



A Parent's Guide to Borderline Personality Disorder



Borderline Personality Disorder in Teens and Young Adults. A Parent's Guide.

Living with a young person who has been diagnosed with Borderline Personality Disorder can be challenging. We hope that this guide can help parents with young people who are beginning their treatment journey, are already diagnosed or parents who are trying to find out where to start in getting the advice that they need.



Our Parent Guides are not intended to replace that advice of your mental health team nor should they be used in place of medical and therapeutic advice. They are written to be used alongside effective and evidence-based treatments for Borderline Personality Disorder.





We have selected some strategies and suggestions to help to coach parents through some of the more difficult moments.

Borderline Personality Disorder in young people is often described as being highly sensitive, with emotional dysregulation, volatility and difficulties in interpersonal relationships. This can be accompanied by impulsivity, extreme changes in mood, anger, sadness, emptiness, loneliness, self harm and suicidal thoughts and gestures. Young people may have a high risk profile, with repeated emergency department admission, over 70% of young people will make a attempt to end their life. There are usually many unsuccessful attempts at individual therapy and residential treatment episodes. They may also have co-occurring conditions, Substance Use Disorder, Eating Disorders, Depression, Anxiety, Bi-polar and other mental health concerns.

Disorder. Not choice.

Borderline Personality Disorder is a Brain Disorder. It can be really important for parents to remember that BPD can be a severely impairing illness. It is a disorder located in the brain. It is not a choice.

BPD has both biological and environmental links. Current Neuroscience research indicated that there are significant changes in the Dorsolateral Prefrontal Cortex - the area of the brain that is responsible for memory together with several changes in brain anatomy.

When days are really challenging, reminding yourself that your child has a serious psychiatric illness can help and like all illnesses your child needs the right treatment.





Great Things Come in Small Packages

Hope. In the early days finding a glimmer of hope that your child or teen will begin to manage can feel very far off. However, young people who are diagnosed with BPD do get well.

Historically, Mental Health Clinicians would shy away from making a diagnosis of BPD because as a severe psychiatric illness, BPD was considered to be untreatable. This is not the case. Young People diagnosed do get well. In fact with the right treatment, young people report at 70% reduction in symptoms with and 60%-70% long term remission rate and over 90% of young people report significant and life changing improvements in coping skills. Remain hopeful, however small the sparkle. Young People do get well.

*Young people who are
diagnosed with BPD do get well.*





Early Intervention Makes All the Difference. Diagnosis in Under 18's Can Be Life Changing.

If symptoms, motivations and behaviours have been observable and evident for more than 12 months in a young person under the age of 18, diagnosis can be made. In fact, research suggests that the younger diagnosis is made, the better the outcome. Children as young as 11 are able to accurately describe both the presentations and the process that accurately predicts an early onset of BPD.

Research indicates that early intervention is not only effective but significantly improves long term outcomes.

BPD left untreated often continues until the 4th decade when symptoms will gradually decline with age. It is essential to receive

BPD can be diagnosed in Under 18's, although it is a common misconception that a young person must be over 18 to receive a diagnosis.



effective treatment as early as possible in specialist BPD programs. Teenagers and Young Adults who have experienced complex trauma or have been diagnosed with BPD can often find it difficult to understand and read the needs of others. This can lead to conflict in friendship groups, at home and in the wider community. Sometimes these behaviours can look like young people don't care about others or that they are only concerned for themselves. The reality for young people with traits of BPD is that it is often very difficult to see outside of their own viewpoint on the world. Rigid thinking, hyper aroused states and sometimes difficulty in mentalizing can leave young people feeling isolated and unlovable and friends and family feeling increasingly frustrated and angry.

Incredible Antenna. Be Clear, Concise, and Retain Your Privacy

Young people who are incredibly sensitive to their environment usually have a super power for attempting to read very slight changes in others and to work out what is not being said. This can lead to overwhelm, reading between the lines and increase anxiety.

If you notice that your teen is trying to guess at things, snoop or even find out about things that are private to you, let them know directly and firmly that you are not ready to share. Stop the guessing or trying to get around finding information. Be clear and concise with the things that you are ready to share and clear about what is not for your child to know. This includes information on your phone, iPad or emails. It is not OK for your child to have access to adult information, however often they ask.

They are not equipped to cope with adult information, keep adult information, finances and personal relationships private. This will increase trust and help to prevent anxiety.



Don't Blame the Diagnosis for Everything

Being a teenager or young adult can be tricky at times, there is so much going on both inside and out. Being a parent to a teen or young adult can also be challenging, there certainly isn't an instruction manual to follow.

Having a teen who is diagnosed with a serious mental health illness, like BPD can add additional worry and make parenting more difficult at times. Sometimes, it may be hard to know what to do for the best or to feel that you are to blame for everything.

It is really important not to blame the diagnosis for everything that happens, that doesn't work out or the challenges that the family face. Sometimes you might find yourself saying, 'that's so BPD of you' or 'That's your BPD, again'. Of course, it may be that you are seeing a pattern of behaviour emerge but it is really important to see the child, teen or young adult first and not the diagnosis. It helps to regulate and feel seen and heard, which are of course essential to mental wellness.

It is useful to keep the same guidelines when dealing with medical professionals or schools. Not everything is about BPD. Let's see the person first and deal with the presenting issues. The label is not always helpful.





Discuss One Thing at a Time

If you need to discuss important topics with your young adult or bring more difficult subjects to the table, choose your time carefully. Moments when young people are highly activated, dysregulated or hyper-aroused are not good times to introduce tricky or touchy subjects (however important the topic or frustrated you may be). Wait until you have more settled moments and gently, clearly and directly address subjects that need your young person's attention. Keep conversations short and if you need more time or even if your young person leaves the conversation, set another time to speak and stick to it - setting a time and a new space allows both people to feel heard and valued. Sticking to the time forms a boundary, which soothes rejection and appeases abandonment. Prioritise problem solving and set a time limit in advance for how long a conversation will last. If it is not finished - set a new time.



It may be difficult for young people to retain friendships. Some young people may make up stories or invent situations in order to gain the attention or popularity in friendship groups. Stories can be hurtful to others, sometimes young people create harmful fantasies or make allegations.



Know Your Facts. Is Bpd a Common Diagnosis in Teens?

BPD has an estimated lifetime prevalence of 6%. That is higher than schizophrenia or Bipolar. The risks associated with ineffective treatment are high, with 10% of people diagnosed with BPD ending their life by suicide. There is a hereditary risk factor and BPD can be seen in families. BPD affects both girls and boys.

Drugs, Alcohol, Sex, Lies and Risky Behaviours

Young people with emotional instability and rapid changes in mood and sometimes in identity or sense of self can become involved in high-risk behaviours.

This may involve taking drugs, drinking too much, too often, becoming involved in high-risk friendship groups, having unprotected sex or sex in risky situations with many sexual partners.



Parenting Through Self Harm. Dealing With the Event Not the Emotion.

56% of young people with BPD report Self Harming in the past month. The prevalence of self-harm in BPD is reported to be as high as 98% in studies of under 25's. Cutting, burning, scratching, picking and pulling hair, starvation, restricting foods and drug and alcohol use are all forms of self-harm in teens.

Self-Harm can be very frightening for parents. It can also bring a feeling of desperation to solve the emotional pain that your child is feeling and guilt for not having solved it in the past. Parents react in shock, through fear and often wish that they could have a magic wand to make it all better.

Instead, gently let your young person know that you will help to deal with the immediate needs, whilst remaining constant in all other aspects of parenting and decision making.



When you are aware of the self-injury it is important to be calm, kind, caring and deal with the medical needs as a priority. You might have a desire to scoop your child up and give more attention or fix the problem with gifts, treats, time off school or holidays. This activates our reward system and makes us feel good. It allows your young person to file the self-harming behaviour as successful in soothing pain and changing situations and that makes it much more likely to be used again and again.



It's Urgent. It's an Emergency. What Is and What Is Not an Emergency?

One of the reasons that therapists in outpatient settings may refer on, is the rapid escalation of events and behaviours that can lead to crisis admissions or involve emergency services. This can be very difficult to manage for therapists working alone in outpatient settings. This is particularly difficult with children and young people who present a significant risk of hurting themselves, of overdose, or non-compliance with treatment, running away or other crisis situations. Therapists may refer a young person to residential or inpatient treatment, if the risk appears too great for outpatient settings or if the insight and motivation to change is low or when there is a need for an involuntary admission for the young person's safety.

Therapists will often clarify what is and what is not an emergency. This will help parents and young people know when to call their therapist and when to wait until the next session. In some cases, going straight to the Emergency Room is the most appropriate action.

In self harm, medical assessment may be needed for anything more than superficial wounds. In the case of overdose of any amount or type of ingestion, medical advice should be taken immediately. If in doubt, call your G.P. or Emergency Department and ask for the OnCall psychiatrist. Your therapist will also have guidelines on when and how to reach them out of hours.

How do you choose the best BPD Treatment Programs for your Teen?

Treatment for Borderline Personality Disorder is notoriously difficult to locate worldwide. Young people can prove difficult to engage in treatment, with high dropout rates in therapy and high rates of relapse. Young people have often been placed in 'rehab' or addiction treatment programs in fixed duration programs which do not meet their needs. Relapse usually follows shortly after discharge.

Rates of Completion of BPD Residential Treatment Programs Internationally:

*Residential Treatment Programs - Completion 23%
(De Panfillis et al, 2012)*

*The Wave BPD Treatment Program - Completion 100%
(2019- 2022)*





What should parents look for in BPD Specialist Treatment Programs?

Great programs are fluid and designed around the needs of young people. There are many great therapeutic modalities, each has its limitations. Parents should look for pluralism in therapy - great teams trained in several different approaches including DBT, Schema Therapy, GPM, IFS, EMDR and always trauma trained and trauma focused. The best programs for BPD focus on developing skills for self regulation and have plentiful opportunities to explore interpersonal relationships, create connections and develop healthy friendships. Programs that are fixed duration or have fixed weekly or monthly achievement schedules can never be truly trauma focused or young person driven and tend to be cognitive in nature. Cognitive based therapies have a very low success rate with BPD.

Great treatment happens when great families come together with a willingness to make changes to the whole system.



Flexibility, Trauma Focused, creative, experiential and purpose driven programs have a higher rate of engagement and more effective outcomes for young people and their families.

Great programs will also encourage parents and siblings to be involved in treatment and indeed will recommend treatment for family members if that is appropriate. It may be helpful for Mum and Dad to have couples therapy or for the whole family to come together in therapy more often. Great treatment happens when great families come together with a willingness to make changes to the whole system.

Mum and Dad Need Support Too

Parenting in crisis can be tough. Watching your child, teen or young adult struggling to live life to the full can be really painful. Parenting through self harm episodes, end of life attempts and discussions of suicide of your child is heartbreaking. It is really important that you get the support and help that you need.

Residential treatment can be a time for Parents to focus on themselves, on healing the trauma, on the other children in the family and on rebuilding a calm home.

Parent's support groups are an invaluable source of support for family members. Sharing stories of hope with other parents of young people diagnosed with BPD can help to normalise your experiences and provide parent to parent support. The Wave facilitates BPD Parent support groups online and in person, in London, Dubai and Kuala Lumpur.





Borderline Personality Disorder Treatment at The Wave

The Wave is an International Centre of Excellence in the Treatment of Borderline Personality Disorder or BPD in Teenagers and Young Adults. Teenagers, Young adults and families travel to us to experience one of the very few trauma focused BPD specialist programs for adolescents.

Teenagers and Young adults who have long standing emotional difficulties are described as Emotionally Unstable or who have emerging Borderline Personality Disorder benefit from residential treatment in programs created around innovative and evidence based treatment for Personality Disorders. Schema Therapy, GPM, DBT and RO-DBT are combined with attachment focused safety and connection in a nurturing environment and expert medical care.

My Teenager Has Been Diagnosed with BPD

Living with a teenager with BPD can be exhausting, frustrating and feel overwhelming. Parents may find Borderline Personality Disorder very difficult to understand and feel ineffective in their parenting.

The Wave Programs for the treatment of Borderline Personality Disorder are rated by parents as exceptional.

I felt like I was constantly putting out fires. I felt like I needed at least, two of me. I was absolutely exhausted. It felt like nothing and nobody was good enough. I can see now I needed to break the patterns. Thankfully, we were both able to heal, The Wave and Family Therapy has made the world of difference. Thank you all'.

Sarah, Mum of L.H - age 15





How is BPD or Borderline Personality Disorder Treated at The Wave?

Therapy at The Wave is designed to meet the needs of young people diagnosed with BPD. Our programs are based around strong therapeutic relationships, with therapy and support teams who are all specialists in the care and management of young people diagnosed with BPD or EUPD.

I Get it, I understand it but I simply don't feel it!

Young People with BPD often have difficulties outside of therapy sessions. Cognitive therapies can be seen to have very little effect in young people who demonstrate some of the signs and symptoms of Borderline Personality Disorder or those who have intense emotional instability, interpersonal relationship difficulties, self-harm or have suicidal thoughts and feelings. Whilst young people can often understand the concepts of Cognitive based therapies, those who have emotional instability are often left with little change in their coping strategies or emotional responses.

Schema Therapy helps young people to close the gap between understanding and feeling. The gap that can be seen in emotionally unstable young adults. Children and teenagers learn how to get their needs met and in turn what to 'do' when their needs are not met, at a very early age. We refer to this early maladaptive schemas. This may be the origin of highly emotive responses, self harm, violent conduct and other difficult to manage behaviours. Longer term therapy is indicated in the treatment of BPD. Behaviours and patterns that have developed over years and sometimes decades are not reasonably going to be reversed in a matter of weeks.

Prepare to commit to therapy and allow your teen and family to experience the important connections that are created in the secure attachments of therapeutic relationships.





Living with Purpose. Connecting with positive experiences.

Young people need to become Competent navigators of life. Our Global Citizenship programs provide an opportunity to contribute to society and express their values and emotions through living with purpose. Learning to have fun, explore and develop a secure sense of self is important in the development of teenagers and young adults.

Self Control and Responsibility

Teenagers need practice setting reasonable limits and developing within nurturing boundaries. Learning to have their needs met through healthy coping styles and responses to replace the maladaptive coping skills that young people with BPD or EUPD often demonstrate. Teenagers may find it difficult to share attention with others or feel rejected if they are separated from their important people. Learning to foster independent thinking, resourcefulness and resilience is important to healthy development.



The Wave young adults benefit from a healthy, compassionate and stable community base, where daily process groups develop skills in building interpersonal relationships, working through challenges and developing skills to explore and express both their needs and notice the needs of others.



Freedom of Expression and Experiences for Life

Young people need an opportunity to express valid needs and emotions. They need to feel acceptance and belonging to be able to challenge outdated beliefs. Young people often describe being unloveable, unfixable or not fitting in. Stability, empathy and acceptance promotes autonomy, competence and confident young people. Experiences, challenges, group activities and independent thinking are encouraged through our Experiences Program, where young people experience sharing fun and connection in lifelong friendships.

Helping Young People to Develop Their Own Healthy Sense of Self

The Wave programs place emphasis on the therapeutic relationship, working with the emotional needs of the young person and understanding mood states. Our programs and our teams are trauma focused in everything that we do and every interaction that we have with our young people is designed to be of therapeutic benefit. The Wave provides a secure base for young people to build connection, experience validation and replace maladaptive coping skills with active communication and effective coping skills for life.

How Do I Choose the Best Treatment of Borderline Personality Disorder in Teens?

Many young people who arrive at The Wave with a diagnosis of Borderline Personality Disorder, Emerging BPD or Emotionally Unstable Personality Disorder have had previous experiences with Mental Health Professionals. Many young people describe feeling stuck or sometimes feel that their symptoms are becoming more pronounced with more internal discomfort and that they are continuing to engage in high risk behaviours.

This may have been in a crisis or following a visit to an Emergency Department, many young people will have been seen by several Psychotherapists and Psychiatrists. Residential Treatment is usually recommended when outpatient appointments have not helped within a reasonable period of time or when the symptoms and behaviours have impacted home, school, relationships and friendships. Some young people may have attended residential programs or rehabs that are more focused on symptoms and may have returned to pre admission behaviours following a period in primary treatment.



The Wave Team and Facilities

Every member of The Wave Team has specialist training in the treatment of Borderline Personality Disorder. The Wave Team are trained in Schema Therapy, GPM (Harvard/McLean), DBT, IFS, RO-DBT, EMDR and Experiential Therapies for Borderline Personality Disorder.





THE WAVE
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