

Borderline Personality What it is and what helps

A diagnosis, not an identity, and one that many people recover from.

WHAT IT IS

BPD is a pattern of intense, unstable relationships, fast mood shifts tied to what happens between people, an unstable sense of self, emptiness, impulsive behavior, and sometimes self-harm. Fear of abandonment drives much of it.

It comes from a mix of temperament, attachment, trauma and invalidating environments. No single experience is required.

WHAT IT ISN'T

It isn't a judgment of character. People with BPD want to get better and don't know why they're suffering. It was once called untreatable, and that is inaccurate: many people improve, especially with structured treatment.

Two things are both true: the natural course tends to improve, and you shouldn't wait for it.

TREATMENT HAS THREE PARTS, AND MOST PEOPLE DO BEST WITH ALL THREE

Therapy

A structured psychotherapy is the main treatment, such as DBT or mentalization-based therapy. Weekly for moderate to severe.

Skills

Practice outside a crisis. Judge progress over months, not hours.

Medication

A helper for depression, anxiety, impulsivity or anger. It doesn't reach the core, and none is approved for BPD.

A life outside therapy is part of the treatment: stable work, relationships and routines.

LEARN YOUR PATTERN

Event, interpretation, emotion, urge, action, consequence. The goal is to notice the sequence and make more room before acting.

Make a plan: "When I notice __, I will try __ before I __." For example, wait 15 minutes and write down what I fear before sending another message.

RADICAL ACCEPTANCE

Pain plus fighting reality equals suffering. Catch the "should." State the facts and what caused them. Accept with your body (open hands, dropped shoulders, half-smile). Act as if you have accepted.

Try "I hate __, AND __ is the reality right now." Acceptance isn't approval, and never means staying in harm's way.

Practice list. Check one or two to start with.

- 1 ☐ Map one hard interaction: feeling, story, urge, action
- 2 ☐ Rate the feeling 0 to 10 and write two other explanations
- 3 ☐ Practice skills when calm, not only in a crisis
- 4 ☐ Try DBT mindfulness: observe, describe, participate
- 5 ☐ Wait 15 minutes before sending the message

- 6 ☐ Write down what you fear before you act on it
- 7 ☐ Write a crisis plan while you are well
- 8 ☐ Bring disagreements about treatment into the room
- 9 ☐ Build stable work, relationships and routines
- 10 ☐ Try radical acceptance on a small problem first

CHOOSING A THERAPIST

- A clear framework and goals
- A crisis plan and support between sessions
- A plan for missed sessions and disagreements
- Progress you can track
- Coordination with your prescriber

BOOKS AND RESOURCES

The Dialectical Behavior Therapy Skills Workbook by McKay, Wood and Brantley.

DBT Skills Training Handouts and Worksheets by Marsha Linehan.

Radical Acceptance by Tara Brach.

Understanding BPD: a free course at psycho.farm.

IF YOU ARE THINKING ABOUT SUICIDE OR HURTING YOURSELF

Self-harm urges and thoughts of suicide can come on fast. Use your crisis plan, and call or text **988** any time, or go to the nearest emergency room. If you are in immediate danger, call **911**.

Source. Adapted from Psychofarm's Understanding BPD course and podcast episodes on borderline personality.

Educational use only. This sheet is general information, not medical advice, and reading it creates no clinician-patient relationship. Content may be incomplete or out of date and is provided "as is," without warranty. Do not start, stop, or change any treatment based on this sheet; talk to your own clinician. To the fullest extent permitted by law, Psychofarm, Prospect Park Psychiatry, PLLC, and its authors disclaim all liability arising from its use.

© 2026 Psychofarm · Prospect Park Psychiatry, PLLC · all rights reserved

Free course → psycho.farm/course-bpd

