

Supporting Students With Borderline Personality Disorder: A Guide for Educational Professionals, Parents, and Students



emotions *matter*

BPD advocacy • awareness • connection

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	4
INTRODUCTION	6
WHAT IS BORDERLINE PERSONALITY DISORDER?	8
THE CHALLENGES FACING INDIVIDUALS WITH BPD AND THEIR FAMILIES	10
BPD IN YOUTH AND YOUNG ADULTS	12
BPD TREATMENT.....	14
EDUCATIONAL ACCOMMODATIONS FOR K-12 STUDENTS WITH BPD.....	16
HOW BPD MIGHT AFFECT LEARNING AND DAILY FUNCTIONING IN SCHOOL.....	18
FOR PARENTS.....	20
FOR K-12 EDUCATORS.....	22
FOR COLLEGE STUDENTS.....	24
MANAGING TRANSITIONS.....	28
RESOURCES AND REFERENCES.....	30



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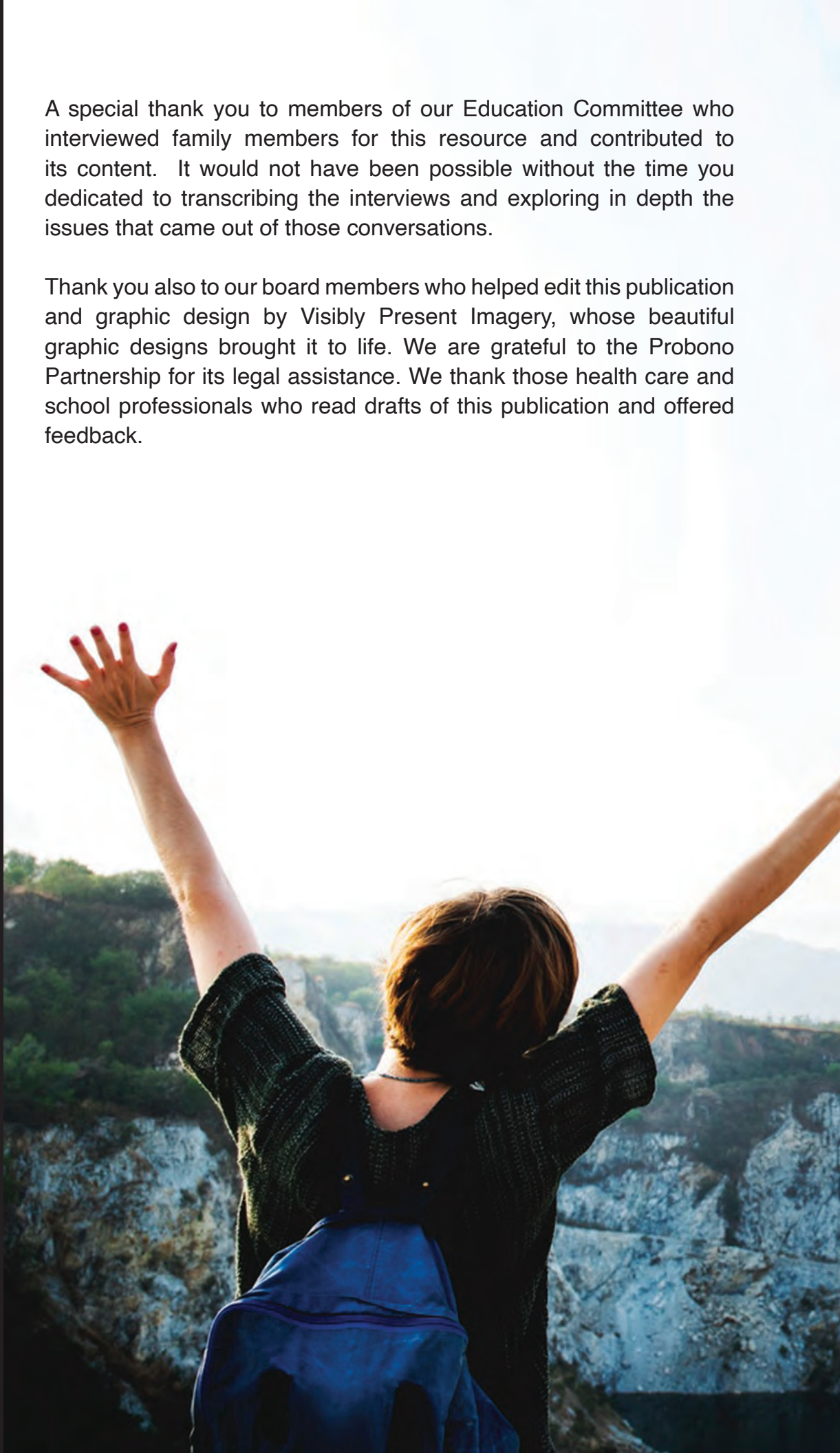
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ACKNOWLEDGMENTS

A special thank you to members of our Education Committee who interviewed family members for this resource and contributed to its content. It would not have been possible without the time you dedicated to transcribing the interviews and exploring in depth the issues that came out of those conversations.

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Finally, we are most grateful to our members with lived experience who offered testimony about their experiences in elementary school, high school, and college. Your creativity and advocacy will inspire others to know what to ask for and have hope that they can manage their BPD and education.

Our hope is that parents and school professionals find this new resource useful in supporting the needs of students with borderline personality disorder (BPD). We hope those suffering from BPD feel empowered to advocate for the accommodations they need to recover and continue their education.

-Paula Tusiani-Eng, LMSW, M.Div., Executive Director, Emotions Matter

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INTRODUCTION

In 2017, our Education Committee volunteers interviewed ten parents of adult children about their experiences raising children and young adults with borderline personality disorder (BPD). These parents lived in different parts of the country and came from different socioeconomic backgrounds. What they had in common was the experience of navigating school systems to accommodate the special needs of their child diagnosed with borderline personality disorder.

The idea for this resource came about because the parents felt that they had learned so much (from both successes and failures) that could be useful to other parents of children diagnosed with BPD, as well as the school districts tasked with supporting them. There is no “road map” for parents of children with a BPD diagnosis when it comes to requesting school services. School interventions can vary widely depending on the child, their symptoms, their educational needs, and the school district.

The information shared here is intended to support parents and school personnel as they work together to create a better learning atmosphere for students who have BPD. There is also information that will be helpful to college students, their families, and college personnel.

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This resource includes:

- An overview of the BPD diagnosis
- An explanation of why support in the school environment is so important
- An understanding of how BPD may affect learning and functioning in school
- An introduction to the process of seeking accommodations for a student
- A description of the special education laws and available accommodation plans
- Examples of student accommodations created for 504 and IEP plans
- An explanation of college level accommodations and concerns
- Examples from college students of accommodations that have been helpful



WHAT IS BORDERLINE PERSONALITY DISORDER?

The structure of a school environment can be a protective factor that, concurrent with BPD treatment, supports recovery. The challenge many parents face is educating school professionals about their child's needs. Because many school professionals are not familiar with the diagnosis of BPD, they may not be aware that it can require specific communication skills, emotional supports, and educational accommodations to support learning.

Borderline Personality Disorder is a serious mental illness characterized by a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity. A psychiatrist or psychologist can make a diagnosis of BPD if an individual meets five or more of the following criteria listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (5th edition):

1. Frantic efforts to avoid real or imagined abandonment.
2. A pattern of unstable intense personal relationships characterized by alternating extremes of idealization and devaluation.
3. Identity disturbance marked by a persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas which can be potentially self-damaging (spending, substance abuse, reckless driving, binge eating, etc.).
5. Recurrent suicidal behavior, gestures, threats, or self-harm behavior.
6. Affective instability due to a marked reactivity of mood (irritability, anxiety, etc.) which can last up to few hours, rarely more than a few days.
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (frequent displays of temper, physical fights, etc.).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

The Causes of Borderline Personality Disorder

BPD can be explained by a combination of biological, environmental, and psychological risk factors.

BIOLOGY:

Brain scans of BPD patients show abnormalities of an overactive amygdala and under-active hippocampus. This means the part of the brain that controls emotional regulation and impulses is not functioning properly. Research also indicates that there may be a genetic risk for developing BPD.



PSYCHOLOGY:

Research shows that individuals with BPD may adopt predominantly negative thoughts about social and emotional cues (including verbal communication and facial recognition), which can impact self-concept and mood. They also display a diminished ability to mentalize emotional states without making assumptions about other people's thoughts. This can make interpersonal communication a challenge. Individuals with BPD can be sensitive to emotional stimuli, and struggle with a lack of coherent self-identity, or sense of self. They often have real fears of abandonment and attachment issues that can complicate relationships.



ENVIRONMENT:

Research shows that people who experience invalidating environments characterized by child maltreatment, parental hostility, disorganized attachments, peer hostility, or trauma can be at a higher risk for developing BPD. While early BPD research linked it with child abuse, current literature shows that BPD develops in combination with other biological and social factors. Invalidating communication in relationships, including emotional abuse, can also be a risk factor in the environment for BPD.



THE CHALLENGES FACING INDIVIDUALS WITH BPD AND THEIR FAMILIES

CO-OCCURRING DISORDERS. BPD often co-occurs with other diagnoses, including substance abuse disorders, eating disorders, anxiety or depression.

MISDIAGNOSIS. BPD can be misdiagnosed because many health care professionals lack training in personality disorders. This makes it difficult for them to recognize the symptoms, make a proper diagnosis, and refer to evidence-based treatments for BPD.

STIGMA & SHAME. The experience of stigma is common for the individual with BPD. Lack of understanding of BPD leads to the misconception that people with this disorder are manipulative, difficult, or treatment resistant. This stigma can be shaming and can prevent those suffering from accessing support and mental health care.

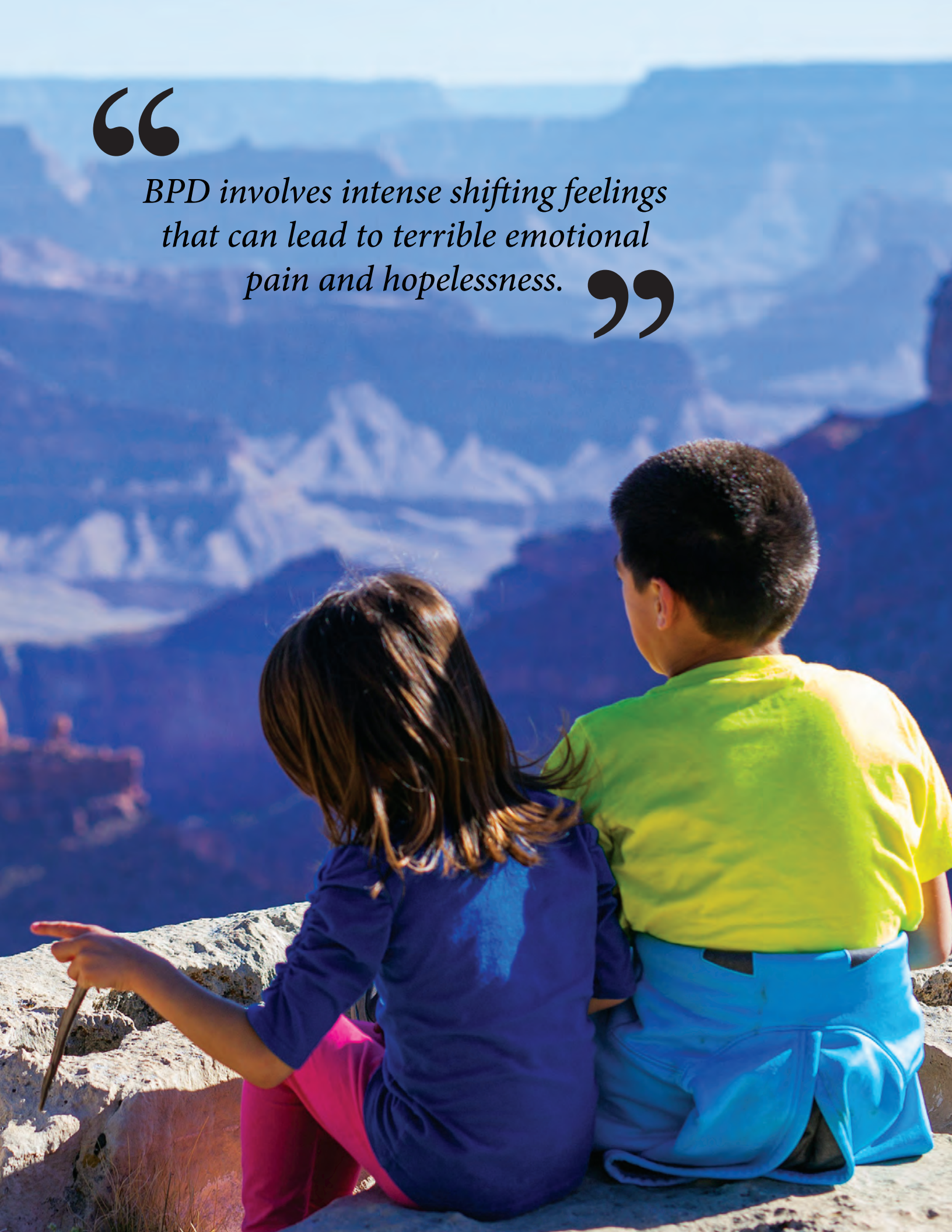
ECONOMIC BURDEN. There are five evidence-based treatments for BPD. These treatments are not widely available, can be cost-prohibitive, and are often not covered by health insurance. This puts a tremendous financial burden on families as many feel struggle to pay out-of-pocket for life-saving treatments such as lengthy hospital stays, residential care, and outpatient treatment.

COMMUNITY SUPPORT & EDUCATION. There is a serious lack of community support, resources, and education for individuals given a BPD diagnosis and their families. They are frequently not educated about the disorder and lack the skills needed to manage the symptoms of the disorder. This can put a tremendous strain on families.

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*BPD involves intense shifting feelings
that can lead to terrible emotional
pain and hopelessness.*

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BPD IN YOUTH AND YOUNG ADULTS

Before 2013, the Diagnostic and Statistical Manual (DSM-5) recommended limiting the diagnosis of BPD to those 18 and over. This is no longer the case because research supports early diagnosis and treatment and indicates that BPD specific interventions may reduce the severity of symptoms and improve long-term outcomes for recovery. This means that more children, teenagers and young adults are being diagnosed and treated for BPD in both inpatient, long-term, and outpatient settings.

For this reason, it is essential for educators and parents to have the tools to support those with a BPD diagnosis in schools. This support will improve retention and promote educational success.



Why Adolescence is a Critical Period to Treat BPD and Provide School Support

Adolescence is a stage of development marked by physical and psychological changes. Issues of independence and identity arise and it can be a time of experimenting. During this stage many young people begin experimenting with drugs, alcohol, sexuality, social groups, and money management. It's a time of transition as adolescents begin separating from parents, focusing more on social and romantic relationships, and developing their own identity and interests.

Those diagnosed with BPD, however, are delayed in achieving many of these hallmark milestones of adolescent development. They have difficulty forming relationships, separating from parents, and demonstrating independence socially, financially, and functionally in school and in the community.

Adolescents with BPD are at risk for highly impulsive behaviors and maladaptive ways of coping with shifting emotions. This includes self-harm behaviors (cutting, self-mutilation, burning, head banging, etc.), bullying, peer maltreatment, drug and alcohol abuse, sexual risk taking, stealing, and eating disorders. Adolescents with BPD are also at high risk for suicidality. Up to 70% of those diagnosed with BPD attempt suicide, and it's estimated that up to 10% succeed.

It is vitally important that school administrators, health care professionals, and family members support adolescents diagnosed with BPD through the challenges of adolescence. They are not displaying typical teenage behaviors like "rebellion" or "angst." They are suffering from a serious mental illness and need a supportive environment. Intervention and treatment saves lives during this extremely vulnerable stage of life.

BPD treatment

BPD treatment is typically long-term and intensive with sessions as many as 2-3 times a week. The treatment often includes individual therapy, group skills training classes, family therapy, and individual coaching or long-term care to support recovery.

The most common evidenced-based treatments for BPD are:

Dialectical behavior therapy (DBT)

DBT emphasizes individual psychotherapy and group skills training classes to help people learn new skills and strategies to manage BPD symptoms. DBT skills include mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation.

Mentalization-based therapy (MBT)

MBT is a psychodynamic-oriented psychotherapy. Its focus is helping people to differentiate their thoughts and feelings from those of others. It teaches someone how to mentalize, which is the ability to reflect on a situation while entertaining other viewpoints.

Transference-focused therapy (TFP)

TFP is based on the belief that an individual's psychological structure (based on internal images and experiences of oneself and others) is not fully developed. In TFP, the individual experiences and lives out these internal images through his or her relationship with the therapist. This helps the individual develop a more realistic and accurate sense of self.

Schema Therapy (ST)

Schema therapy is designed to help individuals strengthen healthy coping with emotions by examining prior maladaptive thoughts or behavioral patterns. It utilizes a combination of behavioral, cognitive, and object relations theories.

Good Psychiatric Management (GPM)

GPM treatment utilizes cognitive, behavioral, and psychodynamic interventions. It focuses on case management, psychoeducation, and strategies for coping with BPD in daily life. GPM is a once a week therapy that also includes prescribing medications and family interventions.

On average, these interventions last one to three years. With proper intensive treatment, individuals with BPD can stabilize. Without treatment, the outcome can be devastating to the individual, family, and society.

STATISTICS ON BPD:

Up to 70% of those diagnosed with BPD have had at least one suicide attempt during the course of their illness.

30-50% of those diagnosed with BPD also struggle with a co-occurring substance abuse disorder.

Up to 10% of those diagnosed with BPD lose their lives to suicide.

But with BPD treatment, 90% survive and living meaningful lives.



Balancing the demands of school and treatment can be challenging. However, school can serve as a protective factor in recovery by providing daily motivation and structure. It also can encourage the identity of student as opposed to just someone with a BPD diagnosis.

Educational ACCOMMODATIONS for K-12 Students with BPD

There are a variety of educational accommodations, settings, and support services for youth diagnosed with BPD. Educational accommodations exist so that every child has access to a free, fair, and equal education, regardless of their circumstances, abilities or disabilities.

Under the law, when a child is having difficulties, a parent can request a referral for an evaluation through the Committee on Special Education. The evaluation will explore what might be needed to support the student at school. This is the first step and leads to the development of a program to address the student's academic and social performance, needs, and goals. The request can be made directly to the school personnel.

Keep in mind that if your child has not yet received a diagnosis, the psychiatrists contracted with school districts are not always experienced with diagnosing BPD. Parents have the right to have an evaluation done by a private psychiatrist with training in BPD, at their own expense.



“It was very difficult to get an Individual Education Plan (IEP) for borderline personality disorder because most school personnel, including school psychologists, are not aware of BPD and how it affects learning.”



504 PLANS

Section 504 of the Rehabilitation Act of 1973 protects students with disabilities from discrimination. A 504 plan is an option when the student is able to function well in a regular education environment with accommodations. A 504 Plan is usually less restrictive than an Individual Education Plan (IEP). It is different from an IEP in that it provides services and changes to your child's learning environment to meet your child's needs as adequately as other students. Developing a successful 504 plan requires a lot of advocacy, creativity, and awareness of what a child needs in the school setting.

INDIVIDUAL EDUCATION PLANS (IEPS)

An Individual Education Plan (IEP) is an option for students with a disability that is adversely impacting education. Under the Americans with Disabilities Act (ADA), borderline personality disorder (BPD) qualifies as an "Emotional Disturbance" disability on IEP.

There are different types of classroom settings your child may be placed in if they have an IEP, which include: general education classroom, integrated co-teaching classroom, self-contained classroom (12:1:1).




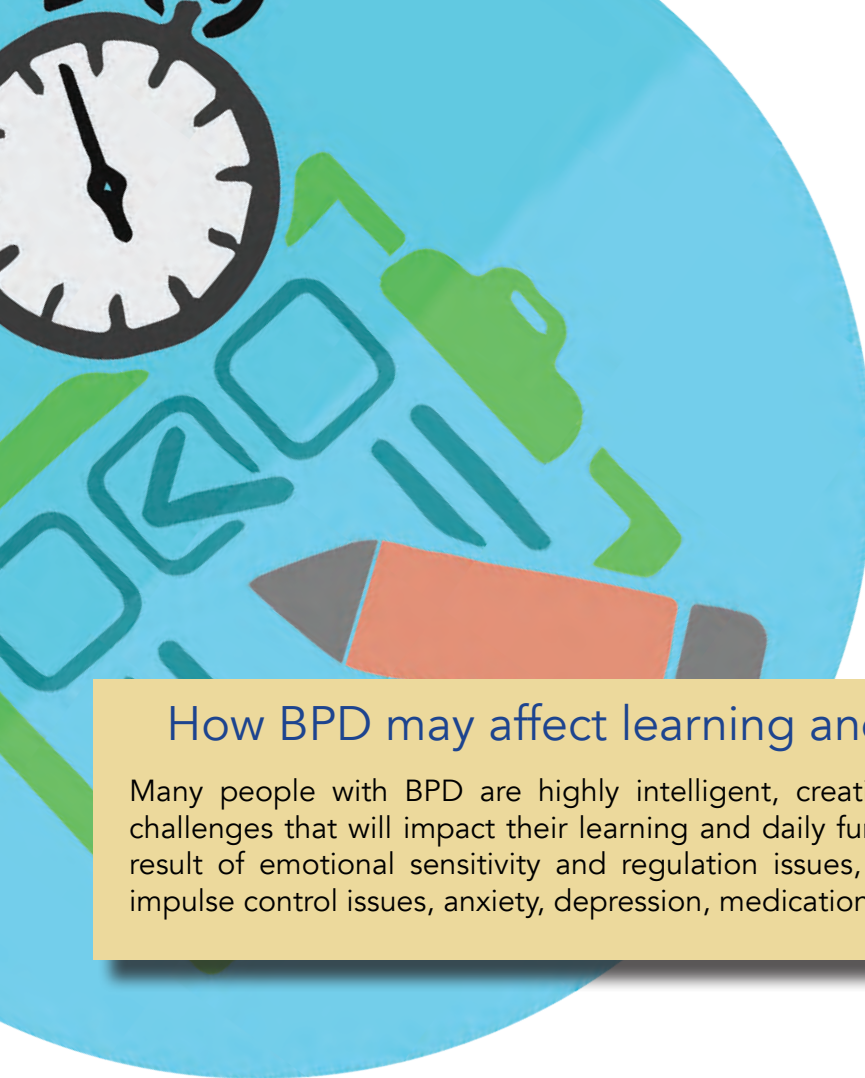
INDEPENDENT STUDY

Some high schools and colleges are willing to arrange for a student to do an independent study to learn about a specific subject not taught in an available class or to accommodate a student who is unable to attend class due to an illness or injury. Some high schools allow students to take independent studies from their home to continue learning until they are able to return to school.

This can usually be arranged with the school guidance counselor.

Generally, you choose what you want your independent study to focus on and request for it to be approved by your school. You will typically work with an advisor to develop a detailed plan of what you will learn and the work you will do.

An independent study can be supportive to a student who has fallen behind due to absences caused by symptoms or treatment for BPD. It can also be used to accommodate a student with sleep issues or anxiety who would benefit from a shortened school day.



How BPD may affect learning and daily functioning in school

Many people with BPD are highly intelligent, creative, and motivated, yet may have significant challenges that will impact their learning and daily functioning in school. Some of these can be the result of emotional sensitivity and regulation issues, interpersonal and communication difficulties, impulse control issues, anxiety, depression, medication side effects, and sleep disturbances.

Common areas of concern at school for a student with a BPD diagnosis:

- Test taking
- Group projects and class presentations
- Recess and lunch time
- Teacher expectations
- Communication with teachers and peers
- Lateness and truancy
- Social media



Strategies and Solutions in the Words of Parents

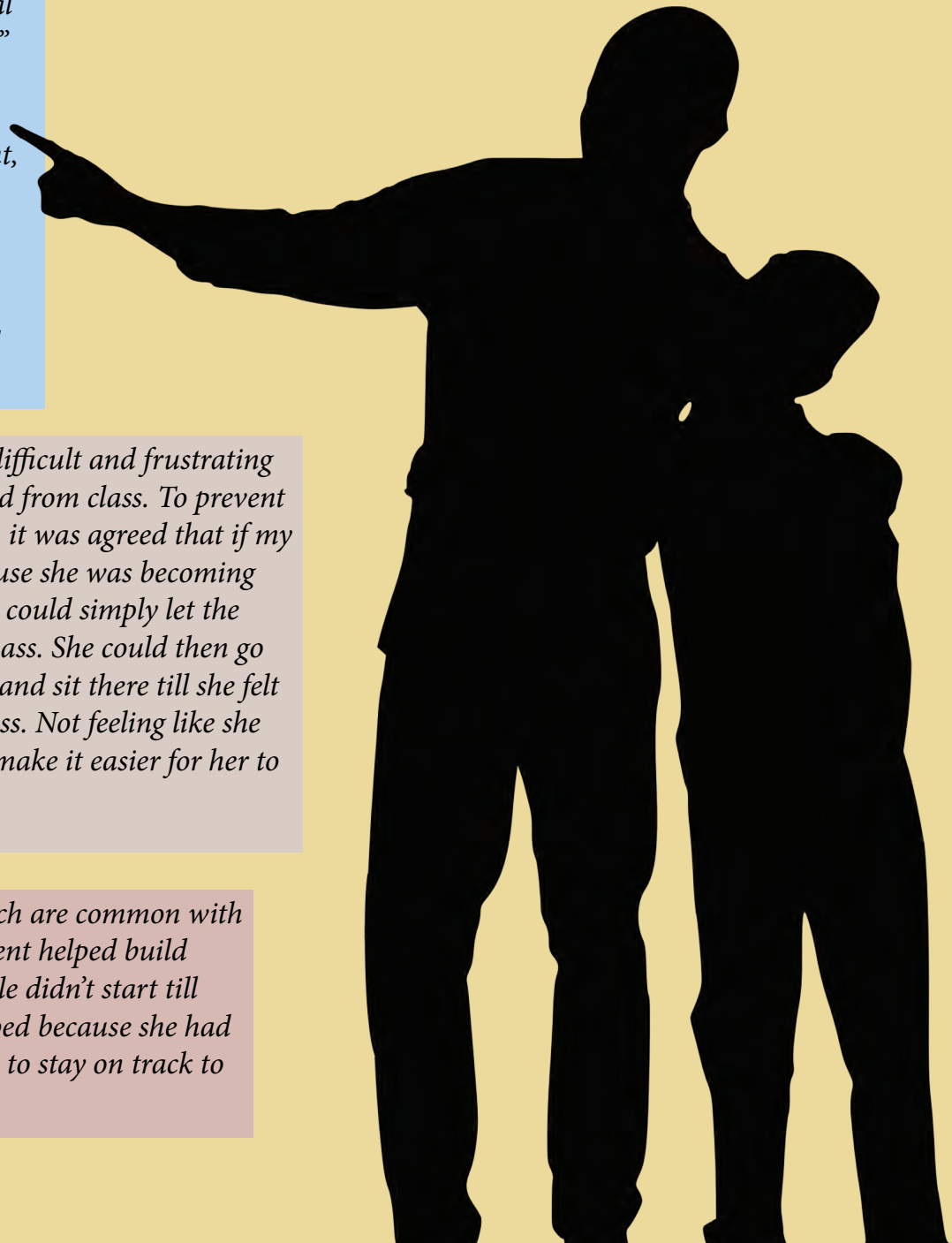
“When she was very upset in a specific class (often due to some social issue with someone) she could leave the classroom and go to a quiet area (for instance in a small chapel in the school or empty guidance office) and play guitar in order to self soothe. There was an understanding that she would return to the classroom within a set time period.”

“When she was having a really bad day, she could “opt out” of going to her classes and instead sit in the back of a classroom of a teacher that she had a trusting and good relationship with. Often she would use the time to complete her day’s assignments (some teachers would send in to her) or homework. In between classes, she and the classroom teacher would just talk about anything she wanted. It helped to calm her down a lot.”

“She had tremendous social anxiety. We “pre-arranged” for a teacher in a subject that she excelled in to use her as a classroom assistant, helping other kids in areas she was strong in (like math) and doing other jobs in class. It made her feel good about herself and interact with others.”

“It can sometimes be really difficult and frustrating to ask a teacher to be excused from class. To prevent conflict and embarrassment, it was agreed that if my child had to leave class because she was becoming anxious or dysregulated, she could simply let the teacher know she needed a pass. She could then go to the guidance department and sit there till she felt calm enough to return to class. Not feeling like she was trapped in class helped make it easier for her to attend school.”

“Because of sleep issues, which are common with BPD, the guidance department helped build a schedule where her schedule didn’t start till second period. This also helped because she had less classes, but was still able to stay on track to finish High School.”



for PARENTS

TIPS for family members

Shift expectations to create academic goals that are achievable and realistic while loved ones are in treatment. For example, believing that “my child MUST attend a four year university” may not be realistic. Explore academic settings, whether short or long-term, which allow your child to adhere to treatment and educational goals.

Be involved in your child’s education. Even though they are now in college, they need you as an advocate and for support.



Take self-harm behaviors, which are common during the college years, seriously. Those diagnosed with BPD are at high risk for suicidality and overdose. If you see signs of abuse, address these behaviors with professionals, and your loved one, immediately as part of a larger safety plan.



STRATEGIES for Communicating with SCHOOL PROFESSIONALS

- Provide school personnel with resources about the BPD diagnosis: what it is, what it isn't (i.e. teenage acting out/ rebellion), how it impacts life, and ways it may impact functioning in the school environment.
- Identify school personnel who can offer support such as the Vice Principal, dean, guidance counselor, school social worker, school psychologist, parent coordinator.
- Most educators are not specifically trained in supporting young people with BPD. However, educators can often adapt to meet your child's special needs if they are aware of them and if they are documented.
- Maintain ongoing communication with school personnel. They want to support your child's learning, but need to be aware of the severity of their mental health issues to be able to effectively do so.

for K THROUGH 12 EDUCATORS

Educational Acomodations for K-12 Students with BPD

COMMUNICATION STRATEGIES



- One person talks at a time in interpersonal communication.
- Begin with validating the student's emotions.
- Allow time for questions and clarification of communication.
- Use neutral emotions in communication and a calm emotional state.
- Check that student understands directions and communication.

EDUCATIONAL STRATEGIES



- Ensure rules or guidelines are clearly laid out.
- Utilize structure, limits, and boundaries regarding communication and assignments.
- Provide advance warning, when possible, for changes due to the schedule, assignments, due dates, field trips, etc.
- Students may have difficulty dealing with change, transitions, or may have strict treatment schedules.

COPING STRATEGIES



- Provide trigger warnings and advance notice for material, discussions, or videos that may contain content such as assault, natural disasters, traumas or suicide.
- Establish a clear safety plan if students communicate suicidal thoughts or behaviors.
- Provide support for interpersonal functioning, as students with BPD may struggle to complete group assignments and activities, or be the victim of bullying.
- Establish clear rules if symptoms or social behaviors are a danger to others.

SAFETY STRATEGIES



- Allow student to take a break as needed to avoid emotional escalation or shut down.
- Determine the location of “break time” and establish a time limit, or activity, to help the student regulate emotions.
- Designate an “advocate” in the school to assist when the student becomes too emotionally dysregulated.
- The advocate should meet and discuss shared expectations, outcomes, and goals for advocate role.

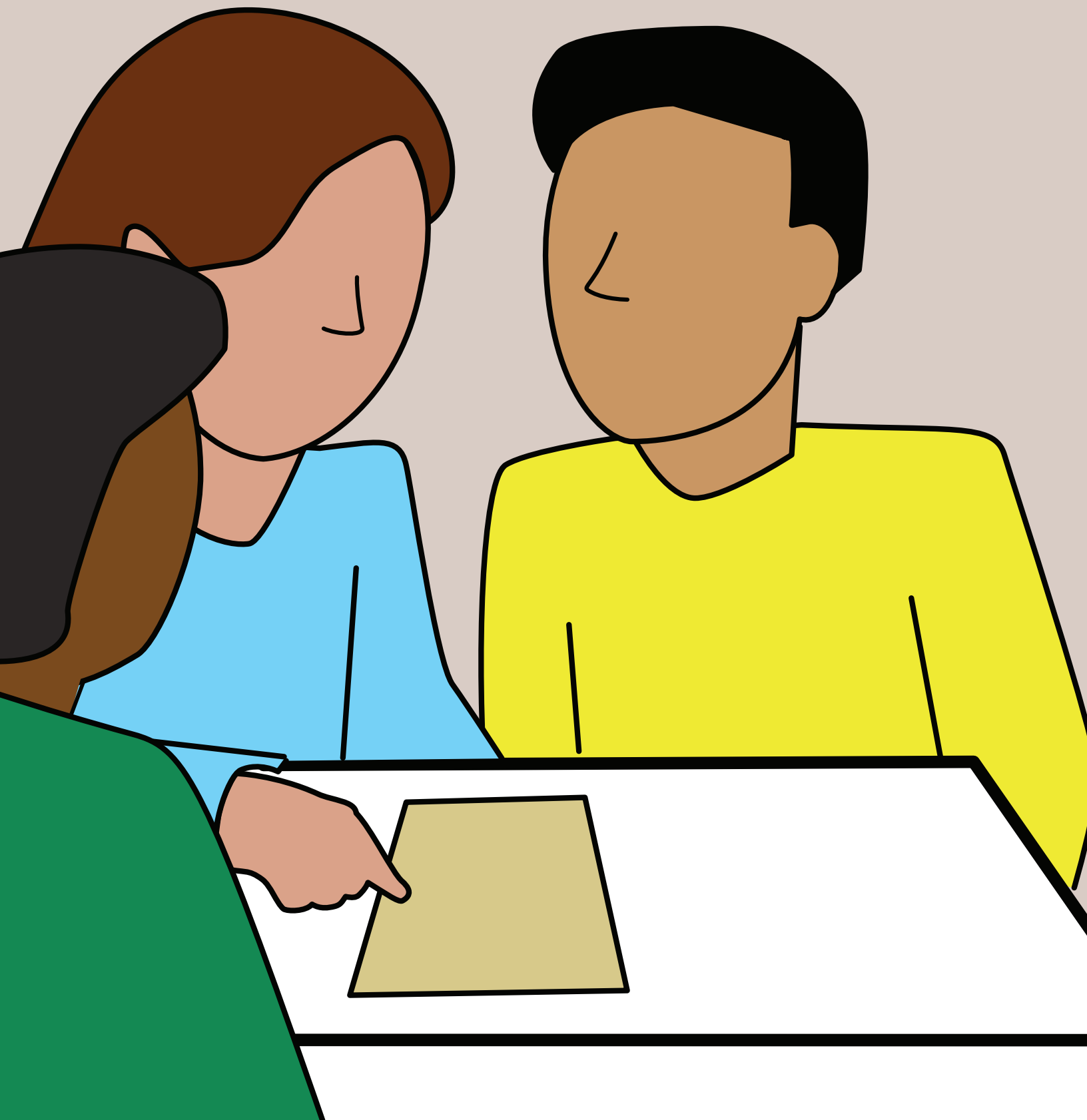
EMPOWERMENT STRATEGIES



- Focus on the creative abilities and self-expression of students with BPD.
- Involve students in activities they show an interest in or proficiency for.
- Support students in building a school identity and sense of purpose beyond the disorder, which may consume much of their emotional energy and time outside of school.



for COLLEGE STUDENTS



Suggestions and Examples of Supports from College Students with a BPD Diagnosis

Ask if your college Office of Disabilities has a “Disability Related and Excused Absence Deadline Extensions” agreement. It is a “preplan” contract which the student completes and signs with the Office of Disabilities about what will be done should their disability impact attendance or a deadline. It clarifies who the student should notify, the allowed number of absences due to disability, the time allotted for missed assignments due to disability, etc.

“My accommodations for BPD as a disability relate to flexible attendance and deadlines when my symptoms are at a peak or interfere. This makes college more accessible and allows me to get the most out of my learning experience.”

“If I miss class due to disability, I simply email the professor and disability services to notify them. For example, if I miss a class when an assignment is due, then I turn it in later based on what the professor wrote on the form, with no penalty. If it is a class that has attendance points, and I miss a class or two due to my disability, I do not lose points. I can also freely discuss with the professor an alternate due date if I absolutely needed to.”

“Sometimes symptoms and circumstances, such as sudden relapse, or hospitalization, may severely impact my ability to drive to class, participate, or meet deadlines. In these instances, I know attending class will be detrimental to my health and worsen symptoms. The contract with the Office of Disabilities helps remove the additional barrier and pressure of “pretending” everything is “fine.” I feel more free to reach out when needed, so I do not overextend myself and feel pressured to ignore warning signs until it results in worsening symptoms.”

Accommodations which May Support a Student with BPD Disability

Extended testing time in a separate room. This can reduce distractibility, attention span, focus, thoughts, symptoms of paranoia, suicidal thoughts, and self-injury. Emotions and thoughts can severely impact judgement, problem solving, and performance.

Being allowed “break times” to step out of the class in moments of heightened emotion or triggers. This accommodation may help those struggling with BPD cope with impulses and sudden intense emotions. They can practice coping skills outside the classroom and return after a few minutes when the feeling subsides.

Establish a safe space in the school to go if additional time is needed to manage escalated emotions. This could be a counseling center, guidance counselor’s office, the office of disabilities services, or another previously agreed upon space. It may be helpful if there are professionals or adults present in the designated space for support.

“If I am suddenly triggered from content or an interaction, I may go for a small walk until the peak of my emotion subsides before returning to class, or I may need to remove myself from the situation.”

Ask Professors to provide trigger warnings for sensitive topics. Professors should give advance notice for material, discussions, or videos that may contain content such as assault, natural disasters, traumas, or suicide. Those impacted by BPD may be upset by such discussions or materials. They need to plan ahead for how to address them in a classroom setting, or talk to the teacher ahead of time about how to handle the assignments.

Inquire about Academic Support Opportunities. At some college the Office of Disabilities offers (either free or at a cost) academic support, such as tutors, or learning disability specialists, to explain assignments or support those with disabilities. These services are often available, but those with BPD have to seek them out and take advantage of extra academic support services that the college offers.

Communicate directly with professors about accommodations needs for class participation. Some individuals impacted by BPD find it helpful to communicate directly with individual professors about their social anxiety speaking in the classroom, or participating in group projects. Sometimes, individual professors will accommodate students with disabilities by allowing them to discuss class topics with them privately via email instead of in class, so that the participation part of the grade is not affected.

“Receiving accommodations for my disabilities and disorders, including BPD, has helped provide a structured, accessible, and supportive learning experience. In part due to my accommodations, I have found college to be a wonderful and enjoyable experience.”

– College student impacted by BPD

Emotional-Support Animals on Campus. Explore school guidelines for emotional support animals and consider if this might be an appropriate option for you. Some individuals with BPD report emotional support animals have been helpful to their recovery.



“Receiving accommodations for my disabilities and disorders, including BPD, has helped provide a structured, accessible, and supportive learning experience. In part due to my accommodations, I have found college to be a wonderful and enjoyable experience.”

– College student impacted by BPD

managing TRANSITIONS



Tips for Transitioning Back to School For Families and Educators

- **Manage Expectations:** Students with BPD often experience the sense of pressure to return to school with a full course load in a frantic attempt to make up for lost time. This often backfires and leads to stress, symptoms, maladaptive behaviors, and relapse. It is important for students, parents and schools to set realistic goals that support the likelihood of successful reintegration and completion of courses.
- **Emotional Experiences Associated with a Medical Leave:** It's important to understand the emotional devastation of falling 'out of synch' with one's classmates. This is often cited as a primary source of hopelessness/suicidality which only further reinforces the sense of not belonging, being inadequate, or a failure, etc. It is crucial to help people understand that "time out" for necessary treatment, such as a medical leave, is an investment in ensuring that they will then have the necessary tools and skills to return and sustain school.
- **People must be given genuine 'permission' to take care of themselves** which might mean time off from school to stabilize. Treatment for BPD must be on par with any medically indicated leave.
- **Structure and time management are important skills to develop over time.** Those with BPD often struggle with being alone. Having a schedule with structured activities throughout the day can help manage these feelings and reduce social isolation.
- **Keep in mind that BPD is treatable and not necessarily a lifelong illness.** Provided with the necessary support and accommodations students with BPD have a greater chance of completing their education. Which in turn increases their ability to engage in productive work, social relationships, and achieve autonomy. All of which contribute significantly to the best treatment outcomes.

RESOURCES and REFERENCES



Resources

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

“Helping Teens who Cut” by Michael Hollander
“BPD In Adolescents” by Blaise Aguirre

<https://iacapap.org/content/uploads/H.4-BORDER-LINE-2015-UPDATE.pdf>

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<https://www.understood.org/en>

<https://www.schools.nyc.gov/special-education/preschool-to-age-21/special-education-in-nyc>

WHO WE ARE

Emotions Matter Inc. is a 501c3 non-profit organization created by a network of individuals, family members, and clinicians affected by borderline personality disorder (BPD). Our mission is to improve community support, education and advocacy for BPD. Our vision is a world in which every individual impacted by BPD has access to a proper diagnosis, educational resources, and treatment to live a meaningful life and achieve recovery goals.

OUR SERVICES

- Provide BPD peer to peer support groups online and in person to foster social connections and empowerment.
- Create materials in print, videos, and social media from a BPD peer perspective of the disorder to diminish stigma and promote empowerment.
- Create resources to help families and individuals access treatment for BPD.
- Offer BPD loss support groups to support the needs of those who have lost loved ones to BPD.
- Provide opportunities to connect with a non-judgmental, supportive community of families, clinicians, and individuals who promote our mission.
- Encourage advocacy to improve BPD research, treatment, and access to care.

GET INVOLVED

Emotions Matters is run by volunteers who are passionate about our mission. If you want to get involved, email: info@emotionsmatterbpd.org.

Check out our website at: www.emotionsmatterbpd.org.

