



BORDERLINE PERSONALITY DISORDER

RESPONDING TO CRISIS

for staff in Emergency Settings

Overview

Borderline Personality Disorder (BPD) is a common mental health condition characterised by challenges with emotions, identity, and relationships. People living with BPD may experience intense and fluctuating emotions, impulsivity, instability in their sense of self, and heightened sensitivity in relationships, often linked to fears of abandonment or experiences of trauma.

This guide is intended to assist your understanding of someone presenting with symptoms of BPD and guide you towards a compassionate and effective response.

What is a crisis?

Crises can be linked to relationship challenges, such as feeling rejected, abandoned, or disconnected from others. They may also be connected to experiences of trauma. In these moments, overwhelming emotional pain can be triggered, sometimes activated by past or current experiences.

This may look like:

- Suicidal thoughts, self-harm, or suicide attempts
- Sudden and intense mood swings
- High levels of distress
- Fragile or uncertain sense of self
- Impulsive or risky behaviour
- Unstable relationship patterns

Creating safety and connection

- People with BPD will be very sensitive to your interactions with them and may be hypervigilant due to trauma, or previous negative experiences with services.
- People with BPD may feel misunderstood, judged or unsafe, which can escalate distress.
- The emotional dysregulation experienced in crisis, feels intolerable and can make reflecting or collaborating extremely difficult.
- Responses that are calm, validating and where possible offer the person a choice can reduce distress.
- Be aware of your body language and expressions, convey interest, curiosity and warmth.

What doesn't work:

- Threats or ultimatums.
- Dismissing emotions - *"that seems like an overreaction"*.
- Stigmatising language such as *"attention-seeking"* or *"manipulative"*.
- Making assumptions.

If you **notice** that people seem **disconnected or less alert**, consider **dissociation** and **focus on orienting to the present moment** and/or **reduce the information** you are trying to provide.





EFFECTIVE APPROACHES

for staff in Emergency Settings

1. Before responding

Take a moment to check in with yourself:

- Reflect on your own beliefs, values, and assumptions – try not to let these impact on your interactions.
- Stay aware of your emotional state – frustration or urgency can be contagious.
- Remain calm and grounded, regulating tone and body language.
- Keep an open mind about diagnosis and mental health – avoid assumptions.
- Prioritise making the person feel understood – this is a powerful way to reduce distress.

2. During – supporting crisis

Use the first 10–15 minutes to slow down and provide space to acknowledge the person and their distress.

- Check if the person is ready to talk.
- Listen without rushing or judgement. Stay present, validate emotions and avoid moving to ‘fixing’ too quickly.
- Gently explore the current crisis rather than past issues or trauma.
- Where suicide or self-harm is expressed or a concern, ask if the person has a current safety plan or a sensory plan they have used before in similar situations.
- Be mindful of physical contact or examinations – always explain, ask and offer options (e.g. worker gender and try to respect preferences).
- Set clear but kind limits, providing clarity about the service and your role.

3. Aftercare

- If relevant to your role:
- If the person is no longer in distress – ask what helped or didn’t in your interaction.
- Document factually – focus on needs and support, not judgement and labels.
- Support planning for the next 24–48 hours, especially if discharge or separation is needed.
- Link to care – encourage social supports and safety planning.
- Be clear about available supports and referral processes.
- Validate anxiety and acknowledge uncertainty about next steps.
- Include the person in care and treatment conversations.
- Avoid medical dismissal – assuming issues are only psychological can be harmful.
- Seek debriefing and support for yourself.

For more training and information:

Visit: www.sahealth.sa.gov.au/BPDCoResearchTraining

Or contact **BPD Collaborative**: (08) 7425 6500

