Vancouver Coastal Health
Promoting wellness. Ensuring care.

Family Connections

MAY 2022—EDITED BY ANDREA SIERRALTA

INSIDE THIS ISSUE:

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Borderline Personality Disorder (BPD)

In this issue we will explore information, stories, and interviews related to the diagnosis of Borderline Personality Disorder. Like many other mental health disorders, this one carries a lot of stigma surrounding it. I am hopeful that in sharing information about the disorder, treatment, and people's lived experiences, we can contribute even a little bit towards reducing the stigma around this locally.

Sometimes supporting your loved one requires you to acknowledge that you are not able and/or capable of providing them with what they need.

Please remember that if your loved one is at risk to themselves or others, the best resources are your local Emergency Department, and 911. In Vancouver, for non-emergencies please contact the Access and Assessment Center (AAC).

AAC Contact Information

Hours:	7:30 am - 11:00 pm 7 days/week; 365 days/year
Phone:	604-675-3700
Address:	803 West 12th Avenue (at Willow between 12th and 10th)

About us…

This Newsletter is brought to you by Vancouver Coastal Health's Family Support and Involvement Team. We assist families with resources, education, information, support, and with facilitating the inclusion of family in the care of their loved ones. We also work with patient and family partners to ensure that clients and families are involved in planning and decision making across Vancouver Coastal Health's Mental Health and Substance Use Services. You can find our contact information on the front page.

The *Family Connections Newsletter* is available electronically, direct to your email inbox. If you don't already receive *Family Connections* via email and would like to stay up-to-date about programs and services for families who are supporting a loved one with mental illness and/or substance use, sign up at www.spotlightonmentalhealth.com

By going to this website and clicking on the Family tab you can find our *Community Resource Guide for Families*, Vancouver Coastal Health's Family Involvement Policy and much more.

Thanks for reading!

The Sashbear Foundation
Making waves for mental health and suicide prevention

La Fondation Sashbear
Faire des vagues sur la santé mentale et la prévention du suicide

FAMILY CONNECTIONS™ Groups in BC

All groups are currently offered online via Zoom.

Upcoming groups:

Groups begin every January, June and September and run one evening per week for 12 weeks. Groups are typically filled from the waitlist.

Si vous préférez un groupe Connexions familiales en français, cliquez ici: https://sashbear.org/fr/connexions-familiales-fr

Apply for a future group:

https://sashbear.wildapricot.org/event-4399073/Registration

ABOUT Family Connections™

Family Connections™ is an evidence-based program providing education, skills, and support for people in a relationship with someone who has emotion dysregulation, BPD or BPD traits. It is a peer program led by trained group facilitators who are family members and who have taken the course themselves. Family Connections™ provides: current information and research on BPD, emotion dysregulation and on family functioning; individual coping skills based on Dialectical Behaviour Therapy (DBT); family skills; and group support that builds an ongoing network for family members.

Family Connections™ is open to anyone 18 years of age and older who has a loved one with mental health issues.

The Family Connections™ program is provided in Canada free of charge by The Sashbear Foundation. The Family Connections™ program was developed by practicing clinicians/researchers (Drs. Fruzzetti and Hoffman) and modified in consultation with family members. It is coordinated internationally by NEABPD.

Throughout Lower Mainland BC and in the city of Vancouver, Family Connections™ is offered by The Sashbear Foundation in partnership with Fraser Health Authority and Vancouver Coastal Health Authority.

We are celebrating 50 years of Suicide Prevention!

Have you accessed the services provided by SAFER?

We would like to hear from you!

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

S.A.F.E.R.
Suicide Attempt Follow Up Education and Research
Working together for excellence in suicide prevention intervention and postvention

S.A.F.E.R.'s 50th Anniversary

SAFER (Suicide Attempt Follow-up Education and Research) at MHSU-Outpatient Services (Vancouver General Hospital) is celebrating 50 years of providing suicide prevention services!

SAFER has provided:

Suicide prevention counselling, suicide bereavement counselling, education to the community, concerned other psychoeducation and professional consultation.

We are hoping to hear from people who have used our services along the years and would like to express how the service made a difference in their lives to help us celebrate this big milestone.

Quotes gathered from the experiences shared may be used to help with celebrations and will remain anonymous.

Have you accessed the services provided by SAFER? Would you like to share an anonymous comment about your experience with us?

Scan the QR code with your smartphone to share your experience:

https://www.surveymonkey.com/r/MH9FF86

Borderline Personality Disorder Intro

By Andrea Sierralta

" Borderline personality disorder (BPD) is a serious, long-lasting and complex mental health problem."

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), Borderline Personality Disorder is a disorder characterized by a pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts. (American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2022)

The Centre for Addiction and Mental Health (CAMH) (2009) notes that "Borderline personality disorder (BPD) is a serious, long-lasting and complex mental health problem." We know that people with BPD, often have difficulty regulating or managing their emotions and controlling their impulses. One marked and common symptom related to impulsivity is associated with self-harm and suicidal behaviours. These are important to note, as they may require immediate attention and monitoring to prevent dangerous harm to self.

When describing common emotional experiences, CAMH suggests the following: "Borderline personality disorder can have degrees of severity and intensity, but at its most severe and intense the emotional vulnerability of a person with BPD has been described as akin to a burn victim without skin. The tiniest change in a person's environment, such as a car horn, a perceived look, a light touch from another person, can set a person with BPD on fire emotionally. Some of the extreme feelings associated with BPD have been identified and include intense grief, terror, panic, abandonment, betrayal, agony, fury or humiliation." (Borderline personality disorder: an information guide for families, CAMH, 2009)

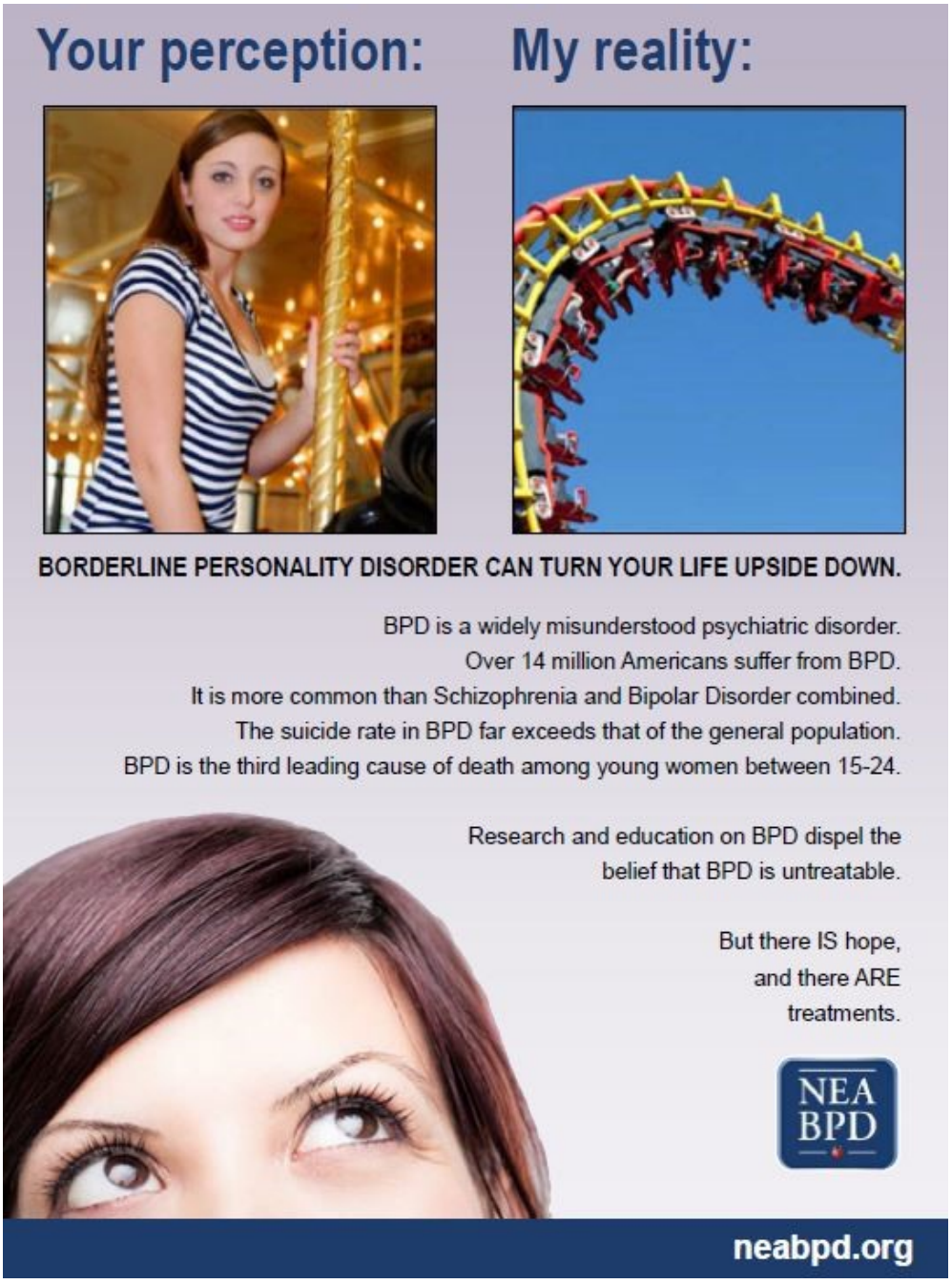
There tends to be a lot of stigma surrounding this disorder that can be based on the symptoms observed and a lack of information about the disorder and it's treatment. Even in the fields of psychiatry and psychology there has been stigma that can often get in the way of treatment. We know that people with Borderline Personality Disorder can gain skills that can help them understand what has been happening for them, and how to address and manage the related experiences.

We will be discussing treatment for Borderline Personality Disorder as it happens in an inpatient unit, and in community therapy settings. Dialectical Behaviour Therapy, also known as DBT, is a well-researched, evidence-based therapy program that focuses on building skills in the following areas: Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance. This issue will also have information about what is available for families, and how DBT can be helpful for families while supporting their loved ones.

Borderline Personality Disorder Awareness Month

By Andrea Sierralta

The National Education Alliance for Borderline Personality Disorder in the Unites States has been a voice for education and awareness of Borderline Personality disorder since 2001. It is because of this organization that May is observed as Borderline Personality Disorder Awareness month in the US. They have many useful resources including a large online media library. Below is a poster they have used to raise awareness for Borderline Personality Awareness Month.



"Research and education on BPD dispel the belief that BPD is untreatable"

Interview with Dr. John Wagner

Registered Psychologist, Director of the DBT Centre of Vancouver

By Andrea Sierralta

I had the pleasure of speaking with Dr. John Wagner to learn a bit more about Dialectical Behaviour Therapy (DBT). Dr. John Wagner, R.Psych., is the Director of the DBT Centre of Vancouver and a DBT-Linehan Board of Certification, Certified DBT Clinician. Dr. Wagner provides psychological services to both adolescent and adult clients and has led DBT skills groups for over 15 years. He has also provided workshops across Canada and frequently consults with mental health providers in working with persons struggling with complex multi-systemic disorders.

DBT Centre of Vancouver

Tell us a bit about what you do.

I am a registered psychologist, and currently the director of the DBT Centre of Vancouver. Among the things I do are support the running of the clinic, provide psychotherapy in both the group and individual setting, and supervise staff and students. I also provide workshops and training to mental health clinicians across Canada. I have been working with this clinic for the last 15 years, and in this field for over 20 years.

What keeps you doing your work in this area?

I enjoy doing this, seeing how helpful this is to our clients. It's especially rewarding to see how effective DBT can be in stopping recurrent suicidal and self-harm behaviours. It doesn't generally take a long time, for many clients we can accomplish that in a relative small amount of time. Three to six months of treatment is not uncommon to see self harm behaviours reduced.

What is DBT and why is it recommended?

DBT is a comprehensive psychological treatment that involves 4 different components: 1) Coming in once a week for an hour long individual therapy session; 2) Attending a skills group once a week for about 2 hours, and six months for one full cycle of group. We work our way through the DBT skills training manual. This includes 6 weeks on mindfulness skills which includes teaching clients how to be more aware of what's going on for them and how to be less judgmental towards self and others. We also teach them distress tolerance skills which include a variety of strategies to deal with a crisis without making the situation worse (i.e. self- harm). We spend time on interpersonal effectiveness skills, for helping people more effectively to get what they need from others while maintaining relationships and self-respect. And lastly, emotion regulation skills, which include concrete skills to better manage emotions; 3) Between session consultation: clients are provided with a phone number where they can call throughout the week to get skills coaching.

The fourth component is our consultation team: DBT therapists get together with peers generally once a week to talk about cases, how they are doing, and to get the support that is needed.

Dr. Marsha Linehan was initially interested in working with people with recurrent suicidality. As she worked more and more with those individuals, she also found many struggled with non suicidal self-

"I enjoy doing this, seeing how helpful this is to our clients. It's especially rewarding to see how effective DBT can be in stopping recurrent suicidal and self-harm behaviours"

injury. In many ways the treatment was initially developed to help with recurrent suicidality and self harm. However, she also found that many ended up meeting criteria for BPD, and that is why it also became a well established treatment for BPD.

How would you describe BPD to a family member or client?

Borderline Personality Disorder is characterized by 9 symptoms. For diagnosis one needs to meet 5 of 9 criteria: - frantic efforts to avoid real or imagined abandonment -a pattern of unstable and intense interpersonal relationships, - identity of disturbance or unstable sense of self, - impulsivity in at least two areas that are potentially damaging (it can include for instance reckless spending, sex, substance use, driving, recurrent suicidal behaviour or self mutilating behaviour) - affective instability due to a marked reactivity of mood, - chronic feelings of emptiness, - difficulty controlling anger, -transient stress related paranoid ideation or severe dissociation.

What that can mean is that you have two people who both have this disorder who are presenting in different ways.

In DBT we recognize or believe that one of the core struggles with BPD is a difficulty in being able to manage and regulate emotions, so, we put emphasis in teaching people skills for this. They don't often know skills for doing otherwise. We have a strong skills emphasis to teach people different skills to be able to better manage some of the challenging situations they might encounter in life.

What would you say is the current practice of diagnosis in your field?

I think part of the reason why we think of diagnosing someone with BPD if they meet criteria, is that it can help them in getting the appropriate treatment for the problem. We would encourage qualified clinicians to be assessing for and diagnosing it if it fits. Failing to diagnose it when appropriate can get in the way of them getting the appropriate services.

Are there other treatment options? Does it work for everybody?

DBT is one psychological treatment for BDP. It's the most well researched, but some others treatments used in the field are: mentalization-based psychotherapy, transference-focused psychotherapy and schema therapy.

What would you say are the top things you have learned about working with people with BPD?

It's some of the most rewarding work that I have ever done. We get to see people get better. I've also seen that many of the clients that I've worked with are quite resilient, strong and persistent people.

Borderline Personality Disorder is by no means a life sentence. What research shows consistently, is that people do recover from this disorder, particularly if getting the appropriate treatment .

Any message for someone who might not know what to do:

I would encourage them to talk to a qualified mental health professional so that they can gather more information about this disorder and get the appropriate treatment.

Info for families:

http://dbtvancouver.com/wp-content/uploads/2015/09/Loved-Ones-Fact-Sheet.pdf

Thank you Dr. Wagner!

"We would encourage clinicians to be assessing for it and diagnosing it if it fits. Failing to diagnose this can get in the way of them getting the appropriate services."

Interview with Rachelle Yong

Care Management Leader (CML) on Segal 5 inpatient unit

By Andrea Sierralta

"I notice that most people are relieved to know there is a diagnosis. Relief that it is called something."

Tell us about your role, and what you do?

My name is Rachelle Yong, I am a Care Management Leader (CML) on Segal 5 inpatient unit. The CML is a clinician that works as a liaison between the hospital and the community. The focus is on patient flow and discharge planning.

How long have you been working here? And what keeps you working here?

I have been in this role for three years. We have a hard working, fun loving, funny and very skilled team of clinical staff. This makes the days interesting. The work is hard but very rewarding, and there is a lot of opportunity to be creative in our environment. Shout out to my closest partner at work, Carol, who is a social worker and we work together to come up with plans and follow up for clients to be hopeful and have something that might work for them in the future.

What have you noticed along the years working with folks who are diagnosed with Borderline Personality Disorder and their families?

Clients with borderline personality disorder often have been through a lot, through trauma, and have experienced painful life experiences. They often feel demoralized and helpless, with a deep sadness and low self-worth and feel like life is not worth living. Families may or may not be involved, there may be broken relationships or a lack of relationship stability if involved. Which also tends to be demoralizing and has families desperate for help. We try to help the whole unit (family). We provide psycho education. I notice that most people are relieved to know there is a diagnosis. Relief that it is called something. We try to tell people that the angle is not to look for a cure. It is part of your life, something we need to address, but not all of who you are. We tend to have a decent amount of family meetings as it takes time to accept and it is hard. There are challenges to accessing services, long waits, not everyone can pay for private therapy options, and even they have waitlists right now. We try to work on advocacy for clients to get services, and our goal is to try to start something while they are here.

What can you say about the hospitalization experience in your inpatient unit at Segal?

DBT is the standard treatment for Borderline Personality Disorder. We have an Occupational Therapist (OT) in our team who does DBT modules, WRAPs (Wellness Recovery Action Plan) , CBT (Cognitive Behavioural Therapy), helps with scheduling & creating a routine, and linking to community resources. Basically, the OT works on skill building. The social worker and CML (myself) work on linking to DBT in the community (VGH program, DBT Centre of Vancouver, Wisemind Centre). We also provide low cost counselling lists, and give people info on books that might be helpful and other resources.

Psychiatrists will look at the clinical picture, there are medications to treat mood, dysregulation and suicidal risk. From a range of antidepressants to antipsychotics to ECT (Electroconvulsive Therapy). Sometimes the topic of TMS (Transcranial Magnetic Stimulation) comes up.

We try to establish what works and try to help people have those this after discharge so the client doesn't have to navigate by themselves at discharge.

How do you involve families in your role/unit?

When there is family involved in the client's care, we do psycho education so the family can understand what the diagnosis is, what the treatment is and know what to expect of themselves and the client. If families are able to provide financial support for the client to access private treatment, we liaise to help them link with this in the community.

What would you say to someone who is struggling with borderline traits?

If you are in crisis, seek help right away, do not feel like you have to fix it on your own, or that there Is no hope and you have to end your life. That is what people might think about, that their life is not worth living and they should end it. You can prepare for the crisis, different stressors happen, use the time when you are feeling better to focus on health, building your supports, to continue building yourself up. However, expect that triggers and crisis are inevitable so prepare, let people you trust know about your safety plans, so they know how to support you and what will be effective for you. Try not to look at crises as the end game, getting through them will help you build your skills and believe that things can get better. Continue to pursue passions and dreams, and find meaning. A mental illness is not the end of you, it can be painful to accept a diagnosis, but there are so many things you can do and be despite it.

What would you say to families?

Know that you re an important part of your loved one's life, but also know that you are important as well. Supporting your loved one is important, but also to figure out what your boundaries will be, and it can help build a stronger authentic relationship over time. Though hard, worth it.

Anything else you would like to share to others?

Have hope, we see people in the hospital in their worst states. But people can and do get better. The best thing is that we know that people still thrive. Keep persevering even if you have a relapse, its important to know to keep going.

Thank you Rachelle for sharing your experience with us!

"Have hope, we see people in the hospital in their worst states. But people can and do get better."

"Just three words"

By Christie Pollock, Person with lived experience

I don't remember a time in my life when I wasn't mentally ill. Think back to the times you have felt an emotion most intensely–the most depressed, anxious, angry, guilty, empty, and ashamed you've ever been. Multiply that and imagine cycling through those emotions several times a day with occasional periods of similarly intense happiness. This was my life, and by my mid-teens I was in a near constant state of crisis.

"After a few hours crying, the first paper I read was a short seminar paper on BPD from The Lancet co-authored by Marsha Linehan—and it changed everything."

I started therapy at 15, because my symptoms were overwhelming my ability to attend high school, but I constantly switched counsellors or quit. I started taking medication at 19 when I had graduated to failing classes at university. I was diagnosed with several anxiety disorders and depression, and tried a number of different medications. Some of them helped, but the intensity of my darker emotions wasn't relieved. I started acting more seriously on my impulse to self-harm, and the suicidal ideation of my teens grew to be incredibly intrusive.

As my emotional distress continued and it seemed increasingly likely to me that I would never recover, I started to lose control over my behaviour and became a danger to myself. At 26, I finally landed in the hospital for a two week stay on the psychiatric unit. This was the start of a pattern of admissions and discharges that would quickly result in hospital reports identifying me as "well known".

My hospital trips triggered a referral to DBT group therapy. During the first session I spent a fuzzy hour detached from my body, frozen except where I dug my house key into my hand. I fled at the halfway break–I hadn't even managed to say my name. One of the group counsellors phoned me the next day and persuaded me to attend individual DBT with her. I actually came every week, but was only marginally more cooperative than I'd been when I was younger. What kind of therapy had homework, and why would I do such pointless exercises?

The therapist was incredibly kind and tried to convince me that DBT could help, but I still believed my only real hope was medication or another biomedical treatment. After weeks of stubborn refusal to participate beyond showing up–and another trip or two to the hospital–I walked into my psychiatrist's office and found my therapist there as well. The clinic operated with team-based care, and while discussing my case they decided on a surprise intervention.

The intervention focused on a diagnosis mentioned a lot during my hospitalizations: borderline personality disorder. My psychiatrist told me firmly but with compassion that with this diagnosis, if I was depending on him for a cure I would likely never get it. That we would continue to trial medications to better control my anxiety disorders and hopefully increase the stability of my mood, but that BPD is best treated by the DBT I was resisting. I was devastated. Before I left, he issued me a challenge: read the scientific literature on BPD and DBT, and then prove I really believe in evidence-based medicine by acting on its conclusion.

After a few hours crying, the first paper I read was a short seminar paper on BPD from The Lancet co-authored by Marsha Linehan—and it changed everything. I found a cohesive explanation for my intense and reactive emotions, my self harm, suicidality, the dissociative episodes that separated me from my body or the world, even my paranoia and traits I had assumed were just personal failings.

I found an answer to my many years of crying "what is WRONG with me?!" And of course, I found the positive results of studies on DBT that my psychiatrist knew my research skills would find. Several papers later I had a new maxim: "make DBT your life, or BPD will take your life".

I started cooperating with my counsellor and coming to therapy with my homework done. Despite my doubts even the mindfulness exercises were helpful. I bought Marsha Linehan's original clinical texts to supplement my worksheets. And when the opportunity came to rejoin the DBT group I had run away from, I jumped at the chance and actually enjoyed it. My dedication wasn't magical or constant—I still made many hospital trips over the following two years—but it slowly increased my ability to cope.

While I worked very hard towards proficiency in DBT, my friends and family continued to support me and keep me alive. They took me to appointments, gave me safe places to stay when I couldn't be alone, and visited me in the hospital when I was most ill. They had copies of my safety plans, encouraged me to use DBT skills when I was struggling, and learned some of the most important skills themselves. I did however put four of them in therapy with the stress of caring for me—BPD is easy for no one.

When it comes to our medical system however, I was at times successful more in spite of it than because of it. I was told many times by healthcare providers that I "didn't want to get better", or that I was "wasting resources". I had to argue and beg for a psychiatrist I could see more than once despite trying a dozen medications over the course of a decade, then spent months on waiting lists. And my therapist had to advocate on my behalf when the number of sessions public health normally allows for ran out after just a few months.

I usually try to avoid dwelling on *what if* scenarios. But this was tested during early COVID, when I requested all of my university clinic records for me and my new GP. Near the bottom of hundreds of pages of documents, I found those from my first psychiatrist and discovered that he had diagnosed me almost immediately with borderline personality disorder when I was 19–something he would never mention in the eight months I was his patient.

The choice to hide a BPD diagnosis from patients is fairly common and is meant to protect us from its stigma. But no one asks if you have BPD before labelling you as "dangerous" when you end up in the psych ward, "dramatic" for the desperate texting, or "crazy" and "hysterical" when sobbing on the ground in public. Keeping this essential information secret robs us of our right to self-knowledge, and can delay the process of accessing effective treatment. This doesn't just prolong suffering, it can be life threatening.

I'm not "cured" but my life has improved immeasurably and is absolutely worth living. I have contributed to reforms in provincial mental health law and policy, co-facilitated a peer support group, and even worked on a project for the building that replaced my old psychiatry unit. I returned to university where I am now a second-degree student majoring in psychology. Because of the scars across my body, my life with mental illness is often visible – but so is my recovery.

Referenced article: Lieb, Zanarini, M. C., Schmahl, C., Linehan, M. M., & Bohus, M. (2004). Borderline personality disorder. The Lancet (British Edition), 364(9432), 453–461. https://doi.org/10.1016/S0140-6736(04)16770-6

We are so grateful that you have shared your experience & knowledge with us Christie! Thank you!

"While I worked very hard towards proficiency in DBT, my friends and family continued to support me and keep me alive."

Interview with MHSU-OS DBT Team

Mental Health and Substance Use-Outpatient Services

By Andrea Sierralta

Mental Health and Outpatient Services is located at the Joseph and Rosalie Segal and Family Health Centre. This team offers Dialectical Behaviour Therapy as part of their programming to Vancouver residents aged 18 and above, free of cost. The DBT program's intake process is currently going through some revisions and changes to improve the way they serve people who needs this treatment. They offer skills-based group therapy, individual coaching to those who don't have access to a therapist in the community, and they also have a weekly DBT team consultation where they discuss cases and provide support for the therapists. I had the privilege to sit with them during one of their weekly meetings and here is what they said:

What would you want to say to families who are supporting a loved one with Borderline Personality Disorder:

"I would explain the biopsychosocial model, it takes the stigma and judgment out of it, some people are good at emotions, some people are good at math, it's the hardwiring, not your fault."

"That BPD is treatable, it's not something people are stuck with forever."

"Families might have fear in their approach to dealing with their loved on. They might feel like 'I'm walking on eggshells', so its important to normalize this experience, that it can be hard to know how to deal with this."

"Removing the stigma surrounding it. Recognizing that this emotional sensitivity can be so criticized, rejected and punished in an invalidating environment. It's important to recognize that it can become an asset when the person learns how to work well with it."

"The equation for the biosocial model: emotional sensitivity plus an invalidating environment equals pervasive emotion dysregulation."

"I would explain the biopsychosocial model, it takes the stigma and judgment out of it, some people are good at emotions, some people are good at math, it's the hardwiring, not your fault."

"Validation: you can work only on validating the valid, meaning that validating is paying attention to the person, treating them as equal to you, to validate their emotions maybe the thoughts the experience they have had, but not to validate behaviour you may not want to see continue."

"Notice where you are in your acceptance of the diagnosis vs. wanting the loved one to change. The person might only be accepting this is what is happening for them and not yet ready for change."

There's a lot of lingo, different terms used in DBT, what would you say about that?

"There are DBT for families that could help. Depending on the age of the client, adolescents and parent groups might be available in the community."

"I would validate that there is a lot of lingo, you don't have to get caught up in knowing all of the lingo, in order to support them. The person can put it in their own words, and their own version of the DBT skills. Just listening to the person enough to know what terms they are using might be helpful."

"You can get a book to look at it if they want to know more about the different skills and terms used."

"BPD support society offers a weekly peer support group, and they encourage family members to attend the drop in. it's a way to pick up the lingo and see what happens."

What have you learned/enjoyed from this work?

"I find it rewarding to see clients move towards effective coping and find ways to live a life worth living for themselves, and that we as a team can be part of that is exciting."

"The skills that DBT uses, we all use them in one way or another, it's not something you haven't heard or thought of. You've probably done it before. DBT skills are good solid life skills, and one of the ways families can be supportive is to ask them to teach you the skills."

"I admire their spirit, despite the amount of chaos that occurs, it is a DBT assumption that the clients and coaches are trying the best that they can. It takes a lot of commitment to do the group and everything that life throws at you. I like their resilience."

"I love watching people go from feeling like their lives are controlling them, to feeling like they are in the drivers seat. Watching that empowerment happen is so rewarding."

What else would you say to clients or families reading this?

"Clients notice when family members say 'you really handled that way better than in the past'. That kind of support is great and encouraging, they are happy when other people notice the change."

"There is hope, one step at a time. Be your own advocate. Sometimes when it feels hopeless, think of containment, hope can be nurtured."

"Acknowledge the difficulties in communication. It's normal to feel overwhelmed as for what to do as families. As a family member you can note if there is a discrepancy in the content but still be supportive."

"I love watching people go from feeling like their lives are controlling them, to feeling like they are in the drivers seat. Watching that empowerment happen is so rewarding."

The Sashbear Foundation – "Making Waves On Mental Health By Building Environments For The Advancement Of Life Coping Skills"

By Isabella Mori

The following is an interview by Isabella Mori with two representatives of the Sashbear Foundation (https://sashbear.org), which is dedicated to persons affected by Borderline Personality Disorder. I spoke with Lynn Courey, President and Co-Founder, and Doreen Hyndman, Program Manager.

Isabella: **Sashbear's mission is:**

→ To lead a mental health reform by promoting awareness for the need of early prevention, recognition, timely intervention and access to affordable treatment of individuals with emotional dysregulation. Through our efforts, we will bring positive changes to create a more validating environment for everyone by:

◊ Eliminating the stigma around emotion dysregulation.

◊ Promoting access to affordable treatment services leading to improved quality of life.

◊ Disseminating effective life coping and interrelationship skills.

◊ Informing and mobilizing family and friends to seek the skills training needed to support loved ones when they struggle.

I notice that you don't mention the word Borderline Personality Disorder at all here. What prompted that?

Sashbear: It is difficult to get a diagnosis for BPD, partly because of stigma. A key characteristic of BPD is emotional dysregulation, and in the early stages of BPD, we talk more about characteristics and traits. They are more descriptive at any rate. BPD is often diagnosed too late but emotional dysregulation can be recognized.

Lynn refers to a metaphor used by Alex Chapman, a DBT trainer and consultant for Behavioral Tech, LLC. He explains that life for people with BPD is like flying a small plane with a jumbo jet engine. Lynn goes on to add that they have no manual on how to do it, and the plane can easily crash. But if they can manage the plane, they can lift off and accomplish wonderful feats.

Isabella: **What are the consequences of a late diagnosis?**

Sashbear: There is an outdated belief among some in psychiatry that BPD cannot be diagnosed until age 18. However, research shows that it can be diagnosed in the early teenage years, sometimes even earlier. BPD can be effectively treated. There is much hope for recovery, for example through Dialectic Behavior Therapy (DBT). The earlier, the better! But treatment cannot be accessed when there is no diagnosis. The late Dr. Perry Hoffman, known for her work in the field of BPD, goes as far as saying that not diagnosing or providing access to treatment to DBT for people experiencing emotional dysregulation is a form of malpractice. There is nothing in the current Diagnostic and Statistical Manual that says BPD cannot be diagnosed before age 18. Of course a diagnosis is possible below 18.

Isabella: **How can people be helped?**

Sashbear: DBT is the place to start, it is likely to help them. That along with helping the people around them – improving communication strategies, and looking after their own (the families') recovery. The treatment is there – it's a matter of *accessing* treatment. And it's important to support families as well, so that everyone involved can regain balance.

"While there is a higher than average percentage of people with BPD, we want to emphasize that their lives are worth living, and it is possible. People with BPD have so much to offer!"

Isabella: **Please tell me more about your Family Connections groups.**

Sashbear: It is a researched, manualized program developed by Dr. Perry Hoffman and Dr. Alan Fruzzetti, both DBT clinicians, based on a subset of DBT skills. Developed in the early 2000s, it is available in many countries. It lasts 12 weeks, and is a little different from a support group. For example, it is closed, and participants are expected to attend all 12 weeks. The goal is to help participants understand emotional dysregulation and provide participants with skills in areas such as improving their own sense of wellbeing, gaining more resilience, and having better communication with their loved ones.

Family members don't need a referral. Just go to the site at https://sashbear.org/en/family-connections/family-connections-2 and sign up. These groups are free of charge and happen three times a year, in January, June and September, and there are multiple groups at once, so that we can have small groups at different times. Currently the groups are offered online. If you cannot attend a group right away, there are many expert presentations available through Sashbear. We believe in continuity of care. There are also skills refreshers afterwards for those who have completed Family Connections to continue practicing.

Family is broadly defined – relatives, partners, siblings, friends, etc. Sometimes ex-partners attend who are still co-parenting.

The training to become a Family Connections facilitator takes up to two years. The program is facilitated by peers – that is what resonates with families. They feel truly understood. It is a safe environment, with no judgment, no advice, lots of interaction, role plays, videos, etc.

Isabella: **What do people with emotional dysregulation/borderline personality disorder most want from their families?**

Sashbear**:** They want to be acknowledged, recognized, appreciated. They want to be accepted for who they are. Taking the Family Connections group has helped both of us build a closer relationship with our loved ones. We have built trust in these relationships and then they feel they can come to us.

Our loved ones don't want to feel alone. They want a family that doesn't fix them but empowers them to find their own solutions. They want to know that they are enough.

Isabella**: If you only had one minute to give a family member advice, what would it be?**

Sashbear**:** Zip up! Be there, pay attention, listen actively. Our loved ones often say, all I want from you is to listen to what I have to say.

We have the acronym WAIT – Why Am I Talking?

Isabella: **How can family members contribute to your advocacy work?**

Sashbear: We are a volunteer-based organization and volunteers are the heart of our activities. Become involved with Sashbear; help us to grow. People need to talk about mental health and BPD to reduce stigma. Help us celebrate our 10th anniversary -- you can connect with 10 people and talk about Sashbear or BPD, participate in our virtual walk, talk about the importance of supporting loved ones, support others nonjudgmentally. Together anything is possible. Together we are stronger.

"Our loved ones don't want to feel alone. They want a family that doesn't fix them but empowers them to find their own solutions. They want to know that they are enough."

Vancouver Family Advisory Committee (FAC)

A Partnership with Vancouver Mental Health & Substance Use Services

Who Are We?

We are Vancouver parents, siblings, adult children and friends of those living with serious mental illness and substance use. We are individuals with lived experience. We are community agency representatives, Mental Health/Substance Use professionals, and the VCH Family Support & Involvement (FSI) team. Together, we are the Family Advisory Committee. The FAC provides a strong family perspective to improve services for our loved ones, and expand communication and supports for caregivers and families.

If you feel inspired to join our efforts, or simply want to learn more about the FAC, please check out our page here: https://www.spotlightonmentalhealth.com/vancouver-family-advisory-committee/ .

Update on FAC Projects:

⇒ **Mental Health Substance Use Chart of Services and Family Expectations:**

Families entering the mental health and substance use services network encounter an intricate maze. They must suddenly navigate levels of care, types of services, mysterious acronyms, terminology and language of which they have no previous experience or knowledge. They often struggle to understand how it is all organized and what the options are for their loved one's care. The FAC has created a chart which will help families see how the system is organized. What is currently being called the "Family Experience Chart" will outline what the levels of care of the system are and what that means, the facilities at each level of care and crucially the expected family experience of care at these different levels. Describing the expected family experience is helping the FAC to identify specific aspects of the family experience that need development or advocacy.

It is our hope that this chart will serve several purposes.

- to give families a quick and easy to read overview of the Mental Health and Substance Use system and facilities
- provide a document which makes working with VCH leadership easier by outlining descriptive elements of family inclusion and involvement
- serve as a resource for family support coordinators working with families
- serve as a reference document for the FAC and for orientation of new members to the committee.

⇒ **Warmest thanks to long-time FAC member and past Chair Pat Parker** whose passion, knowledge and leadership were a true inspiration. Pat will remain a member of VCH and regional committees and drop by to give the FAC her updates. Pat's last project was creation of a "Family Experience" flowchart which includes expectations for all levels of care.

⇒ **Year in Review: The FAC has been busy!** Among our projects in the past year - A new series of Expert Talks coordinated by Isabella Mori, advocacy letters urging more Car 87's and supporting involuntary treatment under B.C.'s Mental Health Act. We also applauded a VCH memo advising all staff of the importance of collecting family collateral when doing assessments.

⇒ **Regional FAC:** Vancouver FAC members along with members of the North Shore FAC and Richmond PFAC (Partner and Family Advisory Committee) met in April 2022 to share recent successes, address common challenges, and discuss opportunities for collaboration. We had a lively discussion and realized there are many ways we can learn from and support each other. The Regional Family Advisory Committee (s) Meeting will continue to be held twice a year, once in Spring and once in Fall.

FAC Families Talk About Borderline Personality Disorder*. Hear one of their stories in this edition of the Family Connections Newsletter:*

Family Experience from P.Z., FAC member:

As primary caregiver for my sister (for about 11 years now), I've learned a lot about BPD (Borderline Personality Disorder). However, it's easy to provide advice when my mind is calm, quite another to execute on my own advice in chaotic situations. I've learned how to walk the line between influencing, guiding, and dare I say controlling the life of another and letting that person just be themselves. This is very difficult for me.

We might never know if my sister's challenges with emotional regulation are brain-based or learned over time. If they are brain based, then there might not be a way to change them. And yet, she has come so far with her Dialectical Behavior Therapy or DBT, an evidence-based psychotherapy course, so it's clear than our brains can and do change. We can only hope with much love and care, for the better.

Here is what I've learned as a family member:

1) to keep in mind the words of a wise woman: 'How can we do less (for our loved ones)?'

2) to listen and be patient: things are not always what they seem.

3) I'm not the one who should be doing it all, I need help. I need a team of supports.

4) the way we help others is not always known to us

5) to take time to recharge

6) bright spots are everywhere though they are not always obvious.

I would also like to share some wise words from my sister:

BPD is characterized by erratic behavior, mood swings, difficulty controlling anger, feelings of guilt (and taking on the role of victim), and pushing people away, especially those who are closest to you. This diagnosis was helpful because it led to a DBT (Dialectical Behaviour Therapy) course (based on the teachings of Marsha Linehan) that I took some years ago now (2015?) and from which I've kept notes. And then came COVID. I wasn't able to remember coping skills learned and now that I notice my behavior, I'm going back to my DBT notes. It's easy to fall back into old habits and a gentle reminder every day can be helpful.

To connect, email us at: VancouverFAC@vch.ca

We're always looking for new members!

A list of resources collected from all of the interviews and research done for this Newsletter!

Resources related to Borderline Personality Disorder

Youtube channels:

DBT R U: https://www.youtube.com/c/DBTRU/videos

Videos:

https://www.mcleanhospital.org/video/expert-answers-questions-about-bpd

https://www.borderlinepersonalitydisorder.org/media-library/

Books:

The Buddha and the Borderline: My Recovery from Borderline Personality Disorder through Dialectical Behavior Therapy, Buddhism, and Online Dating *by Kiera Van Gelder, 2010.*

Overcoming Borderline Personality Disorder: A Family Guide for Healing and Change by *Valerie Porr, 2010*.

Loving Someone with Borderline Personality Disorder: How to Keep Out-of-Control Emotions from Destroying Your Relationship *by Shari Manning, 2011.*

Calming the emotional storm: Using DBT skills to manage your emotions & balance your life by *Sheri Van Dijk, 2012.*

Building a Life Worth Living: A Memoir 2020 *by Marsha M. Linehan, 2020.*

The Dialectical Behavior Therapy Skills Workbook: Practical DBT Exercises for Learning Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance *by Matthew McKay et al., 2007.*

The Borderline Personality Disorder Survival Guide: Everything You Need to Know About Living with BPD by *Alexander L. Chapman & Kim L. Gratz, 2007.*

Local organizations and resources:

https://sashbear.org/en/

https://sashbear.org/en/family-connections

https://sashbear.wildapricot.org/BC-Groups-Upcoming/

https://www.bpdbc.ca/our-services

https://www.bpdbc.ca/skills-wellness

https://dbtvancouver.com/

https://wisemindcentre.com/

https://foundrybc.ca/

Other useful websites:

https://www.tara4bpd.org/

https://www.borderlinepersonalitydisorder.org/

Useful reads and pamphlets for families:

https://www.camh.ca/-/media/files/guides-and-publications/borderline-guide-en.pdf

https://sashbear.org/resources/sashbear-family-connections-pamphlet.pdf

http://dbtvancouver.com/wp-content/uploads/2015/09/Loved-Ones-Fact-Sheet.pdf

TIDBITS from the Family Connections Support Group

This edition's Tidbits include a range of resources and information that we discussed in our VCH MHSU Family Connections Support groups.

Websites, Resources, Books, recommended reads!

Videos:

- A video about Anosognosia: https://www.youtube.com/watch?v=y06oKD4W0k4
- A family member shared this video on the experience of depression from the WHO (World Health Organization): https://www.youtube.com/watch?v=XiCrniLQGYc

Resources and Websites:

- Resource for Family Doctors to consult with specialists such as psychiatry: http://www.raceconnect.ca/
- https://sashbear.org/en/
- We discussed Constricted Thinking as a concept to understand suicidal ideation, and looked at safety planning as an option for family members to know how to support someone. This may help describe a bit of what we talked about: https://suicideprevention.ca/im-having-thoughts-of-suicide/
- This app is a useful one: Hope by CAMH https://www.camh.ca/hopebycamhapp
- https://www.mindmypeelings.com/blog/window-of-tolerance

Resources around communicating with a loved one experiencing delusions:

- BC Schizophrenia on Steps for Working with Delusions: https://www.bcss.org/support/how-do-i-get-help-for-my-loved-one/steps-working-delusions/
- Here to Help BC on helpful things to do with someone experiencing Delusions & Hallucinations: https://www.heretohelp.bc.ca/factsheet/psychosis-symptoms-and-what-to-do#delusions
- CAMH (Centre for Addiction and Mental Health)'s resource on "When a Parent has Experienced Psychosis… What Kids want to know" https://www.camh.ca/en/health-info/guides-and-publications/when-a-parent-has-experienced-psychosis (geared toward children however could be helpful for anyone)

Resources around Financial Planning for Future of our Loved One

- Govt. of BC on Disability Assistance and Trusts: https://www2.gov.bc.ca/assets/gov/family-and-social-supports/services-for-people-with-disabilities/supports-services/disability_assistance_trusts.pdf and https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/eligibility/trusts
- Govt. of Canada on Registered Disability Savings Plan (RDSP): https://www.canada.ca/en/employment-social-development/programs/disability/savings.html and https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/registered-disability-savings-plan-rdsp.html
- June webinars on the RDSP: https://planinstitute.ca/registered-disability-savings-plan/ and Wills, Trusts, & Estate Planning: https://planinstitute.ca/learning-centre/wills-trusts-and-estate-planning/

Important resources to remember in the event of a crisis:

- https://crisiscentre.bc.ca/get-help/ 1-800- 784-2433 (1-800-SUICIDE) 24/7 Crisis Line.
- Access and Assessment Centre: http://www.vch.ca/locations-services/result?res_id=1186 604-675-3700 (Hours: 7 days/week/holidays; Walk-ins: 7:30 am to 9:30 pm; Phone lines: 7:30 am to 10:00 pm)
- For emergency situations: Go to the nearest Emergency Room, or call 911.

Books:

- Dr. Xavier Amador's book: I am not sick, I don't need help: https://www.amazon.ca/Not-Sick-Dont-Need-Help/dp/0985206705/ref=pd_lpo_1?pd_rd_i=0985206705&psc=1

The Family Connections Support Group

The ***Family Support and Involvement Team*** has a support group for family and friends of individuals with mental illness and/or substance use concerns. The group is co-facilitated by a Family Support & Involvement Coordinator and a family member.

We aim to create a welcoming and supportive space in which family members can share their experiences with each other and feel supported and strengthened in their efforts to help their loved ones. The group has a small educational component. Participants also receive twice-monthly emails with the contents of the educational part.

Like many other resources during COVID, we have moved our groups to ZOOM meetings. Family and supporters are free to attend on a regular basis or drop in as needed, like in our regular meetings. If you would like to receive an invite to our Support Group, please contact us and we will happily add you to our invite list!

We meet online on the following days & times:

DATE: Every first Thursday and third Monday of the month

TIME: 6:00 – 8:00 p.m.

PLACE: In the comfort of you own home

**We do not meet on STAT holidays.*

Contact the Family Support and Involvement Team for the Zoom link at:

familyconnections@vch.ca

"Whatever you are struggling with, there are others out there who understand."

MORE FAMILY SUPPORT GROUPS

PLEASE CALL/EMAIL AHEAD TO CONFIRM DATES AND TIMES

Parents Forever – Support group for families of adults living with addiction. Group meets weekly via Zoom on Friday evenings. Contact Frances Kenny, 604-524-4230 or fkenny@uniserve.com

Holding Hope— peer led bi-weekly support groups for families affected by their loved one's substance use challenges. Connected to Moms Stop The Harm. Currently held via Zoom.
Email: canadaholdinghopenational@gmail.com

SMART recovery meetings for families are back!. Tuesdays 6:00-7:00pm, https://smartrecovery.zoom.us/j/91012011101
Meeting ID: 910 1201 1101

BC Schizophrenia Vancouver Family Support Group - for family members supporting someone with serious mental illness. Please contact the Vancouver Manager @ 604-787-1814 or vancoast@bcss.org for more details on the online group and to register.

St Paul's Hospital Family Support Group- Support for families who have a loved one living with mental illness. Groups take place on the last Thursday of every month from 6-7:30 over Zoom.
Please pre-register at 604-682-2344 local 62403.

VCH Eating Disorder Program – Family & Friends Support Group – for friends and family members of individuals living with an eating disorder. Contact Colleen @ 604-675-2531.

Borderline Talks - for individuals living with Borderline Personality Disorder (BPD) or Traits, and their loved ones. Zoom group every Wednesday at 7. Check https://bpdsupportgroup.wordpress.com/finding-help/

Pathways Serious Mental Illness (formerly Northshore Schizophrenia Society) - weekly online support groups, and family to family education sessions. For more information on the next support group: https://pathwayssmi.org/monthly-support-groups/.

Pathways Clubhouse Chinese Family Support Group – Education sessions for Chinese families who have a loved one living with mental illness. 2nd Saturday of each month via Zoom.
Contact Elaine Chan at elaine.chan@pathwaysclubhouse.com or 604-276-8834 for details