



## STOP PRESS

**Family Connections** is up and ready to roll! This highly regarded support program for families of those with BPD has 10 leadership groups, including one in Albury/Wodonga. If you are interested in the **FREE** 12 week program, go to:

<http://www.bpdaustralia.com/family-connections-1/>

### We have a new email address:

[bpdcommunityvic@gmail.com](mailto:bpdcommunityvic@gmail.com)

If you wish to join our email list, just drop us a line to the above email address and let us know.

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## Finally born!

We all know that giving birth can be both a painful and rewarding experience. And after the birth, we all think the newborn is the prettiest, most handsome of all children ever born. Well some of us do at least, - and so, we think our BPD Community baby organization is the best baby ever!

Early May saw the creation of the organisation called BPD Community Victoria Ltd. We can now further develop our strategies and initiate activities in order to meet the needs of the BPD Community here in Victoria.

As we grow, we will continue with our Information Nights and quarterly Newsletter. We

hope to be developing a greater internet presence before the year is out.

Replacing stigma and discrimination with hope and optimism is our mission and we will continue to devote energies in that area. We have in the past worked with SANE Media Watch and the Victorian Mental Health Commission in addressing specific issues as they have come to light. This will continue.

In fact there are too many ideas for what we can do and not enough time or resources to get it done! This is another area we will be working on. Improving our resources.

So, this new baby is up and



walking already. Tackling the issues of importance to us and working with others to ensure that our BPD world is a better place for all of us.

We are open to your questions, comments and involvement, feel free to contact us. We are here for you, for all of us.

The BPD Community is your baby too!

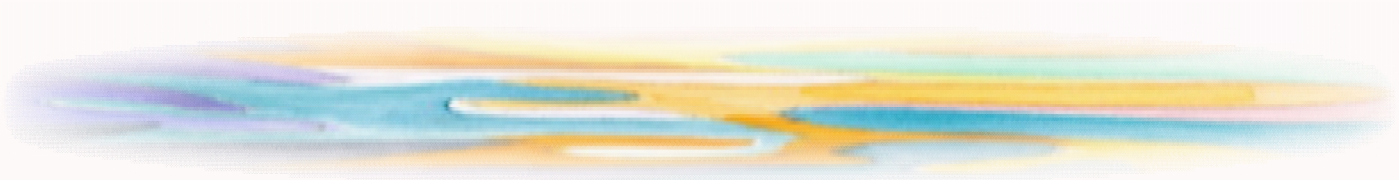
## A new colour scheme

The colours of BPD are many. They may be vivid and brilliant bold colours. Blacks as deep as the darkest night, bruised purples, slashes of red.

Or, they may be as we have adopted here, gentle, varied and moving.

Our new colour scheme was created for us by a Victorian artist, Susanne Shaw. We have taken her work and applied it to communicate our hopes for our community.

The colours we have chosen, move from the darker tones towards the lightness of hope and optimism. It is symbolic of the journey of all of us in our BPD Community: our own personal journeys and our common purpose replacing stigma and discrimination with hope and optimism.



**Myth:** People with BPD are just overdramatic.

**Fact:** People with BPD feel emotions much more intensely and for a much longer time.

## Treatment: what works!

“the questions...were insightful and perceptive...”



Julia Lo Nigro,  
our MC for the  
night

Twenty six intrepid souls braved the cold and wet in exchange for the warm, cosy atmosphere of our second Information Night.

Alan Murnane opened the event and spoke briefly of the Inner South Community Health Centre, which is currently trialling an innovative DBT based program for young women. Alan discussed the difficulties in responding to the mental health needs in the community, in spite of the best intentions. It is helpful to hear an insiders perspective.

We were very fortunate that Dr Louise McCutcheon was

available to speak to us. Dr McCutcheon is a joint founder of HYPE (Helping Young People Early), which is run from Orygen Youth Health.

HYPE is an evidence based early intervention program that has been operating since 2000. Dr McCutcheon's ground breaking work in developing the Cognitive Analytical Therapy Training program takes her around the world training staff and developing early intervention programs.

Dr McCutcheon's goal is early intervention to save the years of pain and suffering of those who haven't found treatment and who

struggle on into adulthood, parenthood and beyond.

It was 'carers' who mainly led the questioning at the end of the presentation. They were insightful and perceptive; they revealed the different perspectives that exist.

It is important to educate ourselves to keep our community united in our common cause.



## Our BPD Community.

As I write, our email list is growing and our reach is extending. However, given the numbers of people who we know would be affected by BPD, our reach is not enough.

If there is anyone you know who might benefit from becoming a part of our community, they can join the email list, see the front page for details.

We don't want to bombard you with information. Just the quarterly newsletter which is based around our Information Nights and email updates of information that may be of interest to our community.

Our goal is to build our community to help us improve our understanding of how we can all work towards replacing stigma and discrimination with hope and optimism.

To this end we are planning a Carer's Concerns Information Night in August. Planning is in hand to take this concept further for all members of our BPD Community. All known 'carers' will be sent an email this week, asking for their input, if you are a carer and don't get an email and want to participate, email us at [bpdccommunityvic@gmail.com](mailto:bpdccommunityvic@gmail.com) and let us know.

With careful planning we will effect change.

“We don't want to bombard you with information. “

## We are a diverse group

Dianne Simboro spent her early adulthood raising a family in Burkina Faso, Africa: she has a sound appreciation of what it means to migrate to a foreign country.

The challenges of resettling as a family, as Dianne did, are multi layered. She said, “I made loads of mistakes; I discovered that respectfulness and politeness do

not translate cross-culturally. “

Dianne lived and worked in many countries over an 8 year period. She explained, “It's the strategies that I developed and used to fast-track the integration process that I now teach to Refugees and Migrants.”

It is understanding what hope and optimism means to all of us that intrigues Dianne. She is dedicated



Dianne Simboro

to exploring these concepts, to inform the work of the board in fulfilling its mission.

“It is understanding what hope and optimism means to people that intrigues Dianne. “

## The research says...

In her presentation, a our Information Night Dr McCutcheon referred to the latest research (2015) which identifies five characteristics of evidence based treatments:

1. Structured (manual directed) approaches to the typical BPD problems.
2. Patients are encouraged to assume control of themselves (sense of agency).
3. Therapists help connections of feelings to events and actions.

4. Therapists are active, responsive and validating.
5. Therapists discuss cases, including personal reactions, with others. Bateman, Gunderson & Mulder (2015)

These evidence based treatments referred to treatment programs we may be familiar with, such as DBT, ACT, CAT, Schema and Mentalisation.

Dr McCutcheon commented on the numbers needing treatment but unable to access these treatments. They are

relatively costly of the resources available.

There is evidence that suggests that BPD is a problem that manifests



Dr Louise McCutcheon

in young people. A study in 2005 identified the rise in BPD features in adolescence, which



wanes as the person moves into adulthood. Crawford (2005)

The suggestion is then that treatment that is targeted at young people can alleviate the development of severe adult BPD. Perhaps this focus need not rely on the more costly approaches to BPD, such as the structured (manual directed) approach. Dr McCutcheon suggested Good Clinical Practice as an alternative.

## Good Clinical Practice or General Psychiatric Management

In 2009, the American Journal of Psychiatry published an article comparing Dialectical Behaviour Therapy with General Psychiatric treatment for BPD over a year. (American Journal of Psychiatry 2009: 166:1365-1374)

The trial of 180 people diagnosed with BPD was

positive for both types of treatment, with no significant differences between them.

In 2012 John Gunderson and Brian Palmer provided an overview of what Good Psychiatric Management of BPD would look like. Their presentation for the National Education

Alliance of USA can be accessed here:

[http://www.borderlinepersonalitydisorder.com/wp-content/uploads/2012/10/Palmer\\_NEABPD10\\_14\\_12a-1.pdf](http://www.borderlinepersonalitydisorder.com/wp-content/uploads/2012/10/Palmer_NEABPD10_14_12a-1.pdf)

The timeline for General Psychiatric Management looks like:

- Building a contractual alliance (1 to 3 mths)
- Building a relational alliance (1 to 12 mths)
- Positive dependency (6-18 mths to 2.5-5 yrs)
- Becoming non borderline (2 to 10 yrs)

It seems there **are** alternative treatments available.

## The Dilemma

If we assume that good clinical practice (or General Psychiatric Management) is as good as a structured (manual directed) approach, then how do we select a clinician who can treat BPD?

The problems we in the BPD Community face are multiple:

- How do we access resources, services?
- How do we get a diagnosis?
- How do we get treatment in the public sector?
- Do we have a choice from the treatment options available?
- What supports are there available to us?



For the person with BPD, for the family and loved ones of a person with BPD, the system is a maze we struggle to navigate.



BPD is treatable, we know that. Why then is it so hard to get treatment?

We return again to the stigma and discrimination that compromises our hope and optimism.



# The August Information Night

## Who cares for carers?

**Anne Reeve** is the Founding Director of NEABPD Australia. NEA is an American peak BPD organisation which Anne discovered while searching for help on the web. The renowned Family Connections program, a 'carers' program, was available to be done over the web and Anne completed the program in 2013. Recognising the need in Australia for such an organisation and the programs it offers, Anne set about negotiating bringing it to Australia.



A mother speaks about the Family Connections Program, USA, 2009; Alan Fruzzetti to her left.  
[www.youtube.com/watch?v=j9p4TEo\\_jel](http://www.youtube.com/watch?v=j9p4TEo_jel)

Dr Perry Hoffman one of the founders of NEA, and our own Dr Andrew Chanen are co directors of NEABPD Aust, their priority has been to introduce a specialist service to support Australian families in need. Anne will be presenting the Family Connections program to us.

**Lee Crothers** is a co-facilitator of the MIND BPD Family and Carers Group which meets every month. Lee understands the challenges that 'carers' face and her work in the world of BPD enriches that understanding. Lee's background is in Occupational Therapy and Psychotherapy. She is employed at HYPE, Orygen Youth Health where she works with young people and their families, and also with training and development of professional staff.



Lee Crothers

Accredited in Cognitive Analytical Therapy, Lee is a supervisor and co-facilitator of the CAT course in Melbourne. Lee also conducts a private practice, 'In Dialogue' where she works collaboratively with young people and adults. We are fortunate to be able to hear Lee speak on her experience in working with 'carers' and families.

**TITLE:**  
Who cares for Carers?

**PRESENTERS:**  
Anne Reeve  
Lee Crothers  
Carer Panel

**TIME:**  
6pm

**DATE:**  
Wednesday, 26 August 2015

**PLACE:**  
The Theaterette  
Town Hall  
Bank St  
South Melbourne

**RSVP:** [bpdcommunityvic@gmail.com](mailto:bpdcommunityvic@gmail.com)

## What do Carers want?

What is it carers want?

Most carers want a magic wand to wave over their loved one to fix everything up. A fairy godmother would be wonderful, but sadly not realistic.

Carers are a diverse group: from all walks of life, all backgrounds, religions. They are parents, partners, spouses, siblings, children. Some live with their loved one, others are alienated from their loved one.

It is the aim of this Information Night to put together a list of carer concerns, prioritised. This will inform the work of BPD Community Victoria and ensure that we are speaking with one voice.

What are the obstacles to our hopes?

What impedes the development of our relationship with our loved one?

Is the solution to be found within ourselves or does it lie with other people?

Carers in our BPD Community learn that there is much that they don't know. When BPD strikes, there is a steep learning curve: learning about BPD, learning about what is possible and what is not. Most importantly a carer learns how to develop their relationship with their loved one. Carers learn that they cannot fix BPD.

These questions and concerns cover some of the discussion of the night.

Give me:  
the strength to change  
what I can change;  
the grace to accept what  
I can't change;  
and the wisdom to know  
the difference between  
the two.