous. You’re acting like a baby or a teenager.” Remember that their reactions may be a manifestation of the symptoms of the disorder and that these symptoms have an impact on their reactions and social interactions.

CONSTANTLY PROTECT THE PERSON WITH THIS DISORDER TO ALLEVIATE THE CHALLENGES THEY FACE. The goal is for them to learn how to cope with the reality of life. By constantly protecting them, you make it less likely for them to develop strategies that will help them. It is recommended that you help them use their personal tools and develop new strategies.

DURING THE CRISIS:

ACCEPT BEING IN A SITUATION THAT IS DANGEROUS FOR YOU. By allowing certain behaviours and subjecting yourself to them, you are inadvertently showing them that such behaviours are acceptable when they are not.

ACCEPT THAT THEY CROSS YOUR BOUNDARIES WITHOUT CONSEQUENCE, WHICH COULD RESULT IN THEM REPEATING THE SAME BEHAVIOUR IN THE FUTURE.

GOING ABOVE AND BEYOND YOUR ROLE. From the moment we form an emotional tie with a person, we are no longer in a position to fill the role of mental health professional, nurse or police officer, etc.

AVOID USING YOUR RESOURCES (FAMILY, FRIENDS, MENTAL HEALTH PROFESSIONALS, POLICE, AMBULANCE, HOSPITAL, PSYCHOLOGIST, HALTE DES PROCHES, ETC.), THINKING YOU ARE CAPABLE OF HANDLING EVERYTHING YOURSELF. This could cause you to have a burnout and develop psychological and physical problems. It could also encourage certain unhealthy behaviours in the person with this disorder.

AFTER THE CRISIS:

ASSUME THE CONSEQUENCES OF THE CRISIS. If the person with this disorder does not assume the natural consequences of their crisis, what will motivate them to act differently?

REDUCE THE PERSON'S IDENTITY TO THEIR DISORDER. For example: "You're such a borderline!" or "You're so mentally ill!" It is important to distinguish the person from their disorder. They did not choose it and it does not represent them entirely. They are a person in their own right, with their own interests, values, tastes, ambitions, strengths and limits.

PLACE ALL THE BLAME ON THE PERSON WITH THE DISORDER.

PUT THE FOCUS ENTIRELY ON THEIR SHORTCOMINGS, WEAKNESSES AND MISTAKES.



Challenges friends and family often face and strategies

Helping the person with borderline personality disorder take responsibility

Friends and relatives often feel they have to assume the responsibilities of the person with the disorder. They do it thinking they are protecting them whereas they are actually contributing to their delinquency. These behaviours are often entirely justified and aim to, for example, prevent conflict, reduce stress and make things less difficult, etc. However, without knowing it, the friend or relative may take away from the person with this disorder the opportunity to take responsibility, thereby continuing the vicious cycle.



Recommended approaches

RECOGNIZE AND REINFORCE THEIR EFFORTS AND PROGRESS.

ENCOURAGE THE PERSON TO MEET THEIR NEEDS ON THEIR OWN USING THEIR PERSONAL MEANS AND STRATEGIES. This will prevent you from putting them in a position where they are dependant on you and free you of responsibilities that are not yours. Furthermore, this strategy promotes their autonomy and self-confidence.

LEAD THEM TO DIFFERENTIATE BETWEEN WHAT THEY ARE RESPONSIBLE FOR AND WHAT THEY ARE NOT RESPONSIBLE FOR. They are often less capable of empathizing with others. They may also tend to place the blame entirely on others. For example, you could say to them: “What I said was hurtful, and I’m sorry. However, what you did afterwards hurt me as well. We each have our share of responsibility.”

ENCOURAGE THEM TO USE THEIR RESOURCES (e.g.: psychologist or psychiatrist, pharmacotherapy, support group, mental health community organizations, etc.). Considering that borderline personality disorder is a relational disorder, it is highly probable that they will have difficulties in their relationships with mental health professionals. They may need your help putting their perception of their mental health professional into perspective.

HOLD THEM RESPONSIBLE FOR THEIR WORDS, ACTIONS AND CHOICES. This helps them suffer and learn from the natural consequences of their words, actions and choices. Friends and relatives may sometimes find it difficult to see the person with this disorder entangled in their problems and may feel torn, but overprotecting them prevents them from learning from their experiences, which they need in order to get better. Doing for them things they should do for themselves, preventing them from suffering consequences or compensating for their difficulties (e.g.: financially), may cause them to lose their sense of responsibility and prevent them from seeing the relevance of changing.

ASK THEM WHAT TYPE OF SUPPORT THEY WOULD LIKE TO GET. This way, you are sure to meet their actual needs. For example, you could say: “I have an hour to give you. How can I help? Let them tell you what they need. If they are incapable of doing so, you could provide them with suggestions.

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TELL THEM HOW YOU ARE FEELING. The person with this disorder does not always notice the impact of their actions. It is therefore beneficial that you tell them the effect their actions have on you. In this way, you help them develop their empathy and understanding.

Approaches you should avoid

GIVE ADVICE WITHOUT FIRST VERIFYING IF THE PERSON IS INTERESTED IN GETTING ANY.

REDUCE THE PERSON’S IDENTITY TO THEIR ILLNESS. This will prevent them from feeling like a person in their own right.

MAKE IT YOUR MISSION TO CURE THEM. They are the only one with the power to decide for themselves. THEIR commitment and THEIR action are essential to THEIR recovery.

CONSTANTLY REASSURE AND PROTECT THEM. This will not allow them to develop their own resources and it will be difficult for them to face challenges without you.

DO FOR THEM THINGS THEY SHOULD DO FOR THEMSELVES. This may cause them to shirk their responsibilities or diminish their autonomy and self-esteem.



Challenges friends and family often face and strategies

Respecting your limits and boundaries

Borderline personality disorder is fundamentally a relational disorder. This means that the more a person with BPD is emotionally involved, the more the symptoms of the disorder tend to manifest themselves. It is often very difficult for friends and relatives to respect their limits and set their boundaries.



Recommended approaches

RECOGNIZE YOUR LIMITS AND KEEP FROM SURPASSING THEM. This will prevent you from experiencing exhaustion. To do this:

- **CHOOSE AND PRIORITIZE ONE OR TWO** limits that you will respect.
- **THINK ABOUT THE CONSEQUENCES** that surpassing the limit will have and make sure you will actually be capable of assuming them. Ideally, the consequence is a direct result of the behaviour.
- **INFORM THE PERSON WITH THIS DISORDER** and the significant people in your life of your limits. The goal is to get as much understanding as possible from everyone and get support from your network.
- **SET YOUR BOUNDARIES** and apply the consequences of your choice in a constant, clear, coherent and consistent manner (e.g.: My daughter can call me 3 times a week between 8:00 a.m. and 9:00 p.m. Outside those times, I won't answer the phone).

EXPLAIN WHEN YOU ARE MAKING AN EXCEPTION, so they do not take it for granted.

IT IS IMPORTANT TO REMEMBER: WITHOUT A NATURAL AND DIRECT CONSEQUENCE, WHY WOULD THEY BE MOTIVATED TO CHANGE? You have the power to bring about change. If they come out of a situation a winner, they will not change the behaviour that could cause them to lose things such as their freedom, money, etc.

REMEMBER THAT NOT SETTING BOUNDARIES MAY SOMETIMES ENCOURAGE PROBLEM BEHAVIOURS.

REMEMBER THE 5 C'S WHEN YOU HAVE TO SET YOUR BOUNDARIES: CLEAR, CONCRETE, CONSTANT, COHERENT AND CONSISTENT.

Approaches you should avoid

SURPASS YOUR OWN BOUNDARIES AND LIMITS by doing things you do not agree with or taking on a role for which you do not have the skills or necessary emotional detachment (e.g.: play the role of social worker/psychologist with your daughter).

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AVOID ENFORCING SET BOUNDARIES. If some of your boundaries are crossed and you do nothing about it, it will be difficult to set new boundaries, as they will think that there are no consequences to crossing your boundaries and will not take them seriously anymore.

SET BOUNDARIES AND CONSEQUENCES you know you will be incapable of enforcing. For example, some friends and relatives will make threats by saying: "If you don't stop acting that way, I will kick you out," knowing they do not have the courage to go through with it. It is more effective to set boundaries and consequences that you will be able to respect. By the same token, it will be easier for you to enforce such boundaries and consequences with the person with this disorder.

SETTING SEVERAL BOUNDARIES AT ONCE, which would be too demanding on you and probably unrealistic for the person with this disorder.

EXPECT THAT THE BOUNDARIES WILL BE EASY TO SET. In fact, in the short term, it will most probably be difficult to set them. That is why, sometimes, it is better to set them when you feel ready and have enough energy. Remember that in the long term, however, there are many benefits and it is worth doing for the well-being of both parties.

Challenges friends and family often face and strategies

Self-care

Friends and relatives of a person with this disorder tend to invest themselves greatly in them. So, it is important to remember that to provide suitable help, you first have to take care of yourself. Indeed, how could you be of any help if you yourself are not doing well? By taking care of yourself, you are ensuring your equilibrium and well-being. In this way, you will be less overwhelmed by the relationship, use helpful strategies and make changes that will result in long-term benefits for you and the person with this disorder.



Recommended approaches

- **MAKE SURE YOU MEET YOUR OWN NEEDS ADEQUATELY** before trying to meet the needs of the person with this disorder. This means recognizing you have the power to do things and think in ways that are good for you.
- **TAKE THE TIME TO SAVOUR THE MOMENTS WHEN YOU ARE ENJOYING YOURSELF AND LIST THE POSITIVE THINGS IN YOUR LIFE.** Sometimes, our problems prevent us from focusing our attention on the good things going on in our lives and on the positive. Taking the time to savour simple and pleasant moments (example: a good coffee, a sunset, etc.) and notice the positive things in your life (e.g.: good relationships, your overall good physical health, improvements, etc.) has the potential of making all the difference in your daily life.
- **SOCIALIZE AND SUROUND YOURSELF WITH PEOPLE WHO ARE HELPFUL AND POSITIVE.** Your family and friends can help you enjoy yourself, vent and put what you're going through into words. Sometimes, it is important to choose who you share your experience with to make sure you are heard with empathy and without being judged.
- **DO ACTIVITIES THAT MAKE YOU FEEL GOOD.** It is important to set time aside for yourself to recharge your batteries. You can explain to the person with this disorder that you need time for yourself and that it is something you will both benefit from.
- **RESPECT YOUR PHYSICAL AND PSYCHOLOGICAL LIMITS.**
- **CLEARLY EXPRESS YOUR NEEDS TO OTHERS.** For example: "I'm calling because I need to chat and take my mind off things" or "I just need someone to listen to me, without giving me advice. Are you comfortable with that?" In this way, others will better understand and help you meet your needs, and you will avoid feeling frustrated, misunderstood and disappointed,
- **HAVE A HEALTHY LIFESTYLE.** Your eating, sleeping and exercise habits, among others, all have an impact on your well-being.
- **IF NECESSARY, SEEK THE HELP OF PROFESSIONALS WITH AN OBJECTIVE VIEW OF YOUR SITUATION** (e.g. individual counselling, divorce and family mediation, family and marital counselling, etc.). This will help you put what you're going through into words and gain a broader perspective of the situation.
- **USE THE AVAILABLE RESOURCES** (Halte des Proches, 811, physician, crisis lines, self-help groups, etc.).

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Approaches you should avoid

REMAIN IN DRAINING SITUATIONS, which will one day or another affect your well-being and your ability to help.

BECOME SOCIALLY ISOLATED.

IGNORE THE SIGNS YOUR BODY AND MIND GIVE YOU. For example, if you start to experience signs of fatigue, physical pain and symptoms of depression, it is better to address them quickly before your state worsens.

PLAN YOUR LIFE AROUND THE PERSON WITH THE DISORDER and neglect all the other spheres of your life (family, career, etc.). Setting everything aside for the person with this disorder will inevitably affect your personal equilibrium. It is strongly recommended that you keep a balance between all the different spheres in your life. It is important that they understand that you have needs and that your well-being is as important as theirs.



Challenges friends and family often face and strategies

Example of an action plan

The purpose of an action plan is to establish with the person with this disorder the actions to take in case of conflict and crisis. It is recommended that you put this plan together when you are both available and calm. This plan is a good opportunity to discuss what makes each of you feel good, your personal strategies, your decisions, your limits and boundaries, what has to be done during a crisis and why. This way, the person with this disorder will be less likely to be surprised by your actions in the event of a crisis, as they will have been planned and discussed beforehand. Of course, if they do not want to participate in creating this plan, you can do it yourself and apply it. Place this plan in a location where you can easily access it to refer to it whenever you need to.



Situation

Name of friend or relative

(EXAMPLE: SIMON)

Name of the person with the disorder

(EXAMPLE: CASSANDRA)

SAFE LOCATIONS

Determine the locations where I feel comfortable and safe and where I can calm down in the event of a conflict or crisis.

- My room, the park, the café, the library dedicated to the clients at the Halte des Proches, etc.

- My room, the basement, outside the house to take a walk, the mental health community centre, a crisis centre near me, etc.

RED FLAGS

I determine the physiological, psychological and behavioural indicators that tell me that I'm not doing so well.

- Physical: my hands tremble, my legs feel like Jello, I have a headache, my heart rate increases, etc.
- Cognitive (my thoughts): catastrophic scenario, I think our relationship is over, etc.
- Affective (emotions): I feel guilty, frustrated, torn.
- Behavioural: I feel like breaking everything around me, I sigh heavily, I stomp instead of walking, etc.

- Physical: I tremble, I sweat, I feel agitated, etc.
- Cognitive: I have suicidal thoughts, I think others wish me harm, etc.
- Affective: I feel all alone in the world, abandoned, betrayed.
- Behavioural: I scream, I make threats, I throw objects, I speed when I drive.

COPING STRATEGIES

I identify the actions that help me feel better and calm down.

- Physical: take a bath, eat chocolate, etc.
- Cognitive: talk to myself and remind myself that the crisis is temporary, try to remain emotionally detached, etc.
- Affective: be understanding and show Cassandra and myself compassion, accept that I have concerns, etc.
- Behavioural: do a crossword puzzle, do some cleaning, go for a run, call friends, suggest to Cassandra that she use her strategies and resources.

- Physical: take deep breaths, take a bath, etc.
- Cognitive: think about a recent moment I enjoyed, etc.
- Affective: allow the wave of emotions to wash over me and tell myself that it will pass, etc.
- Behavioural: draw, walk my dog, play music, etc.

Situation

Name of friend or relative

(EXAMPLE: SIMON)

Name of the person with the disorder

(EXAMPLE: CASSANDRA)

PERSONAL SUPPORT

Determine who to contact when I feel isolated, need to talk or want to get my mind off things.

- Tanya
- Simon
- My mother
- My neighbour (to go for a walk)

- Henri
- Suzanne
- My parents
- My sisters

PROFESSIONAL SUPPORT

Determine which health and social services professionals I could contact when I feel the need to.

- La Halte des Proches – 450-438-4291 (e.g.: support group, one-on-one meeting, etc.)
- Info-Social – 811, option 2 to speak with a psychosocial support worker (24/7)
- My physician 450-XXX-XXXX
- The employee assistance program (EAP) at my work – 1-866-XXX-XXXX
- Tel-Aide: 514-935-1101
24 hours a day 7 days a week

- My psychologist 450-XXX-XXXX
- The social worker that counsels me at the community organization in my area 450-XXX-XXXX
- My physician 450-XXX-XXXX
- Info-Social – 811, option 2 to speak with a psychosocial support worker (24/7)

EMERGENCY

Determine which emergency services I should contact when the crisis becomes too difficult to manage. I identify the actions that help me feel better and calm down.

- Suicide Action at 1-866-277-3553 for support when Cassandra has suicidal thoughts.
- 911 in case of danger to yourself or others.

- 811 to ask to be put in touch with the crisis centre in my area.
- Suicide Action at 1-866-277-3553 if I have suicidal thoughts.
- The hospital Emergency or 911 if I might put myself or others in danger.

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