

DBSA



Depression and Bipolar
Support Alliance
Greater Chicago

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**The Depression and Bipolar Support Alliance—Greater Chicago, DBSA-GC,
publication for members, friends and family, and health professionals**

Symposium Revisited

by Andrea Williams

On Saturday, May 3, 2014, the Depression and Bipolar Support Alliance—Greater Chicago hosted its 15th Annual Symposium at Evanston Hospital. The focus of this year's symposium was *Expect Recovery*. The day included a line-up of four local experts in the field of mental health.

Dr. Mark Rasenick, a distinguished University Professor of Physiology and Biophysics at the University of Illinois at Chicago (UIC), began the morning with a discussion on the biological basis of mental illness. Current medications and psychotherapy are no more effective than they were in the 1950s. Electroconvulsive Therapy, developed in 1938 is still the most effective approach for treatment resistant depression. Because of the side effects and stigma associated with ECT, its use is limited.

There are new drugs being developed that have shown some promise. Ketamine, for example, produces a 40-100% immediate response in the treatment of depressive symptoms. The negative result is that patients relapse within a week. The drug must be administered in a controlled setting, making weekly treatments unfeasible in most cases. A 40-100% immediate response is remarkable—current anti-depressant drugs such as MAO inhibitors, tricyclics and SSRIs are not very consistent in their generalized efficacy and often take weeks or months to relieve symptoms. Dr. Rasenick is currently leading research that has identified a biomarker for anti-depressant responsiveness. Through a routine blood test, doctors will soon be able to identify which anti-depressants will work most effectively for an individual patient.

Rev. Dr. Cheryl Magrini, Chairman of the DBSA Chicago Loop Chapter, gave a moving recount of her personal journey of living with bipolar disorder. Dr. Magrini's story is

a model example of the expectation and management of recovery and firmly underscores her larger message of resiliency. She contends that hope and resilience are dance partners; while resilience springs from hope, hope encourages resilience. After sharing her own, Dr. Marini challenged the audience to define our life philosophy. Reflection on questions relative to the sources of courage, tenacity, humor, spirituality, joy, and gratitude can help one begin living a resilient life.

The afternoon sessions were led-off by Dr. Betsy Tolstedt, the head of the Evanston Veterans Center. Dr. Tolstedt's presentation focused on understanding the causes, symptoms and treatment of Post-Traumatic Stress Disorder (PTSD). It is important to note that though Dr. Tolstedt works primarily with military veterans, much of what she discussed also applies to civilians affected by PTSD. By definition, PTSD is not an anxiety disorder; rather it is a response to a traumatic event and has a different course of treatment. After experiencing the traumatic event, a person suffering from PTSD will re-experience the event, go to great lengths to avoid activities similar to the trauma, and experience negative alterations and arousal symptoms. PTSD is commonly co-occurring with other disorders such as substance abuse, depression, anxiety, and traumatic brain injuries. Dr. Tolstedt concluded with a discussion of several healing strategies which include processing the trauma, participating in individual and family counseling, treating co-occurring disorders, developing adaptive coping skills, and cessation of drug and alcohol use.

Dr. Corey Goldstein, Assistant Professor of Psychiatry and Associate Clinical Director of the Treatment Research Center at Rush University Medical Center, is also the Medical Advisor for the DBSA—Greater Chicago.

Symposium Revisited *continued on the next page*

President's Letter



Dear Members and Friends,

It was obvious that this year's Symposium attendees were among the most engaged and engaging bunch ever. Seriously, the incredible care and detail given in evaluations will be another guide in our plans for next year. Anyone interested in seeing a breakdown of the results, let us know, and we will share that with you, including hand-written comments which were quite enlightening. You may still comment via email and your input will be a part of our updated manual..

And some of the comments: The science was above most of our heads- you almost lost me; Dr. Rasenick's openness to questions and personable presentation helped as he tried to make up for our ignorance; I could listen to Dr. Goldstein all day.

Rev. Dr. Cheryl Magrini won hearts and brought tears with her personal story which led to her DBSA affiliation and recovery. Dr. Betsy Tolstedt connected veterans' issues with our civilian consumers in a very real way. PTSD and Brain Trauma is not just for vets, but unjust for all. Victoria Maxwell's DVD sequel "That's Just Crazy Talk" to last year's "Crazy for Life" was once again an audience favorite. We are grateful for her permission to show it.

Other comments: Someone should get there early and have the coffee ready....and have stirrers (we had spoons). I must respond: We got there at 7 am to set up! The coffee was ready to rock and roll, but the regular coffeemaker was derelict. So, apologies for that- but the decaf was ready to go as was hot water for an assortment of teas. I know this follow-up seems petty to those *not* there, but for us coffee-drinkers this was and is a very serious issue. As president, I pledge this will never happen again on my watch. Ironically, we were scrambling for coffee urns all week. (Thank you Bobby Dubin and Irv Loundy). Wouldn't you know, five showed up that morning with various people, and we managed to start with the only one that did not work.

Last but certainly not least: Special thanks to our speakers who donate their time when they could be getting big bucks elsewhere, or riding their bikes, or playing with their kids...whatever it is they do with whatever free time they have. The same goes for our wonderful volunteers- except for the big bucks part. Our Board of Directors was totally committed! Each one there did more than his or her share and that is not to be over-looked but lauded. My personal thanks go to La'Shon Anthony, our webmaster and PR guru, who went above and beyond her initial commitment. Bless her!

It takes more than a village, folks, it takes the world to tackle world-wide mental health issues, but we are the grass roots in this village. Please stay abreast of what is going on. Advocate, participate, and keep your eye on those legislators that want to cut funds for our constituency while blowing money elsewhere. I contend that there are enough funds but that too many vested interests get dibs on the pie long before we do. Be watchful!

Peace,

Judy Sturm

Symposium Revisited *continued from the front page*

Dr. Goldstein gave the fourth presentation of the day with an update on pharmacology treatments. When using medications to treat mood disorders, there are several strategies to achieve and sustain remission, including an analysis of the benefit and risks associated with taking medications, monitoring tolerability and safety issues, and determining the correct dosage and duration. Most people will see at least a mild improvement within the first two weeks. If less than a 25% improvement is experienced, a decision should be made to switch, combine, or augment the medications.

Dr. Goldstein reported that research has shown greater efficacy when medications are combined and then reviewed the more common treatments being used

today with a strong caution given to stay away from providers that are offering treatments that aren't proven safe.

At the conclusion of the day's events, an expert panel took questions from the audience. Moderated by Dr. Goldstein, DBSA-GC Board Members John Ross, Martin Hellar, and Judy Sturm addressed a diverse array of topics including behaviors related to depression, Dialectical Behavior Therapy (DBT), local Cognitive Behavior Therapy (CBT) programs, and the use of genetic testing to determine the efficacy of psychotropic drugs on a specific patient.

(Andrea Williams is a clinical mental health counseling master's degree candidate at Lewis University)

July 2014

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|---|--|--|--|--|---|
| | | 1 Evanston Hospital Support Group 3:00 pm | 2 Palatine Support Group 7:00 pm | 3 Northwestern Hospital Support Group 6:30 pm | 4 HOLIDAY INDEPEN- DENCE DAY | 5 Brookfield Saturday Support Group Noon-1:30 pm |
| 6 | 7 Evanston Hospital Support Group 6:30 pm | 8 | 9 Chicago- North Support Groups 6:30 pm | 10 | 11 Brookfield Support Groups 7:00 pm | 12 Brookfield Saturday Support Group Noon-1:30 pm |
| 13 | 14 Chicago Educational Meeting 7:00 pm | 15 Evanston Hospital Support Group 3:00 pm | 16 Chicago-South Support Group 6:00 pm ***** Palatine Support Group 7:00 pm | 17 Northwestern Hospital Support Group 6:30 pm | 18 Brookfield Support Groups 7:00 pm | 19 Brookfield Saturday Support Group Noon-1:30 pm |
| 20 | 21 DBSA-GC Board Meeting 7:00 pm | 22 | 23 | 24 | 25 Brookfield Support Groups 7:00 pm | 26 Brookfield Saturday Support Group Noon-1:30 pm |
| 27 | 28 Chicago-North Support Groups 6:30 pm | 29 | 30 | 31 | | |

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Other DBSA chapters are welcome to reprint *The Spectrum* articles in whole only and with proper notification and citation.

All contributions are encouraged. *The Spectrum's* contents are not intended to provide advice for individual problems. Such advice should be offered only by a health care professional familiar with the detailed circumstance in which the problem arises. Please direct submissions including "Ask the Doctor" questions to our editor: jurowicz@aol.com

DBSA-GC Mission

Statement

The Depression and Bipolar Support Alliance-Greater Chicago, a non-profit, self-help group of lay persons, endeavors to help people whose lives are affected by mood disorders to better their lives:

By offering emotional support and practical advice for dealing with the illness.

By educating those with the illness, their families and friends, government officials, and the general public as to the causes, symptoms, treatments, and the personal and social costs of mood disorders and the stigma attached.

By counteracting the isolation caused by such illness, providing a sense of community, sharing the experience of the illness and its management.

By restoring self-esteem so as to empower members to live responsibly, to be fulfilled, and with as much enjoyment as can be achieved.

August 2014

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|---|--|--|--|---|---|
| | | | | | 1 Brookfield 7:00 pm | 2 Brookfield Noon-1:30 pm |
| 3 | 4 Evanston Hospital Support Group 6:30 pm | 5 Evanston Hospital Support Group 3:00 pm | 6 Palatine Support Group 7:00 pm | 7 Northwestern Hospital Support Group 6:30 pm | 8 Brookfield Support Group 7:00 pm | 9 Brookfield Saturday Support Group Noon-1:30 pm |
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| 24 | 25 Chicago-North Support Groups 6:30 pm | 26 | 27 | 28 | 29 Brookfield Support Group 7:00 pm | 30 Brookfield Saturday Support Group Noon-1:30 pm |
| 31 | | | | | | |

Event Locations

Chicago-North at Devon Bank, 6445 N. Western Ave., (Lower Level), Chicago, Illinois
Educational Meeting-2nd Monday of the month at 7:00 pm
Support Groups-4th Monday and 2nd Wednesday at 6:30 pm

Chicago-South at St. Benedict the African (East) Church, 6550 S. Harvard St., Chicago, Illinois, Martin Luther King Room, (773) 776-3316. Enter parking lot north side of building. Then enter door at the NE corner of the building.
Support Group-3rd Thursday of the month at 6:00 pm

Evanston Hospital, 2650 Ridge Ave., Evanston, Illinois
Support Groups-1st Monday (6:30 pm) and 1st & 3rd Tuesdays (3:00 pm) of the month. [Check main desk for room assignment.]

Chicago-Central at Northwestern Hospital, Feinberg Pavilion, 251 E. Huron St., Room 2-715 or 2-716, Chicago, Illinois, Support Group-1st & 3rd Thursdays of the month at 6:30 pm

Palatine Public Library, 700 N. North Court, Meeting Room 3, Palatine, Illinois - Support Group-1st & 3rd Wednesdays of the month at 7:00 pm

Brookfield (IL) Village Hall
8820 Brookfield Ave-Police Entrance-Stay Left-Downstairs, Conference Room C, Contact John Ross (708) 856-1992, Veterans Welcome; 7-8 pm, EVERY Friday night

MacNeal Hospital (see Brookfield)
3249 S. Oak Park Ave., Berwyn, Illinois, Conference Room A1, Basement next to the cafeteria, Contact John Ross, 708-856-1992, EVERY Saturday Noon to 1:30 pm

For More Information

Visit the DBSA-GC website, www.dbsa-gc.org
For the national DBSA, visit dbsalliance.org

The Experience of Therapy **Book Review by John Jurowicz, PhD**



Psychotherapy is typically a confidential exchange between client and therapist. There are some exceptions, but privacy is the central component upon which trust is built. Without trust therapy cannot effectively proceed and produce positive results. Before the development of psychiatric drugs in the early 1950s, talk therapy was a primary approach to mental health treatment. Although it appears simple enough with one person speaking with another, the psychotherapeutic encounter presents challenges to both client and counselor. *Conversations About Therapy: People Tell Their Stories* (2013 Marsh House Books) was written to portray the therapeutic process through the experiences of a dozen people, one of whom was the author, Terryl Kinnear Shouba. Though the book was written for people who are contemplating therapy and their families and friends, anyone interested in learning more about the process can benefit from reading it.

The author points out that “many of us shun the idea of therapy or avoid taking steps to get ourselves in the actual chair” (p. 18). Also, “the shame of having ‘problems’ keeps many people from seeking help even if they can afford it” (p.19). However, people do seek and enter therapy for a variety of reasons. Discovering these reasons and exploring how the decisions were made and the feelings connected to them motivated the author to write the book.

The organization of *Conversations About Therapy* begins with brief background material of the twelve client-subjects, including the author herself. Each of the eight chapters in part two is further sub-divided into issues relevant to that chapter’s main theme. Then each of the issues is addressed through the experience of one of the client-subjects. For example, Chapter 3 is entitled “Allowing a Therapeutic Process.” Some of the issues covered in this chapter include feeling cared about, being engaged, allowing goals to evolve, facing fears, increasing self-awareness, tolerating discomforts, allowing enough time, and learning to name feelings. One of the client-subjects responds to one of these issues integrated with author commentary.

Allen is one of the client-subjects, coming to therapy because of panic attacks. He wondered whether attending therapy is a manly thing to do, knowing that many more women seek therapy than do men. He was afraid that he might cry in front of the therapist and that he

would have to admit to someone else that he had a condition that brought on such an emotional response. Allen responded to the issue of “facing fears” in therapy. The author points out that “if you’re afraid that maybe you are weak (or stupid, cowardly, worthless, etc.), that’s a fear you have to face or you won’t make yourself vulnerable and won’t be emotionally engaged. What makes it possible to get past our fears and faulty beliefs is a good relationship with our therapist” (p.99).

Even before therapy begins, the process of finding “the right” therapist is a challenging venture. Budget, the quality of information we have on the subject, finding reliable sources, the array of therapeutic approaches available, negative social pressure all can contribute to the challenge. “The men and women in this book chose different kinds of therapy” (p.73). One of the women, Sarah, worked with four or five therapists over a period of years. Her sources were a psychiatrist, friends, and a suicide support group she attended at one time. Sarah maintained that she still does not know how to locate a good counselor. The author comments that “In the beginning none of us knew how, yet by persevering we all found our way” (p. 74). The encouragement is to follow the old adage, “where there is a will, there is a way.” The challenge is to continue the search until working with the “right” therapist.

Other chapter topics include afterthoughts about therapy, relationships, the costs of doing nothing, assessing progress, and continuing therapy or ending. Each chapter is concluded with a summary of its contents.

Conversations About Therapy opens a door that is often closed; it brings therapy into the open with its events, challenges, and potential accomplishments. The portrayals add a personal touch to an often clinically restricted topic, with notes of encouragement and hope. The author concludes with an excellent summary in the book’s last few pages that pulls together the issues and invites the seeker to enter. She concludes with “We can live with a rather silent emotional life or commit to a process of knowing ourselves. With a good therapist, the work can be the most challenging and liberating endeavor of your life” (p. 246).

A brief bibliography is included at the end of the book. It is available at many of the good libraries in the Chicago area. Treat yourself to an easy reading, informative primer on the world of psychotherapy.

Ask the Doctor

Please send your *Ask the Doctor* questions to our editor: jurowicz@aol.com
All questions are welcome.

Q: Why is talk therapy effective? What actually makes it work? Can it really help my bipolar condition or is medication enough? I'd rather avoid the time and expense if medication alone will do the trick.

A: First of all, not all talk therapy works. There are many approaches that involve talk, some of which are shown to work and documented in a number of research studies. Others show little or no validity at all. One critical variable that has been found to be significant is the extent to which the therapist "understands the patient." In other words, how well is the therapist able to formulate a working knowledge of the patient's issues. Another critical variable is the patient's acceptance of and comfort level with the therapist.

Given these conditions, several approaches to therapy can be highly recommended. Cognitive behavioral therapy helps people with bipolar disorder learn to change harmful or negative thought patterns and behaviors. Basically, CBT is an educational process. This is a process of identifying irrational behavior patterns and becoming reeducated to act and feel in a more proactive way.

Dialectical Behavioral Therapy (DBT) also has proven to be effective. Again, there is an emphasis on changing behavior by being able to stay in the here and now. Mindfulness is a key element in DBT. Attention is paid to recognition of symptoms, triggers, and the ability to



manage symptoms, especially through improvements in interpersonal behavior.

Psychoeducation is another behavioral approach that teaches people about their illness and its treatment. Psychoeducation can help you recognize signs of an impending mood swing so you can seek treatment early.

Finally, family focused therapy involves family members in the treatment. It helps enhance family coping strategies such as recognizing episodes early and helping their loved ones to cope. Family therapy also improves communication among family members, as well as promotes problem-solving.

While there a plethora of "approaches" to talk therapy, you need to make sure that you can establish a good working relationship with the therapist. I have stressed this many times in this column. The therapist's credentials and recommendations from others are the most important factors for you to consider. Also, be wary of any therapist who guarantees success. Responsible assessment of a therapist you choose to see is a must. Be cautious, curious, and conscientious in making a choice. With these conditions met I do feel confident that appropriate talk therapy will provide an important adjunct to medication management. While time and cost are both relevant, many therapists in private practice and mental health centers offer sliding scales based on need. With some research I do believe you can find reasonably priced, effective treatment.

Dr. Manuel S. Silverman

Health Tips

Zinc: Essential for Good Health by Miriam Silvergleid



Zinc is an important chemical essential for human functioning. It plays a vital role in many aspects of the immune system. It helps in cell division, clotting, healing wounds, DNA synthesis, growth and development of the fetus, and protein synthesis

Some signs of zinc deficiency:

1. Compromised immune system—zinc affects cell activities. If it is deficient, it can weaken the body, and a person might be prone to viral infection as a result.
2. Diarrhea—a compromised immune system also may be susceptible to bacterial infection. Such an infection can cause serious diarrhea.
3. Hair loss and skin lesions—zinc is important for

normal cell growth. If there is a zinc deficiency, it can result in hair loss or lesions on the skin. This is one of the prominent signs of zinc deficiency.

4. Loss of appetite or anorexia—loss of appetite can be the result of zinc deficiency. If this is not identified and treated, increased loss of appetite can lead to anorexia.

Other signs of zinc deficiency are rashes on the skin, spots on fingernails, sleep disturbances, loss of sex drive, and loss of taste or smell. Zinc deficiency can be treated by taking supplements and increasing intake of zinc through diet. Foods rich in zinc are wheat, oats, pumpkin seeds, eggs, milk, nuts, meat and peas. If diagnosed with zinc deficiency, one needs to consult a doctor for correct dosage and type of zinc supplement to be taken. Excessive intake can be toxic, causing nausea, headache and abdominal pain.

Zinc continued on next page

Educational Meetings Reports

by John Jurowicz, PhD

Advanced Nutritional Therapy

April 14, 2014



We have had presentations about nutrition before, but our April educational meeting talk had a unique twist to it. Although general nutrition with plenty of fruits and vegetables was mentioned, Dr. Albert Mensah introduced something different, a treatment approach using zinc, copper, and Vitamin B as its basis.

Dr. Mensah began his presentation with an explanation of the brain, neurotransmitters, and how it all works to determine our thoughts, feelings, and behaviors. Our bodies make chemical neurotransmitters that are used to transmit messages from one nerve cell (neuron) to another. The messages enable us to do all that we do, every day and every night. Too much neurotransmitter or not enough neurotransmitter leads to problems with message sending and receiving that can result in what we term mental disorders. The goal, then, is to regulate the function of neurotransmitters and their production.

Dr. Mensah's approach makes use of natural elements to rectify neurotransmitter problems. He pointed out that the field of medicine looks for outside causes, and he wondered why psychiatrists want to use a foreign body in psychotropic medication instead of natural elements. Dr. Mensah's research shows that common elements are present in several of the mental disorders. His approach is to fix the chemistry associated with a disorder. For example, serotonin, one of the neurotransmitters, is manufactured in the body through an enzyme

that needs vitamins and minerals, including B6 and zinc. Without the latter two substances, serotonin production is impaired. So, zinc and Vitamin B6 are important ingredients for advanced nutrient therapy. Since each person is different, treatment must be highly individualized. Each patient's zinc and B6 levels are determined through blood tests, and necessary adjustments are made.

Another important metal is copper, which plays a role in nerve stimulation, since copper conducts electricity. Too much copper and nerves get too active with too much adrenalin in the system. The result is hyper-manic behavior. Dr. Mensah stressed that knowing personal chemistry is crucial for treatment. The idea that one size fits all does not apply to advanced nutrient therapy. Other factors also are involved with this treatment approach, such as methyl folate imbalance, oxidative stress overload, and amino acid imbalances. Methylation is a process of combining carbon and hydrogen, and is important for several of our bodily functions. It is important in mental health because it helps to make and break down certain neurotransmitters. Research shows that up to two-thirds of persons who have a behavior or mental disorder exhibit a methylation imbalance. Foliates are important for the metabolism of amino acids, which are considered to be the building blocks of protein. They are essential for maintaining bodily strength and for repair and rebuilding. Oxidative stress is a condition of an increase in the release of free radicals that are known to destroy cells and interfere with the body's biochemistry. A full explanation of all of this can be found in William Walsh's book *Nutrient Power: Heal Your Biochemistry and Heal Your Brain* (2014 Skyhorse Publishing).

Although all of this can appear to be somewhat technical, Dr. Mensah's presentation was not. His treatment approach is reportedly very successful, worth looking into by our consumer-readers. The Mensah Biomedical Clinic is located in Warrenville, Illinois. Go to www.mensahmedical.com for more information.

Zinc continued from previous page

Can zinc make colds go away faster? Research has turned up mixed results about zinc and colds. Several studies showed that zinc lozenges or syrup reduced the length of a cold by one day. It also showed that taking zinc regularly may reduce the number of colds each year, the number of missed school days, and the amount of antibiotics required in otherwise healthy children. Most colds are caused by a virus called rhinovirus. Zinc may work by preventing the rhinovirus from multiplying in the nasal passages and throat. Zinc may be more effective in a lozenge or syrup form which allows the substance to stay in the throat and come in contact with the rhinovirus. But the recent analysis stopped short of recommending zinc. None of the studies had enough participants to meet a high standard of proof. Also, the studies used different zinc dosages for different lengths of time.

Zinc, especially in lozenge form, has side effects (nausea & bad taste). The safest course is to talk to your doctor before considering use of zinc to reduce length of colds.

Zinc is also important for mental health, especially mood, since zinc is involved in helping the body respond to stress. Regarding mental health, zinc deficiency can create symptoms of depression, ADHD, learning and memory problems, aggression and violence. Studies have shown that the more depressed someone is, the lower is the level of zinc in that person's blood. Although zinc appears to have mental health benefits, it is not a good idea to experiment with it without a physician's approval. Adjusting the body's chemistry can be a dangerous enterprise, especially when other medications are already being taken.

Depression and Bipolar Support Alliance—Greater Chicago Membership & Donation Form

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Circle: **NEW, RENEWAL**, and/or **DONATION**

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**DBSA-GC is a 501(c)(3) charitable organization. As no goods or services are provided in exchange for your gift, your entire payment is tax deductible to the full extent allowed by law.*

We need and appreciate your generosity.

July and August Educational Meetings

Monday, July 14th 7:00 pm:

Women's Mood and Anxiety Disorders Across the Reproductive Cycle

For Monday, July 14, our speaker will be Dr. Crystal Clark, MD, MSc. Dr. Clark is an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at Northwestern University's Feinberg School of Medicine. She also works in Feinberg's Asher Center for the Study and Treatment of Depressive Disorders. She has her MD from the University of Louisville and did her residency at Johns Hopkins University. Dr. Clark's interests focus on women's mood and anxiety disorders across the reproductive cycle. She will speak about women with bipolar disorder, particularly during pregnancy, postpartum, and menopause. Although bipolar occurs in both men and women equally, there are differences in how the genders experience it. For example, women are more prone to experience the depressive end of the illness. Although bipolar in women will be stressed in this talk, there will be worthwhile information for both men and women, and both are encouraged to attend.

PLEASE NOTE: ONE (1) CEU IS NOW AVAILABLE AT EACH EDUCATIONAL MEETING TO PROFESSIONAL ATTENDEES FOR NO CHARGE. JUST ASK AT THE MEETING.

Monday, August 11th 7:00 pm:

Fears and Mood Swings

On Monday, August 11, our speaker will be Ms. Anna Lamden. She comes to us from Locus Therapy Center of Chicago where she is a therapist with Dr. Manuel Silverman, author of the *Ask the Doctor* article in *The Spectrum*. Ms. Lamden is a Licensed Professional Counselor with a master's degree from National Louis University. For more than seven years she has provided psychotherapy and counseling in various clinical, community, and academic settings and has worked closely with adolescents and their families. She will speak about how our fears can act as triggers that can bring on mood swings. Some triggers are: not having friends, not having a way to make friends, accusations made by others, negative thinking, some phobias such as being in a large group or standing atop a large building. Ms. Lamden will explain how a person can work to overcome these fears. We hope that many of our members and friends will spend this summer evening together, attending this useful talk.



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THE SPECTRUM

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Announcement

On Wednesday, July 16, at 6:30 PM, Dr. Manuel S. Silverman will present a free lecture on:

When a Mood Disorder Strikes: Effects on Personal Relationships,
 followed by a question and answer period and light refreshments.

This presentation will take place in the 15th floor conference room at 25 E. Washington St. in downtown, Chicago. The program is sponsored by the Locus Therapy Center (www.locustherapy.com).

It is free and open to the public. As space is limited, pre-registration is suggested. To pre-register, please call Ms. Anna Lamden at (312) 218-7380.