

# Friends For Mental Health

# FRIENDLY LINK



Volume 28, Issue 1 MARCH APRIL MAY 2009

BILINGUAL ASSOCIATION OF FAMILIES AND FRIENDS OF  
PEOPLE WITH A MENTAL ILLNESS (ON THE WEST ISLAND)

## Treatment for Borderline Personality Disorder

### By Sheryl Bruce, Counselor

We have just purchased two new books: one on treatment options entitled *New Hope for People with Borderline Personality disorder (BPD)* by Neil R. Bockian, Ph.D with Valerie Porr and Nora E. Villagran and another on tools to help is *The Essential Family Guide to Borderline Personality Disorder*, by Randi Keger. Both of these we recommend.

During our training courses for family members and friends of people with BPD we have received many questions concerning treatment. Many families' primary goal is to get their person into treatment. This is not an easy goal to accomplish because it involves the will and desire of the person, and often a lot of coaching on behalf of the family. For any therapy, the person seeking help must be ready and willing to engage in a weekly process that involves looking inside themselves; this can be threatening and psychologically painful. These people already suffer due to the nature of this disorder. Often they blame others for

their problems; which is their defense mechanism. It seems that they go through a lot of suffering to get to the point where they can see that this is a pattern that repeats itself with many people. They often decide that they are the victim: but they can realize that they cannot change others, maybe they can learn a new way of relating that will break this pattern.

If a family member's goal is to get them into treatment, their role in this process is quite difficult. They must learn to respond to their loved one in a way that will help them realize that they can and must learn new ways of relating to others. This is too big of a goal and I find that it puts the family against the person with BPD. It often results in a dynamic where the family says something to the effect of "You are sick and you need therapy". This will trigger their dynamic of good and bad judgments. (The family mem-

ber is a good person and the person with the traits of borderline is a bad person). Family members have to avoid triggering this kind of splitting and instead try to remind them that no one is all good or all bad. Your person with BPD needs support and validation for the things that they do that they are good at and their positive personality characteristics. Family members must try and change the dynamic to one where they work together to help the person. While doing both of these, they can help their person realize that they have trouble controlling their emotions but they can learn techniques to help themselves. Another difficulty they have is that they tend to distort reality; however they believe their reality to be true. With the support of family members they can learn to check their perceptions of what has gone on. If they can learn to check then they might reduce the escalation of emotions in the

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**Treatment for Borderline Personality Disorder (Continued from front page)**

home. The book *The Essential Guide to BPD*, has some great *power tools* that you can use.

Even if your person goes into therapy some of the work that they do will be in the family context so it will help the family members tremendously to understand the possible dynamics at play. One suggestion is to take our program at Friends- *Borderline Personality Disorder Training*. This course was developed by H el ene Busque as a way to help families prepare to make changes by understanding the dynamics at play. Another suggestion would be the *Connections* course run in Ottawa and possibly Montreal which is also geared for the family members. This course is based on the DBT (Dialectical

**“Even if your person goes into therapy some of the work that they do will be in the family context so it will help the family members tremendously to understand the possible dynamics at play.”**

Behaviour Therapy) course by Marsha Linehan. Family members learn the same tools as those who take the DBT course. Check out [www.nepda.org](http://www.nepda.org) for a description of course content. This may not be available in French.

Some people think of medications when they say treatment, following the medical model, so far there is no one medication that treats Borderline Personality Disorder. Medications however are useful for the difficult symptoms that come along with the disorder. Anxiety is treated by anti-anxiety medications—depression is treated by anti depressants- impulsivity by SSRIs. Antipsychotic medications help manage the transient psychotic episodes that sometimes occur; this also helps with cognitive distortions. According to Dr. Soloff from *New Hope for People with BPD*, “Antipsychotics are not only effective in reducing ideas of reference, paranoid ideation, and illusions but are also helpful with anger, hostility, irritability and para-suicidal behaviours”(page 122). Check this book out to get all the details on medications and

their effectiveness.

Therapies that have proven to be effective:

1) Dialectical Behaviour Therapy by founder Marsha Linehan. DBT has been helpful at helping people to reduce their self-harming behaviours: i.e. abusing substances, cutting and suicidal attempts. Over a 9 month period, participants will learn tools to deal with four areas of difficulty: identity disturbance, distress tolerance, emotional regulation, and relationship issues. Often the group leader will meet with the person initially to determine if the person is ready to be in a group and able to say that they want help in several of these areas. The therapist will assess if the individuals are all at the same level and if they are stable (ready to handle difficult topics). M. Linehan is comparing her DBT to regular psychotherapy to see if DBT helps beyond regular psychotherapy.

2) Psychotherapy can be helpful but outcomes vary depending on the amount of experience of the therapist, number of hours of treatment, or the availability of treatment.

3) Schema therapy has also been purported to be effective for those with BPD. It is an integrative approach, founded on the principles of cognitive-behavioral therapy, then expanded to include techniques and concepts from other psychotherapies. Check out Jeffrey Young [www.schematherapy.com](http://www.schematherapy.com).

4) Transference-focused therapy is also a new therapy for borderline, it is being compared to Dr. Linehan’s DBT and the results will be available in the near future.

5) A new therapy based on Client -Centered/ Humanistic therapy is Dr. Margaret Warners “Fragile Process” also holds promise.

6) In the Family therapy tradition Dr. Daniel Santisteban’s project BAFT –Borderline Adolescent Family Therapy- for Drug abusers also holds promise.

7) Also Dr Perry Hoffman is adding a family component to DBT to see if that increases its effectiveness.

8) The STEPPS Group Treatment Program from IOWA developed in 1995 is a three step program- awareness, emotions management, and behaviour management skills. This was developed to work in conjunction with other mental health treatments.

According to *New Hope*, Mind-Body therapies such as art therapy, yoga, movement/dance therapy, psychodrama, or music therapy help people use their body to attain new levels of integration and awareness. This book also has chapters on Eastern Medicine, Homeopathy, Nutrition and Exercise and Self Help. These make interesting reading for the person with BPD as well.

**SCHEDULE OF EVENTS**

At 750 Dawson Ave.

**EVENTS FOR CAREGIVERS****BORDERLINE PERSONALITY DISORDER TRAINING** (Free, In English & French)

For families who have a loved one with a borderline personality disorder and have already gone through the first phase offered at *Friends*. The second phase focuses on putting in place changes by developing tools that will improve their quality of life as well as that of the ill person.

*Info and dates: (514) 636-6885*

**BIPOLAR SUPPORT GROUP**

We are offering an open support group for family members, partners, or friends who have a loved one living with bipolar disorder. The group will provide education, information and, most importantly a safe space for sharing about the impact of bipolar disorder on relationships and family life.

*Monday 5:30-7:30 p.m. on following dates:*

*March 9 & 23*

*April 6 & 20*

*May 4 & 25*

**SUPPORT GROUP FOR BORDERLINE PERSONALITY DISORDER**

Only for families who have taken the course.

*English: Wednesday, April 7<sup>th</sup>, 5:30 –7:30p.m.*

*French: Wednesday, April 14<sup>th</sup>, 5:30 –7:30p.m.*

**PSYCHOSIS AND SCHIZOPHRENIA SUPPORT GROUP**

Families and friends are often faced with many challenges and difficulties when a loved one has a psychotic illness. Through a combination of education and support, group members will learn various strategies to cope with psychosis.

*Every 1<sup>st</sup> and 3<sup>rd</sup> Tuesday from 5:30-7:00 p.m. On following dates*

*March 3 & 17*

*April 7 & 21*

*May 5 & 19*

**LETTING GO: GRIEVING MENTAL ILLNESS SUPPORT GROUP**

Using the creative arts to explore, express and engage in a conscious process around grief and letting go. The group will function bilingually. Materials will be supplied.

**NEW!**

**Wednesday evenings for five weeks**

**from 5:30-8:30 p.m.**

**April 15<sup>th</sup> to May 13<sup>th</sup>**

Please reserve your place early as the group will be limited to 8-10 people.

Contact Lucy Lu, counselor, before **April 1<sup>st</sup>, 2009** at (514) 636-6885

**ART THERAPY FOR CAREGIVERS**

**(with Karin Derouaux)**

Mondays from 3:00pm -5:00pm and 7:00-9:00 p.m.

Please call for registration (514) 636-6885

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**EVENTS FOR ALL**

**PRÉSENTATION** (Free & bilingual )

at the Elizabeth Russell Center  
750 Dawson Avenue, Dorval

**“Registered Disability Savings Plan”** (see description p.7)

Wednesday, March 25<sup>th</sup>, 2009 at 7:00 p.m. (coffee & cookies)

Simultaneous presentations in different rooms  
In English (Giovanni Migliara) and in French (John Bergevin)  
Cynthia Parent, manager Bank of Montreal

Information (514) 636-6885

**OUR PRESENCE AT THE LAKESHORE GENERAL HOSPITAL**

A counselor is available in psychiatry (4East) at the Lakeshore General Hospital on Wednesday evenings from 6:30 to 8:30p.m.

**EVENTS FOR CLIENTS**

**Community Suppers**

*Fridays at 5:00 p.m. (\$3)*

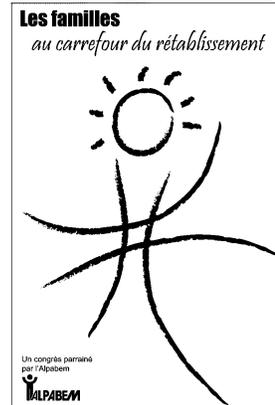
March 13: Lasagna  
April 3: Easter Supper  
May 8: Pizza

**R.S.V.P. Mary (514) 694-8344**

**NEW! Convention for families on  
mental health in Laval**

**June 11, 12 and 13, 2009.**

Book these dates in your calendar.  
This convention, promoted by ALPA-  
BEM, will attract families throughout the  
province of Quebec. Call (514)636-  
6885 for more information and check  
our website.



**NOMINATION FOR BOARD OF DIRECTORS 2009-2010**

Take this opportunity to nominate someone you know who could make a valuable contribution to your association. Each nomination must be accompanied by reasons behind the candidacy. The deadline for receipt of nomination is April 1st, 2009. Elections for the Board will be held at annual general meeting in June.

## Learning to let go: recognizing family grief and mental illness

### By Lucy Lu, Counselor and Art Therapist

When a loved one dies, we are able to seek support to mourn our loss and to learn to move on without their presence in our lives. In our society we have social rituals of letting go to help with grief and mourning – tears are shared and shed at a funeral, we celebrate and commemorate the life of the person at a wake, family and friends send us cards of condolences and we seek their company to share in the loss and find comfort in the memories of good times. In this normal process of loss through death, friends and family know how to support someone who is grieving and help them find closure over their loss. When a loved one is struck with a serious mental illness, family members experience the loss of the individual they once knew, and are left to cope with learning how to live with a person who is physically present, but psychologically and emotionally different. What social rituals exist to deal with this loss that is so real, yet so difficult to grasp?

There are no funerals, wakes, cards or tears shared with family and friends when mental illness strikes a family. Researcher and clinician, Pauline Boss (1999) has called this difficult experience of loss, as an “*ambiguous loss*,” as family members are “frozen in their grief” because we lack the social rituals that help comfort people and allow them to mourn the multiple losses they will encounter in their mental illness experience. Family members experience feelings of denial, anger, guilt, fear, sadness, and despair on their own as they try to cope with the consequences of mental illness. Often their energies are focused on understanding the mental illness and seeking help and services for their loved one. Family members supporting their loved one may experience many losses as they learn how to cope with their loved one with a mental illness. The delicate relationship balance is tipped, as family members “walk on eggshells” in order not to ‘trigger’ the person with mental illness, spouses become caregivers for their ill partner, parents continue to care for their adult children, and young children learn to parent their parents as they live with mental illness.

This ‘ambiguous loss’ is experienced in witnessing your loved one undergo a number of losses due to the consequences of mental illness - loss in competence and independence, losses of joy and pleasure in life, loss of dreams for the future, and sometimes dealing with the real or near loss due to attempted suicide. For the family member supporting the loved one with mental illness, people may experience many internal losses that go unrecognized by others or even by oneself - loss of self-esteem, loss of dreams, loss of control, loss of pleasure in child’s successes, loss of hope, loss of security and certainty both of the illness and future, loss of religious faith, loss of positive sense of family life (MacGregor, 1994). As well, family members may experience external losses involving a change in balance in the family dynamic, loss of privacy, loss of a sense of spontaneity, loss of the social support and network, loss of faith in the mental health system, loss of financial resources and loss of freedom as the caregiver becomes the primary support for the person living with mental illness (MacGregor, 1994).

Without recognizing this mental health experience as a process of coping with losses, our emotional reactions are not recognized for what they are – as *normal grief* reactions to a great loss in our lives (Lafond, 2002; MacGregor, 1994). As stigma and prejudice around mental illness is prevalent in society and even in the mental health system, family members living with mental illness are unable to openly acknowledge their loss and grief, publically mourn it and receive the social support necessary to do the “grief work” that can help them learn to adapt, to cope, to let go of the expectations they had for their loved one, in order to find resolution and integration of mental illness in their lives. When family members experience ambiguous loss and unaddressed or unexpressed grief, they can become stuck in some aspect of their grief, such as denial, anger, guilt or despair (MacGregor, 1994). Some current theories on grief propose that grief may not be experienced in moving through stages (as outlined by Elisabeth Kübler-Ross), but rather we swing like a pendulum from focusing on our losses (loss-orientation) to focusing on adapting to changes (restoration-orientation) (Strobe and Schut, 1999). Thus a healthy form of coping with mental illness may fluctuate between thinking of the losses to attending to life changes; experiencing denial and avoidance to distraction from our pain through activity, realizing our old relationship has changed and learning to build a new kind of relationship. However, when we become stuck in some of these more difficult feelings, we have a harder time swinging towards focusing on adapting and restoring our senses of self. By being fixed on what has been lost, it becomes hard for us to change the way we relate to our loved one and see them for who they really are with the mental illness, as well as their potential to grow and change.

#### Creating space and a ritual to mourn mental illness

How can we become unstuck from the grief feelings we are caught with? How do we let go of our perceptions that make it difficult to move on? Normal grieving is a social event, which requires interaction and validation from others of our losses. Virginia Lafond (1994) discusses in her book *Grieving Mental Illness*, that in order for us to resolve our grief over mental illness, we need to engage in a *conscious* grieving process. Some family members who have used services at Friends for Mental Health, such as support groups, NAMI, Art Therapy and individual counseling have been able to seek that validation and support regarding their feelings concerning mental illness. These services provide a safe space for people to be heard and be validated for their feelings. Although these services provide much relief and address many issues, sometimes we may feel that we need some more guidance to deal with grieving mental illness in our lives.

Recently, the psycho-educational support group we offer for family members living with Borderline Personality Disorder took part in a “letting go” ritual, as many of them shared the feelings of being stuck, doubtful, hopeless and unable to create change for the future because of the losses

Continued on next page

**Learning to let go: recognizing family grief and mental illness (continued from page 5)**

and difficulties they experience in their lives. I offered using methods drawn from my creative arts therapies training, to create a ritual, which is a mindful space where we can acknowledge these feelings of grief and be witnessed and validated by others. In this one-session event, family members created artwork representing what they wanted to let go and what they wanted to create in the relationship to their loved one. By sharing a meal, using music, movement and a sacred ceremony of "letting go" of their difficult feelings, family members were able engage in a creative process that helped make "letting go" into a concrete process, as well as focusing on what they wanted to create for the future.

**"Letting go: grieving mental illness"**

Some of you may be interested in participating in a similar guided process of *conscious* grieving using the creative arts therapies— where we can mourn and focus on what has been lost, so that we can welcome what still remains and what can be created. For those who have experienced the positive benefit of expression through art therapy or experienced a strong emotional release through listening to a meaningful song or reading, you may understand the benefit of using metaphor and creativity to work through your emotions. This spring Friends will be offering a 5-week group "*Letting Go: Grieving mental illness*", where family members who have used our other services (NAMI, Art Therapy, Support Groups, Counseling, BPD training) will be invited to participate in a creative exploration of addressing grief and finding ways of letting go of it through a ritual that the group members will create. It is not necessary to have any experience in art, just a willingness to engage in *conscious grieving* process using the creative modalities. The group will focus on grieving the *impacts of mental illness* and not grieving the *person* in your life with mental illness. It is a way to help us separate the illness from our loved one. It is a way to acknowledge the sadness, hopelessness, anger and frustration about the mental illness experience while engaging in conscious grieving process of letting go, using art and other creative modalities. The objective of the group will be to share the ambiguous loss that mental illness has left you with and to help you move towards the resolution of your grief. Through the creative process you may be able to mourn the way things used to be, so that you can make space to see the person with mental illness in your life and implement changes towards a relationship you want to create.

**Support Group Offered : *Letting go: grieving mental illness***

**When:** Wednesday evenings for five weeks  
April 15<sup>th</sup> to May 13<sup>th</sup>  
5:30– 7:30

**Location:** Friends for Mental Health  
750 Dawson Ave., Dorval

**Format:** Using the creative arts to explore, express and engage in conscious process around grief and letting go. The group will function bilingually. Materials will be supplied.

April 15 <sup>th</sup> , 2009	Session 1	Addressing what is left unresolved due to the mental illness experience
April 22 <sup>nd</sup> , 2009	Session 2	Using art and movement to create images or objects that embody what we would like to let go
April 29 <sup>th</sup> , 2009	Session 3	
May 6 <sup>th</sup> , 2009	Session 4	Letting Go Ritual
May 13 <sup>th</sup> , 2009	Session 5	Debriefing the creative process of letting go

**Pre-requisite:** Members of Friends for Mental Health, who are family or friends with a person living with mental illness, who have used any of support services in the past (NAMI, Art Therapy, Support Groups, counseling, BPD training).

**To sign-up:** Please reserve your place early as the group will be limited to 8-10 people. Contact Lucy Lu, counselor before **April 1<sup>st</sup>, 2009**.

**References**

Boss, Pauline (1999). *Ambiguous Loss: Learning to Live with Unresolved Grief*. USA:Harvard University Press

Lafond, Virginia (2002). *Grieving Mental Illness*. Toronto:University of Toronto Press.

MacGregor, Peggy. (1994). Grief: The unrecognized parental response to mental illness in a child. *Social Work*, 39(2),160-166.

Strobe, Margaret; Schut, Henk. (1999). The dual process model of coping with bereavement: Rationale and Description. *Death Studies*. 23, 197-224.

**Update on the Registered Disability Savings Plan**

**What is a Registered Disability Savings Plan?**

A Registered Disability Savings Plan (RDSP) is intended to help parents and others save for the long-term financial security of a person with a severe disability. In general, any person under the age of 60 who is eligible for the Disability Tax Credit and resident in Canada can establish an RDSP. If the person is a minor, their parent or legal representative may establish the RDSP for their benefit.

Contributions to RDSPs may be supplemented by a Canada Disability Savings Grant and Canada Disability Savings Bond. Contributions to an RDSP for a beneficiary are limited to a lifetime maximum of \$200,000, with no annual limit. Anyone can contribute to an RDSP with the written permission of the plan holder. Contributions to an RDSP are not tax-deductible and will not be included in income when paid out of an RDSP. Investment income earned in the plan will accumulate tax-free. However, grants, bonds, and investment income earned in the plan will be included in the beneficiary's income for tax purposes when paid out of an RDSP.

**Who is eligible for a registered disability savings plan?**

Any person who is:

- eligible for the Disability Tax Credit;
- a Canadian resident; and
- under 60 years of age.

**What is the Disability Tax Credit?**

The Disability Tax Credit (DTC) is a non-refundable credit that reduces the amount of income tax that an individual with a severe and prolonged impairment in physical or mental functions may have to pay. To qualify for the DTC, a qualified practitioner must certify on Form T2201, Disability Tax Credit Certificate, that the person with the impairment meets the criteria established under the Income Tax Act, and the Canada Revenue Agency (CRA) must approve the form.

\*\*\*Quebec is the first province/territory to not fully exempt the Registered Disability Savings Plan. Quebec has amended the Individual and Family Assistance Regulations to include the Registered Disability Savings Plan as an exempt asset, but has only partially exempted any income coming out of the plan.

So, if you reside in Quebec and you set up an RDSP, it can grow to an unlimited amount without affecting your Disability Benefits. Unfortunately, payments from the plan have been only partially exempted from affecting provincial disability benefits. You are allowed to withdraw \$300 in income a month for an individual adult, and \$340 in income a month for a couple, and your disability benefits will not be affected. Anything above this threshold will be considered income and may disqualify or cause funds to be clawed-back from current benefits.

*Section 111 - (29) lifetime payments made for the benefit of an adult from a registered disability savings plan, up to a maximum of \$300 per month for an independent adult or a family composed of only one adult and \$340 per month for a family composed of 2 adults;*

**When will it be possible to open a registered disability savings plan?**

The Bank of Montreal (BMO Financial Group) is offering Registered Disability Savings Plans as of December 2008 and within the next year it is expected that there will be 14-16 financial institutions issuing the RDSP.

**What is a Canada Disability Savings Grant?**

A Canada Disability Savings Grant is a supplement that the Government of Canada contributes to a Registered Disability Savings Plan (RDSP).

**How much of a grant can be received each year?**

Depending on the amount of private contributions to the RDSP and the beneficiary's family income, the Government may pay a grant of up to \$3 for every \$1 in contributions, to a maximum of \$3,500 each year.

**Until what age can a beneficiary receive a Canada Disability Savings Grant?**

A Canada Disability Savings Grant can be paid into an RDSP until the year in which the beneficiary turns 49 years old.

**What are the requirements to qualify for a Canada Disability Savings Grant?**

After opening an RDSP, the beneficiary must meet the following requirements to qualify for a Grant:

- have a Social Insurance Number;
- be eligible for the Disability Tax Credit;
- be a Canadian resident;
- file taxes\* (to qualify for 200% and 300% matching Grant); and
- make contributions to the RDSP.

\* For beneficiaries who are under 18 years of age, parents and/or guardians must file taxes and apply for the Child Tax Benefit for them to qualify for the 200% and 300% matching Grant.

**What is the lifetime limit for a Canada Disability Savings Grant?**

The lifetime limit is \$70,000 for each beneficiary.

**How do I apply to receive a Canada Disability Savings Grant in an RDSP?**

The Bank of Montreal (BMO Financial Group) is offering Registered Disability Savings Grants as of December 2008 and the within the next year it is expected that there will be 14-16 financial institutions issuing the RDSP. Application forms will be available at financial institutions that offer RDSPs, the grant, and the bond.

Beneficiary's family income	Grant	Maximum
<b>\$75,769* or less</b>		
on the first \$500	\$3 for every \$1 contributed	\$1,500
on the next \$1,000	\$2 for every \$1 contributed	\$2,000
<b>More than \$75,769*</b>		
on the first \$1,000	\$1 for every \$1 contributed	\$1,000

**What is a Canada Disability Savings Bond?**

A Canada Disability Savings Bond helps low-income families save for the long-term financial security of an eligible person with a disability. The bond is paid into an RDSP by the Government of Canada, even if no contributions were made to the plan.

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## ***Families working towards recovery***

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### **How much may be received each year?**

Depending on the beneficiary's family income, the Government of Canada may contribute a maximum of \$1,000 annually into an RDSP.

### **Until what age can a beneficiary receive a Canada Disability Savings Bond?**

A Canada Disability Savings Bond can be paid into an RDSP until the year in which the beneficiary turns 49 years old.

### **Are contributions to an RDSP required to get a Canada Disability Savings Bond?**

No. While an RDSP must be opened and meet all Bond qualification requirements, contributions to an RDSP are not required to receive a Canada Disability Savings Bond.

### **What are the requirements to qualify for a Canada Disability Savings Bond?**

After opening an RDSP, people with disabilities must meet the following conditions to qualify for a Bond:

- have a Social Insurance Number;
- be eligible for the Disability Tax Credit;
- be a Canadian resident; and
- file income tax returns\* and have a family income less than \$37,885 (for 2008). Note: The beneficiary family income thresholds indexed annually to inflation).

\* For beneficiaries who are under 18 years of age, parents and/or guardians must file taxes and apply for the Child Tax Benefit.

### **What is the lifetime limit for Canada Disability Savings Bonds?**

The lifetime limit is \$20,000 for each beneficiary.

### **For how many years can a Canada Disability Savings Bond be requested?**

There is no limit on how many years a bond can be requested. However, a bond cannot be paid after the year in which the beneficiary turns 49 years old. Once the \$20,000 lifetime limit is reached, no more bonds will be paid into the plan.

### **How do I apply to receive a Canada Disability Savings Bond in an RDSP?**

The Bank of Montreal (BMO Financial Group) is offering Registered Disability Savings Grants as of December 2008 and the within the next year it is expected that there will be 14-16 financial institutions issuing the RDSP. Application forms will be available at financial institutions that offer RDSPs, the grant, and the bond.

<b>Beneficiary's family income</b>	<b>Bond</b>
\$21,287* or less (or if the holder is a public institution)	\$1,000
Between \$21,287* and \$37,885*	Part of the \$1,000 based on the formula in the Canada Disability Savings Act
More than \$37,885*	No bond is paid

\*The beneficiary family income thresholds indexed annually to inflation. The income thresholds shown are for 2008.

**For more information on RDSPs, visit the Canada Revenue website or call 1-800-959-8281 (TTY users call 1-800-665-0354).**

## **THANK YOU!**

**We'd like to thank these organizations and Foundations for their support:**

**Borough of Pierrefonds-Roxboro  
Canadian Mental Health Association  
Catholic Women's League  
The Robert E. Enos Foundation  
Telus  
Zhubin Foundation  
Pointe-Claire Oldtimers Hockey League  
Zeller Family Foundation  
The Gustav Levinschi Foundation**

Please advise us of your e-mail address (if you already haven't) so that we can keep you informed of the latest news and events



### **In Memoriam**

"Friends" offers sincere and heartfelt condolences to families who have lost a loved one. One way of celebrating their memory is to make a donation to "Friends".

Jack Toyota made a donation in memory of Natalia Toyota. "Friends" deeply thanks him for supporting our cause.

