



NAMI News

The County's Voice on Mental Illness 10730 Connecticut Avenue, Kensington, MD 20895

March 2004

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Borderline Personality Disorder

Borderline Personality Disorder (BPD) is characterized by impulsivity and instability in mood, self-image, and personal relationships. It is fairly common and is diagnosed more often in females than males.

What are the symptoms of BPD?

Individuals with BPD have several of the following symptoms:

- marked mood swings with periods of intense depression, irritability, and/or anxiety lasting a few hours to a few days;
- inappropriate, intense, or uncontrolled anger;
- impulsiveness in spending, sex, substance use, shoplifting, reckless driving, or binge eating;
- recurring suicidal threats or self-injurious behavior;

- unstable, intense personal relationships with extreme, black and white views of people and experiences, sometimes alternating between "all good" idealization and "all bad" devaluation;

- marked, persistent uncertainty about self-image, long term goals, friendships, and values;

- chronic boredom or feelings of emptiness; and

- frantic efforts to avoid abandonment, either real or imagined.

What causes BPD?

The causes of BPD are unclear, although psychological and biological factors may be involved. Originally thought to "border on" schizophrenia, BPD also appears to be related to serious depres-

(Continued on page 3)



Join us for our 2nd Annual NAMI Walk.

**The walk is short (2.5 miles), free and fun!
Sunday, May 2, 2004**

**10 am Check-in
11 am Walk Begins**

Centennial Park, Ellicott City. Call the NAMI office for a registration packet.

General Education Meeting — Thursday, March 11, 2004

"OCD Treatment: Building Confidence to Fight Back"

ERP (Exposure and Response Prevention) helps people see, through experience, that they don't have to do the compulsion that they FEEL they have to. This builds confidence and helps people learn to "fight back."

Speaker: Curt Buermeyer, Ph.D, Investigator and research manager for NeuroScience, Inc., Bethesda

Social Hour: 7:30 p.m., Program: 8:00 p.m.

Location: Cedar Lane Unitarian Church, 9601 Cedar Lane, Bethesda 20814

The cost of printing this issue of NAMI News was donated by

**Joanne Milobsky and Alison Malmon
in memory of Brian Malmon**

If you value our NAMI News and would like to help our cause by donating an issue, we are eager to discuss this with you. Please call Susan or Leah in the NAMI

NAMI MC March Events



- **Mar 2**—Board Meeting, 7:15 pm, NAMI Office
- **Mar 9**—Child and Adolescent Family Support Group, 7 pm, NAMI Office
- **Mar 10**—Family Support Group, 2:30 pm, Rockville Unitarian Church, 100 Welsh Park Road, Rockville
- **Mar 11**—General Education Meeting, 7:30 pm, Cedar Lane Unitarian Church (See p. 1)
- **Mar 13**—Family Support Group, 9:30 am, Montgomery General Hospital, Olney, 2nd Floor, Conf. Room C
- **Mar 16**—Sibling Support Group, 7 pm, NAMI Office
- **Mar 19**—Spouse Support Group, 7 pm, NAMI Office
- **Mar 20**—Spanish Family Support Group, 6:30 pm, Montgomery General Hospital, Olney, Room 201B
- **Mar 23**—Family Support Group, 7 pm, NAMI Office

NAMI Support Groups

Family Support

2nd Wednesday of each month, 2:30-4 p.m., Unitarian Universalist Church, 100 Welsh Park Drive (off Mannakee St), Rockville. Contact: Ursula 301-384-8100

4th Tuesday of each month, 7 p.m., NAMI office. Contact: Ann 301-774-1960

2nd Saturday of each month, 9:30 a.m., Mont, General Hospital Conf. Room C, 2nd Floor (Community Learning Center) Contact: Helen 301-963-9472.

Child & Adolescent Family Support

2nd Tuesday of each month, 7:00—8:30 p.m., NAMI Office. Contact: Brenda 301-949-5852

Sibling Support

3rd Tuesday of each month, 7:00—8:30 p.m., NAMI Office. Contact: Nicole 301-949-5852

Family Support in Spanish

3rd Saturday of each month, 6:30 - 8 p.m., Montgomery General Hospital, 18101 Prince Philip Drive, Olney, Room 201B. Contact: Eric 301-949-5852

Spouse Support

Group meets one Friday each month, 7 p.m., NAMI Office. Contact: Bill 202-482-1287.

Other Support Groups

For Consumers:

All Disorders:

- On Our Own of Montgomery County has a drop-in center, many activities and sharing groups. Call 240-683-5555.
- Recovery, Inc. offers free weekly support group meetings for people with all types of mental, nervous and emotional problems. Saturdays 10:30-12:30 pm, Mid County Service Center, 2424 Reedy Dr., Wheaton. Call Carol (202) 269-2725. For additional groups, call (301) 431-1818 or check www.recovery-inc.org.

Schizophrenia

Thursdays 6:30-7:30 p.m. Hughes United Methodist Church, Wheaton - Call Linda 301-571-7386

Schizophrenia/Schizoaffective

Thursdays 6:30-8 p.m., Wildwood Baptist Church, 10200 Old Georgetown Rd., Bethesda. Contact: Richard 301-977-3507

Depression/Bipolar/Schizoaffective

DRADA (Depression and Related Affective Disorders Assoc.). Main number: 410-583-2919.

- Bethesda chapter of DRADA is a peer support group for people with a primary diagnosis of depression or bipolar disorder. Group meets from 7-9 p.m. on alternate Wednesdays at Christ Lutheran Church, 8011 Old Georgetown Road, Bethesda. For more information, contact Richard Lewis at (240) 401-2764.
- Tenleytown Group, contact Kristin at 202-885-5653.
- Georgetown University Group, contact Barbara at 202-926-6913.
- George Washington University Group, contact Alvin at 301-975-3169.

Potomac Ridge Mood Disorders Psychoeducation Group. Ongoing group for adults suffering from depression. Tuesdays, 6-7 pm. Call 301-251-4539 to register.

Obsessive Compulsive Disorder

1st and 3rd Tuesdays, 7:30 pm, 2424 Reedy Dr., Wheaton, Rm. 223. For information call Bruce 301-497-1589.

For Families and Friends:

All Disorders:

Family Support—every Thursday except the 2nd Thursday of each month, 7:30 p.m., Bauer Drive Rec. Center. Contact Susan at 301-738-2448 to confirm that group is meeting.

Borderline Personality Disorder

Metro Washington Borderline Personality Disorder Education and Support Group. For information call Diane at 301-469-6101.

Depression/Bipolar/Schizoaffective

Potomac group. Call Diane at 301-299-4255. For additional groups in Montgomery County, Call DRADA (Depression and Related Affective Disorders Association) at 410-583-2919

OCD: Families meet in area homes. For info. call Nancy at 301-340-1452.

Suicide Related Support Groups

Yellow Ribbon Suicide Prevention Program - Call Mary McCausland 301-530-4761.

Seasons—Cedar Lane Unitarian Ch. 2nd Weds of each month.

Call Corrine Melton 301-460-4677 or Doug Tipperman 301-330-4984.

What Does NAMI MC Offer?

Helpline:

Our telephone helpline is open 10 am – 2 pm, Monday through Friday. We offer confidential referrals to local providers of mental health services, including housing, vocational rehabilitation, legal assistance, day treatment, doctors, therapists and more. Our helpline is staffed by NAMI staff and trained volunteers. For more information or to be trained as a volunteer, contact Leah Nichaman at namioffice@namimc.org

Support Groups:

See previous page.

E-mail Listserv:

Sign up for our listserv by sending an e-mail to namioffice@namimc.org with the word "SUBSCRIBE" in the subject line. Twice a month you'll receive an e-mail from NAMI MC with information about upcoming events both at NAMI and in the community, and other items of interest.

Educational Programs:

Family to Family—This is a twelve-week free course for family members of adults with mental illness. This class covers all of the major mental illnesses, brain chemistry, medication review as well as communication skills, empathy, and self-care for relatives. For more information contact Frances Shuping at fshuping@namimc.org.

Visions for Tomorrow — This is an 8-week free course for primary caregivers of children or adolescents with mental illness. Classes are taught by trained parents who are themselves caregivers. There is no cost to participants and all materials are free of charge. For more information contact Brenda Bickel at bbickel@namimc.org.

In Our Own Voice —

This program is a recovery-education interactive presentation. It is given by trained consumer presenters for other consumers, family members, friends, and professional and lay audiences. For more information, contact Brenda McArthur at 240-602-7439.

Borderline Personality Disorder

(Continued from page 1)

sive illness. In some cases, neurological disorders play a role. Biological problems may cause mood instability and lack of impulse control, which in turn may contribute to troubled relationships. Difficulties in psychological development during childhood, perhaps associated with neglect, abuse, or inconsistent parenting, may create identity and personality problems. More research is needed to clarify the psychological and/or biological factors causing BPD. The field is also actively looking at genetic vulnerabilities.

How is BPD treated?

A combination of psychotherapy and medication appears to provide the best results for treatment of BPD. Medications can be useful in reducing anxiety, depression, and disruptive impulses. Relief of such symptoms may help the individual deal with harmful patterns of thinking and interacting that disrupt daily activities.

Long-term outpatient psychotherapy and group therapy (if the individual is carefully matched to the group) can be helpful. Short-term hospitalization may be necessary during times of extreme stress, impulsive behavior, or substance abuse. More structured cognitive interventions like dialectical be-

havioral therapy (DBT) are now widely used.

Can other disorders co-occur with BPD?

Yes. Determining whether other psychiatric disorders may be involved is critical. BPD may be accompanied by serious depressive illness (including bipolar disorder), eating disorders, and alcohol or drug abuse. About 50 percent of people with BPD experience episodes of serious depression. At these times, the "usual" depression becomes more intense and steady, and sleep and appetite disturbances may occur or worsen. These symptoms, and the other disorders mentioned above, may require specific treatment. A neurological evaluation may be necessary for some individuals.

What medications are prescribed for BPD?

Antidepressants, anticonvulsants, and the new atypical antipsychotics are common for BPD. Decisions about medication use should be made cooperatively between the individual and the therapist or psychiatrist. Issues to be considered include the person's willingness to take the medication as prescribed, and the possible benefits, risks, and side effects of the medication, particularly the risk of overdose.

Reviewed by S. Charles Schulz, MD, May 2003. Reprinted from www.nami.org.

Metro Washington Borderline Personality Disorder Education and Support Group

Next Meeting: Tuesday, March 16, 2004, 7:15 P.M. - 9:30 P.M.
Suburban Hospital, Rm. 6, Lower Level
8600 Old Georgetown Road, Bethesda

View video tape: "Getting Through a Crisis Without Making It Worse: Crisis Survival Skills, Improving the Moment." Discussion and dialogue for family members, consumers and mental health professionals. Call Diane at: 301-469-6101 for additional information.

Advocacy News

NAMI MC Advocacy Activities—Get involved!

NAMI MC has been working hard to keep the need for increased funding for mental health services before our legislators, council members and administrators. After learning of reductions in state mental health services due to budget restraints we sent a letter to the County Council Health and Human Services (HHS) Committee, informing them of state regulation changes. We requested that they review the effects of these changes in the county. We talked to providers to learn how budget restrictions are affecting their programs and will pass this information on to the HHS Committee. We are hopeful that the Committee will consider this information on March 11, 2004, when they review progress on the Blue Ribbon Task Force recommendations. In addition Evelyn Burton, Chair NAMI MD Advocacy Committee, and Katie Crane spent the day in An-

napolis on Wed. Feb. 11, 2004 talking to Montgomery County legislators about the need to increase the mental health budget, maintain the carve-out for public mental health services rather than putting it under a managed care organization, the effects of budget restrictions on services in Montgomery County, and the need for an independent task force to consider redesigning better public mental health systems than our current fee-for-service system.

We also responded to proposed state regulations for psychiatric rehabilitation program rates that were published in the Maryland Register. We asked for amendments that would eliminate the adverse effects of the proposed changes on those who do not recognize their need for treatment and those with the most intensive needs. This letter can be viewed on our website:

www.namimc.org.

Currently the NAMI MC Advocacy Committee is recruiting new volunteers for our Action Alert phone chain. If you are interested in helping NAMI MC with this or other advocacy activities (no experience required), please contact the NAMI MC office at 301-949-5852 or email at namioffice@namimc.org.

Please keep writing your state legislators and the Governor about the need to increase state revenues for the Mental Hygiene Administration Budget. For details, see the action alert in the Jan. 2004 NAMI MC newsletter. It is also posted on our website or you can the office for a copy. To find out your legislators' names and contact information call 301-970-5400 or go to <http://mdelect.net/>.

We Need Your Story NOW!

Several state legislators have told us that press reports about the effects of mental health budget cuts can be a powerful influence on the legislators and the Governor. However reporters who are interested in writing about these stories want at least one example of how an individual has been affected by budget cuts. **REPORTERS ARE WAITING-- WE NEED YOUR STORY NOW!!**



We know that programs in the county are being cut, service authorizations limited, and access reduced. This includes reduced service levels due to increased staff caseload and notification of clients that rehabilitation services will be discontinued unless a minimum number of services are completed each month. Authorizations for services have been greatly restricted because of budget constraints. In addition the budget

for psychiatric services for uninsured (gray zone) clients has been frozen, which may limit access for new consumers and increased service levels in times of need.

If you or someone you know has experienced reduced access to needed services and are willing to talk to the press about it, please contact the NAMI Montgomery County office immediately at 301-949-5852 or email us at namioffice@namimc.org.

Evelyn Burton named Montgomery County Community Hero

The Montgomery County Civic Federation named Evelyn Burton as one of their Montgomery County Community Heroes. Burton was recognized "in appreciation of her passionate commitment to helping

consumers of mental health services and her volunteerism in many areas that enhance our community", during her ongoing tenure as NAMI MC board member and advocacy committee chair. At the award presentation,

Burton expressed gratitude to the Federation for their organization of a mental health educational forum and support for NAMI MC's advocacy for mental health services with the County Council.

Dialectical Behavioral Therapy (DBT) by Sarah O'Brien

Dialectical Behavioral Therapy (DBT) was developed by Marsha M. Linehan in answer to a growing need to treat Borderline Personality Disorder beyond the singular use of pharmacotherapy. DBT is the first psychotherapy shown to be effective as a treatment for Borderline Personality Disorder based on controlled clinical trials. DBT includes both individual psychotherapy and skills training in a group setting, with the assumption that together patients can benefit from the acquisition of new behavioral skills not in their repertoire because of impairments caused by Borderline Personality Disorder.

DBT can be outlined theoretically by looking at three basic principles. First, according to the theory of DBT, reality must be understood in relation to the whole. This means that the patient learns to view himself within a larger context of behavior and interrelated behavioral patterns. As a result, a person utilizing DBT acquires skills that operate in relation to a larger environment that is not limited to the self. In such a way, DBT is a holistic practice.

The second principle guiding the theory of DBT is that reality is comprised of opposing forces that create an intrinsic paradox. In this view of reality, two seemingly opposing truths are allowed to stand side by side without one negating the other. The goal of the therapist becomes that of aiding the patient to integrate the opposing viewpoints without denying the existence of paradox. Polarities that cause opposing truths may include: The need for self acceptance and the need for change, the need to achieve self sufficiency and the need to lose something in order to

achieve competency, and validating ones own view while learning new skills. DBT allows all such polarities to coexist while asking the patient to move forward in such a way that undesirable viewpoints and habit actions are allowed, while desirable viewpoints and actions are pursued.

The third underlying principle of DBT is that the nature of life is change. The result of this flexible view of reality is that the therapy does not offer a static or rigid framework for the patient, but asks that the individual learn to deal more effectively with change, and the unpredictability and flexibility of life itself.

The three theoretical principles provide a foundation upon which patients and therapists may build. Aspects of the treatment itself include: problem solving, exposure, skills training, contingency management, and cognitive modification. While a triage approach in treatment may become necessary when an individual is severely affected or threatening suicide, the overarching goal is to help a patient develop a fulfilling life through skills training and aid with motivation. The structure of a DBT group session generally follows a timeline of two to two and a half hours. The first hour includes opening rituals, and a sharing of attempts to practice skills. Each individual in the group is allowed time for sharing, usually between five and eight minutes depending on the size of the group. The second hour is devoted to the acquisition and discussion of new skills with fifteen minutes used as a wrap up period.

The individual psychotherapy aspect of DBT, practiced in conjunction with group work, allows for more

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Resources for Borderline Personality Disorder

SUPPORT

Metro Washington Borderline Personality Disorder Education and Support Group. Contact: Diane 301-469-6101. (see meeting announcement on page 3)

WEBSITES

www.tara4bpd.org—TARA-APD, Treatment and Research Advancements, National Association for Personality Disorder. Information about BPD and conferences throughout the country.

www.behavioraltech.com—website of Marsha Linehan, developer of DBT. This web site provides information about various types of training available to treatment providers (including DBT training), as well as educational resources for several disorders (e.g. Borderline Personality Disorder, PTSD, Panic Disorder). A DBT Clinical Resource Directory is also available

www.borderlinepersonalitydisorder.com— website of the National Education Alliance for Borderline Personality Disorder.

www.borderlinepersonalitytoday.com— Information for consumers and family members.

www.laurapaxton.com/borderline— website for author of "Borderline and Beyond."

www.parent2parentbpd.org—website for NUTS (Parents Needing Understanding, Tenderness and Support to help their children with Borderline Personality Disorder).

BOOKS:

[Stop Walking on Eggshells: Taking Your Life Back When Someone You Care About Has Borderline Personality Disorder](#), by Randi Kreger

[Borderline and Beyond](#), by Laura Paxton.

[Life At the Border: Understanding and Recovering from Borderline Personality Disorder](#), by Leland Heller, M.D.

Living with Borderline Personality Disorder

Until I received professional help, I could never understand what motivated my behavior. Nor did I try. My mind had a "mind" of its own and I had to accept that. It was universally accepted among my family and friends that I was different. My personality would shift as fast as my moods would. It became real to me when my fourth grade teacher (a nun) asked me outright if I was possessed.

Thirty years later, my doctor diagnosed me as having Borderline Personality Disorder. He said that through familial genetics I was predisposed to having a severe mental illness. He also said that the biological chemical imbalance that I proved to have was worsened by the environmental stressors I lived through during my first weeks of life. At birth I was premature and had to have emergency surgery to save my life. I was not able to leave the hospital with my parents.

I can only imagine how frightened and alone I felt. My doctor went on to say that abandonment whether real or perceived was a telling indicator that Borderline Personality Disorder may be present. My emotional instability confirmed his diagnosis and my stormy relationships and risky behavior left him with no doubt.

This would explain my insatiable desire to be wanted and loved as well as my neurotic attempt to be perfect. I wasted most of my life trying to please others no matter what price I had to pay. I exhausted myself writing assignments over and over throughout the night until I felt the paper was perfect and that each and every letter I wrote was formed beautifully. I needed to be recognized. I required constant validation and was addicted to praise.

The same held true with my career. I was the ideal overachiever and very valuable to the companies that I worked for. (Although I did not feel like that at the time). But if I felt as though there was the slightest hint of criticism concerning my work I would quit my job. I had to. *They may find out how worthless I am and abandon me.*

Forget intimate relationships. I was nothing less than impossible to be with. I am sure I was fun at first. I was silly and seductive but soon manic and manipulative. And all along I *knew* I was being difficult. But no matter how ashamed I was or truly sorry I could be I could not stop. I would sabotage anyone who showed me any kind of affection... How could anyone possibly love *me*?

Yet much of the time I was stable and felt secure.

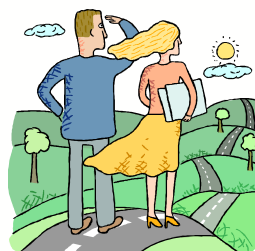
I dealt with this roller coaster like many people with BPD do. I would act out my insecurities by burning or cutting myself, creating dangerous situations, or attempting suicide. They all worked. They served as a distraction and got me the attention I needed. Nothing else mattered. I was alienating the few friends that I had. I could not hold a job. My life was always in some sort of crisis.

I finally met a man that I eventually married. He loved me unconditionally. He saw the child in me but also saw the strong intellectual woman beneath it all. He told me that he was willing to ride out each storm with me and was thoroughly committed. He wanted to save me and I needed salvation -- mostly from myself.

Our marriage was not easy at first. My

husband saw more than one personality in me and never knew to whom he was coming home. He claims that I was either worshipping him or telling him just how awful he was. I was on top of the world or deeply depressed. We now had 2 children and there was just too much at risk. To protect our family and preserve his sanity my husband insisted that I seek out a psychiatrist who could make some sense of all of this confusion.

It took a few years to find one but I am truly blessed that I did. He knew exactly how to handle me. He would not allow me to manipulate him nor would he put up with anything but the *absolute truth*. He prescribed medication to help with the fear, the anger, and depression that I was experiencing, and gave me weekly assignments to do at home. He would teach me how to dispute all of the insecurities that I felt and demanded that I be honest with myself. *Did that really happen? Or is that your perception?*



Through therapy I learned how to predict when a storm was coming and stop it before it started. I was taught how to turn my life of destructive behavior into a vibrant and productive life. I began taking pride in my accomplishments and accepting all of the love that surrounds me. But most of all, I learned how to let go of the past.

I now have promise, potential and peace.

~ NAMI Member

Member is diagnosed with Bipolar Affective Disorder, which coexists with her BPD.

Sibling Seminar: Screening of Film “My Sister’s Keeper”

“My Sister’s Keeper” is a poignant and sensitive portrayal of a real-life story of two sisters, one of whom has mental illness, and their journey toward mutual understanding. The person with mental illness (Christine) longs for the independence and personal fulfillment which she associates with an “ordinary life.” However she is constantly frustrated as she has to rely on others for support.

Judy, her high achieving younger sister, lives a work-oriented life as an art editor in New York City. Both of their lives are interrupted when their mother suddenly dies. They search for common ground and mutual understanding in their very different worlds.

The film raises important issues for siblings: What is my obligation toward a disabled sibling? How can we avoid bad feelings when one sibling is a high achiever and the other suffers from a serious mental illness? Is mutual understanding possible? What kind of relationship is possible?

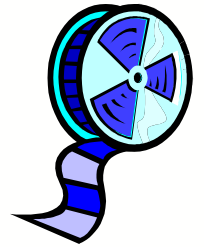
“My Sister’s Keeper” is based on a book with that title. Hallmark Hall of Fame’s version was shown on television a few years ago. The actors Kathy Bates, Elizabeth Perkins and Lynn Redgrave, all give excellent performances.

**The program will be held at the NAMI Montgomery County Office
Saturday, April 3, 2004**

10 am—12 noon

All interested people are invited.

Call the NAMI office to 301-949-5852 to register and get directions.



**Drop-in Sibling Support Group
meets on the 3rd Tuesday of every month
at the NAMI office, 7 pm.**

OCD Treatment Group to Begin

Starting on Monday, June 7 (6:30 PM), Dr. Curt Buermeyer will begin a treatment group for adults dealing with Obsessive Compulsive Disorder (OCD). The group is a structured 10-session treatment group based upon scientifically supported treatment approaches, including cognitive behavioral and behavioral techniques (e.g., exposure and response prevention (E/RP)).

Sessions will last 80 minutes and will start at 6:30 PM on Mondays, June 7. The cost of the 10-session group is \$500 for ten 80-minute sessions. One 50-minute screening session (\$110) is required to determine eligibility and appropriateness for the group. Only those who appear likely to both benefit from the group and give a benefit to the group will be allowed to attend. Only participants who can commit to the entire 10-session group will be invited to attend. (Space limited to the first 8 members).

Location: Herndon, Virginia,
Contact: Curt Buermeyer, Ph.D., 5612 Spruce Tree Ave., 301-571-7300 ext. 21

**Come Walk
With Us!**

**May 2, 2004
10 am Check-in
11 am Walk Begins
Centennial Park
Ellicott City**

**Enjoy a lovely 2.5 mile
walk around the lake,
make new friends, and
fight stigma.**

**Call 301-949-5852 for a
registration packet.**

NAMI WALKS
FOR THE MIND OF AMERICA

The Power of Family Education and Support Services

When someone has a mental illness, family education and support services can be life changing.

Studies specifically on NAMI's Family-to-Family education program showed that class participants

- had *significantly* decreased subjective burden of mental illness;
- had increased sense of empowerment regarding the system, the community and family;
- felt significantly more able to cope with the mental health system;
- felt an increased ability to cope with their ill family member.

The Family-to-Family course is a series of 12 weekly education classes to help caregiver family members understand and support their relatives while maintaining their own well-being. Each of the 12 sessions builds on the others

and provides a wealth of information.

The next Family-to-Family class sponsored by NAMI MC will begin on Saturday, March 27, at St. Mark Presbyterian Church, 10721 Old Georgetown Road, Rockville, MD, from 10 a.m. to 12:30 p.m.

Trained NAMI family member volunteers who know what it's like to have a loved one struggling with mental illness teach the course. Class leaders Trude Lawrence and Frances Farrow are veteran teachers who have taught the class several times before.

The agenda focuses on helping family members who have schizophrenia and schizoaffective disorder, bipolar 1 and 2, major depression, obsessive compulsive disorder and panic disorder, and brain disorders with co-occurring addictions.

Value

To say
I volunteer
For lack of
Something
Better to do
Is to say
My time
Has no value
To say
I volunteer
Therefore
I work
For you
For nothing
Is to say
The work
Is worthless
But to say
I choose
To give
My time
To your work
Is to say
We both
Have value

- Lorraine Jensen

Family-to-Family Teacher Training

The next Family-to-Family Teacher Training will begin Friday, May 14, from 11:00 am to Sunday, May 16, at 3:00 pm at St. Mary's Center for Continuing Formation in Baltimore, Maryland. Kate Farinholt and Bette Stewart will be the facilitators.

Becoming a Family-to-Family teacher is a very important and deeply satisfying way of serving

NAMI and reaching out to other family members who need the information and support we have to offer. This training is provided at no charge (including room, board, and all materials) to persons who have already taken the Family-to-Family course and are willing to commit to teaching at least two courses during the next two years. For more information, contact Frances Shuping at 301-949-5852 (fshuping@namimc.org).



NAMI THRIFT SHOP
75% OFF ALL
CLOTHING

THROUGH MARCH 13TH

Peer-to-Peer: Learning to Live Well With What We've Got

Peer-to-Peer is a unique, experiential learning program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery.

- Peer-to-Peer consists of nine two-hour units and is taught by a team of three trained "mentors" who are personally experienced at living well with mental illness.
- Mentors are trained in weekend-long training sessions, supplied with teaching manuals, and are paid a stipend for each course they teach.
- Participants come away from the course with a binder of hand-out materials, as well as many other tangible resources: an advance directive; a "relapse prevention plan" to help identify tell-tale feelings, thoughts, behavior or events that may warn of impending relapse and to organize for intervention; mindfulness exercises to help focus and calm thinking; and survival skills for working with providers and the general public.

Class Topic List

Each class contains a combination of lecture and interactive exercise material and closes with Mindfulness Practice (techniques offered to develop and expand awareness). Each class builds on the one before: attendance each week, therefore, is required.

Week One

Introductions
Stigma, Discrimination
Begin Relapse Prevention Planning

Week Two

Schizophrenia, Bipolar Disorder,
Depression
Thoughts, Feelings, Sleep
Continue Relapse Prevention
Planning

Week Three

Panic Disorder, Obsessive Compulsive Disorder
Senses, Behavior
Continue Relapse Prevention
Planning

Week Four

Story Telling

Week Five

Language
Emotions
Continue Relapse Prevention

There will be a Peer-to-Peer leader training June 11-13, (Fri-Sun, 9 am-5 pm.) Our first Peer-to-Peer class will start soon thereafter.

If you are interested in becoming a leader or would simply like to attend this free course, please contact the NAMI MC office at 301-949-5852.

Planning

Week Six

Addictions
Spirituality
Medication
Complete Relapse Prevention Plans

Week Seven

Coping Strategies
Decision Making

Week Eight

Relationships
Begin Advance Directive

Week Nine

Empowerment, Advocacy
"Complete" Advance Directive
Evaluation

Dialectical Behavioral Therapy (continued)

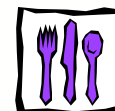
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extensive personal therapy. During an individual psychotherapy session, the patient is encouraged to focus on the present rather than the past. Patterns of belief and behaviors that no longer serve the individual are specifically targeted in order to help the patient move forward. At the same time, there is no attempt to deny the present or push away the existence of internal programming. Integral to the practice of DBT is allowance of paradox and the coexistence of polarities.

Sources

Linehan, Marsha M., Skills Training Manual for Treating Borderline Personality Disorder New York: Guilford Press, 1993

"Answers to Frequently Asked Questions About Dialectical Behavior Therapy" Treatment and Research Advancements National Association for Personality Disorder
www.tara4bpd.org/DBT.htm



Bethesda Beatnik's Dinner Club

"The Dinner Club for People Who Are a Little Off-beat"

**Next Dinner: March 10th
(Call to confirm)**

Join the Greater Washington Area's only Dinner Club for people with psychiatric disabilities. The club meets every other Wednesday night, 6:30 pm, at the Outback Steakhouse on Woodmont Avenue in Bethesda. Call "Beatnik Pete" Warner for details on how you can join: 301-279-2578.

Child and Adolescent News

FAMILY STORY: “Tony and His Mental Illness,” by Emily Scibilia (age 16)

-reprinted from the NAMI Child & Adolescent Action Center

He sprints into the room, a look of sheer terror on his face as his fingers claw through the many objects shielding his path to the door. Heart pumping and jaw locked, Tony realizes that the enemy will soon be on him and he has no chance to flee from the peril of disobedience. Hearing the footsteps behind him thumping closer and closer, he leaps to the floor wailing out with remorse and self-pity.

Finally, they are standing over him. Tony screams and jolts around on the floor trying to find the nearest object to protect himself. Nothing, however, is around him but the legs of his adversaries. He grabs a hold and strikes as hard as he possibly can, hoping to make a breakaway escape to the door once the enemy is distracted. His attempt is successful and Tony makes a frenzied dash to the kitchen, grabbing a knife like a knight unsheathing his sword before charging into battle. At this point I, studying at the kitchen table, cannot bear the noise anymore and scream at the top of my lungs, “Mom! Dad! Tony’s got a knife again! Make him leave so I can do my physics homework!”

You see, Tony is not some grown man on the run from his captors trying to save himself from physical

abuse and torture. Instead, he is my fourteen-year-old brother, denied a Nintendo game before his homework is finished. Both of my parents mobilize and corral Tony until his chest stops heaving and he comes to his senses. Placing the knife back into its holder, he slowly sulks out of the room and stumbles upstairs to sleep it off. This is what my family affectionately calls a “Tony Meltdown.”

Sometimes I become extremely agitated with my parent’s differential punishment for Tony’s actions compared to [those of] his four siblings. I cause a slight commotion in the car while driving to school and have my television removed for two weeks, while Tony has a nuclear holocaust one evening and is sent upstairs to rest and contemplate his actions. However, my family has come to realize that Tony has both attention deficit disorder and bipolar disorder. His life seems to be like a roller coaster with constantly changing dips and bends. He struggles daily to fit in with his classmates and has severe learning disabilities that set him apart from his peers. These disorders cause him much pain when dealing with everyday tasks and many times even the small punishments received from my parents seem overwhelming to him. Whenever Tony is grounded or sent to his room, we realize that

his illness may seem like an inconvenience to us, but in reality it causes him much more emotional turmoil and suffering.

Sometimes these “Tony Meltdowns” also occur at our local mall or in other public places, as well. Many people look at Tony and automatically judge him as spoiled or infantile. These onlookers do not understand Tony’s condition and their intolerance causes severe stress and frustration for my whole family. Above all else, I wish that someday mental health awareness will be common knowledge in our society. So when Tony has another one of these tantrums, he would be our main focus, not the intrusive bystanders who tell my family he needs to learn obedience. When Tony is doing well, I find him to be humorous, witty, affectionate and kind. He is friendly to everyone and is not judgmental or rude. In the future, I hope that these close-minded people will see the true side of Tony’s personality, instead of judging him because of his illness.

Ed. note: Emily is in the 11th grade, lives in Beaver, Pennsylvania with her parents and four siblings. Her mom, Suzanne Vogel-Scibilia, M.D., is a psychiatrist and a member of the NAMI National Board of Directors.

New Family-to-Family class beginning in March!

Saturday, March 27, at St. Mark Presbyterian Church, 10721 Old Georgetown Road, Rockville, MD, from 10 a.m. to 12:30 p.m.
You must register for this course in advance. Please call Frances Shuping in the NAMI MC office at 301-949-5852.

Happenings Around Town...



March 1— Fourteenth Annual MD CAN Children's Legislative Agenda Day in Annapolis from 1- 4:30. There will be a reception for legislators from 4:30- 6:00. For more information, contact Advocates for Children and Youth, 410-547-9200, ext. 3028 or visit www.acy.org

March 6—DRADA Conference: Posttraumatic Stress Disorder (PTSD) and Mood Disorders: Diagnosis and Treatment. Presenter: Dr. David Goldstein, 1:00 - 3:00 pm, Georgetown Univ. Medical Center, Gorman Auditorium, 3800 Reservoir Road, N.W., Washington, DC, park in visitor's garage, entrance No. 1, no charge, call for further info: 1-888-288-1104.

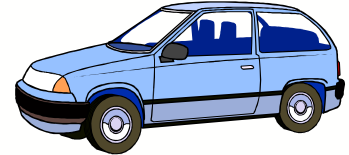
March 18—Training on the new law for Emergency Psychiatric Evaluation Petitions, 9:00 am-11:30 am (sign-in begins 8:30), Rockville, Maryland, REGISTRATION DEADLINE: **March 9, 2004.**

March 24 and 25—Borderline Personality Disorder: Treatment and Management That Works. Workshop for professionals (although family members may benefit from attending). Presenter: Gregory Lester, Ph.D. March 24 session is at Holiday Inn in Frederick. March 25 session is at Sheraton International at BWI. Registration Fee: \$149. For information call Cross Country University at 800-397-0180 or www.crosscountryuniversity.com.

SAVE THE DATE: September 8-12 NAMI's 25th Anniversary Convention, Washington, DC, www.nami.org/convention.

Welcome new members:

Jenny Ebert
Hans Gaussman
Michael Gilbert
Tracy Glenn
Peter and Mimi Lara
Janet Merrick and Gary Hillesland
Jane Schlaifer



NAMI MC Now Takes Car Donations!

Donating your old car or truck provides NAMI MC with much needed cash and gives you a tax deduction.

Please contact us at 301-949-5852 if you would like to donate your vehicle to NAMI MC.

Are you receiving your *Advocate*? If you are a member and are not receiving the national NAMI newsletter, *The Advocate*, please contact the NAMI MC office at 301-949-5852. We are in the process of reconciling our records with the national office. Thank you.

Classified Ad: S/W/M 50 seeks live in position. Cooks, cleans, does yard work. Rent negotiable. Smoker. Private bedroom, bath necessary. On medication. Working. Call Dean 301-528-4989

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NAMI Walk for the Mind of America.
The walk is short (2.5 miles),
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Sunday, May 2, 2004
10 am Check-in, 11 am Walk Begins
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Call the NAMI office to find out how
you can join the fun.**

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